Saolta University

Health Care Group

Operational Plan 2019

Saolta Vision

Our Vision is to be a leading academic Hospital Group, providing excellent integrated patient-centred care delivered by skilled caring staff.

Saolta Group Guiding Principles

To work in partnership with patients and other healthcare providers across the continuum of care:

- To deliver high quality, safe, timely, and equitable patient care by developing and ensuring sustainable clinical services to meet the needs of our population.

- To deliver integrated services across the Saolta Group Hospitals with clear lines of responsibility, accountability and authority whilst maintaining individual hospital site integrity.

- To continue to develop and improve our clinical services supported by education, research and innovation in partnership with NUI Galway and other academic partners.

- To recruit, retain and develop highly-skilled multidisciplinary teams through support, engagement and empowerment.

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Foreword from the Chief Executive Officer

I am pleased to present the Saolta University Health Care Group's Operational Plan for 2019.

2019 commences with the completion of the Group's five year Strategy which will be launched and published in the coming weeks. This strategy will outline the vision and strategic direction for the Group for the years ahead. The Strategy includes a three year programme of work that we have committed to implementing, and encompasses projects to support solutions to resolve some of the key governance, operational, finance and ICT issues the Group is faced with. It is a significant challenge but one I am confident that, with the support of all our staff, we will succeed in delivering. As with good governance practice the Group will report to the Board Strategy Committee on progress of the various projects to ensure that all of the identified work is meeting the timelines set down for implementation.

In the second quarter of 2019 we will launch the first two pilots of our Integrated Governance Project with the establishment of the Cancer Managed Clinical Academic Network and the Women's & Children's Managed Clinical Academic Network (MCAN). This is an exciting development and one that we have worked hard over the last two years to develop, and have a more clinically integrated model of management. I wish the two recently appointed Clinical Directors, Professor John Morrison and Professor Michael Kerin, the very best in their new roles and assure them of the Group's full support.

In 2018 we continued with the excellent Patient Flow Improvement Programme in University Hospital Galway (UHG), with related improvement developments in all hospitals in the Group. For this year we need to embed the concept of innovation and improvement in the Group on a sustainable basis and I look forward to working with the Improvement Team to see further roll out of lean management and techniques across the Group. I know that there is huge interest in this programme and that staff are very keen to participate, and support innovation and improvement projects.

Work continues on our ICT Developments and you will all be aware of the plans to implement a Group-wide Patient Administration System over the next two years. This will provide the foundation for further ICT enhancements like Order Comms and theatre systems, and will facilitate easier integration with other systems like the new national laboratory and radiology systems. We have successfully launched the document management system called EVOLVE in UHG and roll-out of this electronic record system will continue in UHG with plans to expand to all of our hospitals in the next two years.

We will continue to progress with our key capital infrastructure requirements, including the Radiation Oncology Project and ED development for UHG; Radiology project in Letterkenny University Hospital, Diabetes and Interventional Suite in Sligo University Hospital, the Rehabilitation Unit in Roscommon University Hospital, the 50 bedded Ward Block for Portiuncula University Hospital, and additional AMU/ED capacity for MUH and other key

projects across the Hospital Group. The Options Appraisal report will be published in March of this year and will set out the long term plans for Galway University Hospitals.

There are a number of key organisational objectives at a National HSE level that the Group will be engaged with, including the implementation of the recommendations from the *Scally Report*, the implementation of the *Sláintecare Plan*, the implementation of the *Major Trauma Strategy* and the roll-out of the *National Paediatric Model of Care*. The Saolta Group look forward to working with all the key stakeholders. We very much welcome the publication of the *Sláintecare* Implementation Strategy and look forward to engaging and working with Ms Laura Magahy, Executive Lead and Professor Tom Keane, Chair of the Sláintecare Advisory Council.

The Saolta Group has received a budget allocation for 2019 of €822.2m. This is a 2.1% increase on our 2018 budget, with the majority of the increase allocated to cover the additional costs associated with government pay increases. While the Group very much welcome the increase budget, it will result in the Group facing an opening 2019 financial challenge estimated at €28m. This is outlined in more detail by the Group Chief Financial Officer in the finance section of the operational plan. In this context, endeavouring to prepare a plan that is financially balanced, and at the same time, seeks to meet the demand and most pressing quality and safety issues we will face in 2019, has presented the Group with a very significant challenge. We will continue to look at value improvement projects again this year and I know the Group CFO is already seeking opportunities where we can reduce expenditure without impacting on patient care. But despite this we will still be faced with difficult choices throughout the year so that we ensure our overriding objective of safe quality services are delivered to our patients. There are many risks outlined in the HSE National Plan that are applicable to the Group, including increased demand for services in the context of limited capacity and resources, Brexit, CPE challenges, additional pressures from the winter period, and planning and maintaining services due to unforeseen events (e.g. further storms). I want to once again acknowledge the Groups' positive performance in Activity Based Funding, with a positive budget allocation of €13m again in 2019. The significant work done by our HIPE and finance teams throughout the year is paying off and I wish to thank them for their efforts.

Overall activity across the hospitals increased in 2018. We had 646,000 outpatient contacts across the sites representing a 3.37% increase, 183,531 day case procedures, 118,707 inpatient discharges and 211,243 ED presentations, which is an increase of 4.19% on the previous year.

Scheduled Care remains a significant challenge for the Group despite the increased activity levels across the hospitals as reflected above. We reduced our total IPDC waiting list by 22% in 2018 and we will continue to work with internal capacity and NTPF in relation to insourcing and outsourcing initiatives in 2019. Our outpatient waiting lists require focused attention over the next year to improve our capacity utilisation and ensure that we

implement lean processes to enable same.   Similarly, we will be working to increase scope capacity across our sites.

Demand for emergency medicine services and unscheduled care has been increasing across the Saolta Group for the last few years. 2018 activity levels were 4% higher than those in 2017 (on average nearly 700 extra patients attending the Group EDs per month).

Significant work has taken place on all sites to meet this demand which has positively impacted on the number of patients on trolleys.   However, patients being cared for on trolleys still remain the highest risk for the Saolta Group and 2018 saw higher numbers over the summer months than previous years.   The activity target types for 2019 are set out in appendix 1.

Finally, I look forward to the 3rd National Patient Experience Survey taking place in May. I cannot let 2018 pass without a huge thank you to all of our staff who ensured that the Saolta Group received the highest results for two years in a row. This is a significant achievement and reflects very positive feedback on what our patients say about the service we provide.

I look forward to the year ahead. It will be challenging but also will present us with opportunities to improve the service we provide to our patients and I look forward to working with you all and the Board of Directors in 2019.

Risks to delivery of Operational Plan 2019

There are some risks to our ability to deliver the level and type of service as set out in the operational plan, including:

- Delivering a volume of activity, driven by need, which is beyond funded levels.
- Sustaining a level of service in areas where the nature of the response is such that activity cannot be stopped or spend avoided, e.g. emergency services in hospitals.
- Progressing at scale and pace the required transformation integration agenda within the funding levels available.
- Meeting the regulatory requirements for hospital services, within the limits of the revenue and capital available and without impacting on planned service levels.
- Responding to urgent safety concerns and emergencies such as carbapenemase-producing enterobacteriaceae (CPE).
- Meeting new drug costs.
- Effectively managing our workforce including recruitment and retention of a highly skilled and qualified workforce, required rationalisation of 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, adhering to health and safety regulations and addressing clinical service accommodation capacity deficits.

Maurice Power
Chief Executive Officer
Saolta University Health Care Group

1. Introduction

Saolta Hospitals

The Saolta University Health Care Group is comprised of:
• Letterkenny University Hospital (LUH)
• Sligo University Hospital (SUH)
• Mayo University Hospital (MUH)
• Roscommon University Hospital (RUH)
• Galway University Hospitals (University Hospital Galway (UHG) & Merlin Park University Hospital (MPUH))
• Portiuncula University Hospital (PUH)

The Saolta Group is closely aligned with its Academic Partner *NUI Galway*

Saolta University Health Care Group provides acute and specialist hospital services to the West and North West of Ireland (counties Galway, Mayo, Roscommon, Sligo, Leitrim and Donegal and adjoining counties).

SAOLTA AT A GLANCE
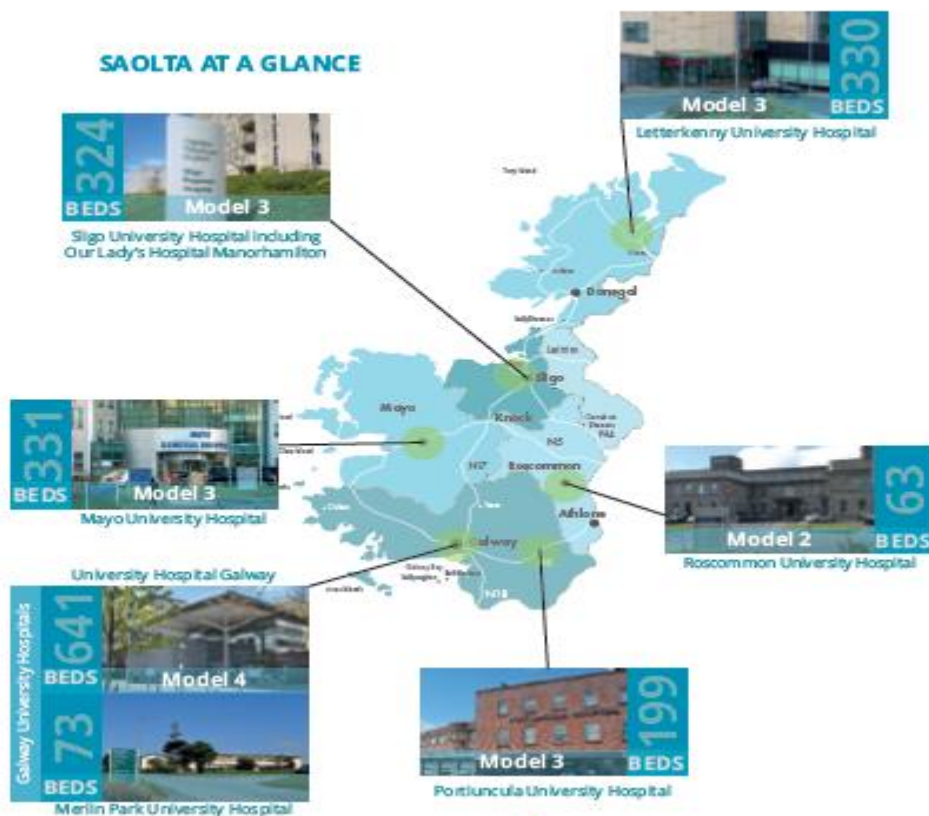
Challenges for Saolta University Health Care Group

➢ Geography is a major challenge for our hospital group, as we have a relatively dispersed rural population (1/6 of the national population-circa 750,000 core population) spread across one third of the land mass of Ireland.

➢ Our only model 4 (tertiary) hospital site (University Hospital Galway) is on the southern geographical periphery of the group resulting in long transfer distances over relatively poor transport infrastructure for patients requiring specialist complex care.

➢ This, together with a larger older population (15.4% compared to 13.4% nationally) means that our hospitals face additional pressures in meeting ever increasing demands for acute hospital services.

2. Our Population

In planning our health services, it is crucial that we meet the needs of the population we serve. While the national "Planning for Health Document" 2017 provides an excellent foundation for health service planning, we need to examine in greater detail how this relates to the Saolta catchment population. To achieve this, Saolta has worked closely with colleagues in the HSE Department of Public Health to develop a detailed profile for our population.

Meeting the Population Needs for the Future

The Saolta region has an older population when compared to national data and as a result experiences increased pressures on its acute hospitals.   87% of those older than 65 years are living with more than one chronic disease. An analysis of national acute hospital activity in 2015 highlighted that patients aged over 65 years, accounting for 13% of the population, used 54% of available bed days. Those aged over 85 years, who account for 1.4% of the population, used 14% of the total hospital bed days.

Given the significant projected increase in our older population this will lead to unsustainable pressures on acute hospital beds if the model for delivery of services does not change. In line with national and international best practice, this will mean delivering our clinical services much closer to the patient's home where it is appropriate and safe. This will require further development of clinical and support services in the community which will reduce risk, and support older people to live well in their community. While there has been some progress nationally with appointment of specialist roles such as Advanced Nurse Practitioners, much additional investment is required.

This will be a clear focus for Saolta Hospitals working in partnership with our CHO colleagues and National Clinical Programmes with a number of strategic projects focusing on patient access, integration of hospital and community services, along with developing ambulatory day services for our older population.

Unique Characteristics of Saolta Region and Population		
Geographical spread and density	• The Saolta region consists of some of the most rural, least densely populated and most deprived areas nationally • The most deprived areas in the Saolta Group include North West Donegal, North West Mayo and North West Roscommon, South Leitrim and Connemara	
	Saolta Current Population (CSO 2016)	**Saolta Population Projected 2019-2024**
Population	Saolta population is 730,513, represents 15.3% of the total Irish population	Saolta population will increase by 0.5% annually
Age Population	• Saolta has a larger older population compared to national • Saolta population 65 years and over age group was 112,361 which represented 15.4%, compared to 13.4% nationally • **Saolta population 85 years and over age** group was 12,711 which represented 1.7%, compared to 1.4% nationally	• 0-14years is projected to decline by 6.1% • 15 -64 years is expected to increase by 1.4% compared to a 3.2% increase nationally • 65-84 years will increase by 14.5% • 85 years and over will increase by 18.8%
Birth Rate	Saolta birth rate has fallen by 6.8% (equal to 651 births) , compared to a decrease of 7.3% nationally	• 0-12 months is projected to decline by 17.1% compared to a decline nationally of 12.7%.

3. Saolta Priorities 2019

No.	Saolta Priority Project	Project Description	Timeline	Theme
1	**Quality and Patient Safety Framework Project**	Develop & implement Saolta Group Quality Project and Patient Safety Framework based around enhanced risk management structures and quality improvement	2019	Quality & Patient Safety
2	**Women's & Infants Service Improvement Programme**	Implement recommendations from National Maternity Strategy and from the Review of Maternity Services at Portiuncula University Hospital 2018	2018 - 2019	
3	**Clinical Handover Project**	Implement National Clinical Patient Handover policies to improve patient safety	2019	
4	**Patient Engagement Strategy Project**	Implement the updated Saolta Patient and Public Engagement Strategy	2019	
5	**Cancer Services Programme**	Implement the National Cancer Strategy within the Saolta Group	2019 - 2021	
6	**Saolta Clinical Improvement Programme** With an initial focus on Paediatrics, Haematology, Emergency Medicine, Cardiology and Cardiothoracic Services	Roll out prioritised clinical services improvement projects in line with the National Models of Care and completed specialty reviews	2019 - 2021	

7	**Acute Floor Model Project**	Progress the implementation of the National Acute Floor concept in Saolta hospitals to improve patient flow, reduce numbers of patients on trolleys, and improve patient experience times	2019 - 2021	Patient Access
8	**Endoscopy Project**	Optimise Endoscopy services capacity and quality to achieve KPIs	2019	
9	**Radiology Services Project**	Further integration of Radiology Services across Saolta hospitals and work with CHOs in the provision of radiology services as close to home as possible.	2019 - 2021	
10	**Scheduled Care Project** with an initial focus on Urology	Implement the National Elective Care Patient Pathways pilot between primary care and acute hospitals services.	2019 - 2020	
11	**Theatre Utilisation Improvement Project With an initial focus on GUH,PUH,RUH,MUH**	Optimise surgical theatre utilisation across all Saolta Group Hospitals.	2019 - 2020	
12	**Outpatient Strategy Project**	Develop & implement outpatient strategy to reduce waiting times achieving national targets	2019 - 2021	
13	**Saolta Integrated Governance Project**	Implement clinically led, professionally managed Clinical and Academic Networks across Saolta hospitals that will enable safe, sustainable, staffed, and standardised high quality services.	2019 - 2021	Governance & Ingration

14	**Saolta and CHO Integrated Working Project (Older Persons)**	Implement streamlined integrated patient care pathways between hospitals and the community.	2019 - 2020	
15	**Workforce Recruitment & Retention Project**	Develop and implement a staff recruitment and retention strategy informed by staff engagement to address HR priorities.	2019	Skilled Caring Staff
16	**Saolta Medical Simulation Project**	Further develop Saolta medical simulation training and facilities	2019 - 2021	Research, Education & Innovation
17	**Saolta Research Strategy Project**	Develop and implement group clinical research strategy aligned with our academic partners.	2019	
18	**Saolta, CHO1 and CHO West Integrated Patient Management System**	Implement an integrated Patient Administration System (PAS) across Saolta hospitals working in partnership with CHO 1 & Community Healthcare West	2019 - 2021	E-Health
19	**Options Appraisal Project Saolta Group Model 4 Hospital - Galway University Hospitals**	Complete options appraisal of the infrastructural requirements in GUH as the Saolta Model 4 hospital, to facilitate the delivery of safe high quality acute, elective and cancer care for all patients across the West/Northwest.	2018 - 2019	Infrastructure
20	**Saolta Demand & Capacity Project**	Conduct demand and capacity analysis for each Saolta hospital in line with National Capacity Review 2018 to identify and meet capacity requirements to 2031, with updated Development Control Plans (DCPs).	2019 - 2020	

4. Reform and Transformation

Quality and Patient Safety

The provision of safe and high quality services for our patients is our principal aim. We will maintain a consistent focus on improving the safety, quality and sustainability of the services we provide to our patients across the Saolta Group. To achieve this we will further integrate services across our hospitals. Specialties in individual hospitals will no longer work in isolation but as a networked team, which will enhance clinical quality.

The implementation of Managed Clinical Networks into identified areas with strong clinical leadership will further support group-wide planning. It will also facilitate collective learning and sharing of expertise and will be supported by robust education, training, research and audit programmes. It will result in improved recruitment and retention of staff and ultimately safer and more sustainable services for our patients.

The Saolta Group Serious Incident Management Team (SIMT) provides the overall governance for incident review, issues of learning and ensures risk management processes are consistent with the HSE 2017 Integrated Risk Management Policy.

We are committed to ensuring all recommendations from national reviews and other processes are implemented across all our hospitals.

Quality and Patient Safety Priorities:-

- Develop and implement a robust quality and patient safety framework
- Enhance risk management processes
- Continue to embed culture of on-going quality improvement (QI)
- Progress work on standardised group-wide policies, procedures, protocols and guidelines (PPPGs)
- Implement QIP to achieve compliance with National Standards for Safer Better Healthcare
- Implement processes to support structured clinical audit
- Update the Public and Patient Engagement Strategy
- Implement Managed Clinical Networks to support the delivery of integrated safe and sustainable clinical services across Saolta hospitals in Women's and Children and Cancer Services
- Ensure a culture of candour and transparency with full commitment to principles of open disclosure
- Implement key elements of the National Maternity Strategy
- Implement key elements of the National Cancer Control Strategy
- Ensure compliance with the National Clinical Handover Policy
- Support the implementation of national clinical programmes models of care

Patient Access

We are committed to improving access for our patients and reducing waiting times for scheduled and unscheduled care.

As is the experience nationally, the Saolta Group is challenged to match capacity to demand with a year on year increase in patients attending our emergency departments, increasing numbers requiring emergency and elective admission and an ageing population.

We will treat less complex and higher volume cases in our model 2 and 3 hospital sites, with more specialist referrals to GUH as the Model 4 hospital. Underpinning this will be ensuring maximum utilisation of all capacity across our hospitals.

Patient Access Priorities:-

- Reduce waiting times for scheduled care
- Improve patient experience times for unscheduled care
- Improve patient flow processes in EDs to reduce numbers of patients on trolleys.
- Implement process improvements and lessons learned from the Patient Flow Improvement Project
- Implement acute floor model where feasible
- Develop integrated patient pathways through joint working with CHO's and GPs with a focus on the older person's pathway
- Optimise existing capacity across Saolta Model 4, 3 and 2 hospitals
- Implement Urology Pathway Project
- Optimise theatre utilisation across all Saolta Group Hospitals
- Implement recommendations from the group-wide clinical review in emergency medicine
- Improve diagnostic access times for radiology services both within Saolta and in the community
- Improve diagnostic access times for endoscopy services

Process changes in patient care pathways are essential to ensure we optimally use all available current and future capacity. Saolta has worked with the National Patient Flow Improvement Project in UHG, which at its core, is the commitment of the entire multidisciplinary team to sustainable quality improvement processes. This has provided an excellent foundation for the development of improved team working and new solutions, and it is planned to roll out the learning across all hospitals in the Group commencing in late 2019.

A review of our theatre capacity is currently underway and the outcome will support more collaborative working between our hospitals. Alongside this, we will continue to increase our daycase and ambulatory care services, day of surgery admission (DOSA) and enhance our pre-assessment processes.

We will continue to work with the National Treatment Purchase Fund (NTPF) to reduce waiting lists by increasing capacity in our hospitals and where necessary in the short term to outsource low complexity activity.

Key to this sustained improvement in patient access will be close collaboration with our GP and community care colleagues. We want to create alternative pathways that facilitate direct access to specialist and diagnostic services and minimise the need for patients to attend Emergency Departments. This will be supported through the implementation of the Elective Care Pathway Design Programme. This is a national programme commencing with urology services, and Saolta is the pilot hospital group. This programme will implement integrated outpatient, inpatient and daycase referral pathways across specialties that improve patient safety, clinical outcomes and patient wait times.

We will work with our CHO 1 and CHO West colleagues to improve integrated discharge planning focusing on the elderly patient pathway in the first instance.

Governance and Integration

The Saolta Group has evolved over the last number of years from six separate relatively autonomous hospitals into a cohesive acute healthcare network for the population of the West and Northwest.

We are experiencing critical specialist staffing issues on multiple sites but in particular in our more remote model 3 hospital sites, at consultant and specialist nursing level (in particular theatre nursing). Key to attracting and retaining top talent is the further integration of our clinical services to ensure that all medical (and other staff) work as part of group-wide teams with the ability to carry out more complex work on the tertiary model 4 site in University Hospital Galway, if necessary.

Governance and Integration Priorities:

- Roll out clinically- led and professionally managed integrated governance structure (Managed Clinical Networks-MCNs) across Saolta Hospitals, with executive authority, accountability and responsibility for service delivery.
- Implement Trial of Concept across Cancer and Women's and Children's Services as the first MCNs in 2019
- Implement streamlined integrated patient care pathways between Saolta Hospitals and the community

Skilled Caring Staff

Skilled Caring Staff Priorities:

- Develop a staff recruitment and retention strategy.
- Work with national partners to build a sustainable and resilient workforce
- Develop a model to build self-sufficiency to position Saolta as an attractive employer
- Develop a workforce development plan to support service delivery
- Continue to engage with staff to inform development priorities through local and national staff surveys
- Implement extended roles for specialist staff within advanced scope of practice
- Continue implementation of Healthy Ireland Programme
- Implement key elements of the National People Strategy
- Continue to develop initiatives in valuing staff such as staff recognition awards
- Support further leadership development programmes to address future leadership requirements
- Implement succession planning programme.
- Promote career progression for all staff through Learning and development programmes.
- Establish Saolta Group recruitment service

Strong and effective multidisciplinary teams are essential to provide the highest quality patient care, and we will facilitate timely and clear communication between all healthcare professions to support this. We recognise the importance of promoting extended roles for specialist staff within an advanced scope of practice and will work with national HR to progress this.

The implementation of the Healthy Ireland Policy will be crucial to encourage our staff to improve their own health and wellbeing, and to create an environment that supports a resilient and healthy population in partnership with CHO 1 and CHO West. We will implement the National People Strategy across the Saolta Group and use it as a guiding framework to underpin our key HR priorities.

eHealth

The availability of high quality, accurate and timely information is fundamental to enhanced patient care and is highlighted as a key action in the Sláintecare implementation plan. The Information, Communication and Technology (ICT) function ("eHealth") is a key enabler for best practice health systems and optimum healthcare delivery.

Currently our ICT systems are fragmented across the Group creating information silos and an inability to easily access and utilise information. Integrating our ICT systems is an essential component to address this as a key capability requirement for the future delivery of integrated services across our hospitals and beyond and ultimately more efficient and safer systems for our patients.

The implementation of a single Group Patient Administration System (PAS) will provide the foundation for this integration in the advent of the Electronic Health Record with easier access to patients' records and a single patient identifier across the Saolta Group. This will be a key focus area over the next five years. We are working on a GDPR action plan which outlines the key initiatives that will be undertaken to ensure the Saolta Group complies with this regulation.

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eHealth Priorities:

- Develop eHealth systems to ensure available, high quality, accurate and timely information to support clinical decision making
- Integrate Saolta IT systems to deliver integrated and safer patient care
- Implement Group Patient Administration System (PAS)
- Implement integrated clinical systems in partnership with the Office of the Chief Information Officer
- Implement upgraded and integrated Finance and HR systems
- Implement strengthened ICT governance structure to include Saolta eHealth Director
- Develop group-wide Business Intelligence Unit (BIU)
- Ensure GDPR compliance

Infrastructure

We will continue to develop facilities to support safe care, provide comfort and convenience for patients, their families and our staff.

Infrastructure Priorities:

- Progress capital builds to provide clinical environments for optimum access, privacy and dignity for patients including:

    ED UHG

    Options Appraisal

    Radiation Oncology Enabling works

    Complete design process for specialist Rehabilitation Centre RUH

    Diabetic Day Centre SUH

    Continue Radiology Rebuild LUH

    Further develop Radiology and Laboratory facilities across Saolta hospitals

- Complete options appraisal of the infrastructural requirements in GUH as the Saolta Model 4 hospital for the West and North West.
- Progress short-term bed capacity as approved across Saolta Hospitals
- Conduct a demand and capacity review across Saolta hospitals to address bed capacity shortfall
- Address deficit in isolation facilities through inclusion of single rooms in new developments
- Improve emergency department facilities in line with the Saolta Emergency Medicine Review
- Address electro-medical equipment requirements to include the consideration of managed service contract arrangements

Education, Research and Innovation

The Saolta Group is fully committed to supporting and enabling staff to reach their full academic potential. Educating future doctors, nurses, midwifes, health and social care professionals, administrators and managers is core to any academic healthcare organisation.

Education, Research and Innovation Priorities:

- Promote culture of learning, research and innovation
- Invest in training and quality improvement
- Implement joint appointments for leadership posts within the Manage Clinical Networks with NUI Galway to ensure close collaboration on research, innovation and teaching
- Further develop group-wide medical simulation training and facilities

5. Quality and Safety

Quality and Patient Safety Priorities:-

Develop and implement a robust quality and patient safety framework

Enhance risk management processes

Continue to embed culture of on-going quality improvement (QI)

Progress work on standardised group-wide policies, procedures, protocols and guidelines (PPPGs)

Implement QIP to achieve compliance with National Standards for Safer Better Healthcare

Implement processes to support structured clinical audit

Update the Public and Patient Engagement Strategy

Implement Managed Clinical Networks to support the delivery of integrated safe and sustainable clinical services across Saolta hospitals in Women's and Children and Cancer Services

Ensure a culture of candour and transparency with full commitment to principles of open disclosure.

Implement key elements of the National Maternity Strategy

Implement key elements of the National Cancer Control Strategy

Ensure compliance with the National Clinical Handover Policy

Support the implementation of national clinical programmes models of care

The Saolta Programme Management Office (PMO) established in 2017, oversees a comprehensive programme of work including the following:-

- Saolta Integrated Governance Programme which is focused on the development and implementation of an enhanced governance structure across the Saolta Group.
- Development of the Saolta University Health Care Group Strategy 2019-2023
- The Options Appraisal Project: - Completion of an options appraisal of the infrastructural requirements in GUH as the Saolta Model 4 hospital for the West and North West.
- Other key projects including:-

- Implementation of recommendations from the Review of Emergency Medicine Services.
- Continued Implementation of recommendations from Saolta Review of Haematology Services
- Hospital Group /Community Healthcare Organisation joint working to include a focus on older persons/chronic disease/patient flow programmes.
- Saolta Blood Sciences Project: - resulting in streamlined, integrated and more cost effective services within the Blood Sciences laboratories in Saolta through the implementation of a managed service.
- Scheduled Care Project: - with an initial focus on Urology Services, implement the National Elective Care Patient Pathways pilot between primary care and acute hospitals services.

HG/CHO joint working

In line with the National PHSI and recommendations within Sláintecare, there will be an increased focus on the provision of care as close to home and at the lowest level of complexity that is deemed safe, moving away from historical secondary care model to the provision of community-based models.

Saolta Blood Sciences Project

This project will result in streamlined, integrated and more cost-effective services within the Blood Sciences laboratories in Saolta through the implementation of a managed service. This arrangement is already in place in both Sligo and Letterkenny Hospitals with this phase of the project focused on Galway, Portiuncula, and Roscommon Hospitals.

This contract provides for new high spec equipment in our laboratories, with this managed supported arrangement with an external provider for the next three years. The PMO is working closely with HSE Estates, Hospital maintenance and laboratory teams in this implementation phase.

The project is well advanced in all above hospitals with a plan to complete this work in June 2019.

Scheduled Care Project

The National Elective Care Commissioning team are designing a new approach to inpatient/outpatient/day case services. This new approach is based on international best practice relating to defining specialty care pathways.   An outpatient urology pathway based

on new clinical prioritisation has been developed. Inpatient & day case pathways are also under development. The outpatient pathway has been signed off and is now at a proof of concept stage (pilot). Saolta Hospital Group has been selected as the hospital group to initially roll out the pathway before national roll out. The project is at the design stage and will include the implementation of the Urology Pathway across the Saolta Group including a focus on:-

- Haematuria Pathways – development of group wide service in Roscommon University Hospital
- Lower Urinary Tract Symptoms (LUTS)
- Incontinence and UTI management – in partnership with GPs and community services

Also, as a first step, the project will also address long waiting outpatients (>9months waiting) and implement a plan to address the historical demand within the service

Priority	Priority Action	Timeline	Lead

Saolta Integrated Governance Project	1. Appointment of Managed Clinical & Academic Network Director/ Director of Nursing and General Manager for Cancer and Women's and Children's Networks
	2. Implement Women's and Children's and Cancer Managed Clinical and Academic Networks to include:-
	   a. Devolvement of budgetary and WTE responsibility
	   b. Revised operating models
	   c. Benefits realisation including critical success factors
	   d. Support for the MCAN Team
	   e. Full implementation of PUH/GUH integrated foetal/ maternity service.
	3. Evaluation of Trial of Concept and evolvement of model
		Q1
		
		Q2
		
		Q2 ongoing
		
		Q1 ongoing
		
		Q1
		
		Q2 ongoing
			CEO/ GCD/ PMO GM

Saolta Clinical Strategy 2019-2023	1. Launch of Saolta Group Strategy 2019-2023. 2. Final sign off of individual speciality strategies 3. Development of detailed implementation plan including project charters for all priority projects	Q1 Q1 Q2	CEO/ GCD
Emergency Medicine Project	Prioritise and Implement recommendations from Saolta Emergency Medicine Review across 4 respective work streams	Ongoing Q 1- 4	PMO
Options Appraisal Project	Completion of Options Appraisal Report	Q1/Q 2	PMO
Saolta /CHO 1 Community Health Care West Joint working	Develop an agreed programme for joint working with CHOs 1 & 2 focused on Older Persons Services in conjunction with National Integrated Programme for Older Persons	Ongoing Q 1- 4	CEO/ Group Chief Clinical Director
Scheduled Care Project – Urology Services National Pilot	Implementation of the National Urology Pathway across the Saolta Group including a focus on :-	Q1- Q2 ongoing	PMO

	• Haematuria Pathways – development of group wide service in Roscommon University Hospital • Clinical validation of long waiting outpatients (>9months waiting) and implement a plan to address the historical demand within the service		
Enhancing North South Co-Operation	Continue to work with NWHST in relation to Cardiology and Radiotherapy SLA Work with CAWT to progress cross border initiatives.	Ongoing 2019	COO
FOI/GDPR	Implement an action plan focusing on Communication, Signage, Inventory, Patient Information Leaflets, 2019 training schedule, update policies and procedures to ensure compliance with GDPR regulations. Further develop communications with GPs by promoting use of Healthmail. Further education and training sessions planned for 2019.	Ongoing 2019	COO
Quality & Safety	Continue roll out of Quality & Safety structures for 2019 to include Risk Management, Clinical Audit, Standards, Policies, QualSec, Drugs & Therapeutics, Health & Safety and Infection Control. Implement After Action Review for incidents and events	Ongoing 2019	CCD Group QPS Manager
	Development of Group Falls Policy Continue EWS Training Support Pressure Ulcer Collaborative	Q2 Ongoing Q3	Chair Falls Collaborative Onsite Trainers
	Establish Patient Forums on all sites	Q3	Hospital GMs QPS Managers
	Implementation of Incident Management Framework.	Q1-Q4	Clinical Director QPS & Group QPS Manager

	Establish Standards Steering Group	Q1	National Standards Coordinator
	Expand Open Disclosure Training using in house trainers	Q2	Group QPS Manager/ QPS Coordinators
	Expand Clinical Audit support across all sites	Q4	Group QPS Manager Group Clinical Audit Coordinator
	Facilitate initiatives which promote a culture of patient partnership including next phase of the National Patient Experience Survey.	Q1 – Q4	QPS Directorate / CDON
HCAI	Continue to work towards full compliance with targets of healthcare associated infections (HCAI) and antimicrobial resistance (AMR) with a particular focus on antimicrobial stewardship and control measures for multi-resistant organisms, underpinned by the implementation of HIQA National Standards for the Prevention and Control of Healthcare Associated Infections. Continue to develop robust governance structures at hospital, group and national level to support management of HCAI / AMR. Continue to screen for Carbapenem Producing Enterobacteriales (CPE) and manage contacts and affected patients in line with recommended best practice. Expand molecular screening in selected instances to facilitate bed management and patient flow. Continue Education and Awareness sessions for staff (both formal and informal sessions). Continued emphasis on importance of hand hygiene and environmental cleaning in limiting transmission of infection. Continue Antimicrobial Stewardship (AMS) Team activities in line with annual plan, e.g.	Q1-Q4 2019	GCD/COO

	meropenem restriction. Progress with the Hygiene Quality Improvement plan in line with HIQA report.		
Enhance medicines management	Strengthen Drugs and Therapeutics governance across the Group. Promote further use of biosimilars across sites Replace pharmacy dispensing systems Implement QIP on all sites to ensure compliance with medication safety Implement Falsified Medicines Directive controls to comply with legislation	On going	COO/Group Drugs and Therapeutic Committee/CFO
Implement Children First	Continue to monitor compliance with *Children First Act 2015* training for staff as appropriate	On going	CDON/ Chair Group Children First Committee

6. Population Health

Priority	Priority Action	Timeline	Lead
Healthy Ireland	Maintain compliance with calorie posting in all hospital sites Continue to promote and increase flu vaccine uptake. Delivery and assessment of stress control programme for staff, their families and the wider community. Report on the implementation of the HSE staff health and wellbeing incentive scheme Completion of hospital walks initiative. Continue to implement Smarter Travel Workplace programmes Implement recommendations from the National physical activity policy in the workplace by promoting various supports on site, i.e. bike to work scheme, maps of existing hospital walks, step challenge, and run commutes. Improvement in smoke free campus compliance Promotion of staff health and wellbeing training plan Promote awareness of local and national health and wellbeing campaigns. Expand lunchtime mindfulness sessions to all sites, Launch "Free Fruit Friday" in GUHs, with the aim of supporting staff, patients and visitors in healthy lifestyle choices. Promote staff participation in "Operation Transformation", in association with RTE, Healthy Ireland, the HSE, Safe food and Sports Ireland.	Q1-Q4	Group HI lead /HR /CDON

	Support the implementation of "Making Every Contact Count", the nationally accredited brief intervention training for staff across a range of risk factors including nutrition, physical activity, obesity, alcohol and mental health. Continue to implement the infant feeding policy for maternity and neonatal services in our maternity units. Work with Sligo County Council and various agencies including An Taisce to progress initiatives associated with the Green Campus application by SUH Support SUH submission to IHF for Healthy Hearts and Active at Work awards Support the Bariatric medicine function of the Saolta group including the funding of the MILIS programme and software to enhance patient care. Continue implementation of the Arts Programme with agreed initiatives on sites Increase staff participation in Hospital Choirs Continue with cross system CHO (AMH HI & Acute) working group to combat health related issues with Alcohol. Continue and promote participation in Schwartz rounds GUH PUH MUH.		
National Screening Programmes	Continue to support the delivery of national screening programmes including : Breast Check Bowel Screen Programme Diabetic Retinal Screen Programme Skin Cancer Surveillance Programme Cervical Screening	ongoing	Exec Team

Patient Experience	Implementation of action plan to address areas identified in the NPES including the following: The Caring Behaviours Assurance System (CBAS-I) is an evidence based system for enabling and assuring the delivery of person centred health care. Improve patient experience of Emergency Department across the group. Improve privacy for Patients whilst being cared for on the ward and improving patient experience at night. Roll out of PALs across all sites Provide more accessible health information to patients during stay and on discharge. Prepare written information on discharge planning for patient and families. Continue work on health literacy across all sites. Continue to support 'Hello my name is' campaign'	Q1 – Q4	QPS Directorate / CDON

7. Access

Access to clinical services continues to be a very significant challenge for the Saolta Group despite all efforts to maximise use of available resources to change the services. These challenges are manifested in trolley waits in our EDs, Outpatient and Inpatient/ Day case waiting lists and waiting lists for access to diagnostics primarily radiological modalities.

Patient Access Priorities:-

- Reduce waiting times for scheduled care
- Improve patient experience times for unscheduled care
- Improve patient flow processes in EDs to reduce numbers of patients on trolleys.
- Implement process improvements and lessons learned from the Patient Flow Improvement Project
- Implement acute floor model where feasible
- Develop integrated patient pathways through joint working with CHO's and GPs with a focus on the older person's pathway
- Optimise existing capacity across Saolta Model 4, 3 and 2 hospitals
- Conduct a demand and capacity review across Saolta Hospitals to address bed capacity shortfall
- Implement Urology Pathway Project
- Optimise theatre utilisation across all Saolta Group Hospitals
- Implement recommendations from the group-wide clinical review in emergency medicine
- Improve diagnostic access times for radiology services both within Saolta and in the community
- Improve diagnostic access times for endoscopy services

Unscheduled Care

We are committed to improving our access for our emergency admissions and patients attending our Emergency Departments, through reducing the numbers of patients on trolleys awaiting admission to a bed while also improving our ED patient experience times in line with national targets.   The areas of focus will be: strong governance, increasing bed capacity, a key focus on patient experience times, patient pathways, patient flow, implementation of actions identified in the GUH patient flow project, access to diagnostics, increased early morning and weekend discharges, clear escalation plans for each site and increasing efficiency at all levels. We will work closely with the CHOs to improve patient admission and discharge pathways. We will have a particular focus on patients aged 75 years and over waiting on trolleys and on patients awaiting admission for more than 24 hours to make measurable improvements.

Demand for Emergency Medicine Services and unscheduled care has been increasing across the Saolta Group for the last few years. 2018 activity levels were 4% higher than those in 2017 - on average nearly 700 extra patients attending the Group EDs per month.

Significant work has taken place on all sites to meet this demand which has positively impacted on the number of patients on trolleys. However, patients' being cared for on trolleys remains the highest risk for the Saolta Group and 2018 saw higher numbers over the summer months than previous years.

Scheduled Care (Inpatient and Outpatient) Waiting Lists

The Group starts 2019 with very significant inpatient and outpatient waiting lists. We have an unmet demand reflected in our waiting lists and waiting times. Nationally the number of patients waiting across all specialities for outpatient appointments is increasing. This has been mirrored in the Saolta Group. At the same time the waiting list for procedures also continues to grow.

We are implementing a variety of measures to reduce the numbers of patients waiting and the length of time they wait, these include validating existing lists, maximising activity across hospitals, running additional clinics, new appointments to key specialties and the development of health and social care professionals and nurse led clinics together with insourcing and outsourcing initiatives.

Saolta University Health Care Group will be working closely with the National Treatment Purchase Fund (NTPF) in 2019 on both insourcing and outsourcing initiatives. The NTPF have approved a number of insourcing initiatives for 2019 across the Saolta Group as well as outsourcing of less complex procedures for which we do not have the capacity to complete internally. A new national validation unit has been set up with the remit to validate all outpatient and inpatient/day case waiting lists across the country. We will work with the NTPF to complete validation for all sites in 2019. We will have significant focus on Galway University Hospitals, our Model 4 hospital which represents a significant proportion of the overall waiting list.

Other Measures taken to address waiting lists in Saolta

National Urology Pathway Pilot

The most significant development in terms of addressing the current trend of long waiters is the National Urology Pathway. This pilot is part of the Outpatient Services Performance Improvement Programme (OSPiP) and the purpose of the exercise is to reduce the strain on hospital outpatient services by providing GPs with access specialist advice, diagnostics and alternative pathways. It is planned that this work will progress in 2019.

Plastic Surgery See & Treat

The GUH & RUH Plastic Surgery service has been running an innovative 'see and treat' clinic running since July 2017. Patients attend their outpatient appointment and if a minor surgical intervention is required they receive it on the same day. Approximately 500 patients were treated at this clinic from July 2017 to July 2018 with 220 patients receiving a surgical intervention on the same day. NTPF have agreed to continue funding this initiative.

Virtual Clinics

At GUH the Otolaryngology (ENT) and Vascular services are piloting the use of virtual clinics for patients with certain conditions, whereby patients rather than attending the hospital, they have a discussion with one of the clinical team over the phone. Although this approach will only be suitable for certain conditions it benefits both the patient in terms of the time they will save not having to come into hospital and also the service given the difficulties we face in providing sufficient clinical space.

DNA's

Patient DNA's continue to be a problem with approximately 8,494 new patients and 28,689 review patients not turning up to their appointments during 2018. To try and combat DNA levels the following processes are in place:

- **Partial Booking** – This requires the patient to 'opt in' i.e. phone the hospital to arrange their appointment rather than just sending them an appointment (UHG specialties booked by the Central Appointments Office only).
- **Text Reminder Service** – A text reminder is sent to the patient 9 days and then 3 days prior to their appointment.
- **Validation** – Patients are contacted once every 6 months to check that they wish to remain on the waiting list.
- **Overbooking** – Clinics templates allow for a number of DNAs so that patient slots are not lost.

Unscheduled Care

Priority	Priority Action	Timeline	Lead
Improve the Provision of unscheduled care	The priorities for managing unscheduled care and reducing the number of patients cared for on trolleys in 2019 include: • Site based governance groups to operationally manage unscheduled care, identify improvement initiatives and escalate issues to the Executive Leads for unscheduled care • Rolling out the Patient Flow Improvement Project to all sites across the Group with the aim of changing the culture and practice of how we manage unscheduled care and providing education and training / skills transfer in project managing relevant improvement projects • Securing additional inpatient capacity to meet demand across all sites • Progressing the new ED build in UHG • Working collaboratively with the CHOs to identify and implement initiatives on admission avoidance, early discharge and community based care (e.g. minor injuries pathways, community diagnostics, chronic disease management, CIT, Day Hospitals etc.) • Improving patient flow by developing new pathways, protocols, patient streaming and extended working hours • Improving PET times and eliminating > 24 hour breaches in the Emergency Departments • Enhancing the MDT approach in the Emergency Departments including ANPs, RANs and HSCP ED teams • Achieving 91% of ambulance turnaround times to within 1 hour and no ambulances to be delayed greater than 2 hours (implementation of new Ambulance system with help with accurate measurement of this KPI) • Improving early morning discharges to achieve 25% of all discharges before 12 noon Monday – Friday • Improving bi-directional flow pathways so that patients can be transferred to other sites without delay • Creating a standardised 'Model Ward' approach	Ongoing 2019	CCD

	to patient care to improve communication and discharge planning • Continuing to work closely with CHOs to optimise discharging and maintain low levels of delayed discharges, aiming to keep below 48 delayed discharges across the Group on any day • Continuing the focus on management of frail elderly by streamlining this cohort of patients and providing joint solutions with the CHOs to promote health and wellbeing, out of hospital care, streamlined pathways and minimise discharge delays aligned with the Integrated Care Programme for Older People • Improving balance between scheduled care and unscheduled care during periods of high unscheduled care activity • Validating and extending the Saolta Unscheduled Care Dashboard so that it becomes the 'go to' place for unscheduled care information		

Scheduled Care

Priority	Priority Action	Timeline	Lead
Improve the provision of scheduled care	Identify achievable targets in relation to National Inpatient, Daycase, OPD, Scope and Diagnostic activity maximising all available capacity. **Inpatient, Day Case and Outpatient Waiting Times** 85% of adults waiting <15 months for an elective procedure (inpatient) 95% of adults waiting <15 months for an elective procedure (day case) 85% of children waiting <15 months for an elective procedure (inpatient) 90% of children waiting <15 months for an elective procedure (day case) 80% of people waiting <52 weeks for first access to OPD services No/0 patients waiting > 4 weeks for access to Urgent Colonoscopy 70% of people waiting < 13weeks following referral for routine colonoscopy or OGD	Ongoing 2019	COO
	Reduce waiting times for all patients and particularly those waiting over 30 months on outpatient and inpatient / day case waiting lists by implementing waiting list action plans.	Q1 – Q4	COO / GMs
	Improve efficiencies relating to inpatient and day case activity by streamlining processes and maximising capacity in each site.		
	Group to actively manage waiting lists by strengthening operational and governance structures including on-going validation, chronological scheduling and adherence to National Protocols.		
	Each site to implement any feasible proposals for insourcing that can be achieved in 2019 for a number of specialties.		
	Work with the NTPF in 2019 in relation to insourcing and outsourcing.		
	Implement the national validation project for all inpatient, day case and outpatient waiting lists.		

	Work with the NTPF to implement the *National Inpatient, Day Case and Planned Procedure (IDPP) Waiting List Management Protocol.*		
	Continue to transfer appropriate activity /long waiters to the different sites GUH/PUH/RUH/MUH		
	Implement the findings and recommendations of the NTPF special audit to drive process and performance improvement in scheduled care.		
	Work with the clinical programmes to complete pathways of care at condition-level, through the Outpatient Services Performance Improvement Programme (Urology, ENT). RUH Implement Rapid Access Haematuria Programme under Urology Services in tandem with NCS and National Clinical Programme for Urology.		
	Continue to improve day of surgery rates and increase ambulatory services as clinically appropriate.		
	MUH, PUH and RUH to work with GUH to reduce waiting lists in for less complex general surgery. MUH Continue with extra Endoscopy Lists and work toward JAG accreditation for July 2019	Q1 – Q4	COO / GMs
SUH	Seek to develop ENT procedure rooms to increase numbers seen in OPD and reduce review rates	Q1 – Q4	GM
	Commence Trauma Assessment Clinic in SUH to support reduction of attendance at Fracture Clinics.	Q1 – Q4	GM
	Establish weekly Haematuria Clinic in SUH for Urology patients.	Q1 – Q4	GM

Specialist Services

Priority	Priority Action	Timeline	Lead
Medical Directorate	**Acute Medicine:** Progress with the development of an Acute Floor model at GUH Implement Group's Bi –Directional Flow policy Pilot a Nursing Home Project led by ANPs for EM and Care of the Older Person with support of Consultant Geriatrician MUH to progress specialty wards in 2019 chortling by condition rather than by consultant. MUH to progress with internal specialty allocation, starting with Cardiology, GI and respiratory. MUH Gastroenterology Business case to be progress to support JAG accreditation and the recruitment of specialist Dietitian for complex long-term nutrition support for enteral and other specialist feeds. **Cardiology** Continue with the replacement of 2 Cath labs and development of 3rd lab at GUH. Progress the recruitment of two Cardiology posts and development of Cath Lab at SUH. Appointment /replacement of Consultant Cardiologists at SUH **RUH -** Implement Heart Failure Service. **Dermatology** Continue to increase clinic capacity to address Outpatient Waiting Lists in GUH & MUH. Develop ANP role and clinical photography service. **ED** Progress the implementation of recommendations of the Saolta Emergency Medicine Review as part of the ED improvement project across the 6 sites. **Endocrine** To progress the business case submitted as part of the	Q1 – Q4	CD/ACD

	estimates for integrated consultant role for management of diabetes in Mayo incorporating diabetes in pregnancy. **RUH -** Complete recruitment of shared Consultant Endocrinologist post between RUH and SUH **Rehabilitative Medicine** **RUH-** Appoint Consultant in Rehabilitative Medicine **Bariatric Medicine** Continue to support the development of a comprehensive multidisciplinary Bariatric medical and surgical service across the group **Endoscopy** Continue to address capacity to meet national waiting list targets, facilitate Bowel Screen Programme and consolidate the NQAIS QI programme in Endoscopy across the Group. Implement Phase 2 Endoscopy developments in GUH and LUH **RUH** Open Endoscopy Unit on 5 day basis to provide timely access for patients on other Saolta hospital waiting lists **Geriatric Services** Continue to develop the roll out of hospital /community interface projects incorporating Community based Day Hospitals across the group. Enhance acute stroke services across the Group. Develop an acute stroke unit in LUH. Appoint Consultant Stroke Physician in PUH. Stroke MUH to continue in stroke collaborative in 2019 commenced in Review and develop the provision of rehabilitation services for patients both inpatient and community based early supported discharge programmes. Introduce delirium screening and delirium pathway for Older Persons in SUH MUH to continue with Patient centred care for dementia linking the training with patient experience advisors in		

MUH.

MUH to increase capacity in the Acute day hospital for Elderly care in the primary care centre.

RUH - Recruit Frailty Team to work closely with CHO West Care of the Older Person Services

Haematology
Implement recommendations of the Haematology Review, Saolta Group
Infectious Diseases
Enhance the development of HIV Services for complex STI cases , Sexual Health and Prep to support Regional services
Neurology
Develop Activity Promotion Group for Neurology patients in SUH to reduce LOS and Enhance self-management

Oncology
Progress with plans to increase capacity at the Oncology Day Ward at GUH to meet increasing demand and meet NCCP KPI's

Palliative Care
Review the planned palliative care developments in the Region. Continue to work closely with Hospice Care in the delivery of an integrated Palliative Care service.

Radiotherapy
Continue to progress with the NPRO programme.
Continue to recruit in line with the Workforce Plan for the Phase 2 development.
Progress planning and training for the new Phase 2 development.
Review the current waiting areas in radiotherapy and carry out a patient centred remodelling.

Renal Services
Enhance access to Haemo - dialysis capacity across the group. Develop a peritoneal service in GUH which will provide support across the Group. ??   is this funded
RUH - Provide renal overflow initiative clinics to nephrology patients on GUH OPWL.

	Respiratory Develop a Respiratory support unit in GUH. Build on COPD outreach programme. Improve Key Performance Indicators for Rapid Access Lung Clinic. SUH Participate in QI Programme for COPD services. MUH to continue in COPD collaborative with supporting Integrated care programme. Progress with integrated proposal submitted in the estimates. **Rheumatology** Continue to increase capacity to address Rheumatology Outpatient Waiting lists including the development of MSK and ANP programmes. Progress with the transfer of the DXA service to the Rheumatology Department GUH Support the development of OPD service in MUH with ANP site prep and appointment of candidate nurse.		
Perioperative Care Directorate	Progress the work of the Integrated Governance Taskforce to review general surgery, anaesthesiology, Theatre Scheduling, Workforce Planning for the Saolta Groups Southern Network i.e. GUH, MUH, PUH and RUH to ensure an integrated sustainable service for all 4 sites Develop the 2 plus 2 model for Anaesthesia across the Model 3 hospitals subject to funding, in particular to facilitate dedicated consultant anaesthetic cover for maternity services in line with the above. Continue to recruit theatre nursing in line with increasing the number of theatre sessions to afford greater access for all surgeons for patient activity and optimise theatre sessions consistent with our integrated governance taskforce project Continue to progress ICU nursing recruitment Quality of care improvement initiatives – model ward for surgery (GUH)	Q1 – Q4	CD/ACD

	Continued development of Cardiothoracic Services at GUH/Group in particular with regard to theatre access. Increase Surgical activity in the Day Services, SUH following creation of additional trolley space and Infusion Room. MUH to continue to take from waiting list in GUH increase numbers by 20% in 2019. Continue with theatre nurse staffing to have 4 theatres running 5 days a week 2 sessions a day. MUH Progress with the application to TQUIP to promote all level of efficiencies. Develop theatre access to expand Urology Robotic procedures and `develop robotics within other services e.g. Lower GI robotic surgery to ensure core clinical value and improved patient outcomes through enabling more minimally invasive surgery and enhance clinical and strategic value. Develop Bariatric Services across the Group Reconfiguration of Surgical Day Ward to improved patient flow and optimise capacity (GUH) Review 5 – day ward (GUH) Development of trans perineal biopsies (TP bx) Continue to develop Spinal Pathway (Orthopaedic) - Submit a business care to develop this service. and for the WTEs to redesignate St Finbarr's x 8 beds to the orthopaedic service. Continue to liaise with the National Trauma Programme in relation to the bypass protocol - implications from a resource perspective are not immediately apparent. Fully deploy MICAS to 7/7. Continue with the procurement of orthopaedic		

| | theatre MPUH (GUH)

Plan to develop services across the group to include Pain, PSP service, Head and Neck Oncology - HANO programme and Oral and Maxillofacial Surgery

Continue with the development of Radiofrequency Ablation Service (Barrett's Oesophagus)

Work with waiting list leads on group Inpatient and outpatient waiting list management;
Plastic Surgery See & Treat clinics
ENT see and treat
T7 Cystoscopies (additional sessions)
Pain Service - Pain Programme
Vascular Varicose Veins
External theatre renal option i.e. to address longest waiting patients e.g. Bariatrics
Agree clear plan for group urology services in particular their provision in the Northwest.

Roll out of Urology Project across Saolta in 2019.
Procure Green Light Laser for Urology Service to reduce patient LOS and improve patient experience in SUH.
Implement Pelvic Floor Service RUH

Achieve national funding for development of Hyperbaric Oxygen therapy (HBOT) support and national education (Group)

Further develop the ANP role across the group

Continued progression of Clinical Information Systems (CIS)
Within ICU at PUH, LUH and MUH (in progress).
Expand ICU Services (LUH) and SUH subject to funding
MUH to continue with recruitment to support telemetry in a designated ward area and recruit to increase capacity
from 2 bed ICU to a 3 bed ICU | | |

Laboratory Directorate	Examine options to implement an Order Communications (Order Comms) type system via pre-existing Health Links system. This will create significant savings and prevent the requirements of additional clerical staff to address the significant increases in activities while creating a range of efficiencies. A Laboratory / GP Liaison staff member is required to progress.	Q1-Q4	Laboratory Managers
	Seek better access to MediBRIDGE to facilitate Laboratory data transmissions between sites with different IT systems and to National services e.g. NVRL.	Q2-Q4	
	All departments to maintain ISO15189 INAB accreditation and also Blood Tissue and GMP Establishment licensing by the HPRA. Consideration to developing a training SpR Biochemistry position at GUH to enhance biochemistry governance towards achieving accreditation across all sites.	Q1-4	
	Maintain and if possible improve on turn-around-times in all departments.	Q1-4	
	Continue to review workload and resource input in Histopathology and develop plan to address regaining INAB Accreditation in Galway	Q1- 4	
	Continue with the implementation of the recommendations set out in the Laboratory Department Reviews and Clinical Service Strategy documents.	Q1-4	
	Complete fully the Implementation of Blood Sciences (Haematology, Biochemistry and Immunology) project in GUH, PUH and RUH Laboratories.	Q2-Q3	
	Initiate the temporary moving of the Post Mortem area in UHG to another on site facility to allow refurbishment and restructure of the current Post Mortem area	Q1-Q2	
	Progress the Phase 1a (Blood, Tissue and GMP facility) and Phase 1b (Blood Sciences facility) build project subject to funding.	Q1-Q4	
	Progress a Laboratory Information System for the Tissue and GMP facility as current set up is paper based.	Q2-Q3	
	Continue to develop a Perinatal Pathology service for the Group. There is a requirement for physical infrastructure in	Q1-Q4	

	addition to the human resource.		
	Initiate Minimal Residual Testing in Haematology (MRD) GUH	Q2-Q4	
	Repatriate a range of Immunology tests currently referred in Saolta Laboratories to private laboratories to the Department of Immunology GUH which will significantly cost contain and widen the specialities of this site. The department require a Specialist and Senior Medical Scientist to allow same to occur.	Q3-Q4	
	Repatriate all Saolta Group testing for Electron Microscopy - currently all sent out by all Saolta Hospitals to DAP GUH which will cost contain and widen the speciality of this department.	Q2-Q4	
	RUH - Appoint permanent Chief Medical Scientist Post	Q2-Q4	Laboratory Managers
	MUH to progress with business case for repatriation enteric testing and set up of fast turnaround CPE testing.		
	MUH to seek full accreditation on all modalities by April 2019	Q1-4	
	Implement Action Plan to regain Histology accreditation in SUH.	Q1-4	
Radiology Directorate	1. **Increase capacity to match demand** and reduce waiting times for our patients: (Goal 2 timely access to safe services) Matching capacity to demand will continue to be a key focus in 2019, in particular for MRI, CT and Ultrasound. Additional Capacity Proposals for 2019: Equipment/facilities: **MRI:** GUH: Provision of second MRI on site by mobile unit/modular build. MUH/Primary Care: Proposal for MRI in primary care setting being progressed in collaboration with CHO West, for Primary Care Centre in Castlebar with governance and reporting of scans being done in MUH.	Q1 – Q4	CD/ACD

CT:
LUH: Second CT being installed as part of the new build.
GUH: CT to be installed as part of Cardiology Research
Facility. Additional diagnostic CT capacity will be available
as a result.

Ultrasound:
GUH: Additional (5th) general US service to be developed
on Merlin Park site in old DEXA room. This will facilitate
training of additional ultra-sonographers, in collaboration
with HSE/UCD pilot scheme which commenced in 2018.
Additional (6th) general US service is being explored with
CHO west to support GP access to US. Recruit ultra-
sonographer and Radiology SPR for this service.
PUH: Continue leasing of additional US machine for 2019.
Begin US service in collaboration with CHO West in Tuam
Primary Care Centre. Progress PXR service on same site.

Extra capacity by Insourcing/outsourcing:
Weekend insourcing of US in GUH started in 2018 and will
continue in 2019.
Weekend insourcing of MRI in GUH until 2nd MRI
operational on site.
Additional CT/MRI lists in LUH, SUH, MUH occur as
staffing levels/budget allows.
PXR backlogs from LUH being outsourced to Saolta
radiologists on other Saolta sites via NIMIS.

Interventional radiology:

Review of IR services was completed 2018. New IR
radiologist to commence in GUH in Q1. Funding sought for
new IR radiologist post in SUH and PUH.
Replacement IR/fluoro rooms for PUH and SUH planned
for 2019.

2. **Integrate NIMIS and Legacy Agfa RIS/PACS** (Goal 2:
safe and timely access):
To allow seamless patient imaging and aid bidirectional
flow. Ongoing collaboration with NIMIS to achieve this to
dovetail with group PAS project.

3. **Replace ageing equipment to prevent service interruption.**
Ongoing group wide review of current equipment utilisation and requirements, with focus on future-proofing the needs of the group while allowing rationalisation where required. RUH fluoroscopy service transferred to PUH. RUH to repurpose fluoro room to dedicated general room.(Goal 5: Managing resources)

4. **Improve GP access to Diagnostics** Continue to strengthen our links with community. Work collaboratively with CHOs and GPs to plan improved access for GPs to diagnostic services thus reducing patient waiting times and reduce unnecessary attendances at ED and OPD.
Additional (6th) general US service GUH is being explored with CHO west to support GP access to US. Radiology SPR post to be funded by CHO to support this.
PCC Castlebar: US service to continue in PCC in Castlebar, under governance of MUH radiology dept.
Mammography service to be moved to PCC in Castlebar (Q4 2018), under governance of GUH SBU. Provision of MRI being explored.
Tuam PCC: US and PXR service planned for 2019.
Continued GP access to radiology in community hospitals throughout the group.
Streamlined communication processes between GPs and radiology services e.g. GP advice line GUH and generic email accounts for queries.
MUH to work with CHO on integrated proposal on MRI for better GP access.

MUH to work closely with CHO regarding Ballina District Hospital radiology equipment replacement.

MUH to progress with structural renovation within the department to support MDT conferencing through the site.

Deliver GP Ultrasound service in SUH.

5. **Staff Training/Education**:

Continuation of expanded number of radiography student placements in LUH, MUH, SUH, GUH.

Pilot HSE/UCD programme for increased numbers in ultrasound training commenced Q3 2018 and will continue for 24 months.

Continued training of radiographers in various modalities e.g. MRI, US, CT, IR, Cardiac, and Nuclear Med at all hospitals.

Develop all of our teams by encouraging participation in Kaizen and Lean initiatives and in audit activities.

6. **Develop/expand Paediatric Radiology services**:
A Paediatric Radiologist is required to oversee and develop Paediatric radiology services and support the paediatric national 'Model of Care'programme

7. **Establish a reporting network to reduce reliance on locum cover**: Continue with the outsourcing of LUH backlogs to Saolta radiologists as required to maintain a safe and efficient service.

Hospital by Hospital:
GUH:
2nd MRI scanner (mobile/modular) to be provided on site.
Continue weekend insourcing MRI and US lists.
Continue filling vacant posts.
Expand capacity in US, in collaboration with CHO West.
Progress development of IR services to support reducing length of stay, reduce requirements for beds in GUH and improve access.
RUH:
Replace Radiology equipment – 1 room replaced in 2018, 2nd room to be replaced 2019.Recruit additional radiologist (GUH/RUH post).
Pilot scheme for Haematuria commenced Q4 2018.
Continue filling vacant posts.

PUH:
Refurbishment of IR/fluouro suite 2019.
Continue 2nd US lease to reduce waiting list.
Progress US and PXR service in Tuam PCC
Continue filling vacant posts.

	MUH: Progress US service in PCC, Castlebar. Progress relocation of mammography service to PCC. Progress MRI service for PCC. Continue filling vacant posts. **SUH:** Progress new IR radiologist to support services across northwest. Continue filling vacant posts. New IR suite to be operational in 2019. **LUH:** Progress with post-flood radiology department rebuilds. Progress staffing required to staff 2nd CT. Continue filling vacant posts. Continued support for depleted radiologist numbers by engaging locums, outsourcing backlogs and commencing on call support by outsourcing CT overnight. Reduce CT OPD waiting lists by insourcing additional CT lists.		

Women and Children's Services

Priority	Priority Action	Timeline	Lead
Women's and Childrens Directorate **Midwifery Services UHG**	Develop a Birthing Unit at UHG for low risk women UHG with funding from the NWIHP	Q1 2019	
	Relocate the Midwife led clinics to an offsite facility.	Q1 2019	CD/ACD/ Group DOM
	Relocate the Early Pregnancy Unit to a designated unit in order to separate this cohort of women from the Antenatal service.	Q1 2019	Directorate team
	Further develop bereavement services in line with the National standards for Bereavement Care following pregnancy loss.	Q3 2019	ACD/ ADOM
	Develop an AMP post for midwifery	Q1 -2019	CD/ACD/ Group DOM
	Develop TOP services across the Saolta hospital sites, in line with legislation introduced in January 2019.	Q1 2019	DOM/Group DOM.ACD.
Gynaecology Services, UHG	**Ambulatory Gynaecology service** Develop an Ambulatory Gynaecology service at the UHG site to provide appropriate care minor gynaecology and provide better utilisation of theatre space and existing inpatient beds. The space has been reconfigured and will also accommodate the relocation of the Early Pregnancy service.	Q1-4 2019	Directorate team/Estates
	Approval for equipment has been allocated by the NWIHP in Q4 2018.	Q1-Q4 2019	
	Further Develop Urogynaecology Appoint CNS to the post approved in Q4 2018.	Q1 2019	
	Gynaecology Oncology Work with Estates to improve capacity and		

	access to Gynaecology oncology surgery and develop a second Gynae theatre at UHG with the NWIHP. Develop a business case to identify the necessary resources required to progress this service such as bed capacity and adequate multidisciplinary staffing for the Gynaecology ward.	Ongoing Q1-2019	CD/ACD /Group DOM ACD/DOM
Robotic Surgery	Develop a business case to Introduce Robotic surgery for the Gynaecology service (GUH) to improve core clinical value and improved patient outcomes through enabling more minimally invasive surgery and enhance clinical and strategic value.	Q1 -2019 Q1 -2019	Gynae /Oncologists/BM/Perioperative ADON.
Obstetric Ultrasound service	To provide 2 Antenatal scans Booking and Anomaly) per woman as per the Group wide priorities UHG to provide a high-risk referral path way for women from the Saolta Group to be referred to UHG as necessary. Address the difficulty in recruiting sonographers by training and developing interested midwives locally. Replace Ultrasound machine decommissioned in 2018 with approved funding from NWIHP.		BM/ACD/Gynae Oncology surgeons./AHSCP ACD/Clinical lead. /CNM 3 US Dept. Clinical lead./CNM 3 US Dept
Obstetric Diabetic Service	Develop further screening for Diabetes for pregnant mothers. Stream line the current joint Obstetric/Endocrinology clinics. Appoint the Approved Dietician for the service Obstetric Diabetic Service - a CMS Diabetic Midwife	Q2-2019 Q2 2019 Q2-2019	ACD/DOM ACD/DOM/Clinical lead for Diabetic service. AHSCP manager.

Neonatal Service	Develop the Neonatal Service at UHG into a Tertiary Referral Service for the Saolta Group.: Progress the appointment of the 2 approved Consultant Neonatologists In conjunction with Estates, plan for Additional cot capacity.	Q1-Q4 2019	CD/Group CD/DOM/ Estates/Services/Directorate team
Fertility Service	Develop business case for Saolta fertility / IVF / Oncology fertility service	Q1 – Q4	CD/ACD/BM
Paediatric Neurology	To provide a dedicated Paediatric Neurology service in line with the Paediatric Clinical Care Program.	Q1 – Q4-2019	CD/CNM 3 /BM/Clinical lead.
Paediatric Respiratory	Continue to build support for a Respiratory service	Q1-2019	CNM3 / DON Clinical Lead
Paediatric Cardiology	Continue to build a Paediatric Cardiology service in line with the All Ireland Cardiology Network Appoint the Posts Approved for funding as follows: I Paediatric Cardiology Consultant I CNS I technologist 0.5 Grade IV Clerical officer	Q2-2019	CD/CNM 3/BM
Paediatric Diabetic Service	Improve the availability of Insulin Pumps For Diabetic Children. Improve the Glycaemic index of children currently diagnosed with diabetes. New Paediatric Endocrinologist commenced 2nd Q 2018. Appoint the approved Dietician post.	Q1-2019	CD/ CNM 3 / /AHSCP
Paediatric Model of Care	Progress recruitment of 12 posts allocated within the funding envelope allocated in 2019	2019	CNM 3/ NMPDU/DON

Cancer Services

Priority	Priority Action	Timeline	Lead
Cancer services	Work with the Saolta Project Management Office (PMO) to implement the Managed Clinical Academic Network (MCAN) for Cancer within the Saolta Group. The roll out of the integrated Academic Managed Clinical Network with appropriate Governance and fiscal responsibility for delivery of cancer care is now feasible having agreed the governance model and the specialties to be included.	Q1 – Q4	Director for Cancer MCAN.
	Enhanced Multidisciplinary Programme functionality for all cancer patients in the Saolta Group-. Expansion of rapid access prostate RAPS biopsy Multidisciplinary programme to support the expansion of the RAPS. 2 Medical Scientists and 1 clerical support required to advance Cancer Services and Pathology Services for Saolta and to reintroduce INAB ISO 15189 Develop plans to support 2nd RAPC clinic for Limerick and associated histology	Q2 – Q4	Director& Business Lead in Cancer MCAN
	Prioritise the support and development of our Histopathology and Molecular Pathology programmes to ensure timely and appropriate multidisciplinary decision making.	Q2 - Q4	Director & Business Lead in Cancer MCAN
	Continue with the implementation of the NCCP NCIS at UHG & MUH	Q1 – Q4	Business Lead in MCAN & Cancer Nursing DON
	Develop enhanced IT/IS solutions for capturing and reporting cancer activity.	Q1 – Q4	Business Lead in Cancer MCAN
	Continue to implement and maximise the capacity of the Cross Border Radiation Oncology Service with Altnagelvin Hospital in Derry	Q1 – Q4	Director & Business Lead in Cancer MCAN
	Expand access to complex and multidisciplinary surgery including Robotics & Support Robotic Surgery non pay costs relating to ongoing development of Robotic Sx in GUH	Q1 – Q4	Director & Business Lead in Cancer MCAN
	Enhance Haematology Oncology Day Ward access for elective	Q1 – Q4	Director &

	patients across the Saolta Group		Cancer DON in Cancer MCAN
	Develop RANP/GP Survivorship Clinics for Medical Oncology	Q2 – Q3	Business Lead & DON in Cancer MCAN
	Advance infrastructural developments at the Cancer Centre in line with the recommendations of the Saolta Group Options Appraisal, which will provide a long term vision for the Model 4 Hospital in Galway. This includes progressing the development of an Ambulatory Care Centre for Medical & Haematology Oncology.	Q2 – Q4	Director& Business Lead in Cancer MCAN

8. Finance

Budget 2019

The Saolta University Health Care Group has received a Net Budget of €822m for 2019 as in previous years the funding for 2019 is calculated using Activity Based Funding (ABF) and a block grant for services other than inpatient and day cases i.e. ED, OPD etc.

The ABF Model, on which the 2019 Budget for inpatient and daycase funding is based, showed a marked improvement in 2018 in that the Group (apart from RUH which is outside this model) now compares favourably with other Groups the country from a cost perspective. The 2019 Budget shows a positive ABF adjustment for the Group of €13m (2018 €5m and 2017 negative €16m).

In 2018, the Group had an adverse variance on budget of €11.8m. The reasons for this variance were patient demand exceeding projected activity levels and associated patient costs and staffing, drug costs, bad debt provisions as a result of external arrangements with Health Insurers, agency staffing costs and price inflation.

Emerging Issues

An initial review of the 2019 allocation indicates the group is again facing a significant financial challenge this year and there will be a focus placed on expenditure levels, employment control, income generation, patient activity levels and cost containment plans.

These particular areas of focus will form the basis of the Financial Control Program, National Acute Services reporting, Hospital monthly financial performance reporting, critical analysis and issue resolution during the year

Budget and actual comparison 2018 vs. 2019

	2018 Act €'m	Budget 2019 €'m
Pay	613.0	624.2
Non-pay	302.7	292.0
Gross Expenditure	915.7	916.2
Income	98.9	94.0
Net Expenditure	**816.8**	**822.2**

Priority	Priority Action	Timeline	Lead
On-going monitoring and performance management of financial allocations in line with the Performance and Accountability Framework	Monitor and control hospital budgets and expenditure in line with allocations.	monthly	CFO
Improving Value	Continue to focus on initiatives that will drive quality of care and value for money.	Q1 – Q4	GMs
	Identify and progress realistic and achievable opportunities to improve economy efficiency and effectiveness	Q1-Q4	Exec Team
	Secure reductions in cost and or improvements in efficiency of services currently provided	Q1-Q4	Exec Team
Finance	Support the next phase of ABF including the incentivised scheme for elective laparoscopic cholecystectomy and hip replacement.	Q1 – Q4	CFO/Medical Directorate
	Progress implementation of the recommendations of the Patient Income Review which will focus on training, standardisation of processes and measurement of improvements in billing and collection by hospitals.	Q1 – Q4	Hospital FMs/GMs
	Engage with National Procurement to achieve compliance with NFR's on all hospital purchasing contracts. To achieve compliance with all Audit recommendations from Internal, External, Systemic & local reports. To develop a reporting platform for the Directorate structure. Develop further Financial and associated reporting to Group, National & Local stakeholders through the BIU, Financial Stabilisation projects as assigned, HIPE, ABF,	Ongoing 2019	CFO

	WTE, Work Force Planning in association with HR and enhance monthly reporting. Capture & report on cost savings initiatives across the Group. Develop, encourage and foster CCP's with individual Departments with an emphasis on sharing of the benefits for patients and staff.		
	Complete review of patient accounts process & procedures to identify efficiencies in process.	Q1-Q4	Finance Managers
	Review and reduce hospital debt including compliance with national framework.	Q1-Q4	Finance Managers
	Review hospital income sources and seek to increase where feasible.	Q1-Q4	Finance Managers
	Finance department to ensure billing is appropriate, current and that bed maps are accurate.	Q1-Q4	Finance Managers
	Online and automatic phone payments of patient bills to be finalised and go live.	Q1-Q4	Finance Managers
	Review feasibility of a time and attendance system for use by staff to monitor and track & reduce overtime costs.	Q1-Q4	Finance Managers
	Determine and put in place financial reporting requirements for directorates & HMT	Q1-Q4	Finance Managers
	Determine and put in place HIPE & ABF reporting requirements for directorates & HMT.	Q1-Q4	Finance Managers
	Determine Reporting requirements for Public/Private split of consultant admissions.	Q1-Q4	Finance Managers& Medical Manpower Manager
Performance Monitoring / Accountability	Focus on Performance Management during 2019 to control costs across the hospital.	Q1-Q4	Finance Managers
Transport	Work on the consolidation of transport services across the Group.	Q1-Q4	Transport Business Manager

Establishment of Group BIU	To produce a widely consulted, evidenced position paper with recommendations by end of Quarter 1 2019.	Q1	CEO
ICT	Implement Saolta ICT Strategy	Ongoing	COO
	Appoint eHealth Director	Q3 2019	CEO
	Implement Group PAS (supporting Group wide business strategy) go live in first sites in 2019	2 years – 201/2020	COO
	Continued Implementation Kainos Evolve Electronic Medical Record in GUH	2 years	GM GUH
	Implementation of Medical Oncology Clinical Information System in GUH/MUH in Q1 2019	1 year	COO
	Address ICT Infrastructure deficits in GUH/PUH	Ongoing	COO
	SUH Implement pilot Q Pulse environmental audit tool and evaluate Roll out of National Orthotrac software in Orthodontic Unit, Complete and monitor implementation of newly installed telephony systems at SUH Go Live with iCM (Integrated Clinical Management) system in SUH	Q1-Q4	IS Mgrs
	MUH to continue with upgrade of OBTV	Q1	IS Man DOM
	MUH to complete assurance system on policy compliance by department utilising existing Nursing Metrics assurance system. Roll out with Physio and IT department	Q2 2019	Is Manager MUH & GM
	MUH Implement electronic clinical handover system starting with consultant to consultant 2019	Q1 – Q 2	Is Manager MUH Academic office MUH
ICT	Continue implementation of Evolve System in GUH Progress implementation of Group Wide PAS Progress the procurement of ICU system for a number of sites	Q1-Q4	Is Manager MUH Academic office MUH

	Implement system to enable compliance with Falsified Medicines Directive Implement the NCIS system in UHG and MPUH Implement maternity system in PUH in conjunction with UHG and upgrade existing maternity system in LUH and SUH. Implement ICM in SUH		
	Implement the ED tracker system in MUH ED Q1 2019	Q1 2019	Is Manager MUH
	MUH to have full compliance with endoscopy NIQUIS	Q1 2019	
	Continued rollout of OPD Self Registration system live in GUH in 2019	Q1/Q2 2019	IS Mgr GUH
	Address ICT Infrastructure deficits in GUH/PUH	Ongoing	COO
	Develop BI plans for Saolta as part of IT 3 year plan - working with national and local teams	Ongoing	GCD office
GDPR	Further Roll out of GUH GDPR action plan in 2019.Focus on Communication, Signage, Inventory, Patient Information Leaflets, training, update policies and procedures to ensure compliance with GDPR regulations. Improve communication between Hospitals and GPs by promoting use of Healthmail and improved access to Specialty information via Saolta Website	Q1-Q4	Saolta Group IS Manager MUH & GM

9. Workforce

Priority	Priority Action	Timeline	Lead
Support and progress the policies and initiatives of the Office of the Chief Nursing Officer, DoH and European Directives on working hours	Implement a pilot for the Phase 2 Framework for Staffing and Skill Mix in emergency care settings as appropriate.	Q 1-Q4	CDON /CADON / DON
Nursing Workforce	Complete an overview of Nursing and Midwifery Continue to embed Nursing and Midwifery Metrics at ward levels Update the Saolta Nursing Strategy in line with the group Clinical Strategy. Support the ongoing development of Candidate Advanced Nurse Practitioners to improve clinical outcomes, standards and quality of care in the management of patients with specific conditions/illnesses. Specific areas to focus on include;- 1. Renal, 2. Orthopaedic, 3. Outreach 4. End of Life/Palliative Care 5. Cardiology Facilitate and progress the roll out of ''Sharing of Tasks" project in each site. Commence a CMS Diabetic Midwife - Obstetric Diabetic Service Roll out the Peri-operative Nurse Foundation Course to ensure development of core skills in this area and to attract new nurse graduates to this specialist division. Quarter 1. Progress "Development of Enhanced Care" policy and with associated learning and education across nursing. Foster links and work in collaboration with third	Q 1-Q4	CDON/CADO N/DON/DOM

	level Institutions, thereby building capacity and developing research awareness and expertise of all nurses. Continuous drive for on-going recruitment, whilst ensuring a strong focus on staff retention. Continue International search for specialist talent CNM Development programme to incorporate Leadership, Coaching, Accountability, Team performance, Conflict management. Succession Planning in all roles across sites. Encourage and facilitate on-going participation on Implementation of Sepsis, CBAS and EWS programmes, whilst incorporating the overall management of deteriorating patients. Continue to embed Nursing Metrics at ward level with increased focus on action planning related to metrics. Continue with Nutrition & Hydration Committees to support patients with the development of a QIP following the recent results of the National Patient Experience Survey.		
Health and Social Care Professions	Provide and support all feasible learning and development opportunities for Health and Social Care Professionals in 2019. Develop HSCP Strategy	Q1 – Q4	GDHR
Chief Academic Officer	**Strategic Review of Medical Training and Career Structure (MacCraith Report)** Work with the office of the CAO and associated stakeholders in implementing the recommendations of the MacCraith Report. Provide HR support to the evolving Clinical Directorate structure. **Doctor Trainee** Engage with sites and develop quality improvement plan for Medical Council Inspection	Q1 – Q4	GDHR/CAO

	report		
	Review and improve local NCHD induction		
	Develop an implementation strategy to address issues of non clinical care (i.e. professionalism) including consenting, handover, clinical incident reporting and open disclosure. This will require close liaison with clinical directorates. Work with clinical directorates to improve handover		
	Embed training committee structures		
	Medical Trainers:		
	Develop train the trainer activities for Consultants		
	Inter-professional learning:		
	Develop a strategy to progress simulated learning and develop a business case for the support resources required.		
	Develop a strategy for simulation outlining key resources including infrastructure to facilitate the sustainable delivery of simulation in areas of clinical skills, professionalism, inter-professional learning, and patient safety issues.		
	Research		
	Agree implementation plan for the report on Review of Research Governance in Saolta		
	Develop a research and development office with remit to support research development, enhance research governance including developing research policy, ethics, capturing data, and monitoring compliance.		
	Work with academic partner to develop research support officer in NUIG		
	Award 3 year academic clinician award for Saolta.		
The Workforce Position / Plan	Develop a coherent and sustainable Workforce Plan.	Q1	Group Director of

	Continue good management of staff attendance. Introduce the new Excel rostering system across nursing to facilitate a workforce review across sites. Support improved capacity within acute hospitals by right-sizing staffing levels through recruitment and retention of staff and facilitating an expansion of the role of care professionals within current resources.		Human Resources (GDHR)
The *Health Services People Strategy*	Implement the People Strategy across the Saolta Hospitals. Implement the Saolta HR Strategy. Use learning from the Saolta and National Employee surveys to shape organisational values and ensure that the opinions of staff are sought and heard. Update the Public and Patient Engagement Strategy Raise and Maintain awareness of the Dignity at Work policy across the group.	Q1 – Q4	GDHR
Pay and Staffing Strategy 2018 and Funded Workforce Plans	Implement the Pay and Numbers Strategy at Group level and oversee the application of it at hospital level with other key stakeholders.	Q1 – Q4	GDHR
Public Service Stability Agreement 2018 - 2020	Implement the terms of the Public Service Stability Agreement in full at local level in collaboration with union counterparts.	Q1 – Q4	GDHR
Consultants Contract	Monitor compliance with Consultants Contract across the Group	ongoing	DHR /CCD

10. Capital Developments

Priority	Priority Action	Timeline	Lead
Deliver on key Capital Developments	Progress funded key Capital Projects across all sites. Continue to seek capital funding for identified infrastructural deficits and developments. Maximise Equipment Replacement Programme funding for all sites. Maximise minor capital health and safety funding allocated **GUH** Link with Council re provision for return of helipad Complete Options Appraisal, long term vision for Model 4 Hospital in Galway and which included elective hospital for MPUH site. Progress design of replacement ED /Maternity Block GUH Progress replacement of end of life Cath Labs and seek approval for 3rd hybrid Cath lab in GUH Progress Blood & Tissue Establishment & Integrated Medical Sciences Laboratory GUH Complete enabling work and commence Radiation Oncology development. Provision of replacement Theatres in Merlin Park Continue to seek approval for development of Progress 2nd MRI scanner GUH Develop Brief for Ambulatory Care development in Merlin Park **RUH** Progress design of Rehabilitation Unit and enabling works to include provision of additional car parking spaces. Seek funding to develop CSSD in "Shell & Core" area adjacent to Hospital Theatre Work with Mayo Roscommon Hospice and	Ongoing 2019	COO / GM / Estates Facilities Manager

| | Community healthcare west to progress development of 8 bedded Hospice in Roscommon

Complete infrastructural works and equipment installation for X-ray Room 2

SUH
Progress with 46 additional Medical beds.

Develop Ophthalmic Injection Room

Plan for the operation / integration of services with the building of an Acute Mental Health Unit on SUH campus

Secure additional car parking spaces to replace spaces lost due to capital development

Progress upgrade of helipad to enable Search and Rescue Helicopters land at SUH

Introduce Dementia friendly environmental improvements across a number of identified wards/departments

PUH
50 bedded replacement ward block - Secure capital funding to progress the enabling works and the building of the 50 bedded replacement ward block.

Mortuary - Secure funding to address the urgent upgrading and refurbishment of the hospital mortuary to include the bereavement suite and clinical pathology areas.

Radiology - Progress with refurbishment of Room 3 Interventional Suite in Radiology.

MUH
Obtain approval to progress enabling and design work for ED / AMAU Mobile and modular build.

Progress Mortuary Upgrade design and works

Upgrade of the HSSD

Progress with the finalising for the Hospital | | |
|---|---|---|---|

	DCP		
	Finalise Brief for a ward block development.		
	Progress with Modular builds to incorporate ED AMAU and 16 inpatient medical beds. Design complete.		
	Progress with design and business case for the upgrade of the toilets and showers of the Medical wards A and B.		
	Progress with the repair and replacement of the windows in the 1980 block.		
	Progress with the design of the obstetric theatre to proposal stage.		
	LUH Restoration and upgrade of underground service duct (and services) damaged in 2013 flood		
	Continuation of Radiology Rebuild Project		
	Commission Interim CT & MRI Units (Jan/Feb)		
	Obtain approval for refurbishment of Mortuary (subject to confirmation of funding).		
	Completion of Lift Upgrade		
	Develop brief for capital submission for Renal Unit extension		
	Continue works to address Environmental Hygiene Standards		

Appendices

Appendix 1: Activity

KPI Number	KPI Title	Saolta Expected Activity/ Target 2018	Saolta Projected Outturn 2018	Galway University Hospitals	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Roscommon University Hospital	Sligo University Hospital	Saolta Expected Activity/ Target 2019
A3	**Discharge Activity** Inpatient Cases	113,064	114,752	38,385	23,876	19,363	12,884	1,683	18,512	114,703
A4	Inpatient Weighted Units	99,558	100,790	44,683	16,956	13,575	8,654	1,805	14,945	100,619
A5	Daycase Cases (includes dialysis)	189,571	190,350	85,878	30,636	25,632	9,602	8,935	30,523	191,206
A6	Day Case Weighted Units (includes dialysis)	181,041	183,945	80,050	28,314	22,711	10,563	9,926	32,378	183,942
A7	**Total inpatient & day cases Cases**	**302,635**	**305,102**	**124,263**	**54,512**	**44,995**	**22,486**	**10,618**	**49,035**	**305,909**
A12	Emergency Inpatient Discharges	79,792	81,119	25,105	17,704	15,779	8,598	1,033	14,719	82,938
A13	Elective Inpatient Discharges	15,878	15,996	8,007	1,977	1,576	511	650	1,690	14,411
A14	Maternity Inpatient Discharges	17,394	17,637	5,273	4,195	2,008	3,775		2,103	17,354
A103	Inpatient Discharges ≥ 75 years	23,736	24,420	6,879	4,747	4,805	2,426	860	4,828	24,545
A104	Day case dishcarges ≥ 75 years	36,801	38,389	16,487	6,158	5,401	1,063	1,422	8,029	38,560
A9	**Emergency Care** - New ED attendances	191,394	199,540	62,233	40,374	37,898	24,336	-	35,616	200,458
A10	- Return ED attendances	10,938	10,961	3,554	1,563	1,486	1,013	-	3,395	11,011
A94	Injury Unit attendances	6,502	6,796	-	-	-	-	6,827	-	6,827
A95	Other emergency presentations	14,927	17,818	814	3,927	-	810	-	12,349	17,900
A17	**Births** Total number of births	8,999	9,031	2,858	1,703	1,509	1,643	-	1,317	9,031
A15	**Outpatients** Number of new and return outpatient	509,603	514,932	256,212	66,639	55,789	35,422	18,395	88,805	521,263

** Outpatient activity does not reflect non consultant hospital led clinics

Appendix 2: HR Information

Saolta Hospitals Workforce 2019 WTE December 2018 Hospital / HG	Medical/ Dental	Nursing & Midwifery	Health & Social Care	Management/ Admin	General Support	Patient & Client Care	WTE December 2018
Galway University	622	1,390	501	503	267	273	**3,557**
Letterkenny University	197	592	147	226	238	185	**1,585**
Mayo University	174	489	138	155	50	135	**1,140**
Portiuncula University	127	328	77	112	77	62	**784**
Roscommon University	32	116	21	59	70	19	**318**
Sligo University	231	633	175	217	211	140	**1,608**
Other	1	15	1	55			**71**
Saolta University Hospital Care	1,385	3,563	1,060	1,327	913	814	**9,062**

Appendix 3(a): National Scorecard

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 new born 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

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

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 esophagogastroduodenoscopy (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 esophagogastroduodenoscopy (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	1986
A2	Day Beds / Places **	M	N/A	N/A	392

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
Saolta University Health Care Group									
Letterkenny University Hospital, Co. Donegal	New Radiology Unit. Includes additional ultrasound and CT room plus a multipurpose interventional suite. Includes upgrade/refurb of underground duct. Part funded by Friends of LGH	Q2 2019	Q3 2019	0	0	4.25	12.1	0	0
Sligo University Hospital	Replacement of fluoroscopy room with a full Interventional Suite	Q3 2019	Q4 2019	0	0	1	2.97	0	0
Sligo University Hospital	Provision of a Diabetic Unit to facilitate the commencement of a paediatric insulin pump service.	Q3 2019	Q4 2019	0	0	1	1.31	0	0
University Hospital Galway	Provision of a new IT Room for the hospital	Q3 2019	Q3 2019	0	0	0.7	1.22	0	0
University Hospital Galway	Replacement of two cardiac cath labs and enabling works for a third cath lab	Q4 2019	Q1 2020	0	0	2.3	5.88	0	0

Appendix 5: Organisational Structure

Our Current Governance Structure
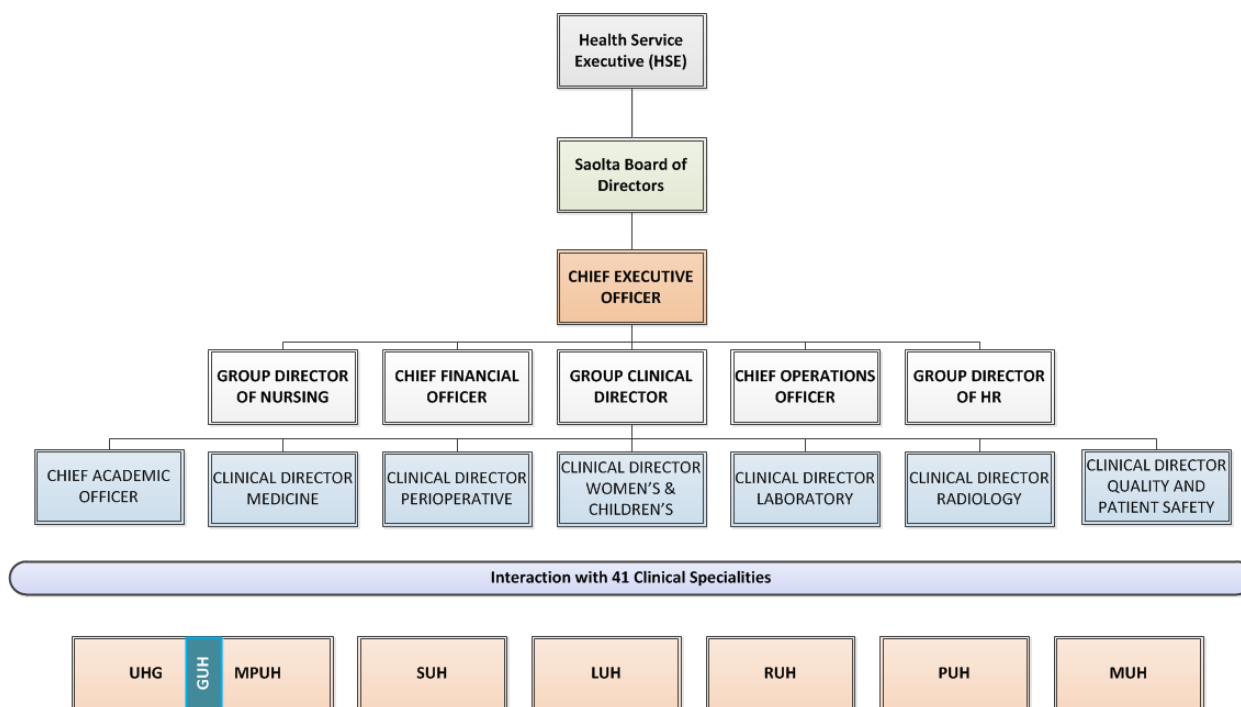
Saolta Board Members 2018-Non Executive and Executive Directors

(Back row) Ms. Darina Kneafsey, Non-Executive Director, Mr. Tony Baynes, Chief Financial Officer, Ms. Dariona Conlon, Non-Executive Director, Mr. Tom Canavan, Non-Executive Director, Mr. Brian Thornton, Non-Executive Director, Ms. Mary Dunne Non-Executive Director, Mr. Gerry McManus, Non-Executive Director, Dr. John Morris, Non-Executive Director Dr. Aislinne Freeman, Non-Executive Director

(Front row) Ms. Jean Kelly, Chief Director of Nursing and Midwifery, Dr. Brendan Day, Non-Executive Director, Mr. Maurice Power, Chief Executive Officer, Dr. John Killeen, Chairman, Ms. Phyllis MacNamara, Professor Ciarán Ó hÓgartaigh, Non-Executive Director, Ms. Ann Cosgrove, Chief Operating Officer, Dr. Pat Nash, Chief Clinical Director (absent), Ms. Anne Marie Farrington, Board Secretary (absent)