Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

2017

Acute Services Operational Plan

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

Operational Plan 2017
Acute Hospital Division

Introduction

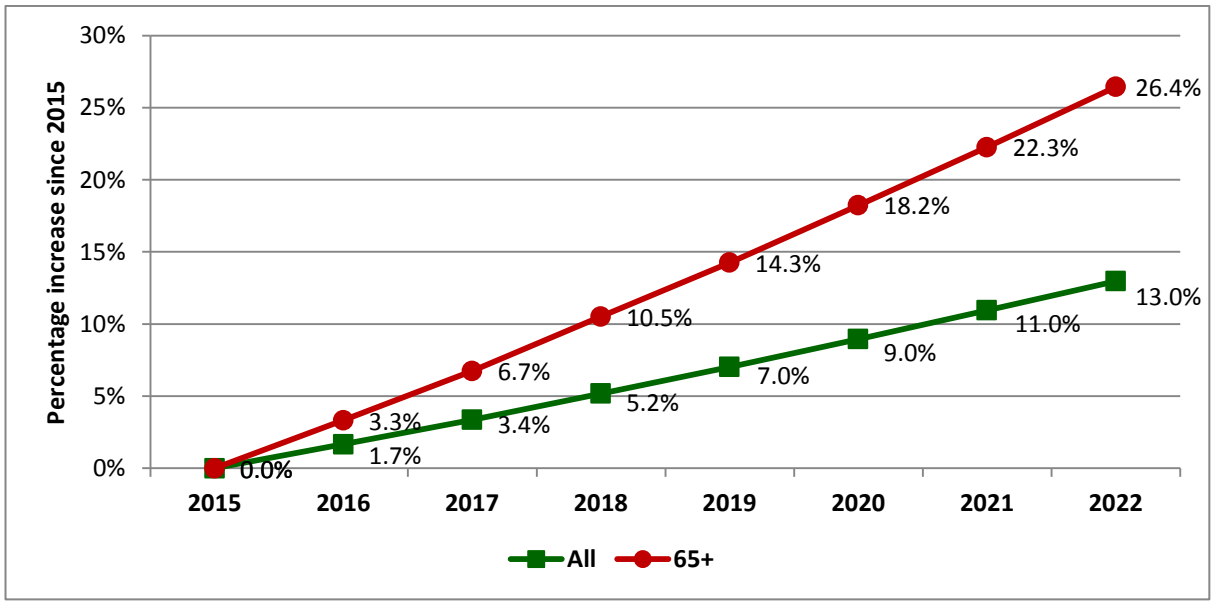
	2017 Budget €m	2016 Budget €m
Acute Hospitals	4,443.6*	4,248.6

*Operational Plan budget reflects NSP 2017 €4,367 budget with NCCP added and transfer of library services to Health and Wellbeing and transfer of MS drugs to PCRS

The demand for acute hospital services continues to increase in line with a growing and ageing population. The Hospital Groups continue to implement the *Securing the Future of Smaller Hospitals: A Framework for Development.* This will ensure that all hospitals irrespective of size work together in an integrated way to meet the needs of patients and staff, with an increased focus on small hospitals managing routine or planned care locally and more complex care managed in the larger hospitals.

Acute hospital services will continue to respond to demographic and demand driven cost pressures in 2017. An estimated increase of 1.7% in costs associated with increasing population and age profile is predicted for acute hospitals in 2017 compared with 2016. In addition, an increase in ED presentations of 5% is evident at the end of 2016, compared to the same period in 2015. The division will monitor this activity closely and manage the potential impact on elective services.

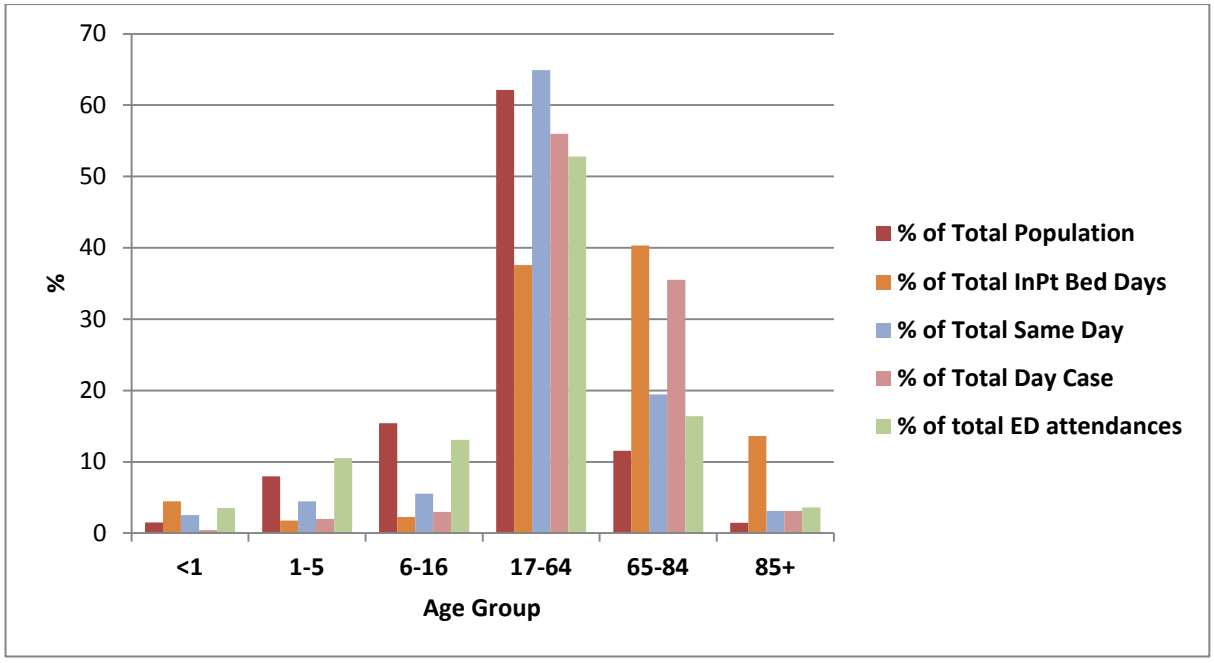
Projected total in-patient and day case percentage cost changes, all ages and 65 years and over, 2015 to 2022.



Source: HPO, CSO (Planning for Health- Projected Demographic effect on Health Service Costs in 2017)

Acute hospital services aim to provide safe, quality, effective patient centred care to all service users whilst matching activity to available funding. The careful management of hospital lengths of stay, weighted units of care and delayed discharges are key components in achieving maximum efficiency.

Hospital Activity by age group in 2015



Source: HPO, CSO, BIU (Planning for Health -Trends and Priorities to inform Health service Planning 2017)

Note: The utilisation rates are based on HIPE activity in 2015. HIPE dataset used was approximately 98% complete at the ime of analysis

Risks to the delivery of Acute Hospitals plan within funding available

- Service risks related to limited capacity in ICU.
- Ability to contain activity to 2016 levels
- Capacity to cap the introduction of drugs and medical devices including transcatheter aortic valve implantations (TAVIs).
- Capacity to maintain and collect income
- Capacity to achieve pay and non-pay cost control at the level required while demographic impacts drive demand for services.
- Challenge of maintaining Delayed Discharges at 500 or less.
- Continue to align activity and complexity with funding in the context of developing ABF as the funding model for the HSE.
- Capacity to invest in and maintain our infrastructure and address critical risks resulting from aging medical equipment and physical infrastructure

The intention of the Acute Hospital Division is to deliver the expected activity targets set out in this plan for 2017 but that is conditional on Hospital Group plans which will set out activity by each hospital within the group.

Priorities for 2017

- Embed robust structures within Hospital Groups to provide direct support to the smaller hospitals in the groups in line with development of Hospital Group strategic plans
- Enhance and build capacity of quality and patient safety across hospitals
- Develop additional performance indicators on falls management and medication safety and ensure reporting commences during 2017
- Continue to develop a system to report hospital safety statements in conjunction with Hospital Group CEOs and Clinical Directors
- Advance the appointment of national clinical leadership for early warning systems and clinical handover in collaboration with clinical strategy and programmes and quality improvement services
- Improve compliance with the use of the sepsis screening tools and national Clinical Guideline No. 6 Sepsis Management and No. 5 Clinical Handover in Maternity Services.

Cancer Services

The National Cancer Control Programme will lead the implementation of the new cancer strategy in the HSE. This will involve providing leadership across the continuum of care, from diagnosis, treatment, to appropriate follow-up and support, in both the hospital and community setting.

The main area of focus will continue to be the diagnosis and treatment of cancer. Further progress will be made in the consolidation of surgical oncology services into the cancer centres to ensure that optimal treatment is provided and outcomes are improved. Service improvements will be underpinned by evidence, best practice and continued development of further National Clinical Guidelines. Services will be monitored against agreed performance parameters.

Quality and Patient Safety

The Acute Hospital Division will prioritise the establishment of a robust governance and accountability structure for Quality and Patient Safety within the Division during 2017.

The division will work with the Hospital Groups to develop a model for patient safety and quality.

The aim is to further enhance and build capacity of QPS departments across National Division, Hospital Groups and at hospital level and to focus on the following key areas of development:

1. **The Division will continue to implement the Framework for Quality Improvement and National Patient Safety Programmes in partnership with NCSP, QAV and QID in the following areas:**

    - HCAI
    - Decontamination
    - Medication Safety
    - Pressure Ulcers to Zero
    - Sepsis and Early Warning Scores/ Systems

- Falls Prevention
- Clinical Handover
- Quality and Safety Governance e.g. Board on Board Initiative

2. Improve Risk and Patient Safety incident management

- Improve overall response to safety incidents by developing and streamlining processes and systems for managing, investigating, reviewing and learning from incidents
- Continue to put in place measures to improve reporting
- Implement revised Integrated Risk Management policy

3. Develop capacity to listen and learn from patients, public and staff

- Support and provide HSE project management for 2017 Patient Experience Programme- joint initiative with HIQA and DOH
- Develop project plan and lead the patient safety culture survey project
- Continue implementation and embed a culture of Open Disclosure across all services

5. **Quality and Safety Performance Monitoring and Reporting**

- Strengthen QPS monitoring and surveillance to ensure Patient Safety areas for improvement are identified and learning is shared
- Continue to publish monthly Maternity Safety Statements. Commence monthly reporting of Hospital Safety Statements.
- Support Hospital Groups in the development of clinical and healthcare audit programmes.

Operational Framework – Financial Plan

	2017 Budget €m	2016 Budget €m
Acute Hospitals	4,443.6*	4,248.6

*Operational Plan budget reflects NSP 2017 €4,367 budget with NCCP added and transfer of library services to Health and Wellbeing and transfer of MS drugs to PCRS

The Acute hospital Division fully acknowledge the requirement to operate within the limits of the funding allocated. The financial allocation for 2017 allows us to reinstate the hospital group budgets at the 2016 closing level. Under Activity Based Funding, reductions in transitions adjustments have been applied to those budgets at a level of 10%. This approach rewards hospitals that are more productive. We have been able to provide new funding in a range of areas such as the full year cost of developments, anticipated increases in activity volumes and pay awards. Some additional funding was provided for growth in expenditure on drugs. However, this will be a challenging area in 2017 which will require careful control and monitoring.

Operational Framework – Workforce Plan

The Acute Hospital Division recognises and acknowledges its people as its most valuable assets and key to service delivery in 2017. The People Strategy 2015 – 2018 "Leaders in People Services" underpins the wider health reform. It focuses on people services for the whole of the health services with the ultimate goal of delivering safer better healthcare. This is being achieved through leadership driving cultural change, enabled by staff engagement, workforce planning and adopting a partnering approach. The strategy is underpinned by a commitment to value and support the workforce. In particular, the role of HR Partner has been established as the link between National HR, the HR Leads in the Hospital Groups and the Acute Hospitals Division.

The following are the HR priorities as identified in the National Service Plan for 2017:

1. **Pay-Bill Management & Control -** Compliance with the framework and the requirement for Hospital Groups to operate within the funded pay envelope continues to be a key priority for the Acute Hospital Division for 2017 alongside the management of risk and service implications. The monitoring of the funded workforce plans is a recurring agenda item of the monthly performance meetings held under the Performance and Accountability Framework. The Division is also partnering with National HR through the National Coordination Group.

2. **Workforce Planning -** The development of funded workforce plans at both Hospital and Hospital Group level requires alignment to the on-going review of skill mix requirements alongside effective staff deployment to manage workforce changes that are necessary in support of service delivery. The Division and Hospital Groups are partnering with HR Workforce Planning, Analytics, & Informatics in relation to the development of workforce planning and resourcing knowledge, skills and capability of local HR Managers and Service Managers.

3. **Staff Engagement -** All Acute Hospital employees are encouraged to complete Staff Surveys to ensure that their views are considered to create circumstances where everyone's opinion can make a difference in providing guidance on what can be done to make the services better, both from the service user and staff perspective. There is also a need to take actions based on survey findings.

4. **Workplace Health & Wellbeing -** The implementation of the 'Healthy Ireland in the Health Services' Policy is a priority to encourage staff to consider their own health and wellbeing to ensure a resilient and healthy workforce.

5. **EWTD (European Work Time Directive) -** Through the forum of the National EWTD Verification and Implementation Group, the Division continues to work collaboratively with Irish Medical Organisation (IMO), the Department of Health (DOH) and other key stakeholders to work towards the achievement of full compliance with the EWTD. The Division also collaborates with the DOH, the IMO and the National HR to facilitate a Learning Day to obtain progress to date from different experiences in relation to the implementation of measures in support of compliance.

In 2017 detailed work plans across the following themes; Leadership and Culture; Staff Engagement; Learning and Development; Workforce Planning; Evidence and Knowledge; Performance; Partnering, and; Human Resource Professional Services are being further developed with a particular focus on leadership development and e-HRM, in addition to the work plans commenced in 2016.

Performance and Accountability Framework

The Performance and Accountability Framework (PAF) sets out the process by which the National Divisions and Hospital Groups are accountable for improving their performance under four domains; **Access** to services, the **Quality and Safety** of those Services, doing this within the **Financial Resources** available and by effectively harnessing the efforts of the **Workforce**.

Accountabilty Structure

There are five main layers of acccountabilty in the HSE

1	Service Managers and the CEOs of Section 38
2	Hospital Group CEOs to the relevant National Directors
3	National Directors to the Director General
4	The Director General to the Directorate
5	The Directorate to the Minister

The Accountable Officers have delegated responsibilty and accountabillity for *all aspects* of service delivery across the four domains outlined above. The Framework outlines what is expected of them and what happens if targets are not achieved. In this context, the individual hospital managers also have a responsibility for proactively identify issues of underperformance, to act upon them promptly and, to the greatest extent possible, to avoid the necessity for escalation. This performance review process is monitored and scrutinised by National Performance Oversight Group (NPOG) on behalf of the Director General and the Directorate in fulfilling their accountability responsibilities.

Service Arrangements will continue to be the contractual mechanism governing the relationship between the HSE and Section 38 Agencies[1] to ensure delivery against targets.

Performance management process

Each level of management has a core responsibility to manage the delivery of services for which they have responsibility. This process involves;

- Keeping performance under constant review
- Having a monthly performance management process in place that will include formal performance meetings with their next line of managers
- Agreeing and monitoring actions at performance meetings to address underperformance
- Taking timely corrective actions to address any underperformance emerging
- Implementing a full Performance Improvement or Recovery Plan where significant and sustained underperformance has been identified and remedial actions have been unsuccessful.

A formal escalation process can be applied at both the organsiation and the individual level where there is continued underperformance following monitoring and support. This can result in senior managers responsible for particular services attendance at relevant Oireachtas Committees to account for service delivery, quality and financial performance issues.

The full text of Performance and Accountabililty Framework is available at www.hse.ie.

[1] The HSE Acute Hospitals Division provides funding to 16 Voluntary Hospitals, known as Section 38 Agencies for the delivery of a

Implementing Priorities 2017

Priority Area	Priority Actions	Lead	CP Goal	Date
Governance and Compliance	Embed robust structures within the hospital groups to facilitate effective managerial and clinical governance which will provide direct support to the smaller hospitals in the groups.	All HGs and AHD	2	Q1-Q4
Control and Prevention of HCAIs	Ensure governance structures are in place in Hospital Groups to drive improvement and monitor compliance with targets for HCAIs / AMR with a particular focus on antimicrobial stewardship and control measures for multi-resistant organisms.	All HGs and AND	2	Q1-Q4
Critical Care	Improve access to adult critical care services in Cork University Hospital with the opening of 2 additional ICU beds.	SSWHG	2	Q3-Q4
Increase capacity/ improve services in acute hospitals	**Newly Commissioned Units:**		2	
	Open new 75 ward block in Galway University Hospital	Saolta		Q1-Q2
	Open new Emergency Department at University Hospital Limerick	ULHG	2	Q4
	Open Phase 2 of the Acute Medical Assessment Unit at Midland Regional Hospital Portlaoise	DMHG	2	Q4
	Unscheduled Care:	All HGs SDU	2	
	Implement the ED Task Force report recommendations			Q1-Q4
	Target a 5% improvement in PET (moving towards a 100% target)			Q1-Q4
	Implement the Patient Flow Project in pioneer sites (University Hospital Limerick and Galway University Hospital)			Q1-Q4
	Implement the winter initiative 2016/2017 aimed at alleviating pressures on the hospital system over the winter period with the opening of additional beds.			Q1
	Eliminate ED waiting times of> 24hours for patients > 75 years.			Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
	Co-operate with the roll-out of the Integrated Care Programme for Older People as appropriate, in acute hospital demonstrator sites as ICPOP expand the number of pioneer areas from 7 sites currently under development to a total of 16 sites and continue to work with all pioneer sites to progress integration enablers, in particular workforce development (New Ways of Working) and Information Communication Technology (ICT), in conjunction with local and national clinical and executive leadership.	ICPOP	2	Q1-Q4
	Scheduled Care:			
	Work with the National Treatment Purchase Fund (NTPF), in relation to the funding of €15m allocated to implement waiting list initiatives, to reduce waiting times and provide treatment to those patients waiting longest	All HGs/ NTPF	2	Q1-Q4
	The HSE will work with the DoH to develop proposals to address public hospital capacity issues within key specialties where there are significant outpatient and inpatient waiting times in light of the availability of €50m for this purpose in 2018			Q1-Q4
	Waiting list management: Actively manage waiting lists for inpatient and day case procedures by strengthening operational and clinical governance structures including chronological scheduling to ensure no patient is waiting longer than 18 months and achieve targets for 15 months.			Q1-Q4
	Implement the Strategy for Design of Integrated Outpatient Services 2016-2020 on a phased basis under the direction of the Outpatient Services Performance Improvement Programme.	All HGs and OPIP	2	Q1-Q4
	Endoscopy Clinical Programme to develop national guidelines and provide support to improve access to GI endoscopy	Endoscopy Programme	2	Q1-Q4
	Commence implementation of the recommendations of the Independent Clinical Review of Provision of a Second Catheterisation Laboratory at University Hospital Waterford (Herity Report)	SSWHG and AHD	2	Q2-Q4
	Renal			
	Continue to provide dialysis in hospitals, contracted units and in the home within funded levels	All HGs	2	Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
	Transplant Services:	All HGs	2	
	Achieve target donation and transplant rates by developing improved organ donation and transplantation infrastructure			Q1-Q4
	Continue the transition of the pancreatic transplant programme from Beaumont Hospital to St. Vincent's University Hospital.	IEHG	2	Q1-Q4
	Paediatric Services	ICP/ HG's CHG	2	
	Support the development of a governance structure and implementation plan for the national models of care for paediatric and neonatal healthcare services, in collaboration with the Integrated Care Programmes			Q1-Q4
	Continue to improve capacity of Paediatric Scoliosis Services in Our Lady's Children's Hospital to address waiting lists with continued efforts to recruit specialist staff.			Q1-Q4
	Continue to progress the integration of services in the Children's Hospitals Group (as part of the transition of services to the satellite centres).			Q1-Q4
	Continue the development of an All Island Paediatric Cardiology Service in conjunction with health partners in Northern Ireland.			Q1-Q4
	Continue to implement the paediatric consultant delivered pilot project in University Hospital Waterford in conjunction with the Integrated Care Programme	SSWHG	2	Q1-Q4
Implementation of Maternity Strategy	Establish the National Women and Infants Programme to develop an action plan for the implementation of the *National Maternity Strategy*	AHD	2	Q1-Q2
	Provide high level co-ordination of maternity, gynaecology and neonatal services across the country and continue the implementation of the *National Maternity Strategy* including the development of clinical maternity networks across the Hospital Groups	All HGs / Women and Infants Health Programme	2	Q1-Q4
	Publish monthly maternity safety statements for all maternity units/ hospitals.			Q1-Q4
	Roll-out the Maternal and Newborn Clinical Management System (MN-CMS) in phase 1 hospitals (Rotunda Hospital and National Maternity Hospital) and commence phase 2 preparation in			Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
	additional maternity units.			
	Develop national standards to improve access to antenatal anomaly screening in all Maternity Units as set out in the *National Maternity Strategy*.			Q1-Q4
	Progress plans for the relocation of Rotunda Hospital, National Maternity hospital and University of Limerick Maternity Hospital.			Q1-Q4
	Implement a range of improvement actions based on the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death across all 19 maternity units.			Q1-Q4
	Continue the development of the Irish Maternity Indicator System (IMIS) Audit to facilitate assessment of quality of care in maternity services.			Q1-Q4
	Support implementation of phase 1 targeted hip ultrasound screening for infants at risk of developmental dysplasia of the hip in conjunction with the Integrated Care Programme.	Integrated Care programme/ HG's	2	Q1-Q4
	Continue to support the Guideline Development Group for NCEC Intra-partum Care Guidelines	Obstetrics and Gynaecology Clinical programme	2	Q1-Q4
Quality and Patient Safety	Build Quality and Patient Safety capacity and capability at hospital group and divisional level to support Quality Improvement initiatives	All HGs and AHD	2	Q1-Q4
	Monitor and support implementation of National Standards for Safer Better Healthcare			Q1-Q4
	Support the development and implementation of a quality and safety framework across the hospital groups.			Q1-Q4
	Continue to embed a culture of open disclosure.			Q1-Q4
	Develop Group wide Clinical / Healthcare Audit Programme			
	Improve overall response to safety incidents (reporting and investigation).			Q1-Q4
	Implement revised Integrated Risk Management policy			Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
	Commence monthly Hospital Safety Statement monthly reporting			Q1-Q4
	Improve compliance with the use of the sepsis screening tools. Develop plans for the implementation of National Clinical Guideline – No. 5 Communication (Clinical Handover) in Maternity Services, No. 6 Sepsis Management and the Communication (Clinical Handover) Guideline.			Q1-Q4
	Co-operate with Quality Improvement Division in the Preventing VTE (blood clots) in Hospital Patients Improvement Collaborative	All HGs and AHD	2	Q1-Q4
Cancer Services and the National Cancer Control Programme	Work with the DoH and other stakeholders on the implementation of the National Cancer Strategy 2016-2025, which will consist of continued reorganization of cancer services and improvement in optimal care across the cancer continuum.	All HGs and NCCP	2	Q1-Q4
	NCCP will continue to lead on service developments such as cancer prevention, early diagnosis, survivorship and performance monitoring against agreed KPIs across all eight designated cancer centres.			Q1-Q4
	NCCP will work with the Hospital Groups to implement the recommendations of the KPI quality improvement plan for the Rapid Access Clinics Breast, Prostate and Lung Cancers.			Q1-Q4
	Roll out the Medical Oncology Clinical Information System on a phased basis (MOCIS) across the 26 systemic anticancer therapy hospital sites.			Q1-Q4
	NCCP will continue optimal care with continued medical oncology drug cost funding for the Growth in drug costs with the cancer centres.			Q1-Q4
	NCCP will continue to support expansion of radiotherapy services for cancer patients (Implications of Phase II NPRO developments – St Luke's, Galway, Cork, Altnagalvin)	DMHG/SSWHG/ Saolta and NCCP	2	Q1-Q4
	NCCP will continue to support the implementation of cancer clinical guidelines for the major cancer sites	All HGs and NCCP	2	Q1-Q4
	National Services:	All HGs	2	Q1-Q4

Priority Area	Priority Actions	Lead	CP Goal	Date
	Prepare for the implementation of the policy on **Trauma Systems** for Ireland.			Q1-Q4
	Roll-out the model of care of Hereditary **Haemachromatosis** and the model of care for Therapeutic Phlebotomy in association with Primary Care services.			Q1-Q4
	Commence the planning of a **National Genetic and Genomic Medicine** Network service which will operate on a hub and spoke basis			Q1-Q4
	Support the designated Centres of Expertise, especially in the context of their involvement with European Reference Networks for Rare Diseases.	AHD	2	Q1-Q4
Human Resources	**People Strategy 2015-2018**			
	Implement the People Strategy 2015–2018 within acute hospitals.	All HGs	4	Q1-Q4
	Workforce Planning:			
	Support the pilot and further implement Phase 1 of the Framework for staffing and skill-mix for nursing in general and specialist medical and surgical care in acute hospitals.	All HGs	4	Q1-Q4
	Support the workforce planning process for Phase 2 of the Framework relating to Emergency Care.	All HGs	4	Q1-Q4
	Employee Engagement:			
	Use learning from the employee survey to shape organisational values and ensure that the opinions of staff are sought and heard.	All HGs	4	Q1-Q4
	Workplace Health & Wellbeing:			
	Implement the 'Healthy Ireland in the Health Services' Policy supporting initiatives to encourage staff to look after their own health and wellbeing ensuring we have a resilient and healthy workforce	All HGs	4	Q1-Q4
	Improve influenza vaccine uptake rates amongst staff in frontline settings	All HGs	4	Q1-Q4
	European Working Time Directive (EWTD):			
	Implement and monitor compliance with the EWTD	All HGs	4	Q1-Q4
National	**Children First**			

Policy Compliance	Implementation of Children First by the Hospital Groups with support from the Children First National Office; and the delivery of Children First training programmes for hospital staff. Child protection policies at Hospital Group level developed and reports tracked and monitored by the Children First office.	All HGs/ Children First National Office	3	Q1-Q4
	Patient Feedback			
	Implement plans to build the capacity and governance structures needed to promote a culture of patient partnership across acute services and use patient insight to inform quality improvement initiatives and investment priorities which will include the completion of Patient Experience Surveys in all acute hospitals on a phased basis within available resources	All HGs and AHD	3	Q1-Q4
	Internal Audit			
	Ensure that processes are in place at Group level to govern the oversight of Internal Audit recommendations.	All HGs and AHD	3	Q1-Q4
Finance/ HR	**Employment Controls**			
	Ensure compliance with the Pay-bill Management and Control Framework within acute hospitals services.	All HGs	3	Q1-Q4
	Activity based funding	All HGs	5	Q1-Q4
	Support the next phase of ABF programme as per ABF Implementation Plan 2015-2017.	All HGs	5	Q1-Q4
	Ensure hospital activity and patient data is reported within 30 days	All HGs	5	Q1-Q4
Patient Charges	Ensure compliance with the terms of the “MOU between the HSE, named hospitals and VHI Insurance DAC” (March 2016) Hospital groups and hospitals to ensure billing is appropriate and current and that bed maps are accurate.	All HGs and AHD	3	Q1-Q4
	Implement recommendations of *Patient Income Process Review (*GT June 2016) Implementation of the patient income review recommendations to commence phase 1	All HGs and AHD	3	Q1-Q4
Medicines Management	Implement the provisions of the Irish Pharmaceutical Healthcare Association Framework Agreement on the Pricing and Supply of New Medicines. Progress the National Drugs Management System to	All HGs and AHD	3	Q1-Q4

	centralise funding and reimbursement for Multiple Sclerosis Drugs Continue the implementation of the 2016 IPHA Agreement.			
Information Management	Support the development of NQAIS Clinical to combine information from NQAIS Surgery and NQAIS Medicine.	All HGs and AHD	5	Q1-Q4
	Support the continued development of the Irish National Orthopaedic Register.			Q1-Q4
	Support the development of TARN to evaluate the care of trauma patients.			Q1-Q4
Health and Wellbeing	**Healthy Ireland**			
	Implement *Healthy Ireland in the Health Services National Implementation Plan 2015–2017* across all hospital groups with local implementation of Hospital Group plans on a phased basis.	All HGs	1	Q1-Q4
	Tobacco Free Ireland			
	Develop reporting system for Nicotine Replacement Therapy prescribing rates	All HGs	1	Q1-Q4
	Complete self-audit of Tobacco free Campus using ENSH online audit tool	All HGs	1	Q1-Q4
	Complete planned *Brief Intervention Training sessions for Smoking Cessation* in line with existing programme and rollout of *Making every contact count* and *Generic Brief intervention Training* schemes by H&Wb Division.	All HGs	1	Q1-Q4
	Self-Management of Chronic Diseases			
	Support the Implementation of the Self-Management Support (SMS) framework in all hospital groups on a phased basis	All HGs and AHD	1	Q1-Q4

Appendix 1 Finance

Group	Gross Allocation Under ABF	Income	Net Allocation Under ABF
Ireland East	€1,089,102,886	€216,061,153	€873,041,733
Dublin Midlands	€1,039,168,190	€212,646,783	€826,521,407
RCSI	€837,858,727	€156,579,543	€681,279,184
Childrens Hospitals	€316,244,208	€50,879,754	€265,364,454
South South West	€940,226,845	€193,409,767	€746,817,078
UL Hospitals	€355,721,704	€77,991,053	€277,730,651
Saolta Healthcare	€820,221,118	€109,769,831	€710,451,287
National / Regional	€80,438,226	€18,000,000	€62,438,226
TOTAL ACUTE HOSPITALS DIVISION	€5,478,981,903	€1,035,337,884	€4,443,644,019

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Appendix 2 Human Resources

National Workforce Numbers by Staff Category

Service Area	Medical/ Dental	Nursing	Health & Social Care	Management/ Admin	General Support Staff	Patient & Client Care	WTE Dec 16
Children's	418	1,189	485	537	208	135	**2,974**
Dublin Midlands	1,252	3,654	1,589	1,546	882	1,146	**10,069**
Ireland East	1,572	4,201	1,320	1,637	1,335	907	**10,971**
South/ South West	1,382	3,865	1,154	1,415	1,217	553	**9,585**
University of Limerick	474	1,439	366	602	264	450	**3,596**
RCSI	1,219	3,153	1,031	1,305	1,021	717	**8,447**
Saolta Healthcare	1,267	3,319	991	1,268	903	709	**8,457**
other Acute Services	8	2	8	28			**46**
Acute Services	**7,593**	**20,820**	**6,945**	**8,339**	**5,831**	**4,616**	**54,145**

DOP Appendix 3: Performance Indicator Suite - DOP

System-Wide				
Indicator	**Reporting Frequency**	**NSP 2016 Expected Activity / Target**	**Projected Outturn 2016**	**Expected Activity / Target 2017**
Budget Management including savings **Net Expenditure variance from plan (within budget)** Pay – Direct / Agency / Overtime	M	0.33%	To be reported in Annual Financial Statements 2016	≤ 0.1%
Non-pay	M	0.33%		≤ 0.1%
Income	M	0.33%		≤ 0.1%
Capital Capital expenditure versus expenditure profile	Q	100%	100%	100%
Audit % of internal audit recommendations implemented by due date	Q	75%	75%	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	Q	95%	95%	95%
Service Arrangements / Annual Compliance Statement % of number of Service Arrangements signed	M	100%	100%	100%
% of the monetary value of Service Arrangements signed	M	100%	100%	100%
% of Annual Compliance Statements signed	A	100%	100%	100%
Workforce % absence rates by staff category	M	≤ 3.5%	4.3%	≤ 3.5%
% adherence to funded staffing thresholds	M	> 99.5%	> 99.5%	> 99.5%
EWTD < 24 hour shift (Acute and Mental Health)	M	100%	97%	100%
< 48 hour working week (Acute and Mental Health)	M	95%	82%	95%
Health and Safety No. of calls that were received by the National Health and Safety Helpdesk	Q	15% increase	15%	10% increase
Service User Experience				

System-Wide				
Indicator	**Reporting Frequency**	**NSP 2016 Expected Activity / Target**	**Projected Outturn 2016**	**Expected Activity / Target 2017**
% of complaints investigated within 30 working days of being acknowledged by the complaints officer	M	75%	75%	75%
Serious Reportable Events % of Serious Reportable Events being notified within 24 hours to the Senior Accountable Officer and entered on the National Incident Management System (NIMS)	M	99%	40%	99%
% of investigations completed within 120 days of the notification of the event to the Senior Accountable Officer	M	90%	0%	90%
Safety Incident reporting % of safety incidents being entered onto NIMS within 30 days of occurrence by hospital group / CHO	Q	90%	50%	90%
Extreme and major safety incidents as a % of all incidents reported as occurring	Q	New PI 2017	New PI 2017	Actual results to be reported in 2017
% of claims received by State Claims Agency that were not reported previously as an incident	A	New PI 2016	55%	40%
HR ® Number of nurses and midwives with authority to prescribe medicines	Annual	New PI 2017	New PI 2017	Up to 940
Number of nurses and midwives with authority to prescribe Ionising Radiation (X-Ray)	Annual	New PI 2017	New PI 2017	Up to 310

® The expected Activity/target 2017 for this KPI is a national target i.e. inclusive of all divisions

Acute Hospitals											
Service Area	**New/ Existing KPI**	**Reporting Frequency**	**National Projected Outturn 2016**	**Expected Activity/ Targets 2017**							
Activity				**Ireland East Hospitals Group**	**Dublin Midlands Hospitals Group**	**RCSI Hospitals Group**	**South/ South West Hospitals Group**	**University of Limerick Hospitals**	**Saolta Healthcare Group**	**Children's Hospital Group**	**National Target**
Beds Available Inpatient beds **	Existing	Monthly	10,643								10,681
Day Beds / Places **	Existing	Monthly	2,150								2,150
Discharges Activity∞ Inpatient Cases	Existing	Monthly	635,414	132,328	97,547	101,640	119,645	49,549	113,553	26,365	640,627
Inpatient Weighted Units	Existing	Monthly	632,282	136,141	113576	99414	119522	42958	97717	30159	639,487
Day Case Cases∞ (includes Dialysis)	Existing	Monthly	1,044,192	191,054	223,521	151,298	212,366	57,730	197,796	28,598	1,062,363
Day Case Weighted Units (includes Dialysis)	Existing	Monthly	1,030,918	204,794	179,457	142,245	211,055	67,007	187,390	36,721	1,028,669
Total inpatient and day case Cases∞	Existing	Monthly	1,679,606	323,382	321,068	252,938	332,011	107,279	311,349	54,963	1,702,990
Emergency Inpatient Discharges	Existing	Monthly	424,659	86,726	60,194	69,560	80,027	34,712	78,764	19,889	429,872
Elective Inpatient Discharges	Existing	Monthly	94,587	18,163	14,748	9,921	20,555	7,904	16,820	6,476	94,587
Maternity Inpatient Discharges	Existing	Monthly	116,168	27,439	22,605	22,159	19,063	6,933	17,969	0	116,168
Emergency Care - New ED attendances	Existing	Monthly	1,141,437	245,491	183,064	167,096	201,615	60,523	191,997	118,532	1,168,318
- Return ED attendances	Existing	Monthly	94,483	21,308	14,364	13,822	23,407	4,159	10,893	6,272	94,225

Acute Hospitals											
Service Area	**New/ Existing KPI**	**Reporting Frequency**	**National Projected Outturn 2016**	**Expected Activity/ Targets 2017**							
Activity				**Ireland East Hospitals Group**	**Dublin Midlands Hospitals Group**	**RCSI Hospitals Group**	**South/ South West Hospitals Group**	**University of Limerick Hospitals**	**Saolta Healthcare Group**	**Children's Hospital Group**	**National Target**
- Injury Unit attendances Ω	New PI 2017	Monthly	81,141	6,571	0	15,646	27,209	27,418	5,075	0	81,919
- Other emergency presentations	New PI 2017	Monthly	49,029	10,165	3,153	7,468	12,815	0	14,994	300	48,895
Births: Total no. of births	Existing	Monthly	63,420	14,608	9,674	13,177	11,909	4,441	9,438	0	63,247
OPD: Total no. of new and return outpatient attendances	Existing	Monthly	3,342,981	762,596	644,678	507,354	604,482	236,614	526,054	159,203	3,340,981
Outpatient attendances - New : Return Ratio (excluding obstetrics and warfarin haematology clinics)	Existing	Monthly	1:2.4	1:2	1:2	1:2	1:2	1:2	1:2	1:2	1:2

Acute Hospitals				
Service Area – Performance Indicator	**New/ Existing KPI**	**Reporting Frequency**	**National Projected Outturn 2016**	**Expected Activity/ Targets 2017**
Activity Based Funding (MFTP) model HIPE Completeness – Prior month: % of cases entered into HIPE	Existing	Monthly	96%	100%
Dialysis Number of Haemodialysis patients treated in Acute Hospitals **	New PI 2017	Bi-Annual	New PI 2017	170002
Number of Haemodialysis patients treated in Contracted Centres **	New PI 2017	Bi-Annual	New PI 2017	81,900 – 83,304
Number of Home Therapies dialysis Patients Treatments **	Existing	Bi-Annual	89,815	90,400 – 98,215
Outpatient New OPD attendance DNA rates **	Existing	Monthly	12.7%	12%
% of Clinicians with individual OPD DNA rate of 10% or less **	Existing	Monthly	36.5%	50%
Inpatient, Day Case and Outpatient Waiting Times % of adults waiting < 15 months for an elective procedure (inpatient)	Existing	Monthly	88.1%	90%
% of adults waiting < 15 months for an elective procedure (day case)	Existing	Monthly	92.2%	95%
% of children waiting < 15 months for an elective procedure (inpatient)	Existing	Monthly	93%	95%
% of children waiting < 15 months for an elective procedure (day case)	Existing	Monthly	96.8%	97%
% of people waiting < 52 weeks for first access to OPD services	Existing	Monthly	84.3%	85%
% of routine patients on Inpatient and Day Case Waiting lists that are chronologically scheduled **	Existing	Monthly	75.8%	90%
Elective Scheduled care waiting list cancellation rate)**	Existing/ amended	Monthly	TBC	TBC
Colonoscopy / Gastrointestinal Service Number of people waiting greater than 4 weeks for access to an urgent colonoscopy	New PI 2017	Monthly	0	0
% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD	Existing	Monthly	51.5%	70%
Emergency Care and Patient Experience Time % of all attendees at ED who are discharged or admitted within 6 hours of registration	Existing	Monthly	68%	75%
% of all attendees at ED who are discharged or admitted within 9 hours of registration (goal is 100% performance with a target of ≥ improvement in 2017 against 2016 outturn)	Existing	Monthly	81.5%	100%
% of ED patients who leave before completion of treatment	Existing	Monthly	5.2%	<5%

Acute Hospitals				
Service Area – Performance Indicator	**New/ Existing KPI**	**Reporting Frequency**	**National Projected Outturn 2016**	**Expected Activity/ Targets 2017**
% of all attendees at ED who are in ED < 24 hours	Existing	Monthly	96.5%	100%
% of patients attending ED aged 75 years and over **	Existing	Monthly	11.4%	13%
% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration	Existing	Monthly	44.5%	95%
% of patients 75 years or over who were admitted or discharged from ED within nine hours of registration	Existing	Monthly	62.2%	100%
% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration	New PI 2017	Monthly	New PI 2017	100%
Ambulance Turnaround Times % of ambulances that have a time interval of ≤ 60 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	Existing	Monthly	93.4%	95%
Length of Stay ALOS for all inpatient discharges excluding LOS over 30 days	Existing	Monthly	4.6	4.3
ALOS for all inpatients **	Existing	Monthly	5.4	5
Medical Medical patient average length of stay	Existing	Monthly	6.8	6.3
% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	Existing	Monthly	63.7%	75%
% of all medical admissions via AMAU	Existing	Monthly	35%	45%
% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge	New PI 2017	Monthly	New PI 2017	11.1%
Surgery Surgical patient average length of stay	Existing	Monthly	5.3	5.0
% of elective surgical inpatients who had principal procedure conducted on day of admission	Existing	Monthly	72.5%	82%
% day case rate for Elective Laparoscopic Cholecystectomy	Existing	Monthly	43.6%	> 60%
Percentage bed day utilisation by acute surgical admissions who do not have an	Existing	Monthly	37.8%	35.8%

Acute Hospitals				
Service Area – Performance Indicator	**New/ Existing KPI**	**Reporting Frequency**	**National Projected Outturn 2016**	**Expected Activity/ Targets 2017**
operation**				
% of emergency hip fracture surgery carried out within 48 hours	Existing	Monthly	86.7%	95%
% of surgical re-admissions to the same hospital within 30 days of discharge	Existing	Monthly	2.1%	< 3%
Delayed Discharges No. of bed days lost through delayed discharges	Existing	Monthly	200,774	< 182,500
No. of beds subject to delayed discharges	Existing	Monthly	630	< 500 (475)
Health Care Associated Infections (HCAI) % compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool	Existing	Bi- Annual	89.2%	90%
Rate of new cases of Hospital acquired Staph. Aureus bloodstream infection	New PI 2017	Monthly	New PI 2017	< 1/10,000 Bed days used
Rate of new cases of Hospital acquired C. difficile infection	New PI 2017	Monthly	New PI 2017	< 2/10,000 Bed days used
Mortality Standardised Mortality Ratio (SMR) for inpatient deaths by hospital and defined clinical condition **	Existing/ Modified	Annual	Data Not Yet Available	N/A
Quality Rate of slip, trip or fall incidents for as reported to NIMS that were classified as major or extreme	New PI 2017	Monthly	New PI 2017	Reporting to commence in 2017
Medication Safety Rate of medication error incidents as reported to NIMS that were classified as major or extreme	New PI 2017	Monthly	New PI 2017	Reporting to commence in 2017
Patient Experience % of hospital groups conducting annual patient experience surveys amongst representative samples of their patient population	Existing	Annual	TBC	100%
National Early Warning Score (NEWS) % of hospitals with implementation of NEWS in all clinical areas of acute hospitals and single specialty hospitals	Existing	Quarterly	96%	100%
% of all clinical staff who have been trained in the COMPASS programme	Existing	Quarterly	64.5%	> 95%

Acute Hospitals				
Service Area – Performance Indicator	**New/ Existing KPI**	**Reporting Frequency**	**National Projected Outturn 2016**	**Expected Activity/ Targets 2017**
% of hospitals with implementation of PEWS (Paediatric Early Warning System) **	Existing	Quarterly	N/A	100%
Irish Maternity Early Warning Score (IMEWS) % of maternity units / hospitals with full implementation of IMEWS	Existing	Quarterly	100%	100%
% of hospitals with implementation of IMEWS for pregnant patients	Existing	Quarterly	84%	100%
Clinical Guidelines % of maternity units / hospitals with an implementation plan for the guideline for clinical handover in maternity services	New PI 2017	Quarterly	New PI 2017	100%
% of acute hospitals with an implementation plan for the guideline for clinical handover	New PI 2017	Quarterly	New PI 2017	100%
National Standards % of hospitals who have completed first assessment against the NSSBH	Existing	Quarterly	90%	100%
% of hospitals who have commenced second assessment against the NSSBH	Existing	Quarterly	50%	95%
% maternity units which have completed and published Maternity Patient Safety Statement and discussed same at Hospital Management Team meetings each month	Existing	Monthly	100%	100%
% of Acute Hospitals which have completed and published Patient Safety Statements and discussed at Hospital Management Team each month **	Existing	Monthly	N/A	100%
Patient Engagement % of hospitals that have processes in place for participative engagement with patients about design, delivery & evaluation of health services **	Existing	Annual	N/A	100%
Ratio of compliments to complaints **	Existing	Quarterly	1:1	2:1
Stroke % acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit **	Existing	Quarterly	56.2%	90%
% of patients with confirmed acute ischaemic stroke who receive thrombolysis	Existing	Quarterly	10.5%	9%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	Existing	Quarterly	65.9%	90%
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	Existing	Quarterly	89.7%	90%

Acute Hospitals				
Service Area – Performance Indicator	**New/ Existing KPI**	**Reporting Frequency**	**National Projected Outturn 2016**	**Expected Activity/ Targets 2017**
% of reperfused STEMI patients (or LBBB) who get timely PPCI	Existing	Quarterly	70.8%	80%
COPD Mean and median LOS for patients admitted with COPD **	Existing	Quarterly	7.7 5	7.6 5
% re-admission to same acute hospitals of patients with COPD within 90 days **	Existing	Quarterly	27%	24%
No. of acute hospitals with COPD outreach programme **	Existing	Quarterly	15	18
Access to structured Pulmonary Rehabilitation Programme in acute hospital services **	Existing	Quarterly	29	33
Asthma % nurses in secondary care who are trained by national asthma programme **	Existing	Quarterly	1.3%	70%
Number of bed days used by all emergency in-patients with a principal diagnosis of asthma**	Existing/ amended	Quarterly	11,394	3% Reduction
Number of bed days used by emergency inpatients < 6 years old with a principal diagnosis of asthma**	Existing/ amended	Quarterly	1,650	5% Reduction
Diabetes Number of lower limb amputations performed on Diabetic patients **	Existing	Annual	449	<488
Average length of stay for Diabetic patients with foot ulcers **	Existing	Annual	17.4	≤17.5 days
% increase in hospital discharges following emergency admission for uncontrolled diabetes. **	Existing	Annual	Data Not Available Until Q1 2017	≤10% increase
Blood Policy No. of units of platelets issued in the reporting period **	Existing	Monthly	20,704	21,000
% of units of platelets outdated in the reporting period **	Existing	Monthly	5.1%	<5%
% of O Rhesus negative red blood cell units issued **	Existing	Monthly	13.3%	<14%
% of red blood cell units rerouted **	Existing	Monthly	3.4%	<4%
% of red blood cell units outdated out of a total of red blood cell units issued**	Existing	Monthly	0.5%	<1%
HR – Compliance with EWTD European Working Time Directive compliance for NCHDs - < 24 hour shift	Existing	Monthly	97.1%	100%

Acute Hospitals				
Service Area – Performance Indicator	**New/ Existing KPI**	**Reporting Frequency**	**National Projected Outturn 2016**	**Expected Activity/ Targets 2017**
European Working Time Directive compliance for NCHDs - < 48 hour working week	Existing	Monthly	81%	95%
Symptomatic Breast Cancer Services No. of patients triaged as urgent presenting to symptomatic breast clinics	Existing	Monthly	19,502	18,000
No. of non urgent attendances presenting to Symptomatic Breast clinics **	Existing	Monthly	23,266	24,000
Number of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of two weeks for urgent referrals **	Existing	Monthly	17,348	17,100
% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of two weeks for urgent referrals	Existing	Monthly	89%	95%
Number of attendances whose referrals were triaged as non- urgent by the cancer centre and adhered to the HIQA standard of 12 weeks for non-urgent referrals (No. offered an appointment that falls within 12 weeks) **	Existing	Monthly	18,468	22,800
% of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks)	Existing	Monthly	79.4%	95%
Clinic Cancer detection rate: no. of new attendances to clinic, triaged as urgent, which have a subsequent primary diagnosis of breast cancer **	Existing	Monthly	1,841	> 1,100
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of breast cancer	Existing	Monthly	11%	> 6%
Lung Cancers Number of patients attending the rapid access lung clinic in designated cancer centres	Existing	Monthly	3,372	3,300
Number of patients attending lung rapid clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres **	Existing	Monthly	2,796	3,135
% of patients attending lung rapid clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	Existing	Monthly	81.2%	95%
Clinic Cancer detection rate: Number of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of lung cancer **	Existing	Monthly	1,030	> 825
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of lung cancer	Existing	Monthly	32.4%	> 25%
Prostate Cancer	Existing	Monthly	2,626	2,600

Acute Hospitals				
Service Area – Performance Indicator	**New/ Existing KPI**	**Reporting Frequency**	**National Projected Outturn 2016**	**Expected Activity/ Targets 2017**
Number of patients attending the rapid access prostate clinic in cancer centres				
Number of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres **	Existing	Monthly	1,366	2,340
% of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres	Existing	Monthly	52%	90%
Clinic Cancer detection rate: Number of new attendances to clinic that have a subsequent primary diagnosis of prostate cancer **	Existing	Monthly	1,058	> 780
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of prostate cancer	Existing	Monthly	41.5%	> 30%
Radiotherapy No. of patients who completed radical radiotherapy treatment (palliative care patients not included) **	Existing	Monthly	5,088	4,900
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 **	Existing	Monthly	4,394	4,410
% 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)	Existing	Monthly	86.4%	90%

*** KPIs included in Divisional Operational Plan only*

∞Discharge Activity is based on Activity Based Funding (ABF) and weighted unit (WU) activity supplied by HPO. Dialysis treatments in Acute Hospitals are included in same.

These indicators are dependent upon the type and volume of services being provided and the underlying level of demand. We commit to continually improving our performance and many targets are set to stretch achievement therefore there may be a performance trajectory to full compliance. (footnote as per NSP 2017)

Appendix 4: Capital Infrastructure

This appendix outlines capital projects that were completed in 2015 / 2016 but not operational, projects due to be completed and operational in 2017 and projects due to be completed in 2017 but not operational until 2018

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
ACUTE SERVICES									
RCSI Hospital Group									
Beaumont Hospital, Dublin	Provision of renal dialysis unit	Q4 2016	Q1 2017	0	34	1.69	13.22	0	0.00
Our Lady of Lourdes Hospital, Drogheda, Co. Louth	Ward block	Q3 2017	Q4 2017	58	0	2.00	25.00	0	0.00
Ireland East Hospital Group									
Wexford General Hospital	Provision of an early pregnancy assessment unit, a foetal assessment unit and a urodynamics laboratory (co-funded by the Friends of Wexford Hospital)	Q4 2017	Q4 2017	0	0	0.10	1.31	0	0.00
Dublin Midlands Hospital Group									
Midland Regional Hospital, Tullamore, Co. Offaly	Provision of a replacement MRI and additional ultrasound	Q2 2017	Q3 2017	0	0	3.04	5.43	0	0.00
South / South West Hospital Group									
Cork University Hospital	Paediatric outpatient department	Q4 2016	Q1 2017	0	0	0.30	9.40	0	0.00
	Laboratory Development – Extension and refurbishment of existing pathology laboratory to facilitate management services tender (blood science project)	Q2 2017	Q2 2017	0	0	1.75	2.20	0	0.00
	Provision of a helipad	Q4 2017	Q1 2018	0	0	0.64	1.80	0	0.00
University Hospital Waterford	New decontamination unit	Q2 2017	Q3 2017	0	0	1.20	2.00	0	0.00
University Hospital Kerry, Tralee, Co. Kerry	Refurbishment of existing Operation Theatre Fabric	Q1 2017	Q1 2017	0	0	0.50	0.50	0	0.00
South Tipperary General Hospital	Extension to radiology department	Q4 2016	Q1 2017	0	0	0.48	2.30	0	0.00
Saolta University Health Care Group									
Sligo University Hospital	Upgrade of boiler plant and boiler room	Q3 2017	Q3 2017	0	0	1.10	2.30	0	0.00

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
	Provision of a neuroscience facility in Molloway House, The Mall, Sligo Town (HSE owned). Funded by the North West Neurology Institute	Q1 2017	Q1 2017	0	0	0.05	0.05	0	0.00
	Provision of a Diabetic Centre to facilitate the commencement of a paediatric insulin pump service	Q3 2017	Q3 2017	0	0	0.05	0.65	0	0.00
	Upgrade of building fabric (roofs, windows, etc) and fire compartmentation works	Phased 2017	Phased 2017	0	0	0.33	1.33	0	0.00
ACUTE SERVICES *(contd.)*									
University Hospital Galway	New clinical block to provide replacement ward accommodation. Initial phase is provision of a 75 bed block	Q1 2017	Q1 2017	0	75	1.75	17.85	0	1.00
Saolta University Health Care Group *(contd.)*									
Letterkenny University Hospital, Co. Donegal	Restoration and upgrade of the critical care unit, haematology and oncology units, damaged in 2013 flood (part-funded by insurance)	Q3 2017	Q3 2017	0	0	2.00	2.70	0	0.00
	Restoration and upgrade of underground service duct (and services) damaged in 2013 flood	Q4 2017	Q4 2017	0	0	1.40	2.46	0	0.00
Mayo University Hospital	Expansion of existing endoscopy suite to provide a new decontamination facility, also works to main concourse including replacement lift	Q1 2017	Q1 2017	0	0	0.09	1.80	0	0.00
University of Limerick Hospital Group									
Mid-Western Regional Hospital, Ennis, Co. Clare	Redevelopment of Mid-Western Regional Hospital, Ennis (phase 1) to include fit out of vacated areas in existing building to accommodate physiotherapy and pharmacy and development of a local (minor) injuries unit	Q4 2017	Q1 2018	0	0	0.85	1.65	0	0.00
University Hospital Limerick	Acute MAU and OPD reconfiguration. The AMAU will be accommodated in the (old) Ward 6A and adjacent areas	Q4 2017	Q1 2018	8 assessment spaces	12 assessment spaces	1.06	1.40	0	0.00
	Reconfiguration of former ICU to create a surgical and pre-operative assessment unit	Q3 2017	Q3 2017	14 assessment spaces	0	0.74	0.79	0	0.00
	Clinical education and research centre (co-funded with University of Limerick)	Q4 2016	Q4 2017	0	0	1.30	12.90	4	0.00

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
	New Emergency Department	Q1 2017	Q4 2017	0	0	8.75	24.00	93.5	1.40
Mid-Western Regional Hospital, Nenagh, Co. Tipperary	Ward block extension and refurbishment programme, incl. 16 single rooms and 4 double rooms (part funded by the Friends of Nenagh Hospital)	Q3 2017	Q3 2017	3	21	1.34	4.90	0	0.00
NATIONAL CANCER CONTROL PROGRAMME									
St. Luke's Hospital, Dublin	Provision of interim facilities, (phase 2 – radiation/oncology project)	Q2 2017	Q2 2017	0	0	2.02	8.35	13.5	0.18