Grúpa Ospidéal Bhaile Átha Cliath Lár Tíre FSS
Dublin Midlands Hospital Group HSE
Páirtnéir Acadúil Coláiste na Tríonóide Baile Átha Cliath
Academic Partner Trinity College Dublin

Dublin Midlands Hospital Group Delivery Plan 2019

Building a Better Health Service | Seirbhís Sláinte Níos Fearr á Forbairt

Goal 1 Promote health and wellbeing as part of everything we do so that people will be healthier

Goal 2 Provide fair, equitable and timely access to quality, safe health services that people need

Goal 3 Foster a culture that is honest, compassionate, transparent and accountable

Goal 4 Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Goal 5 Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

Table of Contents

Foreword from the Chief Executive Officer 1

1. Introduction 3
2. Our population 8
3. Reform and Transformation 12
4. Quality and Safety 14
5. Population Health and Wellbeing 17
6. Health and Social Care Delivery 22
7. Finance 33
8. Value Improvement Programme 39
9. Workforce 41

Appendices 44

- Appendix 1: Financial Tables 45
- Appendix 2: HR Information 46
- Appendix 3: National Scorecard and Performance Indicator Suite 47
- Appendix 4: Capital Infrastructure 55
- Appendix 5: Organisational Structure 56

Foreword from the Chief Executive Officer

I am pleased to bring you the 2019 Operational Plan for the Dublin Midlands Hospital Group. This plan sets out the type and volume of acute hospital services to be provided by the seven hospitals within our Group in 2019.

It takes account of the available funding, planning assumptions and what can be delivered by realistic and achievable measures to improve the economy, efficiency and effectiveness of our services during 2019.

It sets out the overarching priorities and specific actions to be progressed by the Dublin Midlands Hospital Group during 2019 to deliver services to its population, within its allocated financial framework and consistent with Ministerial and Governmental priorities, and should be considered in conjunction with the Group Strategy 2018-2023.

The growing cost of delivering core services is such that the DMHG faces a significant financial challenge in 2019 in maintaining the existing level of overall activity, to which we are fully committed.

A fundamental deliverable for the Dublin Midlands Hospital Group is access to timely, high quality services in the most appropriate healthcare setting. Whilst care delivered in our hospitals is of a very high standard, timely access to both elective and emergency services continues to be a significant challenge due to resource and capacity problems in our hospitals and in the community.

There remain many challenges to delivering on our budget, not least the impact of unplanned events such as the severe weather experienced last year, but the continuous challenge to deliver schedule care in an ever increasing and demanding unscheduled care environment. In addition to the recruitment and retention challenges that exist throughout the system.

Planning for the future needs of our population and responding to the growing demands on our service, despite the ever present challenges inherit across the health services, our hospitals will continue to prioritise processes that maximise throughput, improve waiting times to access services and improve overall efficiency in patient flow whilst ensuring a quality and safe service for our patients is provided in an integrated way with our community partners.

In 2018, the Government published the Sláintecare Implementation Strategy, which provides a framework within which the HSE will focus on transforming health services over the coming decade. As one of the largest Hospital Groups, encompassing many national and regional speciality centres, we welcome and embrace the opportunities that exist within this framework. We welcome the opportunity to engage in and inform geo alignment and extend our strong collaborative partnership that exists with our CHO community partners in Community Healthcare Organisations (CHO) for South Dublin, Kildare & West Wicklow area

and the Midlands, Louth/Meath area, together with our academic partner, Trinity College Dublin and all internal and external stakeholders. I look forward to continuing our work with Laura Magahy, as Executive Director of Sláintecare, and her team. In the last five years the hospitals across our group have continued to shape our dialogue and embrace changes to our delivery models of care and ways of working that provide improved services for our patients.

I am very encouraged with our feedback from both staff and patient surveys conducted in 2018. More than 18% of staff across the Group replied to the survey, the second highest hospital group response rate, with high response rates in Portlaoise, Coombe and St Luke's Radiation Oncology Network. It is so important to seek and listen to staff feedback and we are looking at these findings to see how we can improve and share learnings across Hospitals. It is very encouraging to see that there is a 9% increase of staff finding *'my organisation clearly demonstrates its interest in my health and wellbeing'* and that 50% of staff states they *'feel optimistic about their future'* in our organisation. We have also noted the increase in the response rate on the experience of bullying and or harassment and that is of great concern and something we are committed to address.

Separately, our Hospitals took part in the second National Patient Experience Survey and again performed very well in feedback from their inpatients. The Dublin Midland Hospital Group would like to acknowledge the excellent work and support that all staff and managers have invested in the promotion and implementation of the NPES. The results of this survey are very encouraging to staff at the frontline of service delivery across our Group. The results indicate that patient experiences in a wide number of areas are good overall and reflect the hard work and contribution of staff each day. Equally all management and staff are attuned to the needs of those who have reported negative experiences in our hospitals. We look forward to continue to working with you to improve these areas in the period ahead.

Finally, as we present another operational plan we would like to reaffirm our commitment to continue to deliver quality services for our patients within the resources available whilst at the same time ensuring that quality improvement and patient safety remains a key priority.

Trevor O'Callaghan, CEO,
Dublin Midlands Hospital Group **Date:**18/02/2019

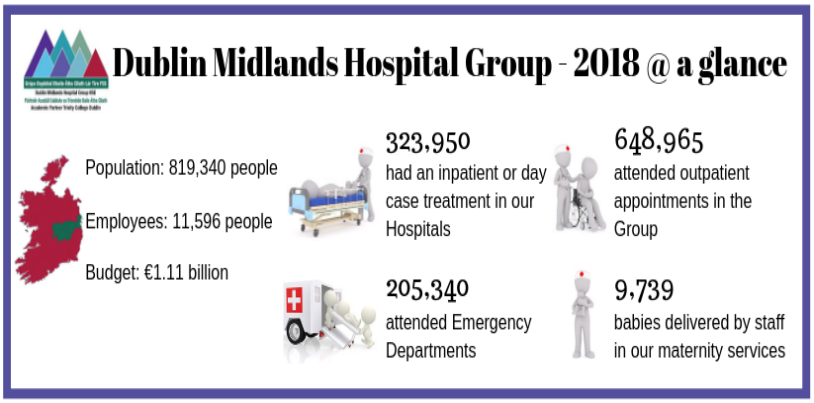
1. Introduction

The Dublin Midlands Hospital Group (DMHG) provides a full range of acute hospital services, women and children's services, in addition to specialised oncology care.

The seven hospitals in the Dublin Midlands Hospital Group include:

- The Coombe Women & Infants University Hospital (CWIUH)
- Midland Regional Hospital Portlaoise (MRHP)
- Midland Regional Hospital Tullamore (MRHT)
- Naas General Hospital (NGH)
- St James's Hospital (SJH)
- St Luke's Radiation Oncology Network (SLRON)
- Tallaght University Hospital (TUH)

Trinity College Dublin (TCD) is the formal academic partner of the Dublin Midlands Hospital Group and has a significant role in developing and enhancing academic excellence in teaching, research and innovation to drive improved for health for the population of the Dublin.



The focus of the Dublin Midlands Hospital Group since its establishment has been on:

- Delivering and developing high-quality clinical services;
- Achieving consistently high standards of care;
- Provision of consistent access and appropriate level of care;
- Developing and fostering strong leadership;
- In association with Trinity College Dublin and with appropriate governance and funding, to develop a high level of integration between the healthcare agenda and the teaching, training, research and innovation agenda.

The Dublin Midlands Hospital Group has developed a mission, vision and set of values to guide the behaviour of all staff in every aspect of their working lives. They also support the HSE goal of creating a healthier Ireland with a high-quality health service valued by all.

MISSION

The Dublin Midlands Hospital Group is committed to providing high quality, sustainable health care in the most appropriate healthcare setting.

VISION

Delivering excellent clinical care through patient centred services and supporting innovation for the benefit of our patients and staff.

VALUES

Patient safety first.
Build trust through openness and transparency.
Communicate openly and honestly and in a timely and appropriate manner.
Treat everyone with respect and compassion.
Empower patients to participate in their care through education and communication.
In association with Trinity College Dublin, commit to education, research and innovation as an integral component of patient care and staff development.
Be responsible and accountable for the use of resources in the pursuit of effective delivery of healthcare.

2019 Dublin Midlands Hospital Group Strategic Intent

The *Dublin Midlands Hospital Group (DMHG) Strategic Plan 2018 - 2023* aims to address the challenges being experienced by Group Hospitals including the increasing demand for services, changing care needs, pressure on existing infrastructure and the need to maintain a skilled and committed workforce. The strategic priorities are informed by our population profile, projected demographic trends and current capacity and activity across the hospitals. It prioritises developing clinical networks and pathways across and between hospitals and our primary and community care partners.

This *Dublin Midlands Hospital Group (DMHG) Strategic Plan 2018* - continues to pursue its five strategic aims:

1. To deliver excellent standards of quality and patient safety.
2. To optimise service delivery ensuring patients are treated in the right place, at the right time by the right people.
3. To develop integrated care between the Dublin Midlands Hospital Group and its Community and Primary Care partners.
4. To foster education academic research and innovation.
5. To strengthen co-operation and collaboration between Dublin Midlands Hospital Group Hospitals.

In addition the DMHG will commit to supporting the delivery of the elements of the *Sláintecare 2019 Action Plan,* recognising the importance of the *Sláintecare Implementation Strategy* to deliver a sustainable and equitable health and social care service over the next ten years.

In line with our strategic plan and the vision of *Sláintecare*, we will work in partnership with our community colleagues to better integrate our services across hospital and community focussing on a shift of care from the acute setting to the community.

2019 DMHG Priorities

- A key priority for 2019 will be to maintain appropriate capacity in services, understanding the complex health needs of a growing, ageing and increasingly diverse population and to focus relentlessly on quality improvement and innovation within a patient-centred culture.
- In line with *Sláintecare,* we are committed in 2019 to exploring and demonstrating new models of care that can be expanded in a sustainable manner and that will deliver a demonstrable impact in patient care, patient experience and patient outcomes.
- Continue the development of clinical care networks across the Group in line with the Strategic Plan.
- Further the DMHG Quality and Patient Safety agenda through enhancement of quality assurance and audit verification structures including the development of the maternity network serious incident management forum & progression of quality improvement initiatives including:
    - Continuation of the DMHG quality improvement development programme
    - quality improvement plans arising from the *National Patient Experience Survey 2018*
    - quality improvement plans arising from the *National Staff Satisfaction Survey 2018*
- DMHG recognise the importance of staff health and wellbeing and is acknowledged as one of the key pillars outlined in the *Dublin Midlands Hospital Group (DMHG) Strategic Plan 2018 – 2023.* The group is committed to continuing the support of our staff to improve and enhance their own health and wellbeing.
- Support DMHG hospitals to achieve scheduled care targets by ensuring:
    - efficiencies are identified and optimised
    - close collaboration continues with the National Treatment Purchase Fund (NTPF), the Clinical Strategy and Programmes and Acute Operations and Acute Strategy and Planning.
- The Dublin Midlands Hospital Group will continue to work in line with policy, to progress the establishment, enablement and delivery of new models of care and integrated care programmes in line with the Clinical Strategy and Programmes Division, *Sláintecare* and *Dublin Midlands Hospital Group (DMHG) Strategic Plan 2018 – 2023.* This will address improvements in our acute hospital patient flow by focussing on some of the issues that result in people inappropriately attending hospital emergency departments or accessing care in hospitals that can be delivered in the community setting.
- Implement ambulance bypass for Trauma at NGH and implement outcomes of National Trauma Audit.
- Continue to support implementation of the *National Maternity Strategy 2016-2026* in conjunction with the National Women and Infants Health Programme.
- Continue to support implementation of the *National Cancer Strategy 2017- 2026* in conjunction with the National Cancer Control Programme. In addition to support the development of the *Cancer Institute* at St James's Hospital.
- Continue to support the Implementation of *National Guidance for the Protection and Welfare of Children 2017* and the *Children First Act 2015*.

- Dublin Midlands Hospital group continue to support the 3 priority themes of the *Value Improvement Programme* to improve the quality and quantum of our services delivered by driving efficiency and effectiveness equally.
- The DMHG will continue to explore innovative alternative recruitment methods to ensure the timely delivery of recruits. The DMHG will work to retain our talented workforce by fostering a culture which supports and values continuous professional development, learning and staff engagement.
- The DMHG will continue to drive improvements in the quality and safety of Occupational Health in line with the national standards *Safer Better Care: Standards for Occupational Health Services 2017,* as well as compliance with the *Safety, Health and Welfare at work* Act.
- With our Academic partner, Trinity College Dublin (TCD) we will continue to promote healthcare excellence underpinned by research and education, with innovation as its core.

2019 DMHG Challenges

In the context of growing demand, the funding allocation for 2019 brings its challenges and the Group will work with its constituent hospitals to address these whilst ensuring full management capability in delivering on both the quality of clinical care and resource targets. The Activity Base Funding (ABF) budget allocation model assumes a certain level and mix of activity for 2019 and we acknowledge that delivering activity below or above this level constitutes a significant funding risk. In addition there is a risk associated with not delivering optimal CMI activity in 2019 relative to the national benchmark, in which case the negative impact here would affect the following year's allocation.

In identifying the risks to the delivery of services within resources available, it is acknowledged that while every effort will be made to mitigate these risks, there remains some challenges in our ability to deliver the level and type of service set out in the service plan, including :

- Sustaining a level of service in areas where demand cannot be managed or spend avoided, such as Emergency Department attendances and admissions, births and any other unscheduled demand placed on our hospitals.
- Maintaining services in times of surge demand/winter pressures and the Hospitals' ability to cope with increasing pressures for beds, increasing lengths of stay, dependant on the community's ability to provide appropriate placements in the current funding structure as demonstrated by the Winter Initiative which commenced in mid-December 2018.
- Delivering the income target considering the position of private insurance providers.
- Managing the on-going challenges of an increasing and ageing population within the current funding arrangement.
- Responding to urgent safety concerns and emergencies such as carbapenemase-producing enterobacteriaceae (CPE). We will work with the National Public Health Emergency Team to mitigate this risk, including how to manage emerging resource implications. Our hospitals ability to isolate patients with a number of infectious diseases remains a challenge due limited capacity of isolation rooms
- Effectively managing our workforce including recruitment and retention of a highly skilled and qualified workforce, rationalising the use of agency personnel and staying within our pay budget.
- Working within the constraints posed by limitations to clinical, business financial and human resource (HR) systems.

- Investing in and maintaining our infrastructure, addressing critical risks resulting from ageing medical equipment and physical infrastructure, and adhering to health and safety regulations.
- Ability to meet regulatory requirements within the limits of the revenue and capital available and without impacting on planned service levels.
- Understanding and responding to the impact of Brexit process.

2. Our Population

The Dublin Midlands Hospital Group population area covers communities from Dublin, Kildare, Laois, and Offaly. The resident population of this area is approximately 819,340 based on 2016 Census information as outlined below.

Health Atlas Finder - Area Profile

CSO Census 2016 (de facto) - Hospital group - local catchment - Population Total

Dublin ML

		Area		Area change (since 2011)		Ireland		Ireland change (since 2011)	
	Relative proportions	#	%	#	%	#	%	#	%
AGE GROUP	National % Area %								
Total		819,340	100.0	+36,114	+4.6	4,761,865	100.0	+173,613	+3.8
85+		9,394	1.1	+1,401	+17.5	67,555	1.4	+9,139	+15.6
80-84		11,443	1.4	+1,337	+13.2	81,037	1.7	+10,924	+15.6
75-79		16,295	2.0	+1,758	+12.1	115,467	2.4	+13,431	+13.2
70-74		23,621	2.9	+4,891	+26.1	162,272	3.4	+31,082	+23.7
65-69		33,062	4.0	+7,434	+29.0	211,236	4.4	+37,598	+21.7
60-64		38,387	4.7	+3,601	+10.4	238,856	5.0	+20,070	+9.2
55-59		43,653	5.3	+3,937	+9.9	270,102	5.7	+25,580	+10.5
50-54		48,560	5.9	+3,844	+8.6	299,935	6.3	+25,549	+9.3
45-49		54,427	6.6	+4,740	+9.5	326,110	6.8	+20,925	+6.9
40-44		62,351	7.6	+6,323	+11.3	357,460	7.5	+26,648	+8.1
35-39		72,089	8.8	+7,144	+11.0	389,421	8.2	+25,160	+6.9
30-34		70,768	8.6	-4,166	-5.6	361,975	7.6	-31,970	-8.1
25-29		59,128	7.2	-11,935	-16.8	297,435	6.2	-63,687	-17.6
20-24		49,235	6.0	-5,133	-9.4	273,636	5.7	-23,595	-7.9
15-19		50,736	6.2	+4,677	+10.2	302,816	6.4	+19,797	+7.0
10-14		54,749	6.7	+3,955	+7.8	319,476	6.7	+16,985	+5.6
5-9		62,419	7.6	+6,882	+12.4	355,561	7.5	+34,791	+10.8
0-4		59,023	7.2	-4,576	-7.2	331,515	7.0	-24,814	-7.0
DEPRIVATION LEVEL - HP INDEX									
Extremely affluent		15,479	1.9	n/a	n/a	77,802	1.6	n/a	n/a
Very affluent		56,025	6.8	n/a	n/a	310,816	6.5	n/a	n/a
Affluent		138,384	16.9	n/a	n/a	819,257	17.2	n/a	n/a
Marginally above average		209,141	25.5	n/a	n/a	1,277,631	26.8	n/a	n/a
Marginally below average		200,568	24.5	n/a	n/a	1,203,652	25.3	n/a	n/a
Disadvantaged		127,741	15.6	n/a	n/a	712,558	15.0	n/a	n/a
Very disadvantaged		54,942	6.7	n/a	n/a	278,059	5.8	n/a	n/a
Extremely disadvantaged		17,059	2.1	n/a	n/a	82,091	1.7	n/a	n/a
HP INDEX DETERMINANTS									
Age dependency		270,006	33.0	+23,082	+9.3	1,644,119	34.5	+129,136	+8.5
Classes - professional		61,804	7.5	+9,166	+17.4	386,648	8.1	+50,028	+14.9
Classes - semi & unskilled		114,404	14.0	+1,340	+1.2	671,494	14.1	+14,031	+2.1
Education - primary or lower		66,375	8.1	-12,424	-15.8	386,498	8.1	-70,398	-15.4
Education - 3rd level		148,965	18.2	+24,740	+19.9	881,276	18.5	+141,284	+19.1
Unemployed - aged 15+		50,387	6.1	-22,105	-30.5	265,962	5.6	-124,715	-31.9
NATIONALITY									
Irish		694,827	84.8	+34,759	+5.3	4,082,513	85.7	+155,370	+4.0
UK		12,367	1.5	-1,251	-9.2	103,113	2.2	-9,146	-8.1
Polish		23,723	2.9	-269	-1.1	122,515	2.6	-70	-0.1
Lithuanian		6,660	0.8	-101	-1.5	36,552	0.8	-131	-0.4
Elsewhere in EU		27,963	3.4	+6,329	+29.3	146,738	3.1	+31,501	+27.3
Elsewhere in world		26,383	3.2	-8,997	-25.4	126,557	2.7	-31,036	-19.7
Visitors/Not stated		27,417	3.3	+5,644	+25.9	143,877	3.0	+27,125	+23.2
HEALTH INDICATORS									
Health bad/very bad		13,753	1.7	+1,102	+8.7	76,435	1.6	+6,774	+9.7
Carers		31,240	3.8	+2,179	+7.5	195,263	4.1	+8,151	+4.4
Disabled		111,597	13.6	+8,786	+8.5	643,131	13.5	+47,796	+8.0
VULNERABLE GROUPS									
Travellers		5,231	0.6	-158	-2.9	30,987	0.7	+1,492	+5.1
Vulnerable migrants		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Population changes

The total catchment population for Dublin Midlands Hospital Group is 819,340 based on CSO Census 2016 data and using a small area centroid methodology. This is an increase of 4.6% (36,114 people) from Census 2011 data. The increase in national population for the same timeframe is 3.8%. Therefore Dublin Midlands Hospital Group population is increasing at a rate of 0.8% higher than the national average.

Changes in age category

For the 0-4 age category the catchment population is 59,023, a decrease of 7.2% (4,576 people) since 2011. This is a similar decrease to the national population for the same timeframe which is 7%.

For the 5-19 age category the catchment population is 167,904, an increase of 10.1% (15,514 people) since 2011. The increase in national population between the age of 5 and 19 for the same timeframe is 7.9%. Therefore Dublin Midlands Hospital Group population is increasing at a rate of 2.2% higher than the national average.

For the 20-39 age category the catchment population is 251,220, a decrease of 5.3% (14,090 people) since 2011. The decrease in national population between the age of 20 and 39 for the same timeframe is 6.6%. Therefore Dublin Midlands Hospital Group population is decreasing at a rate of 1.3% higher than the national average.

For the 40-64 age category the catchment population is 247,378, an increase of 10% (22,445 people) since 2011. The increase in national population between 40 and 64 for the same timeframe is 8.6%. Therefore Dublin Midlands Hospital population is increasing at a rate of 1.4% higher than the national average.

For the over 65 age category the catchment population is 93,815, an increase of 21.8% (16,821 people) since 2011. The increase in national population over 65 for the same timeframe is 19.1%. Therefore Dublin Midlands Hospital Group population is increasing at a rate of 2.7% higher than the national average. Within this age category the over 85 catchment population is 9,394, an increase of 17.5% (1,401 people) since 2011. The increase in national population over 85 for the same timeframe is 15.6%. Therefore Dublin Midlands Hospital Group population is increasing at a rate of 1.9% higher than the national average.

This data is summarised in the table below:

Age category	DMHG population	Population change since 2011	Percentage change since 2011	National population	Population change since 2011	Percentage change since 2011
0-4	59,023	-4,576	-7.2%	331,515	-24,814	-7%
5-19	167,904	15,514	10.1%	977,853	71,573	7.9%
20-39	251,220	-14,090	-5.3%	1,322,467	-94,092	-6.6%
40-64	247,378	22,445	10%	1,492,463	118,772	8.6%
65+	93,815	16,821	21.8%	637,567	102,174	19.1%
85+	9,394	1,401	17.5%	67,555	9,139	15.6%
Total	819,340	36,114	4.6%	4,761,865	173,613	3.8%

Key points

The 2016 Census data indicates a decrease in the number of births since 2011, this is highlighted through the 7% national population decrease in 0-4 age category. This is due in part to a reduction in fertility rates but, more significantly, to the fact that the number of men and women in the child-bearing age groups have started to decline in recent years (6.6% decrease in the national 20-39 age category since 2011). This is a demographic feature which is likely to result in a steady reduction in the number of births over the coming decade.

The 2016 Census data indicates a substantial increase in the ageing population, specifically those in the 65+ age category. Nationally there has been a 19.1% increase in the 65+ population with the Dublin Midlands Hospital Group showing a 21.8% increase since 2011. With the accompanying increase in the population aged between 40 and 65 the trend towards considerable increases in the number of older people is set to continue.

Demographic changes, in conjunction with hospital activity must be used as a basis to determine the future healthy service needs of our patients. This is strategically addressed throughout the *Dublin Midlands Hospital Group (DMHG) Strategic Plan 2018 – 2023* as well as the *Dublin Midlands Hospital Group Operational Plan 2019* and strategic priorities are informed by our population profile.

National Population Trends

Over 4.8m people live in Ireland (Central Statistics Office (CSO), 2018). An overall increase in the population of 64,500 was experienced from April 2017 to April 2018, the largest annual increase since 2008 (Population and Migration Estimates April 2018).

The greatest change in population structure over the last ten years is the growth in both the proportion and the number of people aged 65 years and over, increasing in the intercensal period from 11.6% in 2011 to 13.3% in 2016. It is projected that people aged 65 years and over will increase by 22,935 (3.5%) in 2018 and 21,969 (3.3%) in 2019 (Population and Labour Force Projections 2017-2051). Similarly, adults aged 85 years and over will increase by 2,505 (3.6%) in 2018 and by 3,116 (4.3%) in 2019. Notwithstanding this growth in the older population, in 2016 a quarter of our population are children aged 0 - 17 years.

There were 62,053 births in 2017, 1,844 fewer births compared to 2016 and 9,739 of those births taking place in the Dublin Midlands Hospital Group. The death rate has remained static from 2016 to 2017 with a rate of 6.4 per 1,000 population. The infant mortality rate in 2017 was 2.8 per 1,000 live births (or 174 infant deaths). The average maternal age for all births registered in 2017 was 32.8 years, with teenage births reducing to 1,041 births in 2017 from 1,098 in 2016 (Vita Statistics Yearly Summary, 2017).

As populations continue to grow and age, there will be increasing demand for acute hospital services that are responsive to life-threatening emergencies, acute exacerbation of chronic illnesses and many routine health problems that nevertheless require prompt action.

3. Reform and Transformation

The *Sláintecare Report* (2017) and *Sláintecare Implementation Strategy* (2018) signal a new direction for the delivery of health and social care services in Ireland. The opportunity that will come with implementation cannot be overestimated, as it has the potential to create a far more sustainable, equitable, cost effective system and one that delivers better value for patients and service users. It creates a more sustainable opportunity to transform the health and wellbeing of the population and how and where they access services.

At its core, the strategy focuses on establishing programmes of work to move to a community-led model, providing local populations with access to a comprehensive range of non-acute services at every stage of their lives. This will enable our healthcare system to provide care closer to home for patients and service users, to be more responsive to needs and deliver better outcomes, with a strong focus on prevention and population health improvement.

2018 saw the publication of the *Sláintecare Implementation Strategy.* The DMHG await the detailed action plan that will set out a series of work streams and designated actions, with associated measures to be delivered in 2019.

The DMHG is committed to working with the *Sláintecare* Programme Office and all stakeholders to play our part in successfully bridging the gap between the vision for health service transformation in Ireland and delivery of that change at the frontline. Changes will result in more positive experiences and better outcomes for patients, service users and their families.

The Dublin Midlands Hospital Group five-year strategy (2018-2023) provides a roadmap for hospitals for the next five years. The strategy aims to address the challenges being experienced by Group Hospitals, including the increasing demand for services, changing care needs, pressure on existing infrastructure and the need to maintain a skilled and committed workforce.

The strategic priorities are informed by our population profile, projected demographic trends and the current capacity and activity across the hospitals. These key statistics will inform how we plan and develop services into the future.

The strategy also recognises the need to transform the Dublin Midlands Hospital Group into a better integrated system. This will be carried out while still maintaining a focus on the priorities that will address the future needs of our patients.

As a Hospital Group, to achieve our priorities, we recognise reform of the Group's existing service delivery model is an essential prerequisite. The way, and in some cases the location, in which we deliver particular clinical services must be re-aligned. This supports the vision of *Sláintecare.*

Delivery of the agreed components of our strategy is embedded within each of the chapters of this delivery plan.

4. Quality and Safety

Introduction

Continuous review of Quality and Safety is a key priority for DMHG as set out in the *Dublin Midlands Hospital Group Strategic Plan (2018 – 2023)*. Our aim is to deliver quality care while meeting patient safety standards in line with best international practice.

The Group will continue to work with it's patients and staff and other key stakeholders to support continuous improvement in service delivery, patient experience and outcomes.

Clinical Leadership

- DMHG will plan for improvement in healthcare delivery in line with *Sláintecare*, the *HSE Capacity Review 2018* and the *Scoping Inquiry into the Cervical Check Screening programme 2018 (Scally Report)* recommendations.
- DMHG will continue to work with National Clinical and Intergrated Care Programmes to provide end to end care from prevention through self management, to primary care and specialist hospital care.
- DMHG will facilitate leadership development for Clinical Directors, Medical, Nursing and Midwifery and Health and Social Care Professionals.
- DMHG will support the implementation of the National Healthcare Comunication Programme for all healthcare staff.

Patient and Service User Engagement

- Evaluate the knowledege gained from both national and local *Patient Experience Surveys* and develop optimal strategies and plans to address feedback from patients and service users.
- Continue to implement and embed a culture of Open Disclosure in line with national policy and legislation.
- Develop Patient Forum / Patient Representative Panel to facilitate the involvement of patients and family members in the design, delivery and evaluation of services.

Quality, Patient Safety and Learning

1. **DMHG will focus on Quality Improvement and *National Patient Safety Programmes* in the following areas:**

    - **Healthcare Acquired Infection (HCAI) / Anti-microbial Resistance (AMR)**

    - Continue to invest in the Group HCAI Committee to provide strategic direction for the prevention and management of Health Care Acquired Infection for the population of the DMHG.
    - Support the work of the National Public Health Emergency Team (NPHET) for Carbapenem producing Enterobacteriaceae (CPE).
    - Continue to monitor incidence of *Staphylococcus aureus, C. difficile, MRSA and CPE* infections in acute hospitals in accordance with performance assurance protocols.
    - Implement the National Office for Public Health "2019/2020 Influenza Plan" and work towards achieving the target for influenza vaccine uptake rate for Healthcare Workers through continued work of the HCAI Committee.

- **Decontamination Standards**
  Continue to implement the HIQA National Standards for Safer Better Healthcare (NSSBHC) in relation to Reusable Invasive Medical Devices (RIMD).

- **Nutrition and Hydration Standards**
  Continue to implement the HSE Food Nutrition and Hydration Policy

- **Medication Safety**
  Continue to implement the HIQA National Standards for Safer Better Healthcare (NSSBHC) in relation to Medication Safety.

2. **DMHG will commence implementation of the *National Patient Safety Strategy* once finalised**.

3. **DMHG will continue to implement the *National Clinical Effectiveness Guidelines* including:**
   - **Sepsis guidelines:**
   - Continue implementation of the sepsis management guideline within DMHG Hospitals.
   - Support defined programmes of research and audit to enhance practice and outcome for patients.

   - **Early Warning Scores**
   - Support hospitals in the on-going review, implementation and audit of the national guidelines. (NEWS, PEWS, IMEWS, EMEWS).

   - **National Clinical Handover Guidelines**

4. **DMHG will continue to implement the *National Nursing and Midwifery Metrics*.**

Quality Assurance and Verification

Risk and Patient Safety Incident Management

- DMHG will continue to support Hospitals to implement the HSE Integrated Risk Management Framework and HSE Incident Management Framework.
- DMHG will develop a Serious Incident Management Forum for Women and Infants programme across Group Hospitals.
- Continue to encourage openness and transparency in all engagements around adverse events.
- Strengthen monitoring to ensure Patient Safety areas for improvement are identified and learning shared.
- Continue to work with Acute Operations, and Quality Assurance and Verification and Quality Improvement Divisions to embed robust risk and incident management processes and systems.
- Continue to put in place measures to improve incident reporting.
- Continue to publish Hospital Patient Safety Indicator Report (HPSIR) and Maternity Patient Safety Statements in 2019.

- Support hospitals to implement National Standards including the National Standards for Safer Better Health Care (NSSBHC).
- Will work with key stakeholders to guide and prepare for future Licensing of Acute Hospitals.
- Implement the EU Falsified Medicines Directive 2016 / 161 to ensure an end-to-end verification system is in place in hospitals.

Quality Improvement

- DMHG will continue to support the implementation of national and hospital led quality improvement programmes, and will continue to invest and develop the DMHG QI Development Programme for frontline staff.
- DMHG will continue to work with the Quality Improvement Division and to support national initiatives such as the Falls Collaborative and the Productive Series.
- DMHG will continue to work with National Office for Clinical Audit (NOCA) to support implementation of national priorities in relation to clinical audit.

5. Population Health and Wellbeing

Introduction

The national health strategy for improved health and wellbeing, *Healthy Ireland*, is underpinned by a whole-system philosophy involving cross-government and cross-societal responsibility. The DMHG will continue to play an important leadership role in driving this whole-system shift towards a culture that places greater emphasis and value on prevention and keeping people well.

The challenge of ensuring health systems meet changing lifestyles needs, the care requirements for increasing prevalence of chronic disease and support for the increase and ageing population is considered by the DMHG through close collaboration with our Community Health Partners.

Services Provided

Population health is about helping our whole population to stay healthy and well by focusing on prevention, protection, and health promotion. DMHG will continue working with its CHO partners through integrated systems of work and seek improvement in care by working with:

- The National Policy Priority Programmes for tobacco, alcohol, healthy eating and active living, sexual health and crisis pregnancy, 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.
- Health Promotion and Improvement services which provide a range of education and training programmes focused primarily on building the capacity of staff across the health service and in key external bodies who are ideally placed to positively influence health behaviour. Health and Wellbeing services work with people across a variety of settings in the community, in hospitals, in schools and in workplaces.
- Public Health Services which protect our population from threats to their health and wellbeing through the design and oversight of national immunisation and vaccination programmes and actions for the prevention and control of infectious diseases.
- National Screening Services which provide population-based screening programmes for BreastCheck, Cervical Check, Bowel Screen and Diabetic Retina Screen.
- Environmental Health Services which take preventative actions and enforce legislation in areas such as food safety, tobacco control, cosmetic product safety, snubbed regulation, fluoridation of public water supplies, drinking and bathing water, to improve population health and wellbeing.

Issues and Opportunities

The DMHG will fully embrace the opportunities which will be borne through the implementation of *Sláintecar*e.

Through this reform agenda the DMHG will seek to create capacity by focussing on strengthening our integrated care pathways with our CHO partners. DMHG acknowledge that reducing the burden of chronic disease, such as Chronic Obstructive Pulmonary Disease (COPD) and improving staff health and wellbeing are key enablers to creating capacity within existing resources. The DMHG welcome the transition of Health Promotion and Improvement to CHOs which will significantly augment existing health and wellbeing resources supporting accelerated embedding and integration of health and wellbeing reforms across services locally.

A detailed national framework has been developed which outlines how to progress implementation of Self-Management Support (SMS) for chronic diseases. The DMHG has progressed collaborative working with the self-management support (SMS) co-ordinators and continue to seek innovative ways to manage the high demand of chronic disease with a focus on enabling SMS models of care. The DMHG looks forward to engaging fully with its CHO partners to progress initiatives driven under the reform of health and wellbeing including the progress of the Integrated Chronic Obstructive Pulmonary Disease Project Midlands Louth Meath area.

The DMHG has embraced the Making Every Contact Count (MECC) and has rolled out this initiative across hospitals within the group resulting in chronic disease prevention and management being an integral and routine part of clinical care by a greater proportion of healthcare professionals enabling them to capitalise on the opportunities that occur every day to support individuals to make healthier lifestyle choices.

The DMHG is focussed on improving patient and staff health and wellbeing by continuing to implement the *DMHG Healthy Ireland Implementation Plan 2018 – 2020*.

Priorities 2019

- Improve the health and wellbeing of the population by reducing the burden of chronic disease through collaborative working with CHO partners.
- Engage with *Sláintecare* and HSE structural reforms and resultant enablers to create greater capacity within the organisation to lead and deliver upon a cross-sectoral health and wellbeing reform agenda.
- Continue the implementation of the DMHG *Healthy Ireland* plan.
- Support the Progress of the Early Years Intervention Programme including the National Healthy Childhood and Nurture Infant Health and Wellbeing Programmes.
- Improve staff health and wellbeing.

Health and Wellbeing Services

Priorities and Actions

Improve the health and wellbeing of the population by reducing the burden of chronic disease

- Engage with self-management support (SMS) Coordinators to support chronic disease prevention and self-management support strategies.
- Implement the *DMHG Hospital Group Healthy Ireland* plan to deliver actions and embed prevention, early detection and self-management support amongst staff and the communities served. The plan supports the roll out of national communications campaigns through the display of information materials in all hospitals which reinforces positive health messages for both service users and staff.
- Continue to deliver evidence-based staff health and wellbeing.
- Continue to implement the MECC Framework, which is a key enabler in promoting lifestyle behavioural change among service users.

The DMHG will engage with National Policy Priority Programmes including:

- Tobacco Free Ireland
- Alcohol Awareness campaigns.
- Healthy Eating and Active Living initiatives including
  - Improving the nutritional care in the DMHG hospitals through the implementation of the Food, Nutrition and Hydration Policy for Adult Patients in Acute Hospitals and the National Clinical Guideline for Nutrition Screening and the Use of Oral Nutrition Support for Adults in the Acute Care Setting.
  - Increase access and availability of healthier food for staff and visitors through the implementation of the *Minimum Nutrition Standards* for food and beverage provision for staff and visitors in healthcare settings.
  - Support hospital sites in the implementation of Nutrition Standards for food and beverage provision for staff and visitors.
- Continue to engage with the progress of *First Five – A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028* including:
  - Supporting the implementation of the revised model for screening for developmental dysplasia of the hip (DDH) and through the implementation of the guidance for the non-surgical management of DDH in the maternity hospitals/units in collaboration with the National Woman and Infants Health Programme.
  - Provide support for mothers to breastfeed and for families, by increasing knowledge and skills of professionals through completion of online eLearning modules and skills-based training.
  - Continue progress towards the breastfeeding target rate set out in *Breastfeeding in a Healthy Ireland – Health Service Breastfeeding Action Plan 2016-2021* (i.e. annual 2% increase in breastfeeding duration rates over the period 2016-2021), through the implementation of the HSE Breastfeeding Implementation Plan.
  - Antenatal education providers will support and promote the implementation of the new antenatal education standards.

- Relevant staff will promote the My Pregnancy book at antenatal contacts.

Improve staff health and wellbeing

The DMHG are committed to improving the health and wellbeing of its staff through:

- Providing support to the leadership at local level, focusing on evidence-based initiatives to improve staff health and wellbeing & increase the number of staff participating in staff health and wellbeing initiatives.
- Continue to improve influenza uptake rates amongst healthcare staff in acute hospital.
- Support hospitals to implement recommendations from Staff Engagement Survey

National Screening Service

The DMHG will continue to engage with the National Screening Service (NSS) population-based screening programmes specifically for cervical, breast and bowel.

1. CervicalCheck

The DMHG will continue to work with The Coombe Women & Infants University Hospital in its development as the national lead for Cervicalcheck screening. The DMHG will support the implementation of the recommendations of the *Scally Report* to improve the CervicalCheck screening programme and address the particular shortcomings identified therein.

The DMHG will support the achievement of the following national priorities through

- Ensuring the continued operation of cervical screening including mitigating the impact of the cytology backlog on women.
- Supporting the introduction of HPV testing in 2019 including communications, training and education, ICT reconfiguration and for the increase in colposcopy referrals expected to arise as a result of the introduction of HPV testing.
- Supporting the International Clinical Expert Review Panel (RCOG) in their review process.
- Maintaining the current screening uptake rate of greater than 80%.

2. BowelScreen

St James's Hospital participate in the provision of bowel screen services on behalf of the national programme, and will continue to implement the following aims:

- Increase uptake through targeted communications and promotion amongst eligible men and women aged 60-69 years.
- Liaise with acute services to develop a capacity plan that meets the current endoscopy demand for the screening population.

- Develop a plan in collaboration with the Department of Health (DOH) to ensure the roll-out of sufficient capacity within the wider endoscopy service to support extension of the BowelScreen programme as outlined in the *National Cancer Strategy 2017-2026*.

Priorities and Actions for Population Health and Wellbeing

Priority	Priority Action	Timeline	Lead
Improve access to chronic disease management	Support the implementation of Healthy Ireland plans in our hospitals.	Q4	DMHG Executive Team
Improve staff health and wellbeing	Continued support of local initiatives.	Q4	DMHG Executive Team
Health Ireland Plan	Full implementation of the Healthy Ireland Initiatives	Q4	DMHG Executive Team
National Screening Service	Continue to provide bowel screen services at St James's hospital and work towards meeting full capacity demands with the NCCP and the Acute Operations.	Q4	DMHG Executive Team
National Screening Service	Work with Acute Operations in their development of a capacity plan that meets the current endoscopy demand for the screening population.	Q4	DMHG Executive Team
National Screening Service	The DMHG will fully engage with the National Screening Service on the implementation of required recommendations, as advised by the *Scally Report*.	Q4	DMHG Executive Team

6. Health and Social Care Delivery

Introduction

Acute Services, including scheduled care (planned care), unscheduled care (unplanned/emergency care), specialist services, diagnostics, cancer services and maternity and children's services, are provided for adults and children by the 7 Hospitals in the Dublin Midlands Hospital Group.
Services are provided in response to population need, consistent with wider health policies and objectives, including those of Sláintecare. Hospitals continually work to improve access to healthcare, whilst ensuring quality and patient safety issues, including management of infection, are prioritised with allocated budgets.

Our hospitals play a key role in improving the health of the population it serves by providing a range of health services ranging from brief intervention and self-management support and early diagnosis to optimum care pathways and specialist tertiary services. The demographic profile of the catchment requires increasing integration of acute services with primary and community care services through integrated care programmes (ICPs) for older persons, children and for patients with chronic disease. There is a strong focus on promoting greater integration in conjunction with our CHO partners.

The *National Cancer Strategy 2017-2026* promotes early detection of disease in order to optimise patient outcomes, and the hospitals in the DMHG continue to support aspects of screening services for bowel cancer in addition to rapid access pathways for breast, lung and prostate cancers at St James's Hospital and cervical screening at The Coombe Women & Infants Hospital.

Demand for acute services continues to grow as the population expands and ages and as technological advances facilitate new interventions in disease management. Whilst inpatient demand in the DMHG remained static in 2018, the number of patients > 75 years old increased by 3.6%. Sláintecare emphasises the need to invest in increased capacity while also shifting the balance of care from hospitals to community services for better health outcomes and a more sustainable health service. The DMHG will strive to continue to improve length of stay and rates of conversion from inpatient to day case activity which will contribute to managing demand for acute care.

Bed occupancy is continuing to exceed 95% (Health Service Capacity Review 2018), which is above international norms and presents significant pressure on our services. The lack of single room availability in our hospitals is a particular challenge in relation to the management of HCAIs. Much of the acute services are demand driven with demand expected to increase again in 2019 similar to previous years. Acute and community services are working jointly to develop a range of integrated plans aimed at reducing the reliance on acute hospitals and improving access to diagnostics, particularly for low acuity conditions and with the aim of reducing emergency attendances and emergency admissions. The DMHG welcomes the findings of the bed capacity review and will work with the Acute Operations to roll out measures to support the hospitals facing challenges in this regard. Bed capacity is further challenged by the number of delayed discharges in our hospitals and particularly with patients who have requirements for rehabilitation, complex, disability or residential care needs.

There are critical care capacity challenges in hospitals across the country, and across the DMHG. The Group will work with Acute Operations and the *Critical Care Programme* to achieve solutions in the deficits in capacity at St James's Hospital, Tallaght University Hospital and MRH Tullamore.

As part of the *Dublin Midlands Hospital Group Strategic Plan (2018-2023)*, the Group will continue to prioritise its work towards identifying scheduled and unscheduled care processes that will maximise throughput, improve waiting times to access services and improve overall efficiency in patient flow whilst ensuring a quality and safe service in an integrated fashion. Improving access to inpatient and day case elective procedures and to outpatient consultations remains an ongoing challenge which the DMHG will continue to address by implementing waiting list action plans aligned to the *Sláintecare Implementation Strategy*, and by working closely with the NTPF to drive the roll-out of the National Inpatient, Day Case and Planned Procedure Waiting List Management Protocol.

There is an increased demand for urgent endoscopy and waiting lists will continue to be a key focus in 2019. We continue to invest in increasing our capacity with developments in St. James Hospital in 2019 to support it and other sites within the group to reduce waiting times for patients.

6.1 Unscheduled Care

Services provided

Unscheduled care services are provided in the five acute hospitals within the DMHG with emergency departments operational in each. With a 2.9% increase in attendances, which includes a 3.5% increase in the number of patients > 75, the demand for emergency services continues to rise and impose further challenges to the delivery of care. Emergency admissions have increased by 3.7% which includes a 3.3% increase in patients > 75 year olds being admitted to our hospitals placing pressure on bed capacity as the AVLoS is traditionally longer in this age group.

The following outlines ED activity and emergency admissions for the Group in 2018 and displays the percentage variance year on year, i.e. 2018 vs. 2017.

ED ATTENDANCES	Hospital	2018	% Variance YOY
	Naas General Hospital	30,164	0.9%
	MRH Portlaoise	36,272	3.8%
	St James's Hospital	50,494	2.3%
	Tallaght University Hospital	53,527	2.8%
	MRH Tullamore	34,878	4.9%
Dublin Midlands Hosp Group		**205,335**	**2.9%**

ADMISSIONS FROM THE ED		2018	% Variance YOY
	Naas General Hospital	8,324	7.6%
	MRH Portlaoise	9,542	17%
	St James's Hospital	14,216	1.4%
	Tallaght University Hospital	14,746	-1.1%
	MRH Tullamore	8,818	0.2%
Dublin Midlands Hospitals Group		**55,646**	**3.7%**

Issues and Opportunities

- Maximise opportunity to address bed capacity deficits across hospitals and as identified within the National Bed Capacity Review, including maximisation of existing resources.
- Increase and manage critical care capacity across hospitals.
- Progress the development of alternative care pathways and increase capacity through further development of advanced practitioner roles (e.g. FITT teams etc).
- Isolation facilities remains a challenge in all of our hospitals considering the increasing requirements to isolate impacts the number of patients managed in the ED awaiting appropriate accommodation.
- All hospitals are challenged in providing sufficient isolation capacity in line with national Infection Prevention and Control (IPC) isolation guidelines. This is a specific challenge in the ED environment.

Priorities and Actions

Priority	Priority Action	Timeline	Lead
Improve access to unscheduled care, maximising resources available	Each Hospital site to develop Unscheduled Care capacity plan	Q1	DMHG Executive Team
Improve access to unscheduled care, maximising resources available	Development of services in line with the DMHG Strategic Plan, development of Trauma networks and aligned with Sláintecare priorities.	Q4	DMHG Executive Team
Improve access to unscheduled care, maximising resources available	Plan activity to manage demand pressures, particularly in Winter	Q4	DMHG Executive Team
Improve access to unscheduled care, maximising resources available	Implement measures to increase bed capacity within funded levels	Q4	DMHG Executive Team
Improve access to unscheduled care, maximising resources available	Improved patient flow processes internally within our hospitals.	Q4	DMHG Executive Team
Improve access to unscheduled care, maximising resources available	Improved integration with community services to develop admission avoidance and appropriate pathways for patients to include a reduction in delayed discharges.	Q4	DMHG Executive Team
Improve access to unscheduled care, maximising resources available	Seek opportunity to provide care closer to patients home and avoid admission, particularly for the frail elderly cohort of patients. These may include outreach services, telemedicine, virtual health clinics, integrated assessment service.	Q4	DMHG Executive Team
Improve access to unscheduled care, maximising resources available	Implement the acute floor clinical design model where feasible as an integration and co-ordination mechanism for unscheduled care presentations.	Q4	DMHG Executive Team

6.2 Scheduled Care – Planned care

Scheduled care services are provided in all of the Dublin Midlands Hospital Group Hospitals. Current waiting lists for Outpatient, Inpatient and Day cases, including endoscopy services are monitored and managed in line with national policy, to ensure efficiency of service to improve access for patients and to reduce waiting times. The National Treatment Purchase Fund has been instrumental in supporting our hospitals to deliver a range of services in 2018, in addition to developing and implementing policy to support management of waiting lists.

There are over 82,000 patients awaiting an outpatient appointment across our Hospitals with 15,821 patients waiting greater than 18 months. The outpatient waiting list increased by 10% during 2018 as a result of capacity issues as outlined below.

10,000 patients await an inpatient / day case across our hospitals, a decrease of 17% based on same period the previous year, and an additional 4,000 patients await an endoscopy procedure in the Groups five acute hospitals.

Issues and opportunities

- Increase in demand for scheduled care services
- Through the on-going development of our clinical networks, progress the DMHG's strategic aim to optimise service delivery ensuring patients are treated in the right place, at the right time by the right people
- *Outpatient* capacity challenges across ENT, Urology, Dermatology, Orthopaedic, Neurology and surgical (incl Breast) specialties.
- *Inpatient/Day Case* bed capacity challenges impacted by ED demand, delayed discharges and access to ICU beds as well as resource capacity challenges for specific procedures particularly in ENT, Urology, Orthopaedic and maxillo-facial specialties.
- Continued support from NTPF and Acute Operations to focus on treatment options for patients on our waiting lists.
- *Endoscopy* capacity, in line with the DMHG GI improvement plan and particularly around targets for P2 (routine) endoscopy and surveillance timeframes.
- We continue to invest in increasing our capacity with developments in St. James Hospital in 2019 to support it and other sites within the group to reduce waiting times for patients.

Priorities and Actions

Implementing Priorities in 2019	Priority Action	Timeline	Lead
Improve access to scheduled care, maximising existing resources.	All Hospitals to develop scheduled care capacity plans to include internal opportunities to improve access	Q1	DMHG Executive Team
Improve access to scheduled care, maximising existing resources.	Develop and implement waiting list action plans for patients in outpatient, day case and inpatient scheduled care areas with a particular focus on long waiting patients across all our hospitals.	Q1	DMHG Executive Team
Improve access to scheduled care, maximising existing resources.	All hospitals to work closely with the National Treatment Purchase Fund to maximise opportunities to reduce waiting times for outpatient, day case and inpatient services.	Q4	DMHG Executive Team
Enhance capacity in our hospitals to promote a safe, quality scheduled care service.	With the need to realign capacity to deliver emergency care our hospitals will seek to improve internal efficiencies through improved AvLOS and DOSA rates and to. opportunities in this regard	Q4	DMHG Executive Team
Enhance capacity in our hospitals to promote a safe, quality scheduled care service.	Maximise movement of inpatient to day case activity – ensure 'basket of 24' procedures as per National Surgery Programme are performed as day cases	Q4	DMHG Executive Team

6.3 Specialist Services

Issues and opportunities

- Trauma services to be aligned with recommendations of the National Office for Trauma Services and as per the Dublin Midlands Hospital Group strategic plan.
- Support implementation of Laboratory Information Systems (MED LIS) across our hospital sites.
- Continue service enhancements as determined through national priorities and clinical care programmes.

Priorities and Actions

Priority	Priority Action	Timeline	Lead
National Trauma Services	Implement ambulance bypass for trauma patients at Naas General Hospital	Q4	DMHG Executive Team
Laboratory Services	Support the national roll-out of a Laboratory Information System (MED-LIS) in the DMHG Hospitals.	Q4	DMHG Executive Team
National Trauma Service	Implement outcomes of National Trauma Audit	Q4	DMHG Executive Team

6.4 Women and Children's Services

The DMHG is committed to the development of health services for women and children. The national strategic development and organisation of maternity, benign gynaecology and neonatal services is being led by the National Women and Infants' Health Programme (NWIHP) and delivered at the Coombe Women and Infants University Hospital and the Midland Regional Hospital at Portlaoise. The Integrated Care Programme (ICP) for Children aims to improve the way healthcare services are designed and delivered to children and their families, including the development of the national paediatric model of care. The focus of both is on strengthening services by bringing together primary, community and acute services in an integrated way and the DMHG will support all measures to develop its service in this manner.

Women and Infants' Health Programme

In DMHG, maternity services are provided at the Coombe Women & Infants University Hospital and at the Midland Regional Hospital at Portlaoise with the number of births in 2018 at 8,330 and 1,409 respectively.

Issues and Opportunities

- The Dublin Midlands Hospital Group will continue the development of its maternity network across its two hospitals in line with its Strategy, and also that of the National Women and Infants Health Programme.
- The Maternal and New-born Clinical Management System (MN-CMS) IT system is scheduled for roll out to the Coombe Women & Infants University Hospital in 2019, and it is imperative to ensure that the MRH Portlaoise is also enabled to ensure continued development of the maternity network in existence.
- Continued development of the maternity network in the DMHG.
- Plan for and support the establishment of a Serious Incident Management Forum for maternity services in the Hospital Group.

Paediatric Model of Care

Paediatric Services are currently provided at the MRHP with trauma and elective procedures undertaken at the MRHT. The DMHG will ensure it aligns its delivery of services to the national model of care to ensure high quality, integrated, accessible services for children.

The national model of care strongly advocates a network model where a large unit providing more complex care supports a number of smaller units within a geographical area. The DMHG will develop its services in line with national recommendations.

Issues and Opportunities

- The DMHG will align its services with recommendations from the National Paediatric model of care, and specifically

- Further develop the service for Cardiac Risk in the Young (CRY) in order to address the increase in the number of patients needing to be screened in Tallaght University Hospital.

6.5 Cancer Services

Services provided

Services for the treatment of cancer include surgery, radiotherapy and systemic anti-cancer therapy (SACT) are provided across different hospital sites in DMHG - St James's Hospital, the St Luke's Radiation Oncology Network, Tallaght University hospital, MRHT Hospital and NGH. DMHG aim to optimise service delivery ensuring our patients are treated in the right place, at the right time, by the right people in line with its strategic plan.

The National Programme for Radiation Oncology (NPRO) provides the strategic direction for the provision of radiotherapy services across Ireland.

St. James's Hospital is the designated cancer centre for the Dublin Midlands Hospital Group with St Luke's Radiation Oncology Network providing radiation oncology for the Group.

SLRON provides the entire Dublin and Midlands public radiation oncology service and the national services in sub-specialities such as total body irradiation, stereotactic radiation, ocular brachytherapy and paediatric radiation oncology. In partnership with the NCCP, they will continue to expand capacity on the Beaumont and St James's sites to meet the growth in cancer incidence and prevalence which is expected to almost double by 2040 as a consequence of the aging population. In 2019, the expansion of the Beaumont centre at SLRON will move into the design phase, which is a key element of phase 2 of the National Plan for Radiation Oncology.

The Dublin Midlands Hospital Group will support the development of a Cancer Institute at St. James's Hospital in conjunction with other key stakeholders.

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Improved access to Rapid Access Cancer services in conjunction with the NCCP.	Continue to work with the NCCP to ensure resources are maintained to meet targets for the rapid access services for lung and breast at St James's Hospital.	Q4	DMHG Executive Team
Improved access to Rapid Access Cancer services in conjunction with the NCCP.	Continue to work with NCCP and St James Hospital to ensure plans in place to improve and sustain national target for the rapid access prostate clinic.	Q1 – Q4	DMHG Executive Team
Expansion and growth in services to meet increasing demand.	Continue to align with the NCCP to ensure services are monitored and resourced to meet increasing demand. The DMHG will continue to advance the cross group networks of Urology and Dermatology care.	Q4	DMHG Executive Team
Service Developments	Chimeric Antigen Receptor T-cell therapy (CAR T) – progress engagement with key	Q4	DMHG Executive

	stakeholders to define the patient pathway and logistics required to inform a service delivery plan.		Team / St James Hospital
Expansion of services at SLRON.	Commencement of the design phase of the expansion of the Beaumont centre.	Q1 - Q4	DMHG Executive Team
Development of a Cancer Institute at St James's Hospital.	Continue the development of a cancer institute at St James's Hospital	Q4	DMHG Executive Team

7. Finance

Introduction

The Net Expenditure Allocation for 2019 is €937.057m which is an increase of €20.36m or 2.22% on the final 2018 allocation. In addition, some funding has been made available in 2019 in respect of new and expanded services including:

- Cardiac Risk in Younger Persons (CRY) - Tallaght University Hospital.
- Immunology to support adolescent transition from CHI at Crumlin - St James's Hospital
- Falsified Medicines Directive - resources for each hospital site
- Orthognathic Surgery – St James Hospital
- Endoscopy Resources - TUH

Funding Model

The financial allocation to hospitals has been to a significant extent largely been determined through an Activity Based Funding (ABF) methodology. ABF is calculated on the gross cost of services and is a price and volume based model that applies to both inpatient and day-case services. Other services, such as Outpatients and Emergency Department services have been treated as a “block grant” in compiling the 2019 budget allocation.

The overarching management approach to ABF within a hospital is to deliver "efficiency within the financial cap". The Irish health system operates with a financial cap so ABF cannot fund unlimited increases in volume. What it seeks to do is to reward those hospitals which clearly have unit costs below the national average.

Funding Allocation 2019

The allocation for the DMHG is summarised in the table below. .

Budget	2019 Budget €M	2018 Budget (Closing) €M	Movement €M	Movement %
Gross Budget	1,110.246	1,090.942	19.304	1.77%
Income Budget	(173.189)	(174.245)	1.056	-0.61%
Net Budget	**937.057**	**916.697**	**20.36**	**2.22%**

Summary of 2019 funded elements

The following table is a summary of the various funded elements for 2019:

Budget	2019 Budget €M
ABF Funding – Gross	675.013
Transition Adjustment	1.497
Net ABF Funding	**676.510**
Block Grant	425.988
Total ABF and Block Allocation	**1,102.498**
Less: Retraction of 2018 Once-off Funding	(7.533)
2019 Opening Base Funding	**1,094.964**
Add: 2019 Pay Cost Pressure Funding	15.238
Add: 2018 Development – Full Year Cost	0.044
Add: Special Purpose Funds	0
2019 Gross Allocation	**1,110.246**
Income Target	**(173.189)**
2019 Net Allocation	**937.057**

The Elements consist of the following:

1. Activity Based Funding Allocation in respect of prescribed inpatient and day case activity of €676.510m.
2. Block Allocation of €425.988m in respect of all other services provided in each hospital such as ED, Outpatients etc.
3. Retraction of 2018 once-off funding €7.533m.
4. Funding of €15.238m has been provided for pay cost pressures such as National Pay Agreements and increments.
5. Funding of €0.044m in respect of the full year costs of approved 2018 developments.
6. Funding of €0m for a number of special purpose payments.
7. 2018 funding received from external commissioners was retracted. It is anticipated that this funding will return to the group during 2019. We are currently in negotiations with those commissioners.

Budget Allocation by Hospital

	Pay €m	Non Pay €m	Gross €m	Income €m	Net €m
SJH	269.15	195.31	**464.46**	(90.89)	**373.57**
TUH	172.27	87.33	**259.59**	(37.44)	**222.15**
CW	56.49	16.40	**72.89**	(11.74)	**61.15**
NGH	55.71	18.26	**73.97**	(8.48)	**65.49**
MRHP	58.06	12.14	**70.20**	(6.40)	**63.80**
MRHT	77.39	36.88	**114.27**	(13.26)	**101.01**
SLRON	33.20	15.54	**48.74**	(4.98)	**43.76**
HQ	4.39	1.72	**6.11**	0.00	**6.11**
Total	**726.66**	**383.58**	**1,110.25**	**(173.19)**	**937.06**

Financial Challenges 2019

The growing cost of delivering core services is such that DMHG faces a significant financial challenge in 2019 in maintaining the existing level of overall activity, to which we are fully committed.

There are significant pay and non-pay cost pressures in 2019, as well as including negative trending in private health insurance income. The growing level of emergency presentations, ageing profile of our patients and the growing use and cost of drugs and medical technologies and retention of staff are just some of the pressures that will impact on our services this year.

It should be noted that the cost of maintaining existing services increases each year due to a variety of factors including:

1. Shortfall in funding of 2018 MEL - *Not fully funded*
2. Full year cost of 2018 developments - *Partially Funded*
3. Pay Cost Pressures 2019 (PCPs) - *Funded*
4. Increased Drug costs - *Unfunded*
5. Non Pay costs – *Unfunded*
6. Bad Debts Provision increase 2017/18/19 - unfunded
7. Demographics - *Currently unfunded*
8. Additional costs associated with Winter Surge and Capacity pressures - *Unfunded*
9. Material downward trend in Private income - *Unfunded*

There is no capacity within the plan for the HSE to respond in 2019 to further pay or other pressures, beyond those already specifically funded. In the event that additional pressures emerge we will await guidance from HSE and DOH on how to proceed.

Approach to Financial Challenges 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 for 2019. Our Group CEO, Hospital Managers and other senior managers will face specific challenges in respect of ensuring the type and volume of safe services outlined in the allocation are delivered within the resource available.

The Group is conscious of the on-going considerable challenges faced by staff in managing increasing demands within an environment of fiscal constraint, challenging budgets and increasing patient expectations. Notwithstanding the cost reduction measures implemented in recent years, the Group will continue to impose a number of measures to control costs, reduce waste and improve efficiency aimed at minimising any impact on clinical services.

Options to address the financial challenge are being considered as part of the service planning process and there will be on-going discussions with hospitals and 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 growing demand for services, delivery of new developments and the management of waiting lists.

DMHG will continue to strive to achieve efficiencies through our on-going programme of service improvement strategies across the Group.

Within this programme, we will focus on the four broad priority cost control themes outlined in the 2019 NSP:

1. Cost avoidance
2. Cost reductions
3. WTE control
4. Income generation initiatives

Our approach to dealing with the financial challenge will include:

1. Financial Governance – Continued focus on budgetary control through our regular Finance and HR performance meetings with each hospital.
2. Performance and Accountability Framework (PAF) – Continued use of the PAF in respect of hospitals that are experiencing significant financial pressures.
3. Cost/Value Improvement Committee - Formal development of a Group committee to oversee and monitor the implementation of cost efficiency initiatives.
4. Pay – Managing the Pay Budget through strong control of WTEs/Limits, agency and overtime.
5. Non Pay – Implement targeted cost containment programmes.
6. Income – Endeavour to stem the reduction in patients availing of the private health insurance over the last 3 years.

We will work with the HSE to develop a shared understanding of the financial constraints and agree a methodology of dealing with these pressures. In the context of those issues, cost and WTE control is required in order to achieve a financial breakeven position without the appropriate financial support from the HSE.

Risks to delivery of the Operations Plan 2019

There are a number of risks to the successful delivery of 2019 Operations Plan. While every effort will be made to manage these risks, it may not be possible to eliminate them in full and they may impact on planned levels of service delivery or achievement of targeted performance. Particular management focus will be required to mitigate risk in the following areas:

- Sustaining a level of service where the nature of the response is such that activity cannot be stopped or spend avoided such as activity driven by emergency departments and other hospital services.
- 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.
- Delivery on 2019 activity targets is predicated upon a similar level of externally commissioned activity as was undertaken/funded in 2018.
- Demographics – Managing the continuing impact of an increasing and aging population on our hospitals within the current envelope of funding.
- Responding to urgent safety concerns and emergencies such as risk or incidence of CPE.
- Control over pay and staff numbers at the same time as managing specific safety, regulatory, demand driven pressures while seeking to ensure recruitment and retention of a highly skilled and qualified workforce, particularly in high-demand areas and specialties.
- Structure Change: The balancing of quality and risk issues at local and Group level in yet another period of potential structural change.
- Managing within the limitations of our clinical business information, financial and HR systems to support an information driven health service
- Managing the scale of change required to support new models of service delivery and structures while supporting innovation and reorganisation across the Group.
- Our capacity to invest in and maintain our infrastructure and address critical risks resulting from ageing medical equipment and physical infrastructure while managing within the Health and Safety regulations.
- Our ability to meet the demand for new drug approvals within funded levels
- The scale of financial management required across a demand led service environment particularly when there is a lack of data visibility across all hospitals within the Group
- Income – delivering the income target given a downward trend in patients presenting with private health insurance towards the end of 2017 and 2018.
- Ability to respond to significant spikes in demand given that hospitals normally operate at full capacity. This would include unknown or unforeseen events such as severe weather events.
- Financial impact of Industrial Relations actions.
- The yet as unknown risks associated with Brexit.

Capital

There is a small provision for capital infrastructure identified for DMHG in the 2019 NSP. The allocation is insufficient to deal with the necessary infrastructural improvements required across all hospitals in the Group and is insignificant given the Asset base of the Group. Discussions are underway with HSE Estates to secure the necessary capital to address ageing infrastructure, additional capacity and equipment replacement.

Cash Risk

Given the carrying accumulated deficits in the Voluntary Hospitals and the increasing service demands, it is expected that the management of the cash position will be challenging in 2019. Significant cash acceleration was required for one of our hospitals in 2018 and it is projected that this will again be required in 2019.

8. Value Improvement Programme

Health and social care systems around the world are under increasing pressure due to growing and ageing populations, increases in chronic disease, rising costs of specialist drugs and therapies, and slow funding recovery from the 2008 global financial crisis. Given its current pressures, DMHG, as part of an overall health system aim to drive efficiencies, productivity and value from its existing funding base, manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money. Value is judged in terms of improvement of services and service user experience alongside evidence of economy, efficiency and effectiveness. Recognising the necessity to secure improved value, the DMHG will continually review its existing activities to continue to drive value through its comprehensive Value Improvement Programme.

Key objectives and outputs

It is expected that the National Value Improvement Programme will continue the rigorous, consistent, multi-year approach to:

- The identification of existing areas of cost / expenditure that are of limited benefit to delivering core objectives, with a view to ending or significantly reducing same.
- The identification of existing areas of activity that are of value but which could be delivered for lower total cost (economy).
- The identification of existing areas of activity that is of value but could deliver higher throughput from existing resources (efficiency).
- The identification of existing areas of activity that is of value but could deliver greater value (e.g. better outcomes for patients) from existing resources (effectiveness).

The benefit of this programme will be that all of the resources available to the HSE, both existing and new, will be used more effectively each year to deliver on population health needs.

- The Hospital Group will prioritise initiatives to improve the quality of care for its patients and deliver better value for money.
- The Hospital Group will cooperate with any initiatives to achieve efficiency through procurement and the National Drugs Management Programme.

Scope and key themes

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

Priority theme 1: Improving value within existing services.

Within this theme, the Group will continue to identify realistic and achievable opportunities to improve economy, efficiency and effectiveness prioritised within, but not restricted to, the specific service areas that have the greatest financial challenges in 2019. Our aim will be to

secure reductions in the costs and / or improvements in the efficiency of the services we are currently providing to patients in these and other areas. Working with our Hospitals, CHOs, and other stakeholders, we will systematically assess existing service delivery with a view to maximising value. As far as possible the value improvements secured will be recurrent but we will endeavour to maximise opportunities to make once-off savings also.

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

Within this theme, we will continue to identify realistic and achievable opportunities to reduce the costs of overhead-type costs that exist within our hospitals and Group at corporate level. We will identify opportunities to reduce expenditure, thereby maximising the resources available for direct service user activities. As far as possible, the value improvements secured will be recurrent but there will be elements of savings in 2019 that will be once-off in nature.

Priority theme 3: Strategic value improvement.

Within this theme, we will continue to identify the strategic changes that are required to ensure that, from 2019 and thereafter, the resources available to the Hospital Group will be prioritised and committed to in a way that will ensure the best outcomes for service users in line with the Group Strategic Plan and overall health policy. In conjunction with Acute Operations and all relevant stakeholders, we will seek to identify and take forward the fundamental changes that are required, including how services are delivered to maximise value from the resources made available to the Group. Our aim will be to implement the key strategic changes required to ensure alignment between funding and the costs of service delivery. The value improvements secured within this theme will include initiatives which may, by their nature, require a multi-annual approach. Under these themes, the Hospital Group will seek to improve services while also seeking to mitigate its operational financial challenge for 2019. This will only be delivered via measures that do not adversely impact services.

9. Workforce

Introduction

The Dublin Midlands Hospital Group has 11,596 employees working across the seven Hospitals in the Group because some employees work part-time or avail of flexible attendance arrangements, this equates to 10,424 whole time equivalent (WTE) posts. The Dublin Midlands Hospital Group continues to recognise the vital role our workforce play in delivering safer better healthcare, in line with the Group's Strategic Plan. One of the main aims of the Strategic Plan is to optimise service delivery ensuring patients are treated in right place, at right time by the right people. This will ensure that we develop a workforce which is supported and enabled to deliver on *Sláintecare*.

DMHG will continue to work with the following national strategies:

- ***The Health Service People Strategy 2019 – 2024***
  The Dublin Midlands Hospital Group's human resource agenda will continue to align with the revised People Strategy which provides a cohesive framework to lead, manage and develop the contribution of all staff in an environment of quality, learning and wellbeing.
- ***Public Service Stability Agreement 2018 – 2020***
  The Public Service Stability Agreement is scheduled to continue until December 2020, and the Dublin Midlands Hospital Group is committed to continue to operate within the provisions of the Agreement.

Pay and staffing

The Dublin Midlands Hospital Group's approach to pay and staffing will be in accordance with the WTE limit which will be set for 2019, having reference to the parameters outlined in the National Service Plan, the Pay and Staffing Strategy 2019, and compliance with allocated pay expenditure budgets. Overall pay expenditure, which comprises direct employment costs, overtime and agency, will continue to be robustly monitored and controlled through an integrated HR / Finance approach.

Workforce Planning

One of the key steps in the development of a comprehensive funded workforce plan for the Group will be the introduction of the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland in 2018,* which the Group will be advocating should be extended throughout the Hospitals in the Group.

In line with The *Policy for Graduate, Specialist and Advanced Nursing and Midwifery Practice Consultation Paper, Office of the Chief Nurse,* (DoH, 2017) the group will continue to develop a critical mass of Advanced Nurse Practitioners (ANPs) to address emerging and future service needs and in line with the overall health reform programme

Support changes in practice and improved quality of care through education and professional development of the Nursing/Midwifery & Health Care Assistant Workforce.

Support the introduction of “Enhanced Practice” roles and Specialist and Advance Practice to ensure better patient outcomes.
Support the development and implementation of the DMHG Directors of Nursing & Midwifery Strategy (2019 – 2023).

Support the implementation of key performance indicators to measure the outcome and impact of nursing & midwifery.

Recruitment and Retention

The health service faces challenges in relation to the timely recruitment of staff to support the service delivery system. The Dublin Midlands Hospital Group will continue to explore innovative alternative recruitment methods to ensure the timely delivery of recruits. The Group will work to retain our talented workforce by fostering a culture which supports and values continuous professional development, learning and staff engagement.

Ensure alignment of the Nursing & Midwifery Workforce Plan and Recruitment strategies with safe staffing and the requirements of the *National Service Plan 2019*.

Staff Health and Wellbeing

The importance of staff health and wellbeing is acknowledged as one of the key pillars outlined in the Dublin Midlands Hospital Group’s Healthy Ireland Implementation Plan. The recent outcome of the 2018 staff engagement survey reflects the Group’s efforts in this area; there has been a 9% increase since 2016, in staff who believe “my organisation clearly demonstrates its interest in staff health and wellbeing”. The Group is committed to continuing to support our staff to improve and enhance their own health and wellbeing.

Staff Engagement

The recent national staff engagement survey was completed by 18% of our staff, over 2,000 individuals. The results of this survey will provide the basis from which to develop further improvement plans. Our staff will also continue to be encouraged to participate in national staff engagement forums. We will continue to have regular engagements with the trade unions and staff representative bodies through the Group’s Management / Trade Union Forum.

Anti-Bullying and Harassment

Results from the health staff survey ‘Your Opinion Counts’ 2018, indicates that bullying and harassment are significant issues in and across the organisation with significant numbers of staff reporting either experiencing or witnessing bullying and / or harassment at work. The issues are complex and encompass managers, colleagues, other staff, patients, service users, relatives and members of the public. Promotion, awareness raising and training in relation to anti-bullying, harassment and dignity at work will be the subject of dedicated focus during 2019.

European Working Time Directive

The Dublin Midlands Hospital Group remains committed to maintaining and progressing compliance with the requirements of the European Working Time Directive.

Attendance Management

The Dublin Midlands Hospital Group continues to prioritise attendance management.

Consultant Contract Compliance

The Dublin Midlands Hospital Group remains committed to ensuring that each Hospital is in compliance with the consultant public contact provisions, including that all consultants work the prescribed ratio of public and private practice and work in accordance with their contacted hours of attendance.

Consultant Settlement Agreement

The Dublin Midlands Hospital Group continues to implement the requirements of the Consultant Settlement Agreement.

Appendices

Appendix 1: Financial Tables

The 2019 allocation for the DMHG is summarised in the table below. .

Budget	2019 Budget €M	2018 Budget (Closing) €M	Movement €M	Movement %
Gross Budget	1,110.246	1,090.942	19.304	1.77%
Income Budget	(173.189)	(174.245)	1.056	-0.61%
Net Budget	**937.057**	**916.697**	**20.36**	**2.22%**

Budget Allocation Per Hospital Site

	Pay €m	Non Pay €m	Gross €m	Income €m	Net €m
SJH	269.15	195.31	**464.46**	(90.89)	**373.57**
TUH	172.27	87.33	**259.59**	(37.44)	**222.15**
CW	56.49	16.40	**72.89**	(11.74)	**61.15**
NGH	55.71	18.26	**73.97**	(8.48)	**65.49**
MRHP	58.06	12.14	**70.20**	(6.40)	**63.80**
MRHT	77.39	36.88	**114.27**	(13.26)	**101.01**
SLRON	33.20	15.54	**48.74**	(4.98)	**43.76**
HQ	4.39	1.72	**6.11**	0.00	**6.11**
Total	**726.66**	**383.58**	**1,110.25**	**(173.19)**	**937.06**

Appendix 2: HR Information

Appendix 2 Acute Hospitals Workforce 2019

WTE December 2018

Hospital / HG	WTE November 2018	Medical/ Dental	Nursing & Midwifery	Health & Social Care	Management/ Admin	General Support	Patient & Client Care	WTE December 2018
Coombe Women & Infants University	857	96	362	70	133	137	57	**855**
MRH Portlaoise	721	89	268	67	102	24	175	**725**
MRH Tullamore	1,040	131	395	131	123	53	229	**1,062**
Naas General	736	89	278	112	92	30	132	**733**
St. James's	3,899	523	1,496	654	570	320	335	**3,897**
St. Luke's Rathgar	528	52	72	212	105	58	28	**526**
Tallaght - Adults	2,591	353	928	413	464	240	186	**2,584**
Other	39		3		38			**41**
Dublin Midlands Hospital Group	**10,412**	**1,333**	**3,803**	**1,658**	**1,627**	**862**	**1,141**	**10,424**

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: 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

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%
A18a	% of adults waiting <15 months for an elective procedure (inpatient)	M	90%	82%	85%
A18b	% of adults waiting <15 months for an elective procedure (day case)	M	95%	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

CPA1	% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	M (1 Mth in arrears)	75%	60%	75%
CPA31	% of all medical admissions via AMAU	M (1 Mth in arrears)	45%	31%	45%
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
CPA27	% of elective surgical inpatients who had principal procedure conducted on day of admission	M (1 Mth in arrears)	82%	74.5%	82%
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: 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	2016
A2	Day Beds / Places **	M	N/A	N/A	334

KPI Title	DMHG Expected Activity/ Target 2018	DMHG Projected Outturn 2018	Coombe Women's and Infants University Hospital	Midland Regional Hospital Portlaoise	Midland Regional Hospital Tullamore	Naas General Hospital	St. James's Hospital	St. Luke's Radiation Oncology Network	Tallaght Hospital - Adults	DMHG Expected Activity/ Target 2019
Discharge Activity Inpatient Cases	96,063	96,721	18,648	14,207	11,504	9,817	23,736	1,410	17,439	96,761
Inpatient Weighted Units	113,316	112,433	10,352	7,402	11,588	9,149	44,944	3,079	25,786	112,299
Daycase Cases (includes dialysis)	224,486	224,374	7,968	6,659	32,650	7,784	55,145	69,032	46,726	225,964
Day Case Weighted Units (includes dialysis)	179,423	183,199	6,606	6,232	29,183	8,501	56,537	28,695	47,444	183,199
Total inpatient & day cases Cases	**320,549**	**321,095**	**26,616**	**20,866**	**44,154**	**17,601**	**78,881**	**70,442**	**64,165**	**322,725**
Emergency Inpatient Discharges	60,758	61,892	1,138	9,322	9,317	9,420	18,820	290	14,739	63,046
Elective Inpatient Discharges	13,452	13,131	614	525	2,186	365	4,896	1,120	2,589	12,295
Maternity Inpatient Discharges	21,853	21,698	16,896	4,360	1	32	20		111	21,420
Inpatient Discharges ≥ 75 years	17,404	17,795	48	1,998	3,200	2,770	5,794	319	3,804	17,933
Day case dishcarges ≥ 75 years	35,890	37,441	46	605	8,442	1,035	7,241	11,923	8,373	37,665
Emergency Care - New ED attendances	183,497	187,548	-	33,342	32,711	28,800	48,316	-	45,243	188,411
- Return ED attendances	14,570	14,560	-	2,983	2,028	1,594	2,040	-	5,981	14,627
Injury Unit attendances	-	-	-	-	-	-	-	-	-	-
Other emergency presentations	3,280	2,721	-	2,649	-	-	-	-	85	2,733
Births Total number of births	9,511	9,767	8,350	1,417	-	-	-	-	-	9,767
Outpatients Number of new and return outpatient attendances	645,177	648,909	118,907	44,702	71,212	53,034	217,830	30,372	120,831	656,888

Appendix 4: Capital Infrastructure

This appendix outlines capital projects that: 1) were completed in 2017 / 2018 and will be operational in 2019;
2) are due to be completed and operational in 2019; or 3) are due to be completed in 2019 and will be operational in 2020

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
						2019	Total	WTE	Rev Costs €m
Dublin Midlands Hospital Group									
Midlands Regional Hospital, Portlaoise, Co. Laois	New hospital street extension	Q4 2019	Q1 2020	0	0	1.35	1.83	0	0

Appendix 5: Organisational Structure