Children's Health Ireland

Children's Health Ireland

Delivery Plan 2019

CHI Delivery Plan as at 10/03/2019

Children's Health Ireland Values, Vision and Mission

In living our Values we will be

Child-centred, Compassionate, Progressive and we will act with Respect, Excellence and Integrity

Our Vision is

Healthier children and young people throughout Ireland

Our Mission is to

Promote and provide child-centred, research-led and learning informed healthcare, to the highest standards of safety and excellence, in partnership with each other, with children, young people and their families through a network of children's services in Ireland.

Foreword from the Chief Executive, CHI

Children's Health Ireland (CHI) has been established as a single organisation in accordance with the Children's Health Act 2018, to provide children's health services in Dublin, previously provided by the three existing Dublin children's hospitals at Crumlin, Temple Street and Tallaght.

As the leading provider of children's healthcare in Ireland CHI has multiple roles;

- providing highly specialised paediatric healthcare across 39 specialities, some on an all-island basis, such as the all-Ireland congenital heart network
- Secondary acute care for children in the Greater Dublin Area, in partnership with local community health organisations
- Operationalising a national network of paediatric services which promotes joined up care for children and keeping services closer to home
- Driving forward paediatric research, innovation, and professional education and training, with our multiple academic partners

Uniquely amongst the sever (7) Hospital Groups currently in the Irish healthcare system, CHI operates as a single organisational entity with a single Chief Executive accountable to the CHI board for all its services. The Board has an annual contractual arrangement with the HSE through the annual service arrangement (SLA) for services provided in accordance with the HSE Commissioning guidance. CHI is also responsible for the clinical planning of the national children's hospital developments (*Children's Hospital Programme)*. In 2019, the Programme will continue to drive forward a major transformation of services and operations across its 3 hospitals, and in July 2019, CHI will open a new Paediatric Out-Patient and Urgent Care Centre providing local paediatric services on the grounds of Connolly Hospital, Blanchardstown.

Our strategic priorities continue to be focused on children and young people and improving the care they receive. Continuing to improve quality, improving safety and patient outcomes, and in particular in 2019, improving access to services, so that the experience of all children and their families using our services is a positive one. Through the HSE National Service Plan 2019 we have secured additional investment to support these priorities in certain specialities and to reduce waiting times. Securing the appropriate skills and numbers of staff despite national shortages, will be critical to our ability to achieve our aims.

CHI will however be under significant financial pressure in 2019. To achieve our financial targets, we will endeavour to continue our focus on financial control and staff numbers and to implement a value improvement / savings programme to help meet our financial challenges with the need to balance patient safety, operational efficiency and fiscal prudence.

2019 is also the year when we will implement many of the plans for clinical and corporate transformation across the CHI. This will be in accordance with the national model of care for paediatric healthcare to deliver enhanced services for children and young people. This will deliver on the significant investment being made in paediatrics.

Signed: ----------

Eilis Hardiman

Children's Health Ireland Chief Executive **10 March 2019**

1. Introduction

Overview of activity access and planning assumptions

The services outlined in this operational plan are based on those agreed in the Service Level Agreement (SLA) and in accordance with the HSE National Service Plan 2019. Given the scale of the financial challenge and nationally imposed restrictions on staff numbers (Whole Time Equivalents), a continuation of substantial cost control and staff/agency control will be required across CHI in 2019. This will focus on controlling the total pay and non-pay costs, as well as maximising income. The challenge to achieve national waiting time standards for children's services remains as demand continues to grow. Despite welcome investments in key specialities, the scale of the historical backlog in outpatients (over 19,000 children waiting over 12 months for out-patient appointments *), along with challenges in radiology, day case and inpatient services, means that the there is still a requirement for significant recurrent investment. NTPF initiatives will assist with this in 2019 however a national scarcity of key paediatric staff together with structural (building and equipment) constraints will mean that CHI will not yet be in a position to meet all national waiting list access targets in 2019. Our strategic plans for expansion and new buildings will in time support the achievement of HSE standards for quality, safety and access in line with the national paediatric model of care and vision for children's service in Ireland.

An Integrated Operational Plan

As one organisation, CHI is now able to develop an integrated Operational Plan encompassing all areas of CHI activity, including the clinical planning and transformation programmes underway as part of the new national children's hospital development. In 2019 these activities will impact on how we deliver care to children and families, particularly in relation to the opening of the new paediatric OPD and Urgent Care centre at Connolly (Blanchardstown) in July 2019. Whilst the governance funding and oversight is clearly separately identified for these programmes, the Operational Plan aims to ensure collective executive accountability across the 3 hospitals for the totality of CHIs plans, including business as usual alongside the work of the programme.

* NTPF Out-Patient Figures 07/03/19

Strategic Priorities

CHI have identified five key strategic priorities to guide the organisations focus over the five-year period in the run up to the new children's hospital. In 2019, we will make progress towards these goals through the Operational Plan and Programme activities.

Children's Health Ireland Strategic Priorities

- Putting Children and Young People's health first and establishing excellent child centred paediatric services
- Progression towards an integrated healthcare system for children and young people as part of the national paediatric model of care
- Progression towards world class facilities in the new national children's hospital and at the new centres at Connolly and Tallaght
- Engage, develop and value our staff to deliver the best possible care and services fostering a culture in line with our values (child centred, compassionate, progressive)
- Manage resources in a way that delivers best health outcomes, improves peoples experience of using the service and demonstrates value for money

CHI Priorities for 2019

Strategic Priority	**2019 Priority**
Putting Children and Young People's health first and establishing excellent child centred services	**Safety, Quality and Management of Risk** 1. Develop a robust governance and accountability structure across CHI for Quality Improvement and Patient Safety 2. Implement and monitor the National Patient Safety Programme including Handover Sepsis and Open Disclosure 3. Implement and monitor quality improvement measures to strengthen governance and outcomes in specific services 4. Build the capacity of the Quality and Patient Safety (QPS) structure to develop a learning culture including Incidents and complaints 5. Strengthen Patient Public and Staff participation and feedback to shape and improve services
	Access to Services 6. Implement Access plans with a focus on reducing overall outpatient waiting numbers and very long waiters to meet HSE waiting list targets 7. Prioritise and put in place agreed 2019 Service Developments, NTPF initiatives and embed 2018 initiatives 8. Develop standardised processes in scheduled care, incl. use of theatres and outpatients across all 3 hospitals 9. Implement a single Central Referrals system for General Paediatrics and roll out to other specialties as agreed. 10. Improve performance in Unscheduled Care (e.g. PET Waiting Times and Trolleys). 11. Deliver on contracted levels of activity in emergency medicine, urgent care, outpatients, day case and inpatients.

Strategic Priority	2019 Priority
Progression towards world class facilities in the new national children's hospital and at the new centres at Connolly and Tallaght	12. Open the Urgent Care and OPD centre at Connolly in Q3 2019 and work with local CHO partners to maximise service benefits. 13. Continue to support the planning and construction of the new Urgent Care and OPD centre at Tallaght to deliver the scheduled 2020 opening. 14. Continue to meet the milestones for programme equipment procurement and for the procurement of a new Digital Electronic Healthcare Record 15. Continue to drive the Clinical Transformation programme making improvements in models of care, operational process and use of new digital platforms e.g. IPIMS EVOLVE SYMPHONY NIMIS 16. Develop a sustainability strategy to deliver national commitments to preserving natural resources whilst improving the use of existing faciltes and estate
Progression towards an integrated healthcare system for children and young people as part of the national paediatric model of care	17. Continue the roll-out of the all-island Congenital Heart Disease Network plan including new critical care capacity. 18. Establish networked arrangements to deliver integrated services and pathways across regional and local hospitals. 19. Implementation of the National Model of Care in Paediatrics and Neonatology. 20. Contribution to national paediatric trauma network 21. Work with community-based partners and internally to improve care for children with complex medical and life limiting conditions, disabilities and mental health. 22. Implement relevant Healthy Ireland plans including Make Every Contact Count Self Management Support and Obesity. 23. Progress towards the development of a Paediaric Academic Health Sciences Centre and Network
Engage, develop and value our staff	24. Prioritise retention and recruitment of additional staff required for the expansion of CHI services incl agreed Service Developments. 25. Recruit to key Executive Positions including; Chief Director of Nursing; Director of Finance: Director of HR.Chief Risk Officer; Director Quality and Safety 26. Support all our staff through change via the People and Change Programme 27. Ensure CHI has a clear structure to support cross city working, CHI corporate services and cross city Clinical Directorates 28. Build a culture of professionalism and compliance with best practice in service delivery and corporate and clinical risk management. 29. Build HR capacity and standardised approaches across CHI 30. Improve staff health and wellbeing by increasing the number of personnel participating in health and wellbeing initiatives. 31. Develop and strengthen the CHI approach to internal and external communications
Manage resources	32. Continue the strong focus on budgetary control and activity levels income generation through our performance meetings 33. Actively manage staff numbers (WTE) within agreed national control targets across CHI 34. Implement value improvement and cost containment programmes for high growth non -pay categories. 35. Develop CHI priority list for replacement of critical capital equipment including MRI and CT

2. Our Population

Current Paediatric Population (0-15 years) Size and Composition

The latest population estimates are that in 2019 the number of children under 16 living in Ireland will be 1.075 million[1] which represents just over 1 in 5 of the total population (22.5%).

Future Paediatric Population (0-15 years) Projections

Understanding how our paediatric population structure will change in the future is important for planning and delivering health services. The population is projected to peak in 2019 at 1.075 million and then decrease by approximately 2,000 children in the following two years. However, the GDA paediatric population is expected to increase from 430,000 to 433,000 between 2019 and 2021 due to urbanisation. This further enhances the CHI approach to support the paediatric network of care and ensure the availability of paediatric services to patients closer to home.

Other Key Statistics

Increasing homelessness in children presenting to EDs

The number of homeless children in Ireland in September 2018 is 3,829 which is an increase of 705 (22.6%) from September 2017 (Department of Housing, Planning & Local Government – Homelessness Report September 2018).
Similarly, CHI at Temple Street recently reported that of the approximately 53,000 children (aged 0 – 16 years) who presented to their ED in 2018, 842 of these children were discharged with no fixed address, typically into emergency accommodation. This figure of 842 children compares to 651 children in 2017, which represents a 29% increase. 26% of these children were less than a year old.

Paediatric Mental Health Services

The number of children with mental health issues inappropriately cared for in the acute hospital setting provides ongoing challenges regarding access. The CHI continues to work with CAMHs and the Paediatric Psychiatric services to ensure appropriate care for these patients in the most appropriate facilities.

3. Service Delivery and Transformation

Introduction

A major focus for CHI in 2019 will be the transition to consistent and equitable approaches to service pathways and delivery for children and families across all 3 hospitals; including management of referrals, demand and waiting lists. This will involve integrating operational functions and activities across the three sites (and at the new Urgent Care and OPD Centre at Connolly upon opening), to ensure that we are maximizing efficiencies through new ways of working and delivering a more effective service for our patients.

Clinical Transformation

Improving child health in Ireland as outlined in the HSE National Model of Care for Paediatric Health Services (2016) will only be realised by thinking differently, breaking traditional paradigms and joining together in a shared vision to tackle current and future challenges. Implementing new models of care across our 39 specialties will enable consistent service delivery for children and families across all our sites. This in turn is critical to delivering better outcomes and person centric care as close to home as possible for children and young people within a national network of care. In parallel with these efforts, we need to strengthen both primary and community care, improve links between primary and secondary care, and provide additional support to general practitioners to manage childhood illness closer to home.

Operational Transformation

We are also changing the way we deliver services through standardisation of operational practices and introducing new more effective ways of working. Once such example is the introduction of CHI Central Referrals for General Paediatrics, which will provide more timely and equitable access to paediatric healthcare for outpatients and their families. Patients will be able to access the right care at the right time, prioritised clinically and in chronological order. Other examples include DNA reduction initiatives and waiting list validation.

Digital Transformation

A key enabler for this will be a major investment in new cross city digital systems including a single instance main patient administration system (Ipms) in CHI at Crumlin and CHI at Temple St. In addition, CHI will be implementing a single instance ED system (Symphony),

a single instance national Radiology Imaging System (NIMIS) as well as the move to automated (paper lite) processes with the new EVOLVE (Electronic Document Management Scanning) system. These require significant transformation of underpinning operational processes and will result in better functionality for clinical and admin staff as well as enhanced cross city management of patient care and performance.

City Wide Governance

This approach will be underpinned by increasingly unified cross city governance. Since January 1st CHI is governed by a single Board, with a single Executive leadership team, supported by CHI corporate services (Finance, HR etc). This will be further strengthened via the introduction of a citywide CHI Clinical Directorate structure in 2019. The 39 clinical specialties across CHI will be aligned into three clinical directorates, each supported by a senior leadership team, with day to day accountability for service delivery and for managing integration of services across CHI sites.

3.1 Unscheduled Care

Services provided

CHI sites saw 117,427 emergency department attendances in 2018. The CHI is committed to delivering the targeted levels of activity for 2019 as detailed in Appendix 3.

Issues and opportunities

While CHI is meeting the 6-hour Patient Experience Time (PET) target throughout the year, we are falling just short of the 9-hour PET target. Increased demand for services during Winter months remains a challenge on all CHI sites. resulting in trolley waits in ED. This is reflected in poor performance against national targets and long triage times. The demand extends beyond ED and places sustained pressure on intensive care and inpatient beds during Winter months. Two outpatient and urgent care centres are currently under construction at Connolly and Tallaght. These centres are scheduled to open in Q3 2019 and Q4 2020 respectively. The opening of the Out-Patient and Urgent Care Centre at Connolly should reduce the level of pressure on the existing emergency departments and contribute to improved patient experience times (PET) particularly in CHI at Temple street. CHI have also partnered with Laura Lynn to facilitate transitional care for children with complex medical needs who are not quite ready for discharge home. This has helped to improve patient flow by providing care for children with complex medical conditions in a more appropriate setting and thus ensuring increased availability of acute paediatric hospital beds.

As demand for unscheduled care shifts, management focus will be required to meet the level of changing needs and emergency presentations and to respond to increasing levels of demand for unscheduled care services.

Priorities and Actions

Priority	Priority Action	Timeline	Lead
Improve patient experience	Continue to ensure that no patient remains over 24 hours in ED.	Q1 – Q4	CHI COO
Improve patient experience	Continue to implement measures to address seasonal increase and reduce delayed discharges in association with community healthcare.	Q1 – Q4	CHI GDON
Improve access	Generate improved capacity by improving internal efficiencies and more appropriate bed usage by reducing length of stay, early discharge and improving access to diagnostics	Q1 – Q4	CHI COO
Improve access	Open the Out-Patient and Urgent Care centre at Connolly as per the agreed schedule	Q3	CHI COO
Improve access	Continue to support the planning and construction for the Out-Patient and Urgent Care centre at Tallaght to deliver the scheduled 2020 opening	Q1 – Q4	CHI COO

3.2 Scheduled Care

Services provided

In 2018, CHI saw over 24,959 total inpatients, 28,531 day-cases and over 143,996 new and return outpatient attendances. We are committed to delivering the targeted levels of activity for 2019 as detailed in Appendix 3 and will work towards achieving the targets set out in the National Service Plan 2019:

- 80% of people waiting <52 weeks for first access to OPD services
- 90% of children waiting <15months for an elective procedure (day case)
- 85% of children waiting <15months for an elective procedure (inpatient).

Issues and opportunities

Delivering the proposed level of activity will not be sufficient to achieve the required reduction in our waiting lists. There is insufficient capacity within CHI to address the waiting list backlog particularly in outpatients. Additional funding has been provided by the HSE to address known service gaps and increase capacity.

A focus on improving Access and reducing waiting times

Improving access times to outpatient, day case and inpatient elective procedures is an ongoing challenge. We will continue to work on implementing waiting list action plans and with the National Treatment Purchase Fund (NTPF) to drive insourcing and outsourcing initiatives, with a particular focus on long waiters. Pressure areas in paediatrics include ENT, allergy, cardiology, ophthalmology, dermatology, radiology and colonoscopy and GI scope wait times. The investments in Orthopaedics in 2018 have helped to stabilise the service. The implementation of the Scoliosis 10-point action plan has resulted in increased inpatient activity. CHI will continue with this and other 2019 plans in 2019 to further enhance our services. We have received significant funding from the HSE to address known service gaps (see Appendix 6) and recruitment of these positions will be key in developing the required service capacity. The CHI continues to contribute to the development of a single, all-island clinical network for paediatric congenital heart disease, to ensure that all children on the island will have access to the highest standard of congenital cardiac care. This includes expanding critical care capacity.

Priorities 2019

CHI have agreed the following priorities for improving access to scheduled care in 2019.

- Implementing the national model of care for paediatrics and neonatology:
- Building capacity in vulnerable services to reduce the waiting lists and address ongoing demand.
- Partnering with CHO's and other stakeholders to move appropriate care to the community and regions and increase capacity in areas of need.
- Standardising clinical and operational practices across the CHI to ensure that we are optimising the use of scarce resources.
- Internal efficiency initiatives.
- Investing in future-proof infrastructure to support service delivery and ensure that CHI has access to high quality data. This will involve continuing to meet the milestones associated with the procurement of an Electronic Health Record and other key programme equipment. We will also need to focus on ensuring that the introduction of new digital platforms (e.g. Evolve) leads to improved services for children and young people.

  CHI have recently appointed a Paediatric Network Lead who will play a key role in establishing networked arrangements to deliver services across regional and local

hospitals. The Lead will work with regional based paediatric and neonatal services to plan, develop and operationalize an integrated national clinical network for acute paediatrics.

Outpatient Approach

In conjunction with the activities outlined above, specific specialty actions to address access to Outpatient Care are underway. For example;

Priority	Speciality	Priority Action	Timeline	Lead
Improve access	ENT	• Agree NTPF funding for outsourcing to Mater	Q1 – Q4	CHI COO
Improve access	General Paediatrics	• Implement Central Referrals function • Roll out referral triage/rapid access / virtual clinics across the CHI • Agree NTPF funding to support additional insourcing	Q1 – Q4	Clinical Director CD A
Improve access	Cardiology	• Implement New Model of Care • Continue the development of the all island Congenital Heart Disease network	Q1 – Q4	CHI COO
Improve access	Ophthalmology	• Agree NTPF funding for outsourcing to private providers • Agree NTPF funding for insourcing proposal to add clinic capacity	Q1 – Q4	CHI COO
Improve access	Orthopaedics	• Continue implementation of Scoliosis 10-point action plan • Work with Mater Misericordiae Hospital to continue the implementation of the care pathway for the transition of adolescents with scoliosis to adult care.	Q1 – Q4	CHI COO
Improve access	Dermatology	• Fill open consultant position • Recruit additional consultant position as per 2019 service developments • Support approval submission for National proposal to create additional ANP positions • Agree NTPF funding for outsourcing and insourcing initiatives	Q1 – Q4	Group Clinical Director
Improve access	Genetics	• Implement new model of care • Recruit additional consultant position as per 2019 service developments	Q1 – Q4	Group Clinical Director
Improve access	Allergy	• Recruit additional consultant position as per 2019 service developments • Move to single site service across the CHG	Q1 – Q4	Group Clinical Director
Improve access	Rheumatology	• Recruit additional consultant, nursing, HSCP and administrative staff to significantly expand service capacity (11 WTE)	Q1 – Q4	Site CEO Crumlin

Priority	Speciality	Priority Action	Timeline	Lead
Improve Access	Radiology	• Work with radiology clinical leadership to develop options for recruitment to vacant radiographer and radiologist posts • Work with Medical Equipment Replacement programme to agree funding to replace MRI in CHI at Crumlin and CT scanner in CHI at Temple street • Work with HSE estates to agree funding to support the required facility alterations required for MRI replacement in CHI at Temple street • Continue to assess outsourcing and insourcing initiatives	Q1 – Q4	Clinical Director CD A

Day case approach

There has been significant progress to date in reducing our day case waiting list and the CHI aims to continue these efforts. The key areas of focus will be;

- Continuing to appropriate inpatient activity to day case
- Expanding day case activity across CHI sites
- Continuing to work on improving patient flow
- Recruiting new roles (ANPs and CNSs) to support key procedures
- Outsourcing selected cases / building strategic alliances with private providers

Inpatient approach

Bed occupancy is continuing to exceed international norms and presents significant pressure on acute services (Health Service Capacity Review 2018). CHI has lost 3,655 bed days due to delayed discharges in 2018. This represents a significant opportunity to improve inpatient bed capacity. The CHI are focussed on addressing throughput challenges by:

- Working with community-based partners (e.g. Laura Lynn) and other internal providers to improve care for children with medical complexity and other life limiting conditions and disabilities. This includes increasing the provision of intermediate step-down capacity to address delayed discharges.
- Expanding community provision
- Improving access to CAMHS
- Building regional spokes capability within the hub and spoke model
- Managing winter pressures
- Improving theatre/diagnostic capacity
- Addressing infection control/lack of isolation within our hospitals
- Managing staffing constraints

- Increasing PICU bed numbers in CHI at Crumlin and progressing this project through the all-island Congenital Heart Disease Network.

Management of Complex Conditions

CHI is challenged in relation to children with complex conditions requiring long inpatient stays and the resultant impact on available bed capacity for other acute admissions and scheduled care. In addition, there are delays accessing appropriate placements in child and adolescent mental health and disability services for those children whose acute treatment is completed which leads to delayed discharges. Pressure on bed capacity is also impacted on by the lack of single occupancy rooms for infection control measures in our existing infrastructure which is a significant pressure point during the busy winter period. CHI will continue to work with the Acute Hospital Division, third party providers as well as mental health and primary care and disability services to reduce length of stay and improve pathways of care for those with complex conditions.

Cancer Services: CHI at Crumlin

The 2019 Operational Service Plan for the National Children's Cancer Service (NCCS), based in CHI at Crumlin is to consolidate its' recently appointed status as the official 9th National Cancer Control Programme (NCCP) site. The National Cancer Strategy 2017-2026* published by the NCCP, in conjunction with the Department of Health, in July 2017, to meet the needs of cancer patients in Ireland for the next decade, includes amongst its' core aims the introduction of (1) an adolescent/young adult (AYA service) and (2) a survivorship service.

A National Clinical Lead for children and adolescents and young adults (AYA) was appointed, in early 2019, within the NCCP to facilitate the introduction of these services. Critical to this is the integration of paediatric and adult cancer services. Co-location of the New National Children's Hospital on the site of St. James's hospital (SJH) will provide the hub of the planned AYA national network and survivorship service. Instrumental to this integration is the electronic interface between CHI and the National Clinical Information System (NCIS), the eHealth system currently being developed by the NCCP to provide a national patient centric information and systemic anticancer therapy prescribing system. This interface, and integration, is necessary for the seamless graduation of children/AYA into the adult service relative to acute and survivorship management.

In addition to the above and ensuring alignment with the CHI paediatric model of care, there are 3 further highlighted clinical priorities in the NCCS for 2019.

1. Recognising the increasing demand for haematopoietic stem cell transplantation (HSCT), predominantly cancer-related and to a lesser extent non-malignant indications together with the clinical complexity of these patients, the clinical HSCT service will be expanded in 2019.

2. Diagnostic molecular genetics and cytogenetics is a rapidly developing field, becoming a now critical component in the accurate cancer diagnosis, a prerequisite to administering the most applicable, and personalised, treatment. There are on-going discussions with the new Director of Clinical Genetics and NCCS - these will be further developed with the Director of the National Genetic & Genomic Medicine Network (NGGMN) and the NCCP.

3. CAR-T (Chimeric Antigen Receptor T cell therapy) marks the beginning of a new era of personalised medicine for children and AYA patients with relapsed/refractory acute lymphoblastic leukaemia (ALL). In contrast to the majority of patients being cured with standard treatment, there will be between 2 to 4 patients a year who might benefit from CAR-T. Tisagenlecleucel (Novartis) form of CAR-T, also known as Kymriah is the only CAR-T product licenced in the EU to treat patients up to 25 years old with ALL that is refractory, in relapse post-transplant or in second or later relapse. In the UK it costs around £282,000 per patient at its full list price. Clinicians and Laboratory Scientists from CHI-OLCHC and SJH have had numerous positive discussions with Novartis regarding the logistics of bringing CAR T to Ireland.

* National Cancer Strategy 2017-2026, Department of Health, published 5th July 2017: https://health.gov.ie/healthy-ireland/national-cancer-strategy-2017-2026

4. Quality and Safety

Children's Health Ireland places significant emphasis on the quality of services delivered and on the safety of those who use them. We will continue to work to support the delivery of sustainable high-quality, effective, accessible and safe health and social care services to meet the needs of our population. A National Safety Programme to develop and oversee the implementation of national safety priorities and initiatives across all parts of the health system is continuing and we will work with the Acute Hospital Division as it collaborates with the HSE Quality Improvement Division (QID), Quality Assurance and Verification (QAV) and the National Patient Safety Office to deliver on national patient safety priorities.

We will progress action under five priority areas in 2019:

- Develop a robust governance and accountability structure for Quality Improvement and Patient Safety (QPS)
- Implement and monitor the National Patient Safety Programme
- Build the capacity of Quality Patient Safety (QPS) structure and function including Incident and Risk Management
- Implement and monitor quality improvement plans to strengthen governance and outcomes in specific services
- Strengthen patient, public and staff participation and feedback to shape and improve services

(1) Developing a robust governance and accountability structure

Children's Health Ireland, in addition to contributing to the national agenda in Quality and Patient Safety, will continue to develop a robust governance and accountability structure for Quality and Patient Safety (QPS) during 2019 as we transition to cross city directorates. The CHI Director of Quality and Patient Safety will lead on this work across the CHI. The aim is to further enhance and build capacity of QPS function across the hospitals in the CHI and to focus on the following key areas of development:

- Continue implementation and embed a culture of Open Disclosure across all services
- Identify opportunities for benchmarking and peer networking internationally
- Strengthen QPS monitoring and surveillance to ensure Patient Safety areas for improvement are identified and learning is shared
- Commence monthly Indicators of Safety monthly reporting across three hospitals
- Work with the Acute Hospitals Division in the development of clinical and healthcare audit programmes.
- Ensure ongoing alignment of patient safety policies and functions for the move to cross city directorates
- Continue ongoing work to build on the Office of the Ombudsman recommendations from "Learning to Get Better" (November 2018)

- Continue developing quality improvement initiatives across the CHI with a focus in 2019 on
    - Adverse drug events causing harm
    - Peripheral IV injury
    - Unexpected admissions/ transfer to PICU/ HDU

(2) Implement and monitor the National Patient Safety Programme

The National Patient Safety Programme aims to continue the work already undertaken in supporting improvements in patient and service user safety across the entire health system to ensure changes are integrated into the 'business as usual' activities of individual services.

The programme aims to:

- Improve the quality of the experience of care including quality, safety and satisfaction.
- Implement targeted national patient safety initiatives and improvements in the quality of services (e.g. preventing healthcare associated infection (HCAI); use of anti-microbials and anti-microbial resistance (AMR); addressing sepsis, falls, pressure ulcers and medication errors; clinical handover; and recognising and responding to deteriorating patients including the use of Early Warning Score systems.
- Respond to the public health emergency by addressing CPE.
- Build the capacity and capability in our services to improve quality and safety and improve the response of the healthcare system when things go wrong.
- Put in place appropriate governance for patient safety across our services.
- Strengthen quality and safety assurance, including audit.

(3) Build the capacity of the Quality and Patient safety structure and function including Incident and Risk Management

In association with the Acute Hospitals Division, we will continue to enhance and build capacity of Quality Patient Safety (QPS) structure and function across the CHI. This encompasses the following areas.

(a) Incident and Risk Management

- Continue to embed robust risk and incident management process
- Avail of on-going training and support Groups for front line staff in relation to integrated Risk Management policy procedures and guidelines.
- Work with the AHD on the ongoing implementation of the HSE Incident Management Policy Framework across the CHI in 2019
- Continue to work with the AHD to ensure reporting of incidents in a timely manner – including the notification of all serious incidents serious reportable events in line with policy.
- Continue driving a culture of open disclosure including availing of training and information for open disclosure

(b) Performance Monitoring and Assurance

- Develop a cross hospital clinical audit programme
- Continue to embed the process for monitoring of the implementation of recommendations from national reports
- Co-operate with the AHD to monitor and support ongoing publication of Hospital Patient Safety Indicator Reports

(c) National Standards for Safer Better Health Care (NSSBHC)

- Co-operate with the review of the NSSBHC self-assessment process to maximise quality improvement, value, and outcomes.
- Co-operate with the development and the use of the QA&I Tool to support self-assess against the national standards

(d) Patient Safety and Quality Improvement

Through quality and risk surveillance activity (risk information/incidents/reviews/best evidence) and engagement with our hospitals, identify areas for improvement and prioritise patient safety programmes for the CHI.

- Work with the HSE Quality Improvement Division to build on the successful work with Children's University Hospital Board on Board programme with the new CHI Board.
- Support the Implementation of Quality Improvement Framework and the National Patient Safety Programmes and SQI Programmes etc.
- Strengthen and build on Paediatric Early Warning System,
- Develop, test and implement a Sepsis tool across the three children's hospitals
- Implement Quality and Patient Safety walk-rounds and Schwartz rounds
- Participate and support the work of the National Public Health Emergency Team
    - (NPHET) for Carbapenem producing Enterobacteriaceae (CPE) as appropriate
- Continue to report incidence of *Staphylococcus aureus, C. difficile and CPE* infections in accordance with performance assurance protocols.
- Co-operate with the AHD as it establishes monitoring systems for implementation of screening policy for CPE and use of restricted antimicrobials.

(4) Implement and monitor quality improvement plans to strengthen governance and outcomes in specific services

Several of our specialties have known quality issues (either identified through internal channels or external audit. We will develop and implement quality improvement plans within these services (e.g. Genetics) to strengthen overall governance and support improved patient outcomes.

(5) Strengthen patient, public and staff participation and feedback to shape and improve services

- Implement recommendations from “Joining the Dots” family feedback survey
- Co-operate with the AHD in the development of the staff patient safety culture survey for Acute Hospitals
- Continue to involve patients and family members in the design, delivery and evaluation of services.

5. Population Health

Introduction

A fundamental goal of the health service is to support the health of its population. Sláintecare recognises the importance of supporting people to look after and protect their own health and wellbeing. Healthy Ireland is the national strategy for improved health and wellbeing and its implementation is key in driving this whole-system shift towards a culture that places greater emphasis and value on prevention and keeping people well.

The changing lifestyles of our children and young people are altering our population's healthcare needs. Implementing the "Ten Steps Forward" outlined in "A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 – 2025" will be key in reversing current obesity trends, preventing complications associated with obesity such as diabetes, and reducing the overall burden for individuals, their families and the health system.

Joining the Dots is a joint initiative by CHI and the Ombudsman for Children's Office to hear the views of children, young people, parents/guardians and hospital staff on our services. CHI will use the results to plan the development and delivery of services for the new children's hospital and to identify opportunities for improvements.

CHI will continue to support and prioritise high quality evidence-based prevention, early intervention and health protection strategies to help reduce demand on our health and social care services thereby ensuring a sustainable health system for future generations.

Services Provided

CHI aims to help the children and young people of Ireland to stay healthy and well by focusing on prevention, protection, and health promotion and improvement through:

- Supporting the National Policy Priority Programmes for healthy eating and active living and child health which provide expertise, strategic advice and direction to address known preventable lifestyle risk factors by designing and developing evidence based best practice policies, programmes and initiatives.
- Building the capacity of our staff to positively influence health behaviour by facilitating access to education and training programmes from Health Promotion and Improvement services.
- Supporting the roll out of national immunisation and vaccination programmes and actions for the prevention and control of infectious diseases.

- Implementing comprehensive Healthy Ireland plans to improve the health and wellbeing of children, young people and CHI staff.

Issues and Opportunities

Unhealthy lifestyle choices are driving demand for health services and resulting in an increased level of chronic disease amongst children and young people. Individual lifestyle choices are heavily influenced by social and economic circumstances. While the CHI will play its part, a whole-system approach involving cross-government and cross-societal actions is required to help our most vulnerable and deprived communities.

Priorities 2019

- Support the Making Every Contact Count (MECC) and Self-Management Support (SMS) Frameworks for chronic conditions as appropriate and feasible.
- Implement relevant Healthy Ireland plans
- Support the implementation of the Obesity Policy and Action Plan 2016 – 2025
- Develop a CHI sustainability strategy to deliver national commitments to preserving natural resources, reducing carbon emissions use of plastics and reducing waste.
- Continue to implement the findings of the Joining the Dots initiative and use that feedback to shape our design for acute paediatric services delivery
- Work with local schools on health education
- Continue to protect children and young people through infectious disease control and immunisation.
- Continue to improve influenza uptake rates amongst our staff
- Support implementation of the HSE Breastfeeding Action Plan 2016-2021
- Improve staff health and wellbeing by increasing the number of personnel participating in health and wellbeing initiatives.
- Support initiatives to increase uptake of diabetic retinopathy screening amongst the eligible population aged 12 years and over.
- Support national initiatives to reduce alcohol and drug usage

6. Finance

Introduction

Children's Health Ireland 2019 initial net allocation amounts to €317.237m.

Table 1 CHI Budget 2018/2019

Budget	CHI at Crumlin €m	CHI at Temple Street €m	CHI at Tallaght €m	CHI Programme & Corporate €m	Total 2019 €m	Total 2018 €m
Gross	187.423	122.957	26.572	21.67	358.622	351.203
Income	-23.058	-12.828	-5.499	0	-41.385	-43.587
Net	164.365	110.129	21.073	21.67	317.237	307.616

Note 1 - Budgets per Rosetta as at 12th February 2019

Note 2 - Budgets include Superannuation and Pension Levy.

Note 3 - Budgets are subject to change during allocation windows throughout the year.

Budget 2019

The notified 2019 budget allocated to the Children's Health Ireland is €317.2m. The final 2018 Budget for the Children's Hospital Group was €307.6m. This represents a year on year increase of €9.6m or 3.12%. An allocation of €8.8m in 2019 (€17.6m FYC) is being held and will be drawdown and the expenditure is incurred. This funding used to cover a number of different areas including;

- Open the Outpatient and Urgent Care Centre at Connolly
- Expand consultant delivered workforce in Dermatology, Allergy and Genetics
- Enhance Haematology Stem Cell Transplant Service
- Enhance Paediatric Rheumatology Service

The investment of €24.1m (€21.67m on Rosetta, €2.43m Held) in the CHI Programme will fund ICT enhancements and new projects in the three hospitals to support better cross hospital and in preparation for the opening of the satellite centres and the new hospital.

The HSE has set out a value improvement programme (VIP) in Section 8 of the Service Plan 2019. The VIP in 2019 will be deployed across three focus areas,

- Financial Balance
- Pharmacy
- Improvement and accountability

In order to facilitate the setting of both Pay and Non-Pay budgets within the envelope of funding made available to the Children's Health Ireland it will require robust Cost Control and Containment Plans on an individual hospital basis immediately. Developing and implementing such a Financial Plan will be the focus of the hospital in the weeks following the publication of the 2019 Operational Plan.

Budget 2019 and Existing Level of Service

The cost of maintaining existing services increases each year due to a variety of factors including:

- Impact of National Pay Agreements
- Increases on drugs and other clinical non-pay costs
- Demographic factors
- Additional costs in relation to 2019 developments
- Deferred recruitment of posts in 2019 to achieve the financial outturn
- Inflation related price increases
- Particular challenges to achieve income targets due to the decrease in patients utilising their private health insurance

Approach to Financial Challenge 2019

Delivering the level of services included in our ABF Allocation, as safely and effectively as possible, within the overall limit of available funding will remain a critical area of focus and concern for 2019. Our CHI Executive Team and other senior managers across the hospital will face specific challenges in respect of ensuring the type and volume of safe services are delivered within the resources available.

The growing level of emergency presentations, increasing acuity and complexity of our patients, the growing use and cost of drugs and medical technologies and our ability to attract and retain staff are just some of the pressures that impact on our services each year.

In addition, income targets will prove challenging to achieve and further consideration will need to be given to these adjustments.

Our approach to dealing with the financial challenge will include:

1. Governance – Continued focus on budgetary control through our performance meetings based on signed service arrangements

2. Pay – Management of the Pay and Numbers Strategy 2019 by the hospital.
3. Non Pay – Implement targeted cost containment programmes for specific high growth categories.
4. Income – Endeavour to sustain and improve where possible the level of income generation achieved in 2018.
5. Activity – Control of activity will be a focus of 2019 together with the further development of ABF model to identify services where cost reductions may be possible.

Options to address the financial challenge are being considered as part of the service planning process and there will be on-going discussions with the HSE during the year to align activity levels to the funding available. Cost containment measures may impact the ability of hospitals to address the existing demand for services, delivery of new developments and impact the management of waiting lists within the target times and increase access times to core services, potentially impacting patients. The maintenance of safe patient services may be impacted by the challenges in the 2019 NSP with regard to pay and staff numbers and challenging income targets.

7. Our Staff

Services provided

The Human Resources function is organised into discrete, but interdependent workstreams, working together to deliver on our strategic aim of securing the skills and staff numbers required to deliver the national model of paediatric care. The priority for 2019 will be the new Paediatric outpatient and urgent care centre at Connolly. However, we will continue to be focusing on recruiting and retaining the staff we need for existing services across CHI. Alongside this, we will plan for an expanded workforce to meet the requirements of services in the new Paediatric outpatient and urgent care centre at Tallaght opening in 2020, as well as the national Childrens Hospital in 2023. In conjunction with the 2019 priorities, there are foundational long-term strategic change and integration objectives encompassed in the work of People and Change – these focus on building the foundations to enable the overall transformation.

Managing within the CHI WTE allocation

The major constraint and challenge for 2019 however will be to manage within nationally agreed wholetime equivalent allocations. The employment census at December 2018 (3382 WTE) reflected the increase in service activity over 2018, with an overall increase of 8.5% throughout the year. This increase was multi factorial (service developments, maternity leave, new project posts, service risks, service demand such as 1:1 nursing care linked to mental health specialties, ICT projects, ICT Contractor and Nursing Agency conversions and reconfigurations due to CHI Programme Planning).

Table 2:

Category	January 2018	December 2018	Change WTE	Change %
Management/Admin	596	671	75	12.6%
Medical Dental	444	468	24	5.4%
Nursing	1,224	1,310	86	7.0%
Health & Social Care Professionals	513	559	46	9.0%
General Support Services	197	212	15	7.6%
Other Patient and Client Care	142	160	18	12.7%
TOTAL	**3,116**	**3,382***	**266**	**8.5%**

* Total rounded up

The Human Resource services will therefore work closely with operational service leads and finance department managers to minimise staff expenditure and promote efficiencies to achieve budgetary objectives.

Acknowledging the Health Services Strategy 2015 - 2018 and the unique circumstances of Corporate and Clinical service changes, the department will continue to implement strategies focusing on staff health and wellbeing, development and training opportunities, and preparing for change through engagement and feedback. In line with the HSE National HR Dignity at Work campaigns the CHI is also committed to maintaining a positive workplace environment that recognises the dignity of all staff. All CHI staff are required to respect the right of each individual to dignity in their working life. To ensure all staff are treated with dignity and respect the Human Resources departments are reviewing the outputs of the 2018 HSE Staff Survey to assess where targeted improvements can be developed to further support staff in this area.

We will continue to build on achievements of 2018 including for example the increasingly popular On the Move together staff network which is engaging staff across sites in the change and transformation process.

Priorities and Actions 2019:

Priority	Priority Action	Timeline	Lead
Cross City Organisational Design and Transition Planning	Our 2019 focus is developing an informed transition plan for each hospital function, encompassing the workforce design for OPD and UCC at Connolly, Clinical Directorates and OPD and UCC at Tallaght.	Q4	Site HR Directors & Director of Strategic HR, Org Development & Change Management
Strategic Workforce Planning	Our 2019 focus is to refine and test the overall workforce model (sizing and costing) for the future, refining assumptions through continuous staff engagement.	Q4	Site HR Directors & Director of Strategic HR, Org Development & Change Management
Cross City Recruitment	a) Complete recruitment for CHI Executive posts b) Ensure the workforce for the OPD and UCC at Connolly is in place c) Commence recruitment for priority posts for Tallaght OPD and UCC.	Q4	Site HR Directors & Director of Strategic HR, Org Development & Change Management
Organisation Development	Our 2019 focus is cultural integration through our On the Move Together network, team and leadership development via the Quality Improvement and Patient Safety Programme and other bespoke executive development as well as implementing our training strategy to support key programme releases e.g. PAS / Central Referrals, Evolve, etc.	Q4	Site HR Directors & Director of Strategic HR, Org Development & Change Management
Change Management	Our 2019 focus is to support change readiness across the key integration and ICT releases (OPD and UCC at Connolly, PAS / Central Referrals / Evolve) and to establish and develop our Change Facilitator Network of hospital-based change capability.	Q4	Site HR Directors & Director of Strategic HR, Org Development & Change Management
Employee Relations	Our 2019 focus is to ensure that there is an appropriate level of consultation and engagement with staff members and to professionally deal with issues in preparation for our OPD and UCC at Connolly, in particular ED consultants, Clinical Directorates and other integration activity, while continuing to support	Q1 – Q4	Site HR Directors & Director of Strategic HR, Org Development & Change Management

Priority	Priority Action	Timeline	Lead
	the progress at a local/ national level and at third party fora.		
Internal Communications	Our 2019 focus will to be provide tailored communications across the key programme releases, while focussing on staff engagement and awareness	Q1 – Q4	Site HR Directors & Director of Strategic HR, Org Development & Change Management
E-Rostering / Time and Attendance Project	Commence roll out of E-Rostering / Time & Attendance project (phase 1) incorporating services assigned to Connolly Outpatient and Urgent Care Centre	Q2	HR Director at CHI at Temple Street

Appendices

Appendix 1: Financial Tables

Table 1 CHI Budget 2018/2019

Budget	CHI at Crumlin €m	CHI at Temple Street €m	CHI at Tallaght €m	CHI Programme & Corporate €m	Total 2019 €m	Total 2018 €m
Gross	180.109	117.618	26.573	21.671	345.971	336.978
Income	-14.920	-7.340	-4.386	0	-26.646	-27.225
Net	165.188	110.278	22.187	21.671	319.324	309.754

Note 1 - Budgets per Acute Hospital Division

Note 2 - Budgets do not include Superannuation and Pension Levy as these have not been distributed.

Note 3 - Budgets are subject to change during allocation windows throughout the year.

Appendix 2:

WTE December 2018

Hospital / HG	Medical/ Dental	Nursing & Midwifery	Health & Social Care	Management/ Admin	General Support	Patient & Client Care		WTE December 2018
Children's Health Ireland	468	1310	559	671	212	160		3382

Appendix 3: National Scorecard and Performance Indicator Suite

National Scorecard		
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
Quality and Safety	**Complaints investigated within 30 days**	% of complaints investigated within 30 working days of being acknowledged by complaints officer
	Serious Incidents	% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident
	Child Health	% of newborn babies visited by a PHN within 72 hours of discharge from maternity services
		% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age
		% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine
	CAMHs Bed Days Used	% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units
	HIQA Inspection Compliance	% compliance with regulations following HIQA inspection of disability residential services
	HCAI Rates	Rate of new cases of hospital acquired Staph. Aureus bloodstream infection
		Rate of new cases of hospital acquired C. difficile infection
		% of acute hospitals implementing the requirements for screening of patient with CPE guidelines
	Urgent Colonoscopy within 4 weeks	No. of people waiting > 4 weeks for access to an urgent colonoscopy
	Surgery	% hip fracture surgery carried out within 48 hours of initial assessment (Hip Fracture Database)
		% of surgical re-admissions to the same hospital within 30 days of discharge
	Medical	% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge
	Ambulance Turnaround	% of ambulance turnaround delays escalated where ambulance crews were not cleared nationally (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework within 30 minutes
	Chronic Disease Management	No. of people who have completed a structured patient education programme for type 2 diabetes
	Healthy Ireland	% of smokers on cessation programmes who were quit at four weeks

Appendix 3: National Scorecard and Performance Indicator Suite

National Scorecard		
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
Access and Integration	Therapy Waiting Lists	Physiotherapy – % on waiting list for assessment ≤ 52 weeks
		Occupational Therapy – % on waiting list for assessment ≤ 52 weeks
		Speech and Language Therapy – % on waiting list for assessment ≤ 52 weeks
		Psychology – % on waiting list for treatment ≤ 52 weeks
	CAMHs Access to First Appointment	% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs
	Delayed Discharges	Number of beds subject to delayed discharge
	Disability Act Compliance	% of child assessments completed within the timelines as provided for in the regulations
	Ambulance Response Times	% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
		% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
	Emergency Department Patient Experience Time	% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration
		% of all attendees at ED who are discharged or admitted within six hours of registration
	Waiting times for procedures	% of adults waiting < 15 months for an elective procedure (inpatient and day case)
		% of children waiting < 15 months for an elective procedure (inpatient and day case)
		% of people waiting < 52 weeks for first access to OPD services
	Cancer	% of new patients attending rapid access breast, lung and prostate clinics within recommended timeframe
		% 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)
	Older Persons	No. of home support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))
Finance, Governance and Compliance	Financial Management	Net expenditure variance from plan (pay + non-pay - income)
	Governance and Compliance	% of the monetary value of service arrangements signed
		Procurement – expenditure (non-pay) under management
		% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received
Workforce	EWTD	<48 hour working week
	Attendance Management	% absence rates by staff category

Appendix 3(a) National Scorecard

KPI Number	National Service Plan KPI Title	Reporting Period	2018 Target	Projected Outturn 2018	National Target 2019
A16	Outpatient Attendances - New : Return Ratio (excluding obstetrics, warfarin and haematology clinics)	M	1:2	1:2.5	1:2.3
A38	HIPE Completeness – Prior month: % of cases entered into HIPE	M (1 Mth in arrears)	100%	91%	95%
A20a	% of children waiting <15 months for an elective procedure (inpatient)	M	90%	84%	85%
A20b	% of children waiting <15 months for an elective procedure (day case)	M	90%	83%	90%
A23	% of people waiting <52 weeks for first access to OPD services	M	80%	71%	80%
A25	% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	M	70%	53%	70%
A80	No. of people waiting > four weeks for access to an urgent colonoscopy	M	0	334	0
A26	% of all attendees at ED who are discharged or admitted within six hours of registration	M	75%	64%	75%
A27	% of all attendees at ED who are discharged or admitted within nine hours of registration	M	100%	79%	99%
A28	% of ED patients who leave before completion of treatment	M	<5%	6.4%	<5%
A29	% of all attendees at ED who are in ED <24 hours	M	100%	96%	99%
A32	% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration	M	95%	42%	95%
A30	% of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of registration	M	100%	60%	99%
A96	% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration	M	100%	91%	99%
A39	ALOS for all inpatient discharges excluding LOS over 30 days	M (1 Mth in arrears)	4.3	4.8	≤4.8
CPA11	Medical patient average length of stay	M (1 Mth in arrears)	≤6.3	7.2	≤7.2
CPA53	% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge	M (1 Mth in arrears)	≤11.1%	11.3%	≤11.1%
CPA12	Surgical patient average length of stay	M (1 Mth in arrears)	≤5.0	5.5	≤5.5

KPI Number	Operational Plan KPI Title	Reporting Period	2018 Target	Projected Outturn 2018	National Target 2019
A45	% of surgical re-admissions to the same hospital within 30 days of discharge	M (1 Mth in arrears)	≤3%	2%	≤3%
CPA51	Rate of new cases of hospital acquired Staph. Aureus bloodstream infection	M	<1/10,000 bed days used	0.9	<1/10,000 bed days used
CPA52	Rate of new cases of hospital acquired C. difficile infection	M	<2/10,000 bed days used	2.2	<2/10,000 bed days used
A97	% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	Q	100%	36%	100%
A98	% of acute hospitals implementing the national policy on restricted antimicrobial agents	Q	100%	35%	100%
A113	Rate of medication incidents as reported to NIMS per 1,000 beds	M (3 Mth in arrears)	New PI NSP2019	New PI	2.4 per 1,000 bed days
A114	% of hospitals with implementation of NEWS in all clinical areas of acute hospitals (as per 2019 definition)	Q	New PI	New PI	100%
A56	% of hospitals with implementation of PEWS (Paediatric Early Warning System)	Q	100%	72.4%	100%
a117	% of hospitals that have completed a self-assessment against all 53 essential elements of the National Standards for Safer, Better Healthcare	Q	New PI NSP2019	New PI	100%
A62	% of acute hospitals which have completed and published monthly hospital patient safety indicator report	M	100%	67%	100%
A48	No. of bed days lost through delayed discharges	M	182,500	205,047	≤200,750
A49	No. of beds subject to delayed discharges	M	500	564	≤550
A105	No. of new cases of CPE	M	0	512	N/A
A33	% of routine patients on Inpatient and Day Case Waiting lists that are chronologically scheduled **	M	90%	82.5%	90%
A40	ALOS for all inpatients **	M-1M	5 days	5.6	5 days
A41	New OPD attendance DNA rates **	M	12%	13.9%	12%
A43	Elective Scheduled care waiting list cancellation rate **	M	1%	1.4%	1%
A101	The % of patients admitted to an ICU (or HDU) from the ward or ED within one hour of a decision to admit **	Q (1 Mth in arrears)	50%	N/A	50%

KPI Number	Operational Plan KPI Title	Reporting Period	2018 Target	Projected Outturn 2018	National Target 2019
A102	The % of patients admitted to an ICU/HDU from the ward or ED within four hours of a decision to admit (A98)**	Q (1 Mth in arrears)	80%	N/A	80%
A112	Rate of venous thromboembolism (VTE, blood clots) associated with hospitalisation **	Q (1 Mth in arrears)	New in 2018	11.3	TBC
CPA29	% bed day utilisation by acute surgical admissions who do not have an operation **	M	35.8%	36.8%	35.8%
CPA38	% nurses in secondary care who are trained by national asthma programme **	Q (1 Mth in arrears)	70%	N/A	70%
A119	Rate of Emergency Paediatric Inpatients (patients <16 years old as a % of those presenting) **	Q	New PI	New PI	TBC
A120	Rate of clinical incidents as reported to NIMS per 1000 bed days **	M-3M	New PI	New PI	N/A
A121	% of pediatric patients waiting < 6 weeks following a referral for a routine colonoscopy **	M	New PI	New PI	70%
A122	% of pediatric patients waiting < 6 weeks following a referral for a routine oesophago-gastroduodenoscopy (OGD) endoscopy **	M	New PI	New PI	70%
A125	% of urgent elective outpatients waiting < 3 months for CT, MR & US **	Q	New PI	New PI	TBC
A126	% of routine elective outpatients waiting < 6 months for CT, MR & US **	Q	New PI	New PI	TBC
A1	Beds Available Inpatient **	M	N/A	N/A	348
A2	Day Beds / Places **	M	N/A	N/A	94

Appendix 3: National Scorecard and Performance Indicator Suite

KPI Number	National Service Plan KPI Title	Reporting Period	2018 Target	Projected Outturn 2018	National Target 2019
CPA28	% day case rate for Elective Laparoscopic Cholecystectomy	M (1 Mth in arrears)	60%	48%	60%
A99	% hip fracture surgery carried out within 48 hours of initial assessment (Hip fracture database)	Q (1 Qtr in arrears)	New PI NSP2019	New PI	85%
A45	% of surgical re-admissions to the same hospital within 30 days of discharge	M (1 Mth in arrears)	≤3%	2%	≤3%
CPA51	Rate of new cases of hospital acquired Staph. Aureus bloodstream infection	M	<1/10,000 bed days used	0.9	<1/10,000 bed days used
CPA52	Rate of new cases of hospital acquired C. difficile infection	M	<2/10,000 bed days used	2.2	<2/10,000 bed days used
A97	% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	Q	100%	36%	100%
A98	% of acute hospitals implementing the national policy on restricted antimicrobial agents	Q	100%	35%	100%
A113	Rate of medication incidents as reported to NIMS per 1,000 beds	M (3 Mth in arrears)	New PI NSP2019	New PI	2.4 per 1,000 bed days
A114	% of hospitals with implementation of NEWS in all clinical areas of acute hospitals (as per 2019 definition)	Q	New PI	New PI	100%
A56	% of hospitals with implementation of PEWS (Paediatric Early Warning System)	Q	100%	72.4%	100%
a117	% of hospitals that have completed a self-assessment against all 53 essential elements of the National Standards for Safer, Better Healthcare	Q	New PI NSP2019	New PI	100%
A62	% of acute hospitals which have completed and published monthly hospital patient safety indicator report	M	100%	67%	100%
CPA19	% acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit	Q (2 Qtrs in arrears)	90%	68.9%	90%
CPA20	% of patients with confirmed acute ischaemic stroke who receive thrombolysis	Q (2 Qtrs in arrears)	12%	9.1%	12%
CPA21	% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	Q (2 Qtrs in arrears)	90%	73.8%	90%
CPA25	% STEMI patients (without contraindication to reperfusion therapy) who get PPCI	Q	90%	95%	95%
CPA26	% of reperfused STEMI patients (or LBBB) who get timely PPCI	Q	80%	65%	80%
A115	% of maternity units / hospitals with full implementation of IMEWS (as per 2019 definition)	Q	New PI	New PI	100%
A116	% of all hospitals with implementation of IMEWS (as per 2019 definition)	Q	New PI	New PI	100%
A61	% maternity hospitals / units which have completed and published Maternity Patient Safety Statement and discussed same at hospital management team / Hospital Group / NWIHP meetings each month	M (2 Mths in arrears)	100%	94.7%	100%
NCCP24	% of new patients attending rapid access breast, lung and prostate clinics within recommended timeframe	M	New PI	New PI	95%
NCCP6	% 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)	M	95%	73%	95%
NCCP8	% of new attendances to the rapid access clinic, triaged as urgent, that have a subsequent primary diagnosis of breast cancer	M	6%	10%	>6%
NCCP13	% of new attendances to the rapid access clinic that have a subsequent primary diagnosis of lung cancer	M	25%	30%	>25%
NCCP19	% of new attendances to the rapid access clinic that have a subsequent primary diagnosis of prostate cancer	M	30%	33%	>30%
NCCP22	% 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%	80%	90%
A48	No. of bed days lost through delayed discharges	M	182,500	205,047	≤200,750
A49	No. of beds subject to delayed discharges	M	500	564	≤550
A105	No. of new cases of CPE	M	0	512	N/A

Appendix 3: National Scorecard and Performance Indicator Suite

KPI Number	Operational Plan KPI Title	Reporting Period	2018 Target	Projected Outturn 2018	National Target 2019
A31	% of patients attending ED aged 75 years and over **	M	13%	13.7%	13%
A33	% of routine patients on Inpatient and Day Case Waiting lists that are chronologically scheduled **	M	90%	82.5%	90%
A40	ALOS for all inpatients **	M-1M	5 days	5.6	5 days
A41	New OPD attendance DNA rates **	M	12%	13.9%	12%
A42	% of emergency hip fracture surgery carried out within 48 hours (HPO / HIPE)	M	95%	86.6%	95%
A43	Elective Scheduled care waiting list cancellation rate **	M	1%	1.4%	1%
A101	The % of patients admitted to an ICU (or HDU) from the ward or ED within one hour of a decision to admit **	Q (1 Mth in arrears)	50%	N/A	50%
A102	The % of patients admitted to an ICU/HDU from the ward or ED within four hours of a decision to admit (A98)**	Q (1 Mth in arrears)	80%	N/A	80%
A112	Rate of venous thromboembolism (VTE, blood clots) associated with hospitalisation **	Q (1 Mth in arrears)	New in 2018	11.3	TBC
CPA29	% bed day utilisation by acute surgical admissions who do not have an operation **	M	35.8%	36.8%	35.8%
CPA34b	Median LOS for patients admitted with COPD **	Q (1 Mth in arrears)	5 days	5	5 days
CPA35	% re-admission to same acute hospitals of patients with COPD within 90 days **	Q (1 Mth in arrears)	24%	25.6%	24%
CPA37	Access to structured Pulmonary Rehabilitation Programme in acute hospital services **	BA-1M	33 SITES	30	33 SITES
CPA38	% nurses in secondary care who are trained by national asthma programme **	Q (1 Mth in arrears)	70%	N/A	70%
CPA41	No. of lower limb amputation performed on Diabetic patients **	A	<488	N/A	<488
CPA42	Average length of stay for Diabetic patients with foot ulcers **	A	≤17.5 days	N/A	≤17.5 days
CPA43	% increase in hospital discharges following emergency admission for uncontrolled diabetes **	A	≤10% increase	N/A	≤10% increase
A118	Breastfeeding initiation - % of babies breastfed at first feed following birth**	Q -1Q	New PI	New PI	64%
A119	Rate of Emergency Paediatric Inpatients (patients <16 years old as a % of those presenting) **	Q	New PI	New PI	TBC
A120	Rate of clinical incidents as reported to NIMS per 1000 bed days **	M-3M	New PI	New PI	N/A
A121	% of pediatric patients waiting < 6 weeks following a referral for a routine colonoscopy **	M	New PI	New PI	70%
A122	% of pediatric patients waiting < 6 weeks following a referral for a routine oesophago-gastroduodenoscopy (OGD) endoscopy **	M	New PI	New PI	70%
A123	% of adult patients waiting < 13 weeks following a referral for a routine colonoscopy **	M	New PI	New PI	70%
A124	% of adult patients waiting < 13 weeks following a referral for a routine oesophago-gastroduodenoscopy (OGD) endoscopy **	M	New PI	New PI	70%
A125	% of urgent elective outpatients waiting < 3 months for CT, MR & US **	Q	New PI	New PI	TBC
A126	% of routine elective outpatients waiting < 6 months for CT, MR & US **	Q	New PI	New PI	TBC

KPI Number	Operational Plan KPI Title	Reporting Period	2018 Target	Projected Outturn 2018	Hospital Group Target 2019
A1	Beds Available Inpatient **	M	N/A	N/A	TBC
A2	Day Beds / Places **	M	N/A	N/A	TBC

Appendix 3(b) National Service Plan KPIs

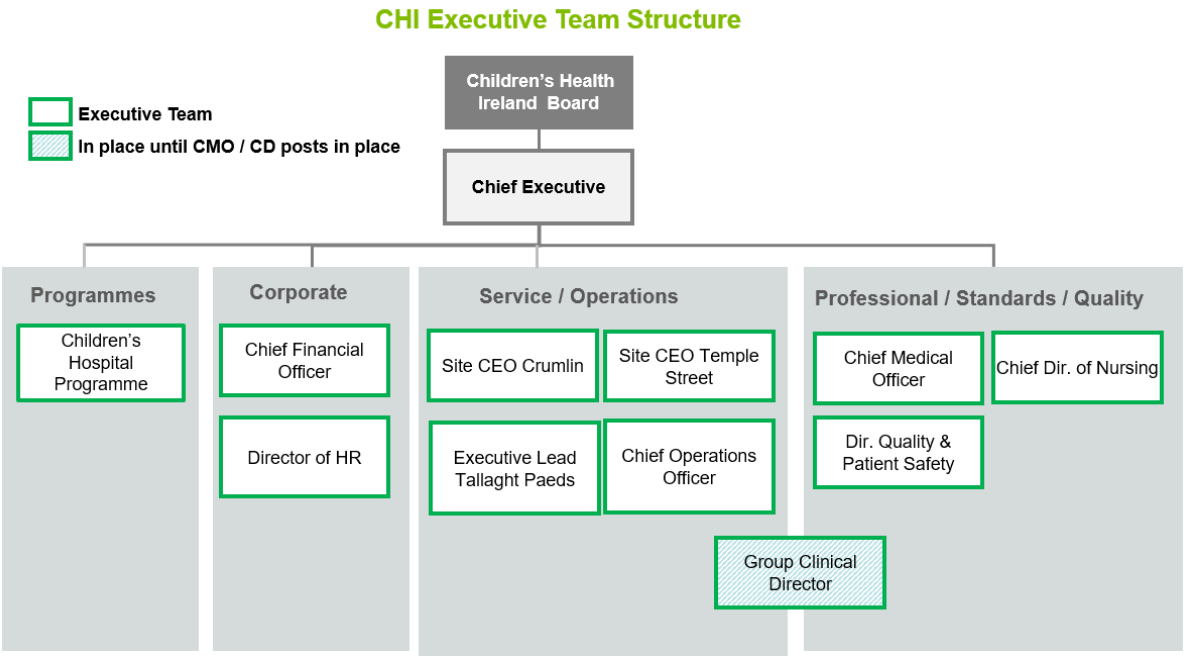
KPI Title	CHG Expected Activity/ Target 2018	CHG Projected Outturn 2018	Children's University Hospital Temple Street	National Children's Hospital at Tallaght Hospital	Our Lady's Children's Hospital, Crumlin	CHI Expected Activity/ Target 2019
Discharge Activity Inpatient Cases	25,169	24,959	7,489	5,822	11,689	25,000
Inpatient Weighted Units	29,742	30,555	9,223	3,180	18,150	30,553
Daycase Cases (includes dialysis)	28,037	28,531	7,833	2,110	18,841	28,784
Day Case Weighted Units (includes dialysis)	36,788	38,275	11,269	3,101	23,905	38,275
Total inpatient & day cases Cases	**53,206**	**53,490**	**15,322**	**7,932**	**30,530**	**53,784**
Emergency Inpatient Discharges	19,120	18,179	5,576	5,238	7,573	18,387
Elective Inpatient Discharges	6,049	6,780	1,913	584	4,116	6,613
Maternity Inpatient Discharges						
Inpatient Discharges ≥ 75 years						
Day case dishcarges ≥ 75 years						
Emergency Care - New ED attendances	109,776	110,142	46,124	29,819	34,706	110,648
- Return ED attendances	7,689	6,963	2,411	1,977	2,607	6,995
Injury Unit attendances	-	-	-	-	-	-
Other emergency presentations	269	322	-	324	-	324
Births Total number of births	-	-	-	-	-	-
Outpatients Number of new and return outpatient attendances	142,877	143,996	55,953	21,841	67,972	145,766

Appendix 3(c) Activity KPIs

Appendix 4: Capital Infrastructure

Facility	Project Details	Project Completion	Fully Operational	Additional Bed	Replacement Beds	Capital Cost €m		2019 Implications	
						2019	Total	WTE	Rev Costs €m
Connolly Hospital Blanchardstown Dublin 15	Paediatric Ambulatory and Urgent Care Centre	Q3, 2019	Q4, 2019	0	0	8.6	26.12	0	0

Appendix 5: Organisational Structure



Appendix 6: Service Investments

1. **CHI at Connolly €7.2m (€14.8m FY)** Total: 149 WTE

2. **Expansion of Consultant Delivered Workforce: CHI at Crumlin €0.3m (€0.564m FY)**
   a. Consultant Paediatric Dermatologist x 1 WTE
   b. Consultant Allergy x 1 WTE
   c. Consultant Genetics x 1 WTE Total: 3 WTE

3. **Enhance Haematology Stem Cell Transplant Service: CHI at Crumlin €0.450m (€0.9 FY)**
   a. Consultant Transplant x 1 WTE; ANP x 2 WTE; HSCP x 4 WTE
   Total: 7 WTE

4. **Paediatric Rheumatology Service: CHI - €0.6m (€1.113m FY)**
   a. Consultant Rheumatologist x 1 WTE; Registrar x 1 WTE; SHO x 1 WTE
   b. Physiotherapist (Senior) x 1 WTE
   c. Physiotherapist (Clinical Specialist) x 1 WTE
   d. ANP x 1 WTE; CNS x 1 WTE; Social Worker x 0.5 WTE
   e. Psychologist (Senior) x 0.5 WTE; Podiatrist x 0.5 WTE
   f. Admin Grade IV x 0.5 WTE
   g. Occupational Therapist (Senior) x 1 WTE; OT x 1 WTE Total: 11 WTE

5. **Paediatric Neurosurgery: CHI at Temple Street - €78,105 (FYC)**
   a. ANP x 1 WTE Total: 1 WTE

6. **OPAT Services: CHI at Crumlin - €127,354 (FYC)**
   a. CNS x 2 WTE Total: 2 WTE

Appendix 7: Risks to the Delivery of the Operations Service Plan 2019

- Increased demand for services beyond the funded levels.
- Meeting the level of changing needs and emergency presentations and responding to increasing levels of demand for unscheduled care services.
- Regulatory requirements in hospital services which must be responded to within the limits of the revenue and capital funding available.
- Control over pay and staff numbers at the same time as managing specific safety, regulatory and demand-driven pressures E.g. theatres radiology.
- Seeking to ensure recruitment and retention of a highly skilled and qualified workforce, particularly in high-demand areas and specialties e.g. theatre and ICU.
- Managing within the limitations of our clinical business information, financial and HR systems to support an information driven health service.
- Managing the ability to support new models of service delivery and structures while supporting innovation and reorganisation across the CHI.
- Our capacity to invest in and maintain our infrastructure and address critical risks resulting from ageing medical equipment and physical infrastructure.
- Our ability to meet the demand for new drug approvals within funded levels.
- Ability to respond to significant spikes in demand given that hospitals normally operate at full capacity.
- The Irish Nurses and Midwives Organisation commenced industrial action on 30th January 2019. To date, there have been 3 strikes which have led to the postponement of 1,815 OPD appointments and 268 inpatient and day case within CHI. Further strikes are scheduled for the week commencing the week commencing 10th February. This industrial action will impact the ability of the CHI to deliver the agreed levels of scheduled care activity.