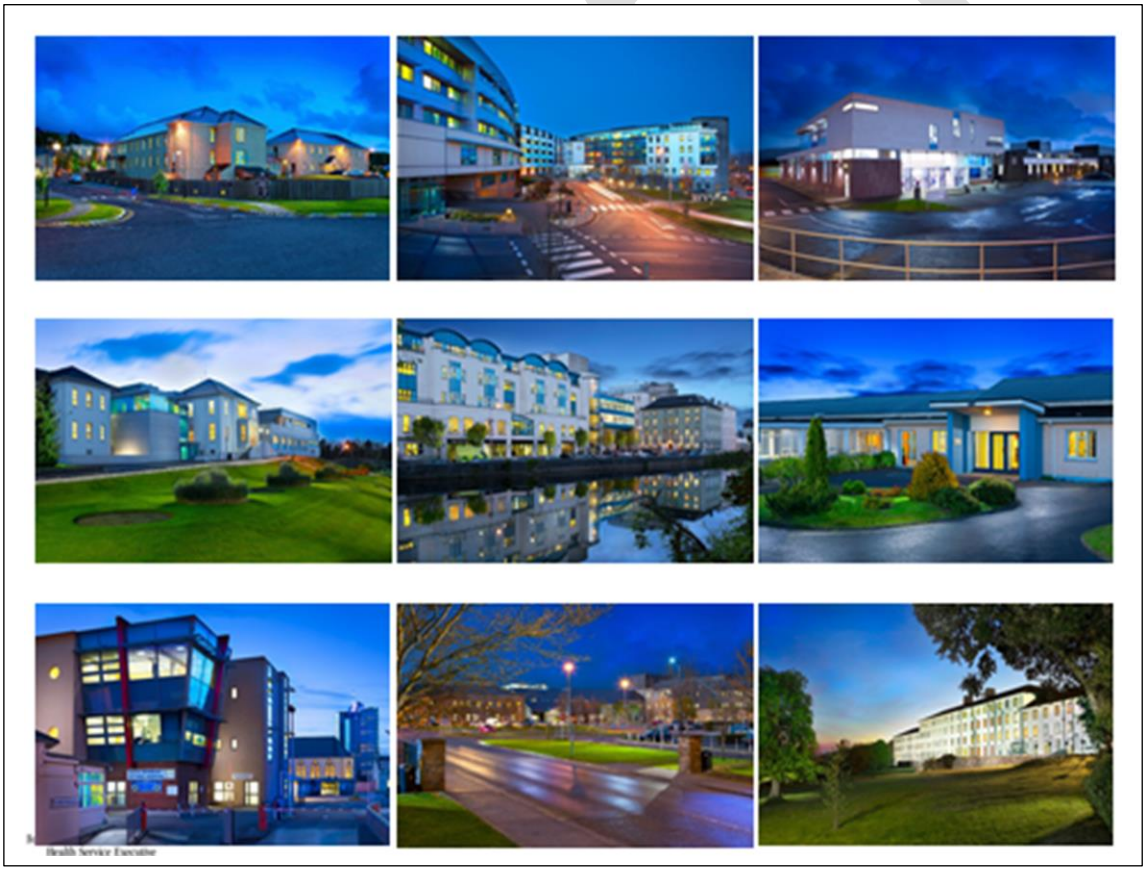
Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

South/South West Hospital Group

Operational Plan 2019



Draft as at 01.03.2019

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

To be included on inside cover

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

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

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

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

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

South/South West Hospital Group Operational Plan 2019

Date of publication of Delivery Plan to be included on inside cover

Contents

Foreword from the Chief Executive Officer

As CEO of the South/South West Hospital Group (S/SWHG) I am pleased to present the 2019 South/South West Hospital Group Operational plan.

While 2018 was a challenging year progress has been made in a number of key areas, which has achieved real benefit to patients and service users.

Significant progress was made in 2018 in respect of the clinical leadership of health services within the S/SWHG through;

- The implementation of the Clinical Directorate for Maternity Services;
- The new model of Executive Clinical Leadership established commencing with the role of the Executive Medical Clinical Lead for S/SWHG
- The implementation of Clinical Leads roles in the areas of Endoscopy, Paediatric Services and Cancer Services.

Arising from the National Clinical Programmes and new Models of Care, service re-design work commenced in 2018 in a number of specialties in the S/SWHG including; Maternity, Paediatrics, Trauma and Rehabilitation, ICU, Radiology, Cardiology, Vascular Surgery and Cancer. Further organisational redesign of clinical services in accordance with the National Clinical Programmes will continue and is a key priority for the Group in 2019.

The appointment of the Board of Directors to the S/SWHG on an administrative basis, in November 2017, marked a significant and welcome development in Group governance pending the necessary legislation which would establish the Group as an independent legal entity. In 2018, the Group continued to develop in preparation for transition to an independent body.

In relation to integrated care, there was continued focus on integration of services including the identification of targeted prevention programmes towards improving Population Health and Chronic Disease Prevention Programmes in the areas of Ambulatory Care, COPD, Cardiovascular and Stroke.

Sláintecare Report

The S/SWHG welcomes the significant level of change which is planned for health services in Ireland. In particular, the *Sláintecare* Report provides an opportunity to prepare our acute services to meet the needs of future generations.
One highly significant recommendation arising from *Sláintecare* is the commitment to build a new elective hospital and diagnostic centre in Cork for the Group which will greatly facilitate service re-design and enhance access to services throughout the Group.

Demographics:

The S/SWHG has responsibility for the provision of acute hospital care for a population of 900,000 people across the counties Cork, Kerry, Waterford and South Tipperary and a supra-regional catchment of 1.2 million. Employing 11.8 thousand people (10.3 thousand WTEs) highly skilled and caring staff,

the Group aims to deliver excellent clinical outcomes and a great experience for all our patients and their families.
As a cohesive Hospital Group, the S/SWHG aims to make choices to drive quality, access to care, integration of services and organisational excellence that best meet the needs of its population, while also promoting the Group as an employer of choice for highly skilled professionals into the future.

This year will present a significant challenge to meet the demands on our services which continue to rise as well as the challenge of meeting the needs of an older population.

Over the next 15 years, the population of the S/SWHG is set to increase by 9.6% to 1 million. In particular, the population aged over 65 who are the main consumers of healthcare is set to increase by 54% in that time, with an 81% increase among those aged 75 and over. Unsurprisingly, a larger older population creates increased demand on the health service, specifically in relation to the health and social care needs of the frail elderly and also managing chronic illnesses.

Financial Challenge:

As set out in the introduction and finance sections of this plan there are a number of overarching risks to the delivery of the Operational plan in 2019.
The preparation of a plan that is financially balanced and at the same time seeks to respond to the most pressing service quality and safety issues in 2019 has presented a significant challenge.

It has been necessary to consider carefully how the entirety of funding made available to the Group is being used and whether there is scope to reshape or reprioritise activities where this can deliver better outcomes.

Within this plan the Group have sought to respond to the most pressing patient and service user needs while also prioritising some small investments in critical transformation and reform programmes of work.

Capital:

Discussions with Estates are on-going in relation to Capital projects for 2019, however, it is recognised that this may be a challenging year for capital including minor capital and urgent repair works required in all hospitals within the Group. We will work closely with Estates and our Hospitals in relation to these issues.
In developing this Operational plan for our Group, we are conscious of the vital role that our hospitals fulfil in the delivery of health services to patients, services users and their families and I would like to take this opportunity to acknowledge the contribution of staff within the S/SWHG over the past year.

Mr Gerry O'Dwyer,
Group CEO,
South/South West Hospital Group

1. Introduction

In line with the National Service Plan 2019 (NSP2019), the South/South West Hospital Group (S/SWHG) Operational Plan 2019 has been prepared in response to the funding allocation and associated requirements. This Plan sets out the type and volume of acute hospital services to be provided by the S/SWHG in 2019 having regard to the funding and level of staff made available.

The overall NET allocation to the S/SWHG for 2019 is €866.901(m). This represents a *maximum* amount of expenditure that may be incurred by the Hospital Group during the forthcoming financial year.

For 2019, a key priority for the S/SWHG is to ensure that the resources which have been made available to hospitals are targeted towards providing care and support for those patients most in need, and ensuring that these services are delivered efficiently and effectively, consistent with best available evidence.

This Plan provides a view of our population and healthcare need in addition to our reform and transformation priorities. The Plan sets out our overarching priorities and specific actions to be progressed by the S/SWHG during 2019 to deliver improved population health, and acute hospital services within a defined financial framework. New services are in line with government policy, including services which will be delivered as part of the termination of pregnancy.

Service Quality and Improvement

The S/SWHG together with the HSE has committed itself to continuous learning and as such, we recognise that there are significant opportunities for improvement in some of our services and we are striving to secure these. We know from surveys of patient experience that, while many people are happy with the service they receive, others unfortunately have difficulties in accessing services, or have a poor experience when they do. A priority in 2019 is to continue to build capacity within each of our hospitals, to anticipate and respond to risks and challenges effectively and to strive for a culture that genuinely focuses on continuously improving quality of service for patients, and values innovation.

Findings from the *Scoping Inquiry into the CervicalCheck Screening Programme, 2018* (*Scally Report)* and other HSE reports have highlighted areas which need immediate attention. Ensuring real and meaningful involvement and engagement between patients, service users, families, health professionals and organisations across our services will receive a renewed focus in 2019.

Service Redesign

The S/SWHG have been very focused on re-designing services to ensure that the most appropriate care is delivered in the most appropriate setting across our Hospital Group. This includes the recent development of the Maternity Directorate across our four Maternity sites, development of a Vascular Report across the Group, and the need for an Elective Hospital.

In addition, the S/SWHG has worked very closely with our community colleagues and have developed many integrated services that have greatly benefitted patients. We will continue to further develop and enhance these services during 2019. Some of these initiatives have been the development of

Community Intervention Teams, Local Governance Groups for Unscheduled Care, the roll out of the Five Fundamentals, as well as the enhanced roll out of outreach maternity services.

Our principal challenge is to transform the way we deliver services, while in parallel continuing to meet the current needs of patients under the existing system. Dealing with and responding to increased demand across a whole range of acute hospital services and delivering programmes of work to improve service efficiency and meet the goals and objectives of key government strategies, is an on-going feature of health service management and delivery.

Service Challenges

The funding of €866.901(m) made available to the S/SWHG in 2019 represents an increase of €23.362m (2.77%) over the final budget for 2018. This funding is required to meet the costs of new service developments set out by the DoH, the higher costs in 2019 of delivering 2018 levels of service activity as a result of centrally agreed pay rate and pension changes as well as other price increases, and the costs in 2019 of additional service activity to meet demographic changes and other service pressures.

In this context, endeavouring to prepare a plan that is financially balanced and, at the same time, seeks to respond to the most pressing service quality and safety issues in 2019 has presented a very significant challenge. It has been necessary for us to consider carefully how the entirety of funding made available to the S/SWHG is being used and whether there is scope to reshape or reprioritise activities where this can deliver better outcomes.

The S/SWHG Operational plan 2019 has been prepared on the basis of a range of assumptions and with careful consideration of risks to delivery. These are outlined below. Further details are provided in the subsequent sections of the Plan.

- Delivering a volume of activity in 2019, consistent with available funding and reflecting improved efficiency.
- Delivering a volume of activity in 2019 in demand-led service areas (e.g. emergency hospital services) – which are not usually amenable to normal budgetary control measures – which exceeds budgeted levels of activity and available funding.
- Ensuring an adequate response to the additional service pressures which will arise during the winter period in relation to hospital services. In preparing for winter, we have prioritised funding to anticipate and manage critical demand pressures, within the funding envelope available.
- Ensuring that the S/SWHG service delivery operates within notified financial and staffing budget levels for 2019, and also ensure appropriate balancing of quality and risk issues at local level during a period of potential structural change, with escalation nationally as appropriate.
- Effectively managing our workforce, including recruitment and retention of a highly skilled and qualified workforce, delivering a reduction in overtime and the use of agency personnel and staying within our pay budget.
- Working within the constraints posed by limitations to clinical, business, financial and HR information systems.

- Responding adequately to urgent safety concerns and emergencies such as Carbapenemase Producing Enterobacteriaceae (CPE), in the context of the resources available.
- Responding adequately to the impact of the Brexit process, in the context of the resources available.
- Responding adequately to unplanned and unforeseen events (e.g. further storms), in the absence of a contingency fund in 2019.
- Meeting public expectations in terms of access to services, new therapies, drugs and interventions, in the context of the resources available.
- Ensuring that levels of activity and costs in screening services, as a result of laboratory demands and requirements, remain within budgeted levels.
- Responding adequately to recommendations in new and existing reviews and reports, in the context of the resources available.
- Meeting the regulatory requirements in hospital services, within the limits of funding available without impacting on service levels.
- Complying with the General Data Protection Regulation (GDPR) requirements.

We will keep these and other risks under on-going review to ensure that they are mitigated as far as possible.

Performance and Accountability

A key principle of *Sláintecare* and enhanced operational management and oversight is the need for strengthened governance and accountability, at all levels.

During 2019, we will work with our S/SWHG Board, the new HSE Board, the DoH and relevant stakeholders to progress the development of new health service structures in line with *Sláintecare*.

Structure

The remainder of this document is structured as follows:

- Section 2: Our Population
- Section 3: Reform and Transformation
- Section 4: Clinical, Quality and Patient Safety
- Section 5: Population Health and Wellbeing
- Section 6: Health and Social Care Delivery Section
- Section 7: Finance
- Section 8: Workforce

2. Our Population

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

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

The S/SWHG provides acute hospital services to approximately 900,000 (19% of the population of the State), and a wider catchment of 1.2m which includes Carlow, Kilkenny and Wexford. Analysis of the area of residence of patients who admitted to S/SWHG in 2017 shows that the majority of patients are from the counties of Cork, Kerry, Waterford and South Tipperary. Patients from neighbouring regions such as the Mid-West are also admitted to S/SWHG. Patients from the wider South East counties, Carlow, Kilkenny and Wexford, are routinely admitted and also albeit to a lesser extent from the Mid-West, for specialty areas such as plastic surgery.

According to 2016 census data, the age profile of the population served by the S/SWHG is older than the national average, despite serving two large cities Cork and Waterford. 21.9% of the catchment population are categorised as deprived based on current deprivation indicators. 15.4% of the region's workers are semi/un-skilled in comparison to the national figure of 14.1%. *(Health Atlas CSO Census 2016)*. Over the next 15 years, the population of the S/SWHG is set to increase by 9.6% to 1 million. In particular, the population aged over 65 who are the main consumers of healthcare is set to increase by 54% in that time, with an 81% increase among those aged 75 and over. *(Health Atlas CSO Census 2016)* Furthermore, the ESRI predicts that population growth will centre in urban areas, particularly the Cork city area, and it is thought that there will be an additional 115,000 people living in Cork city alone by 2040. This trend is evident in the distribution of population growth between 2011 and 2016.

These statistics provide a brief profile of the size, growth and distribution of our population – the demographic changes which have implications for future planning and health service delivery. (Figure 1).

	Relative proportions			2011)				(since 2011)	
		#	%	#	%	#	%	#	%
AGE GROUP	National % Area %								
Total		932,623	100.0	+28,164	+3.1	4,761,865	100.0	+173,613	+3.8
85+		13,948	1.5	+1,653	+13.4	67,555	1.4	+9,139	+15.6
80-84		17,435	1.9	+2,357	+15.6	81,037	1.7	+10,924	+15.6
75-79		24,635	2.6	+2,595	+11.8	115,467	2.4	+13,431	+13.2
70-74		34,697	3.7	+6,578	+23.4	162,272	3.4	+31,082	+23.7
65-69		44,722	4.8	+7,693	+20.8	211,236	4.4	+37,598	+21.7
60-64		49,702	5.3	+3,924	+8.6	238,856	5.0	+20,070	+9.2
55-59		55,453	5.9	+4,843	+9.6	270,102	5.7	+25,580	+10.5
50-54		61,338	6.6	+5,183	+9.2	299,935	6.3	+25,549	+9.3
45-49		64,696	6.9	+2,555	+4.1	326,110	6.8	+20,925	+6.9
40-44		69,174	7.4	+4,147	+6.4	357,460	7.5	+26,648	+8.1
35-39		73,663	7.9	+3,932	+5.6	389,421	8.2	+25,160	+6.9
30-34		66,045	7.1	-7,409	-10.1	361,975	7.6	-31,970	-8.1
25-29		52,315	5.6	-13,252	-20.2	297,435	6.2	-63,687	-17.6
20-24		51,433	5.5	-3,571	-6.5	273,636	5.7	-23,595	-7.9
15-19		59,863	6.4	+4,150	+7.4	302,816	6.4	+19,797	+7.0
10-14		62,209	6.7	+2,106	+3.5	319,476	6.7	+16,985	+5.6
5-9		68,553	7.4	+6,298	+10.1	355,561	7.5	+34,791	+10.8
0-4		62,742	6.7	-5,618	-8.2	331,515	7.0	-24,814	-7.0
DEPRIVATION LEVEL - HP INDEX									
Extremely affluent		11,525	1.2	n/a	n/a	77,802	1.6	n/a	n/a
Very affluent		54,703	5.9	n/a	n/a	310,816	6.5	n/a	n/a
Affluent		160,179	17.2	n/a	n/a	819,257	17.2	n/a	n/a
Marginally above average		260,016	27.9	n/a	n/a	1,277,631	26.8	n/a	n/a
Marginally below average		241,092	25.9	n/a	n/a	1,203,652	25.3	n/a	n/a
Disadvantaged		137,415	14.7	n/a	n/a	712,558	15.0	n/a	n/a
Very disadvantaged		52,321	5.6	n/a	n/a	278,059	5.8	n/a	n/a
Extremely disadvantaged		15,374	1.6	n/a	n/a	82,091	1.7	n/a	n/a
HP INDEX DETERMINANTS									
Age dependency		328,941	35.3	+23,662	+7.8	1,644,119	34.5	+129,136	+8.5
Classes - professional		74,910	8.0	+9,174	+14.0	386,648	8.1	+50,028	+14.9
Classes - semi & unskilled		143,239	15.4	+2,170	+1.5	671,494	14.1	+14,031	+2.1
Education - primary or lower		73,795	7.9	-12,912	-14.9	386,498	8.1	-70,398	-15.4
Education - 3rd level		161,849	17.4	+25,417	+18.6	881,276	18.5	+141,284	+19.1
Unemployed - aged 15+		48,222	5.2	-24,666	-33.8	265,962	5.6	-124,715	-31.9
NATIONALITY									
Irish		809,692	86.8	+24,534	+3.1	4,082,513	85.7	+155,370	+4.0
UK		24,129	2.6	-2,172	-8.3	103,113	2.2	-9,146	-8.1
Polish		26,973	2.9	+475	+1.8	122,515	2.6	-70	-0.1
Lithuanian		5,028	0.5	-325	-6.1	36,552	0.8	-131	-0.4
Elsewhere in EU		23,600	2.5	+4,994	+26.8	146,738	3.1	+31,501	+27.3
Elsewhere in world		17,624	1.9	-3,532	-16.7	126,557	2.7	-31,036	-19.7
Visitors/Not stated		25,577	2.7	+4,190	+19.6	143,877	3.0	+27,125	+23.2
HEALTH INDICATORS									
Health bad/very bad		14,359	1.5	+1,467	+11.4	76,435	1.6	+6,774	+9.7
Carers		40,760	4.4	+1,172	+3.0	195,263	4.1	+8,151	+4.4
Disabled		130,507	14.0	+9,491	+7.8	643,131	13.5	+47,796	+8.0
VULNERABLE GROUPS									
Travellers		4,880	0.5	+560	+13.0	30,987	0.7	+1,492	+5.1
Vulnerable migrants		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Figure 1: S/SWHG Population Profile.

Life Expectancy and Health Status

Life expectancy in Ireland has increased by almost two and a half years since 2005 and is now above the EU average with women living to, on average, 83.4 years and men 79.6 years. The greatest gains in life expectancy have been achieved in the older age groups reflecting decreasing mortality rates from major diseases (*Health in Ireland – Key Trends 2017,* DoH). People living longer demonstrates that we are managing to prevent and treat diseases more effectively. Mortality rates from circulatory system diseases decreased by 31.5% between 2007 and 2017, and cancer death rates decreased by 11.3% over the same period. Transport accident mortality rates have fallen by 44.5% in the past decade, and suicide rates by 26% in the same period (provisional figures provided by the DoH for *Health in Ireland – Key Trends 2018*).

Chronic Disease

The demand for acute hospital services continues to increase in line with a growing and ageing population. Unsurprisingly, a larger older population creates increased demand on the health service, specifically in relation to the health and social care needs of the frail elderly and also managing chronic illnesses**.** As people age, chronic illnesses become more prevalent and it is estimated that its prevalence will grow by 29% by 2020. Acute services continue to optimise the management of chronic diseases and older persons' care in conjunction with primary and older persons' services to help patients avoid hospital, wherever possible, and receive quality care at home. An integrated population needs assessment, and specifically disease/care group population needs assessments, are currently being conducted by the S/SWHG in conjunction with Cork Kerry Community Healthcare Organisation (CKCHO) and Public Health HSE South. On completion of a gap analysis, areas of unmet need and maximum population impact will be prioritised and identified in need of urgent action and further investigation.

The S/SWHG is committed to ensuring that all hospitals, irrespective of size, work together in an integrated way to meet the increased demand of a larger older population it serves, with an increased focus on smaller hospitals managing routine or planned care locally and more complex care managed in the larger hospitals. Furthermore, a close partnership with community healthcare organisations will ensure the achievement of better outcomes and better care for those living with chronic illness.

Healthy Ireland, our national policy, promotes a reduction in health inequalities through improved lifestyle and health behaviours. This is an inter-sectoral whole of government approach to ensuring an improvement of the wider determinants of health. The *Healthy Ireland* / HSE policy priority programmes focus particularly on population health issues such as overweight and obesity, child health, mental health, smoking, alcohol and drugs, and positive ageing. *Healthy Ireland* provides people and communities with accurate information on how to improve their health and wellbeing and seeks to empower and motivate them by making the healthy choice the easier choice.

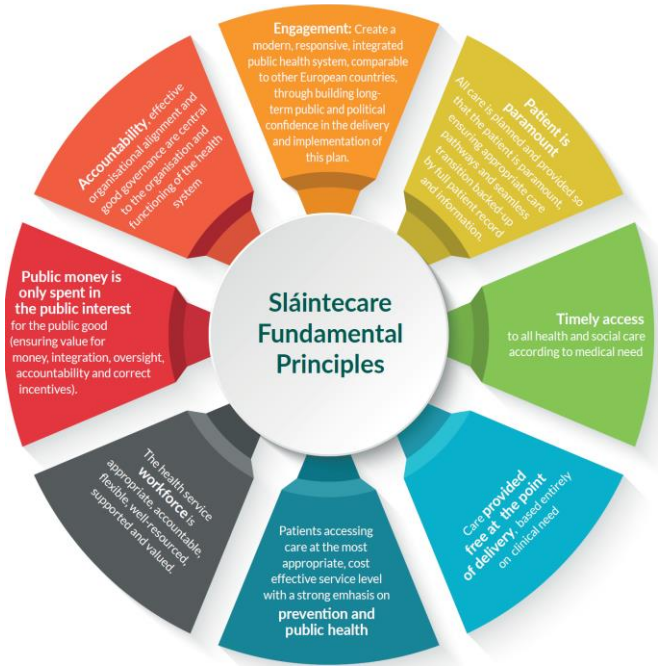
Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Improve staff health and well being	Support staff health and well-being initiatives	Q1- Q4	HR
Support the implementation of comprehensive *Healthy Ireland* Implementation plan for S/SWHG	Commence the implementation of *Healthy Ireland* Framework using a multi-disciplinary team approach	Q1-Q4	HR
Increase the uptake of Flu Vaccine	Continue the roll out of education sessions and initiatives together with our community colleagues to improve the update of the Flu vaccine amongst staff across the S/SWHG and CHO's	Q1-Q4	Group Nurse Lead

3. Reform and Transformation

Over the last five years, the HSE has had programmes of work focusing on four pillars of healthcare reform. Significant work has been delivered under the health and wellbeing pillar, the financial reform pillar, the service reforms pillar and Hospital Groups and CHOs were established under the 'structural reform' pillar. During this time, the HSE advocated the need for a whole of government, cross-party vision for health and this was made possible by Government and delivered with the publication of the *Sláintecare Report* in May 2017.

Figure 3: Principles set out in the *Sláintecare Report*



Implementation of Sláintecare

The *Sláintecare Report* (2017) and *Sláintecare Implementation Strategy* (2018) signal a new direction for the delivery of health and social care services in Ireland. The S/SWHG will work closely with the *Sláintecare* Programme Office and relevant stakeholders such as the Strategic Transformation Office to progress the design and development of new Regional Integrated Care Organisations (RICOs) in line with *Sláintecare.*

To support the implementation of *Sláintecare*, the S/SWHG will continue its comprehensive change programme with the continued roll out of the Maternity Services Directorate. Work will continue on the development of the New Elective Hospital which will require a detailed review of all services across the S/SWHG. This will inform the necessary service redesign programme that to ensure the appropriate services operate from this new hospital.

The *Sláintecare Implementation Strategy* sets out four over-arching goals, ten high-level strategic actions and eight principles (see Fig 3.). These underpin the first three years of the reform programme, and represent a mix of legislative, policy and service-level actions.

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

Given the need to ensure *Sláintecare* becomes fully embedded in everything we do, in addition to simultaneously being mindful of real service challenges and further structural reconfiguration, five high level reform and transformation priorities have been identified by the HSE for 2019. These include:

- Governance, leadership and corporate strategy.
- Transitional funding to shift the balance of care.
- Managing demand and continuing productivity improvement.

- Delivering programmes of work aligned to the National *Sláintecare* Office Action Plan.
- Transformation support and enablement.

S/SWHG Priorities for 2019 include:

- Develop the group-wide quality & patient safety management system to provide assurances that safe, effective and person centered care is delivered across the S/SWHG in compliance with the national standards for Safer Better Healthcare.
- Establish integrated Corporate and Clinical governance structures, processes and outcomes measurement in order to assure compliance with national policy, standards and best practice. The review of existing approved models of care to ensure services within the SSHWG are provided on a group wide basis through the further development of group wide clinical directorates.
- Finalise and implement the S/SHWG Strategic Plan (2019 – 2024).
- Work closely with Cork / Kerry Community Healthcare and South East Community Healthcare to implement *Sláintecare* programme, to expand current integration of care across acute and primary care areas to develop new and further optimise community delivered models of care.
- Develop the eHealth capacity across the S/SWHG to support the delivery of services across the S/SWHG.
- Continue to develop the PMO capacity within the S/SWHG to support and drive the change and reform agenda across the group.
- S/SWHG will work with the CHO's to develop a population needs assessment that will support regional service planning.
- S/SWHG will continue to strengthen all programmes to work on delivering on the *Healthy Ireland* Framework across the S/SWHG.

4. Clinical, Quality and Patient Safety

Introduction

The S/SWHG will continue to work to support the delivery of sustainable high-quality, effective, accessible and safe health and social care services to meet the needs of our population. In line with the National Service Plan 2019 progress actions will be in line with the three priority areas of the HSE:

- Strengthening clinical leadership in the development of healthcare strategy and in the planning and management of our services at a time of critical service transformation signalled by the *Sláintecare Report*.
- Improving patient and service user engagement to ensure that the priorities of patients and service users inform service planning which is designed around their needs, enhancing patient safety and improving overall patient experience.
- Advancing a culture of patient safety, continuous quality improvement and learning.

Strengthening Clinical Leadership

In line with HIQA Standards, HIQA Investigation reports, the National Womens & Infants Healthcare Programme (NWIHP) and the S/SWHG Risk Review Report, a Group Clinical Director for Maternity Services was appointed in February 2017. The maternity services directorate has been established and developed, utilising a programmatic approach supported by the programme management office of the S/SWHG. Since establishment of the Directorate, processes are being standardised across the four maternity units. A steering group is overseeing the work of the Directorate in its design of the future model of service delivery and governance across the four maternity units. It is envisaged that the project will reach a critical point in 2019 when the governance and associated budget for the four maternity units transfers to the Group Clinical Director.

Arising from meetings with Clinical Directors across our hospitals, the Group intends to enhance the role of on-site clinical directors and appoint clinical leads for selected specialities. Engagement sessions with staff and in particular current Clinical Directors and Clinical Leads emphasised the need for site based operational clinical governance reinforced by cross-site strategic clinical leadership. Site based Clinical Directors would report to the local Hospital Manger with a dotted line reporting relationship to the Executive Medical Director (EMD) at Group level. The EMD would also chair a forum of all CDs and Clinical Leads on a quarterly basis. Such a structure would provide strategic direction, operational efficiency, shared thinking and learning from meaningful clinical networks managed across disciplines in the Group. Clinical leads will be appointed to lead service re-design and reform projects as they arise. Clinical leads would report to the ECD and be part of the CD/Clinical Lead forum. They will be supported by a project management team based at the Group executive offices.

Priorities and Actions

- Appointment of Executive Medical Director (EMD) for South /South West Hospital Group
- Appointment of Group Clinical Leads for Cancer , Radiology and Paediatrics
- In conjunction with the EMD consideration of further appointments on key clinical areas for operational reconfiguration and strategic development for example Vascular & Trauma
- Implement the recommendations from the S/SWHG Radiology Look-back Report in developing clinical and managerial leadership within the hospital and at group level in improving radiological services.
- Continue to Support the roll out the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland 2018* in model 4 hospitals, Cork University Hospital & University Hospital Waterford
- Support the pilot for the phase 2 Framework for Staffing and Skill Mix for Nursing in Emergency Care Settings in conjunction with the HSE and within available resources.

Improving Patient and Service User Engagement

S/SWHG will continue to improve our system to achieve a more open and honest communication with patients and service users in relation to their care. Our priority actions will aim to improve partnering with patients, service users and families.

Priorities and Actions

- Revise the previous Patient & Public Participation Strategy and develop an implementation plan across the ten hospitals
- Engage with the Independent Patient Advocacy Service to develop a partnership approach in supporting patients and families.
- Capture and learn from patient experiences through the further development of hospital & group information systems (e.g. complaints management, patient experience surveys, focus groups etc.)
- Continue to deliver education and training relating to open disclosure, mandatory reporting, assisted decision-making, consent and maintenance of healthcare records.

Advancing a culture of patient safety, continuous quality improvement and learning

The development of our quality and patient safety infrastructure is a critical element in achieving advancement in our culture of patient safety, continuous quality improvement and learning. Capacity building is required at all levels and across the full remit of the quality and patient safety function: governance for quality and patient safety; risk management; complaints management; quality assurance, regulatory compliance; audit; and quality and improvement science.

Priorities and Actions

- Support a culture of quality and patient safety in care delivery that continuously improves through:
    - Up-skilling of staff at all levels in improvement science & collaborative working in S/SWHG to ensure capability & capacity exists within the hospital group to deliver quality and patient safety improvement
    - Develop the quality & patient safety support function in each hospital and at group level in accordance with group and national reviews.
    - Develop supports to sustain QPS experienced staff within the hospitals across the group
    - Build capacity for incident investigations, complaint reviews and data analytics in QPS
- Decrease harm and improve quality through specific and targeted patient safety initiatives:
    - Reduce hospital acquired infections
    - Recognition and management of the clinically deteriorating patient.
    - Seek out and reduce harm through safety initiatives such as safe site checklists, safety crosses, safe staffing levels, medication safety, falls
    - Improve reliability of care (e.g. care bundles, sepsis management, clinical handover etc)
- Develop robust quality & patient safety assurance mechanisms across the hospital group to demonstrate compliance with regulation:
    - Support the new suites of Nursing and Midwifery Quality Care-Metrics on a phased basis in selected healthcare settings.
    - Explore the development of an integrated QPS measurement system across the group in line with data analytical capability to create a platform for evidence based decision making in the area of quality & patient safety
    - Research and develop a group wide accreditation process to measure quality & patient safety in hospitals
    - Identify the training and resources required to support robust clinical audit within all specialities across the hospital group and the quality improvement infrastructure required in acting on audit results.

5. Population Health and Wellbeing

Introduction

A fundamental goal of the health service is to continue to work to support the delivery of sustainable high-quality, effective, accessible and safe health and social care services to meet the needs of our population. While the demands on our services continue to rise with changing lifestyles, chronic disease patterns and ageing population trends, the *Sláintecare* Report recognises the importance to supporting people to look after and protect their own health and wellbeing and provides an opportunity to prepare our acute services to meet the needs of future generations. S/SWHG will continue to prioritise high quality evidence based prevention, early intervention and health protection strategies to help reduce demand on our acute hospital services thereby ensuring a sustainable health system for future generations.

Specifically, S/SWHG will implement comprehensive Healthy Ireland plans to deliver upon the health and wellbeing reform agenda locally, improve the health and wellbeing of the local population by reducing the burden of chronic disease and improving staff health and wellbeing. S/SWHG will also continue to improve immunisation for influenza among our healthcare staff.

Services Provided

Population health is about helping our whole population to stay healthy and well by focusing on prevention, protection, and health promotion and improvement through the work of:

- The National Policy Priority Programmes for tobacco, alcohol, healthy eating and active living, sexual health and crisis pregnancy, and child health which provide expertise, strategic advice and direction to address known preventable lifestyle risk factors by designing and developing evidence based best practice policies, programmes and initiatives.
- Health Promotion and Improvement services which provide a range of education and training programmes focused primarily on building the capacity of staff across the health service and in key external bodies who are ideally placed to positively influence health behaviour. Health and Wellbeing services work with people across a variety of settings in the community, in hospitals, in schools and in workplaces.
- Public Health services which protect our population from threats to their health and wellbeing through the design and oversight of national immunisation and vaccination programmes and actions for the prevention and control of infectious diseases.
- National Screening Services which provide population-based screening programmes for BreastCheck, CervicalCheck, BowelScreen and Diabetic RetinaScreen.

Issues and opportunities

Our demographic profile is changing and is placing substantial pressure on our health and social care services. Demand for healthcare services will increase by between 20% and 30% in the next ten years. Unhealthy lifestyle choices such as those related to diet, exercise, smoking and alcohol use are all driving demand for health services and resulting in an increased level of chronic disease amongst our population. Individual lifestyle choices are heavily influenced by social and economic circumstances. A whole-system approach involving cross-government and cross-societal actions are required to help our most vulnerable and deprived communities.

Building upon *Sláintecare* and HSE structural reforms and enablers, we will create greater capacity within the organisation to lead and deliver upon the health and wellbeing reform agenda. The development and implementation of comprehensive Healthy Ireland plans across the S/SWHG will deliver upon the health and wellbeing reform agenda locally, improving the health and wellbeing of the local population by reducing the burden of chronic disease, and improving staff health and wellbeing.

The S/SWHG will support the roll out of a Healthy Ireland Plan within resources available.

Priorities 2019

- Implement a comprehensive *Healthy Ireland* implementation plan to deliver upon the health and wellbeing reform agenda locally
- Improve staff health and wellbeing.

Health and Wellbeing Services

Priorities and Actions

Chronic disease prevention and self-management support

- Implement the S/SWHG Group *Healthy Ireland* plan to deliver actions and embed prevention, early detection and self-management support among staff and the communities we serve.
  - Implement the MECC Framework including the e-learning training programme for frontline staff in the S/SWHG, within available resources.

National Policy Priority Programmes

- Tobacco Free Ireland
  - Support national clinical guidelines for healthcare professionals to inform clinical practice in the identification, diagnosis and treatment of patients who smoke.
  - Support patients and staff to quit and stay quit through improved compliance with HSE Tobacco Free Campus.
- Alcohol
  - Promote and support in conjunction with the HSE the *askaboutalcohol* campaign to increase awareness of the risks associated with alcohol intake.
- Healthy Eating and Active Living
  - Promote and improve nutritional care in hospitals through the implementation of the Food, Nutrition and Hydration Policy for Adult Patients in the S/SWHG and the National Clinical Guideline for Nutrition Screening and the Use of Oral Nutrition Support for Adults in the Acute Care Setting.
  - Increase access and availability of healthier food for staff and visitors through the implementation of the *Minimum Nutrition Standards* for food and beverage provision for staff and visitors in healthcare settings.
- Support progress to ensure the timing and content of the childhood screening and surveillance programme are consistent with the evidence base and standardised across the country in line with *First Five – A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028* as follows:
  - Support the implementation of the revised model for screening for developmental dysplasia of the hip.
  - Provide support for mothers to breastfeed and for families, by increasing knowledge and skills of professionals through completion of online eLearning modules and skills-based training.
  - Continue progress towards the breastfeeding target rate set out in *Breastfeeding in a Healthy Ireland – Health Service Breastfeeding Action Plan 2016-2021* (i.e. annual 2% increase in breastfeeding duration rates over the period 2016-2021), through the implementation of the HSE Breastfeeding Implementation Plan.
- Continue to support the leadership and momentum in place at local level, focusing on evidence-based initiatives to improve staff health and wellbeing.

- Increase the number of staff participating in staff health and wellbeing initiatives.
- Deliver Steps to Health and Love Life Love Walking workplace physical activity promotion.

National Screening Service

The National Screening Service (NSS) delivers four national population-based screening programmes – for cervical, breast and bowel cancer, and for detecting sight-threatening retinopathy in people with diabetes. These programmes aim to reduce morbidity and mortality in the population through early detection and treatment across the programmes. Screening programmes internationally and in Ireland are based on a call / re-call system where eligible populations are invited to take part and clinical services are provided for the further investigation and treatment of people identified as at risk of having or developing disease.

Priorities and Actions

National Screening Programmes

CervicalCheck

- Ensure the continued and improved operation of cervical screening and colposcopy services across the S/SWHG inclusive of the increase in referrals due to increase demand and the introduction of HPV testing.

BowelScreen

- Develop a capacity plan and continue to treat the agreed number of patients under the Memorandum of Understanding (MOU) in place in each of the S/SWHG hospitals.
    - University Hospital Kerry - 6 patients weekly
    - Mercy University Hospital - 6 patients weekly
    - South Tipperary General Hospital - 3 patients weekly

Diabetic RetinaScreen (DRS)

- Continue to work and develop an MOU with the DRS programme to ensure patients receive appropriate care.

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Cervical Check	Ensure continued and improved operation of cervical check and colposcopy services to deal with the increased demand	Q1- Q4	Hospitals/ CDONM
Bowel Screening	Develop capacity plan and comply with MOU with Bowel Screen	Q1	Endoscopy Lead/Scheduled Care Manager
Diabetic Retina Screening	Continue to work and develop an MOU with DRS	Q1	Hospitals/ Scheduled Care Manager

6. Health and Social Care Delivery

Introduction

Acute services, including scheduled care (planned care), unscheduled care (unplanned / emergency care), specialist services, diagnostics, cancer services and maternity and children's services, are provided for adults and children across the acute hospitals within S/SWHG. These services are provided in response to population need, consistent with wider health policies and objectives, including those of *Sláintecare*. Hospitals that continually work to improve access to healthcare, whilst ensuring quality and patient safety issues, including management of infection, are prioritised within allocated budgets.

Hospitals play a key role in improving the health of the population by providing a range of health services, ranging from brief intervention and self-management support and early diagnosis to optimum care pathways and specialist tertiary services. Changes to the demographic profile of the population require increasing integration of acute services with primary and community care services through Integrated Care Programmes (ICPs) for older persons, children, and for patients with chronic diseases. There is a strong focus at S/SWHG level, working with CHOs, on the redesigning of health services to promote greater integration.

The *National Cancer Strategy 2017-2026* promotes early detection of disease in order to optimise patient outcomes, and acute hospitals continue to support aspects of screening services for bowel, breast and cervical cancer as well as rapid access pathways for breast, lung and prostate cancers. Acute hospitals also provide follow-up care for patients from the screening programmes in collaboration with the NSS. The S/SWHG will continue to support the implementation of the recommendations of the *Scoping Inquiry into the CervicalCheck Screening Programme, 2018* (*Scally Report)* in 2019.

Issues and Opportunities

Demand for acute services continues to grow as the population expands and ages and as technological advances facilitate new interventions in disease management. *Sláintecare* emphasises the need to invest in increased capacity while also shifting the balance of care from hospitals to community services for better health outcomes and a more sustainable health service. The S/SWHG will strive to continue to improve length of stay and rates of conversion from inpatient to day case activity which will also contribute to managing demand for acute care.

Bed occupancy is continuing to exceed 95% (*Health Service Capacity Review 2018*), which is above international norms and presents significant pressure on acute services. The lack of single room availability is also a particular challenge in relation to the management of HCAIs. Much of the acute services are demand driven with demand expected to increase again in 2019 similar to previous years. This is a serious challenge for the S/SWHG due to our growing population and the complexity of patients who are attending our hospitals on a daily basis. The S/SWHG will continue to integrate more services with our community colleagues in order to address this demand to optimise patient flow. This is in addition to plans to improve services with the opening of extra beds in South Tipperary General Hospital and University Hospital Waterford.

Waiting time for admission following ED attendance is improving due to patient flow initiatives. However demand still outweighs capacity, particularly for inpatient beds, and regrettably some patients can still wait longer than they should for admission when presenting as an emergency. New ED presentations and admissions are expected to increase further in 2019. The continued switch from inpatient elective treatment to day cases and outpatients, coupled with the requirement to manage capacity in line with the significant increase expected in emergency admissions will influence elective inpatient activity in 2019. As a result, a strong focus will be put on maximising elective treatment activity in the context of significant increased demand for beds following ED presentation.

The S/SWHG continue to work closely with our national colleagues in the Special Delivery Unit (SDU) to address the demand for ED services, in particular during the winter season. This will continue to be one of the main focuses for the S/SWHG in 2019.

The continued implementation of the *National Cancer Strategy 2017-2026* and the *National Maternity Strategy 2016-2026 – Creating a Better Future Together* will also lead to improvements in the standard of acute clinical care. However, the NCCP allocation for 2019 will not enable the service to match referral demands in areas such as radiotherapy, rapid access cancer clinics and diagnostics.

Overarching Priorities and Actions

Improve quality of care and patient safety

- Strengthening clinical leadership in the development of healthcare strategy and in the planning and management of our services at a time of critical service transformation signalled by the *Sláintecare Report*.
- Improving patient and service user engagement to ensure that the priorities of patients and service users inform service planning which is designed around their needs, enhancing patient safety and improving overall patient experience.
- Advancing a culture of patient safety, continuous quality improvement and learning.

Improve integration CHO's and S/SWHG to promote a modernised and streamlined service model in line with *Sláintecare.*

- Continue integrated service developments across the SSHWG and CHO's i.e. (CIT pathways, Five Fundamentals & ICPOP) which provide the most gain for patient outcomes across S/SWHG and CHO's.

Improve patient and staff health and wellbeing by implementing *Healthy Ireland* plans

- Support the on-going implementation of *Healthy Ireland* plan in Hospitals within the S/SWHG.

Improve performance management of operational services

- Monitor and manage financial allocations in line with the Performance and Accountability Framework.

- Implement the comprehensive framework for consultant contract compliance.
- Monitor activity and ensure that hospitals maintain performance against required activity targets.

Support the development of eHealth capability

- Support the continued roll out of eHealth programmes such as the Maternal and Newborn Clinical Management System (MN-CMS), the National Integrated Medical Imaging System (NIMIS) and the Individual Health Identifier (IHI).

Support the progress of policies and initiatives led by the Office of the Chief Nursing Officer

- Support the roll out the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland 2018* within S/SWHG model 4 hospitals, Cork University Hospital & University Hospital Waterford.
- Support the pilot for the phase 2 Framework for Staffing and Skill Mix for Nursing in Emergency Care Settings in conjunction with the HSE and within available resources.

6.1 Unscheduled Care - Unplanned/Emergency Care

Priorities and Actions

Improve access to unscheduled care, maximising resources available

- Continue to support the work on the redesign of services in line with A Trauma System for Ireland.
- The S/SWHG in collaboration with our community colleagues have a particular focus on maximising available capacity during the winter months for Winter 2019/2020.
- Winter 2019 / 2020 – Plan and prepare for a further increase in acute bed capacity, to be operational by quarter 1, 2020. This includes the opening of beds in STGH and UHW.
- Improve access to unscheduled care through integrated action with community services, with the focus on:
- Continuing to roll out the Five Fundamentals Improvement approach for Unscheduled Care to drive the improvements and cover the five core elements deemed to be essential in terms of implementing the optimal management of patients flow.
- Implementing the SAFER Patient Flow Bundle.
- Improving clinical pathway implementation for admitted patients to ensure that variances in average length of stay, particularly for medical patients, are monitored and reduced where possible.
- Developing admission avoidance pathways, providing care closer to home and improving services for frail older persons within the S/SWHG in conjunction with our community colleagues.
- Developing proposals for enhanced senior decision-making capacity in emergency medicine to deliver more timely and appropriate assessment, streaming, treatment and care so that patients are seen and treated by the most appropriate clinician, at the right time and in the right place.
- Continuing to improve access to diagnostics
- Continue to support the commission of additional intensive care beds in Cork University Hospital (CUH), a 40-bed modular ward block in South Tipperary General Hospital (STGH) and the Dunmore wing in University Hospital Waterford (UHW).
- Support the implementation of the Emergency Medicine Early Warning System (EMEWS) in pilot areas to ensure safer patient care.
- Continue to develop the Patient Flow Management System for implementation across the S/SWHG.
- Ensure protocols for rapid access to diagnostics and treatment for stroke care in EDs are in place within S/SWHG and operating consistently.

Priorities 2019

S/SWHG Projects include the following:

- Continue the roll out of the Five Fundamentals Programme across all relevant sites in the S/SWHG.
- Continue the implementation of the SAFER Patients Flow Bundle.

- Development and improvements in Older Persons Pathway in conjunction with our community colleagues.
- A key focus in 2019 will be on improving access to emergency care and continuing the on-going work to reduce trolley waits and improve ED performance

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Five Fundamentals	Continue the roll out across all relevant sites in S/SWHG	Q1-Q4	Unscheduled Care Lead
Bed Capacity	Opening of beds in UHW and STGH in preparation for Winter 2019/2020	Q2 – Q4	Hospitals
Intensive Care Beds	Continue the roll out of opening ICU bed no 13 and 14	Q2 – Q3	CUH
Improve Access	Continue the on-going work on reducing trolley waits and improve ED performance	Q1- Q4	S/SWHG

6.2 Scheduled Care

Priorities and Actions

Improve access to scheduled care, maximising the resources available

- Reduce waiting times to promote fair, timely access to services, within available resources.
  - Continue to work closely with the hospitals across the S/SWHG to reduce waiting times for access to scheduled care on a phased basis, as set out in *Sláintecare.*
  - Develop and implement waiting list action plans for patients in outpatient, day case and inpatient scheduled care areas with a particular focus on long waiting patients.
- Enhance capacity in secondary care to promote a safe, quality scheduled care service.
  - Improve internal efficiencies and appropriate bed usage by striving to reduce average length of stay and improve access to diagnostics.
  - Maximise the move from inpatient to day case activity in line with clinical guidelines and international norms.
  - Support the Implementation of the NTPF *National Inpatient, Day Case and Planned Procedure Waiting List Management Protocol.*
  - Support the extension of the clinical prioritisation system into the day case and inpatient areas for four specialties (urology, otolaryngology, ophthalmology and orthopaedics).
  - Support the progress of the development of care pathways in the outpatient, day case and inpatient areas, with a particular focus on the urology and ophthalmology clinical specialty areas.
  - Support the roll out the new minimum data sets to support outpatient, day case and inpatient activity areas.
- Continue to develop capacity plans across all specialities to address waiting times.
- Continue to develop further initiatives across the S/SWHG (i.e. Gynaecology waiting list initiative, Audiology Clinics, ANP clinics, Physio clinics) to improve services for patients and reduce waiting time.

Priorities 2019

- Continue to address waiting times by implementing waiting list action plans for each hospital and develop and implement any further initiatives where possible.
- Support the full implementation of the *National* Outpatient and *Inpatient, Day Case and Planned Procedure Waiting List Management Protocols.*
- Optimise capacity to undertake additional NTPF elective surgery cases and Outpatient sessions.
- Specific focus will be placed on reducing numbers waiting greater than 9 months by the end of 2019.

- Support the targeted approach to reducing clinically long waiters by NTPF and HSE which will include a review of the longest waiters on a case by case basis.
- Endoscopy targets will be closely monitored to meet the KPI for Urgent, Routine and Bowel Screen patients ensuring capacity is maximised across the S/SWHG.

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Address waiting times	Develop and implement actions plans across all hospitals in the S/SWHG in order to reduce the waiting lists	Q1- Q4	Scheduled Care Manager
NTPF	Continue to work with the NTPF on outsourcing appropriate patients	Q1- Q4	Scheduled Care Manager
Endoscopy Targets	Ensure KPIs are met for all Endoscopy targets and the MOU's with Bowelscreen.	Q1-Q4	Scheduled Care Manager

6.3 Specialist Services

Services provided

Providing specialist services within S/SWHG remains a priority as we respond to increasing complexity of presentations and advances in medical technology and interventions. The S/SWHG is continuing the development of clinical networks of specialist services. These will consolidate secondary and tertiary care in appropriate locations, in line with "The Framework for Smaller Hospitals", improving clinical outcomes and streamlining elective and emergency pathways across hospitals.

Issues and opportunities

Demand for specialist services continues to grow as the population expands and ages. Remodelling our health services is a strong focus for the S/SWHG in line with publications such as Slaintecare. Greater collaboration with the CHO's is enabling improved integration and stronger networks across the region benefiting patient access to healthcare and egress home.

The Major Trauma report has identified Cork University Hospital (CUH) as a potential site for designation as a Major Trauma Centre (MTC). The hospital has key specialist clinical services and expertise already in place and has identified the additional resources needed to meet designation criteria.

CUH currently treats c.150 major trauma patients and could anticipate treating c.300 major trauma cases (ISS>15) per year if designated as an MTC (based on 2015 data). The hospital also treats a further c.500 patients that are eligible for enrolment in the on-going national Major Trauma Audit with an ISS<15 (life altering injuries). Furthermore, there would be an additional c.1,359 major trauma cases with an ISS <15 who would, in a Trauma Network, be best treated at a Major Trauma Centre.

Continuing to increase critical care capacity is a S/SWHG priority to meet the on-going and increasing critical care requirements of complex, multi-specialty, severely critically ill patients and to support such developments as a Major Trauma Centre. It is anticipated following previous funding approval, that a further two beds will open in 2019 and recruitment of the necessary resources are on-going. There is a noted deficit in Allied Health Professional staff to support critical care expansion and an increase is crucial to providing essential element of patient care.

The model of care for Paediatric Services will be progressed to further enhance CUH as a regional paediatric unit providing tertiary and secondary paediatric services. In line with the Estimates process, approval has been received for 12wte to commence this process for CUH. The transfer of paediatric services from Mercy University Hospital to CUH is dependent on completion of phase 2 of the capital development which is awaiting funding to proceed. The appointment of Paediatric Clinical Lead for the S/SWHG will provide improved governance and promote greater connectivity between all paediatric units. In parallel the UHW Paediatric Initiative will see the development of a Consultant delivered paediatric service. The number of Paediatricians is increasing from three to ten with a reduction in the number of NCHDs. This pilot programme is a collaborative between the Acute Operations, the National Doctors in Training programme and the National Clinical Programme.

A review of Vascular Services was undertaken and the report is for implementation on a phased basis across the S/SWHG.

Priorities and Actions

- Cork University Hospital is identified as one of the proposed designated Trauma Centres in the country and the necessary key developments will be pursued to enable designation.
- Critical Care Capacity – support the opening of a further two Intensive Care beds in Cork University Hospital with bed number 13 opening in March 2019 and bed 14 by Q3 2019.
- Progress the implementation of The South/South West Hospital Group Vascular Report.
- Support Paediatric Service developments, e.g. Paediatric initiative in University Hospital Waterford and the Paediatric Model of Care, Cork University Hospital as per the 2019 Service Developments.
- Support the rollout of the Retrieval Service to a 24/7 service.
- Develop the pathway for the Cardiac Cath Lab service in University Hospital Waterford
- Support the implementation of recommendations of the policy review on sexual assault treatment units
- Continue to implement improvements in the area of Thrombectomy services.

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
CUH Designated Trauma Centre	Pursue key developments	Q1- Q4	CEO
Opening of two further Intensive care beds in CUH	Recruitment, staff education and training	Q1- Q4	HR/CUH
Paediatric Services	Recruit the approve staff and continue work on the model of care	Q1- Q4	CUH

6.4 Women and Children's Services

Services provided

The S/SWHG Maternity Directorate is the first group wide maternity directorate to be established in the country. Maternity structures have been strengthened in the S/SWHG through the integration of the smaller units of Kerry, Tipperary and Waterford under the governance of our major Obstetric centre in Cork University Maternity Hospital which will be completed early in 2019. In line with the vision and strategic priorities of the National Maternity Strategy, the S/SWHG Maternity Directorate is committed to improving services as follows:

1. A health and wellbeing approach is adopted to ensure that babies get the best start in life. Mothers and families are supported and empowered to improve their own health and wellbeing.
2. Women have access to safe, high quality, nationally consistent, woman-centred maternity care.
3. Pregnancy and birth is recognized as a normal physiological process and, insofar as it is safe to do so, a woman's choice is facilitated.
4. Maternity services are appropriately resourced, underpinned by strong and effective leadership, management and governance arrangements, and delivered by a skilled and competent workforce, in partnership with women.

Issues and opportunities

In collaboration and with the support of the NWIHP, the S/SWHG Maternity Directorate is focused on improving the quality and safety of services for our patients and their families. A Steering Group is in place and we have a defined programme of work identified to address key deficits in our services.

Currently, the resources required to support the Maternity Directorate are being recruited to address shortfalls and enable the formation of robust maternity structures. The challenges associated with recruitment and filling key posts cannot be underestimated especially key medical posts.

We will maintain a strong focus on addressing our gynaecology waiting lists both inpatient and outpatient but further expansion of the service is dependent on additional theatre capacity and infrastructure. The appointment of a Project Lead will steer the implementation of the National Maternity Strategy and as a first step will be required to develop and manage a detailed implementation plan and timetable, to deliver on the Strategy's required actions for the S/SWHG. We will support the development of new models of care including the expansion of a community midwifery service where hospital midwives, working as part of a multidisciplinary team, provide antenatal and postnatal care in the community.

The S/SWHG Maternity Directorate will progress the pathway for the establishment of the Termination of Pregnancy service and will provide the necessary support and training for staff. As the service demand is unknown at present we will monitor, assess and evaluate service requirements with a view to securing the necessary supports to provide a safe, effective and quality service.

Priorities and Actions

- Progress the establishment of the S/SWHG Maternity Directorate with the transfer of governance of all maternity units to the Clinical Director for Maternity Services.

- Appoint a Project Lead to progress the Implementation of the National Maternity Strategy.
- Implement the pathway for the Model of Care for the Termination of Pregnancy Service.
- Establish Alongside birthing suite in University Hospital Waterford.
- Progress the implementation of the National Bereavement Standards.
- In conjunction with the National Women's and Infants Programme review the Colposcopy services.
- Identify the suite of clinical guidelines required in maternity services and manage any gaps identified in terms of the development/review of new or existing clinical guidelines.
- Assess midwifery workforce levels against the 2016 Birth Rate Plus methodology within the context of the new model of care.
- Identify and define the educational supports and training programmes required by staff to ensure a safe, competent and supported maternity workforce.
- Ensure Breast-feeding strategy is supported across all the maternity sites within S/SWHG.
- Following appointment of key resources, support the Model of care for Peri-natal mental health.
- Progress the development of ambulatory gynaecology services.
- Support the initiatives to address outpatient waiting lists and inpatient gynaecology waiting lists.

Priorities 2019

- Progress the establishment of the S/SWHG Maternity Directorate with the transfer of governance of all maternity units to the Clinical Director for Maternity Services.
- Employ a Project Lead to progress the Implementation of the National Maternity Strategy.
- Develop the pathway for the Model of Care for the Termination of Pregnancy Service.

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Transfer of governance of all maternity units to the Clinical Director of Maternity Services	Develop the necessary management and administrative structures	Q2	COO
Implementation of the National Maternity Strategy 2016 – 2026	Employ a Project Lead to progress the Strategy on behalf of the South/South West Hospital Group	Q1	CD / CDONM
Model of Care for the Termination of Pregnancy Service	Work collaboratively to implement the pathway	Throughout 2019	CD Maternity Directorate

6.5 Cancer Services

Services provided

Dealing with illness is a significant challenge for those diagnosed with cancer and their families. Each year approximately 38,000 people in Ireland develop cancer (National Cancer Registry Ireland, 2016). Cancer is the second most common cause of death after diseases of the circulatory system such as heart attack or stroke. The risk of developing cancer increases with age therefore rates are not expected to reduce as our population of over 65s increases. However, due to developments in the available treatments and organisation of services in Ireland, more people are living with cancer and survivorship support programmes are now a very important component of care.

The S/SWHG is fully committed to continuing to work with the National Cancer Control Programme (NCCP) and implementing the *National Cancer Strategy 2017-2026* which was published in 2017. Services for the treatment of cancer include surgery, radiotherapy and systemic anti-cancer therapy (SACT). The majority of cancer surgery now takes place in the designated cancer centres (CUH and UHW).

Issues and opportunities

The demand for cancer services, including chemotherapy, radiotherapy, surgery and medical care is continuously rising as the incidence of the disease increases and as treatment and mortality improves. Therefore, the costs associated with cancer treatment and in particular cancer drugs are increasing every year.

Managing increased demand, as a result of growth expected in the number of cancer patients, and particularly those in receipt of SACT, is a significant challenge. Improvements are required in facilities, including SACT day wards, to improve access, safety and patient experience, and in aseptic compounding units, to improve efficiency and reduce drug expenditure.

The Management of the reimbursement of cancer drugs by the Primary Care Reimbursement Service (PCRS) is through the Oncology Drug Management System.

To ensure services are underpinned by evidence and best practice, they are monitored against agreed performance parameters. The development of further national clinical guidelines is also on-going.

Support for the implementation of the recommendations of the *National Cancer Strategy 2017-2026* will address some of the current deficits in cancer services nationally.

As part of the new *National Cancer Strategy 2017-2026*, initiatives will be set up across the continuum of care, from diagnosis and treatment, to appropriate follow-up and support, in both the hospital and community setting. The strategy sets out four key priorities:

- Reduce the cancer burden.
- Provide optimal care.
- Maximise patient involvement and quality of life.
- Enable and assure change.

S/SWHG Priorities and Actions

- Appoint a Clinical Lead for Cancer Services in the S/SWHG.
- Contribute to the national skin cancer prevention action plan.
- Continued focus on the NCCP rapid access clinic KPI improvement recommendations for breast, lung and prostate cancers.
- Monitor and evaluate the provision of private radiotherapy providers University Hospital Waterford.
- Continue to work with the NCCP in meeting the continuing burden of drug costs and in implementing quality initiatives in cancer care.
- Roll out and implement the NCIS (National Cancer Information System), formerly the Medical Oncology Clinical Information System and the NCIS multi-disciplinary meeting module.
- Ensure appropriate clinical and non-clinical staff are in place across cancer services within the S/SWHG within available resources.
- Improve quality and patient safety in cancer services by enhancing a specifc quality framework for cancer care in line with the HSE quality framework.
- In line with the NCCP, strengthen the research and clinical guidelines function within across the S/SWHG cancer services.

Implementing Priorities in 2019

Priority	Priority Action	Timeline	Lead
Cancer KPI's	Continue to work with the hospitals across S/SWHG and develop improvement plans to ensure compliance with Cancer KPI's	Q1-Q4	CEO/COO
Clinical Lead	Appoint a Clinical Lead for Cancer Services S/SWHG	Q2	CEO
NCIS	Roll out NCIS in relevant hospitals across S/SWHG	Q1-Q4	Hospitals/ ICT

7. Finance

The National Service Plan of the HSE for 2019 sets out the service delivery targets, performance indicators and available funding to the health system for the year.

The HSE has modelled the theoretical level of activity that the 2019 funding will pay for and identify service areas where the HSE is expected to address service demands, even where these exceed the available funding. It has also assessed the costs that cannot be avoided or are fixed, and formed an estimate of the likely scale of financial challenge facing our health and social care services in 2019, before cost mitigation measures.

The National Service Plan identifies that in looking forward to 2019, the financial challenge within acute hospitals, including the key risk areas and after application of the DoH provided planning assumptions is estimated to be €267m. Further context is provided within the Acute Hospital Services and Finance Section of the plan including a range of actions/initiatives to address the financial challenge in 2019 which includes identifying areas where lower provision is being made, cost reduction or improved income generation is required.

Introduction – S/SWHG Budget Allocation 2019

The South/South West Hospital Group has received in 2019 a Gross Budget Allocation of €1,036.191m and an Income Target of €169.290m, giving a net allocation of €866.901m.

	2019 Budget (excl. Pensions) €m	2018 Budget (excl. Pensions) €m	Movement €m	Movement %
Gross Budget (excl. Pensions)	1,036.191	1,014.410	21.781	2.15%
Income Budget (excl. Pensions)	-169.290	-170.871	1.581	-0.93%
Net Budget	866.901	843.539	23.362	2.77%

This allocation includes €16.618m for:

- Known pay cost increases under PCP/PSSA/HRA
- PRSI increase
- Pay Increments
- Balance of 2018 Development Funding €1.4m (Winter Plan 2018)

It also includes total reductions for:

- Once-offs not returned in 2019 of €4.665m
- Costing Submission Adjustments of €0.111m

Budget 2019 and Existing Level of Service

The 2019 Gross Budget is 2.15% greater than the final 2018 Gross Allocation but when adjusted for the Pay Awards and Increments the balance remaining is less that what's required to maintain the cost, in 2019, of the existing level of service activity in place at the end of 2018.

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

1. Impact of National Pay Agreements (Funded)
2. JLC Increases (Unfunded)
3. Increases on drugs and other clinical non pay costs (Unfunded)
4. Demographic factors (Unfunded)
5. Additional costs in relation to 2018 developments (Not fully funded)
6. Deferred costs in 2018 to achieve the financial outturn (Unfunded)
7. Inflation – Clinical and Nonclinical related price increases (Unfunded)
8. Unexpected service pressures including CPE (Unfunded)
9. Shortfall in funding of 2018 approved Maximum Expenditure Limit (Not fully funded)

Approach to Financial Challenge 2019

Delivering the level of services included in our Budget Allocation, as safely and effectively as possible, within the overall limits of available funding remains a critical area of focus and concern for 2019. Our Group CEO, Hospital Managers and other senior managers across the Group will face specific challenges in respect of ensuring that the type and volume of safe services are delivered within the resource available. We require robust Cost Control and Savings Measures on an individual hospital basis immediately. Developing and implementing such a Financial Plan is the key focus of the Hospital Group.

It should be noted that the S/SWHG has again performed positively under the 2018 Activity Based Funding Benchmarking exercise to the value of €4.3m. In order to recognise performance in the benchmarking process we received a 10% uplift of this - equivalent to €0.430m. It is recognised that ABF is in its infancy and that there are considerable requirements to improve clinical coding and DRG costing. We as a Group have achieved improvements in both of these areas during 2018 and will continue to develop the ABF model in all sites during 2019.

When account is taken of the 2019 cost of services, known cost growth, approved service developments, and initial cost saving measures, a significant financial challenge remains to be addressed.

In order to manage our Financial Challenge effectively during 2019 we will continue to focus on:

- Governance - Budgetary control through our on-going engagement with all our Hospital Management Teams and through our Hospital Performance Meetings.
- Pay – Managing our Pay and WTE Numbers with each of our hospitals through our well established S/SWHG Pay Bill Management Control Process.
- Non-Pay – implementation and management of SMART savings measures for specific high growth areas and to achieve greater efficiencies, including examining areas for cost limitations/cost avoidance.

- Income – Continue to maximise income generation by ensuring that we have robust processes in place in all hospitals.
- Activity - given that we are now funded based on a defined activity target, the Group will ensure that processes are in place to effectively manage this target against the actual performed in order to live within the funded envelope. We will use the activity based funding model progressively as part of the performance management process with the hospitals.
- Reprioritisation – consideration will be given to opportunities to reprioritise existing activities where relevant.

Pay Bill Management & Funded Workforce Plans

Our Pay Bill Management Process will continue in 2019, central to which is compliance with the allocated pay expenditure budgets. Overall pay expenditure, is made up of direct employment costs, overtime and agency. Pay and staff monitoring, management and control at all levels will be an area of significant focus again in 2019 in line with the Performance and Accountability Framework. Hospitals need to identify further opportunities for pay savings to allow for re-investment purposes in the health sector workforce and to address any unfunded pay cost pressures.

In order to deliver robust Pay Bill Management in 2019, it is imperative that there is strict control on both headcount and engagement of agency staff within each hospital. In this context, all posts (including Medical) must first and foremost be approved by each hospital's Pay Bill Monitoring Control Group prior to seeking approval from the South/South West Pay Bill Monitoring Control Group (PBMCG) and the funding stream to support the post must be referenced.

The monthly pay phasing will be locked down for 2019, therefore it is imperative that it is phased accurately and this will form the basis of each hospitals monthly pay variance analysis required by DPER and the HSE.

Conversion of agency staff, where appropriate and approved, must be progressed as a cost reduction priority in order to reduce agency, while also reducing the reliance on such staff. This should be on the basis of defined existing vacant posts. Any proposals for agency conversion must be referred in advance to the S/SWHG Pay Bill Monitoring Control Group (PBMCG).

Engagement of agency staff must be stringently controlled and monitored by each hospital. This will be a specific agenda item at the monthly Performance Meetings.

We are aware that the HSE will only approve additional posts that have been allocated and funded by National Agreements and Initiatives.

Replacement posts must be in the current run rate costs and be a legitimate replacement in respect of leavers where funding is in the base budget.

Where there is a requirement to fill risk related priority clinical posts, a robust business case needs to be submitted to the Group Management Team. These business cases will be considered by the Group and will be forwarded to the Acute National Division from the Group.

Hospitals need to develop a workforce plan that references their available pay budget. Any additional staff being put on payroll must be as a result of a clear hospital management decision that can be tracked and verified and must reference their available pay budget. Any overtime to be worked must also be as a result of a management decision, be evidenced and must reference their available pay budget.

Income Budget

The income budget for the S/SWHG has received a target reduction for 2019 which is welcomed but there still remains a potential shortfall. While we can estimate the shortfall for our Group at approximately €1.6m the requirement for all the Hospital Groups for 2019 is to ensure that all charges required under the Health Acts are raised and collected to the greatest extent possible.

It is imperative that each hospital continues to maximise patient income in 2019 and that they have a robust system in place which follows the pathway of the patient from the point of admission to discharge to ensure:

- Accurate identification of a patient's eligibility at the point of admission.
- Placement of patients in the appropriate setting.
- Ensure claims are returned from consultants in a timely manner.
- Timely submission of claims to PHI's, with required documentation.

It is an imperative also that there is a reduction in debtor days in 2019.

The S/SWHG is conscious of the on-going considerable challenges faced by staff in managing increasing demands, including surges in demand, within an environment of fiscal constraint, challenging budgets and higher expectations. Notwithstanding the cost reduction measures implemented in recent years, the S/SWHG will endeavour to live within the funding envelope by ensuring on-going monitoring and controlling of costs, monitoring hospitals cost containment/efficiency plans, while at the same time endeavouring to minimise any impact on clinical services and patient risk.

Options to address the financial challenge are being considered as part of the service planning process and there will be on-going discussions with hospitals and the HSE over the coming weeks to gain a shared understanding and acceptance of the challenge facing key hospitals in our Group. Savings measures currently being submitted may impact on the ability of hospitals to address the growing demand for services, impact on the management of waiting lists within the target times and increase access times to core services but the key focus must be patient safety.

It is acknowledged in the NSP 2019 that cost pressures will arise as a result of the cost of maintaining appropriate staffing levels, the additional demands of treating an ageing population, the growing cost of drugs and medical technologies, and the demands on our emergency services.

In the case of some services, given that the HSE is the statutory provider of last resort and the realities around the relatively fixed nature of certain costs, there is often pressure to respond to need even if this exceeds the available funding level.

Capital

There is real concern at the level of Capital and Equipment Replacement funding potentially available in the NSP 2019 for the S/SWHG given the risks each of our hospitals are carrying in relation to the current infrastructure and end of live equipment. The Group are awaiting formal notification of both.

Cash Risk

The management of cash is a key concern in our Voluntary Hospitals as a result of incoming cumulative deficits, unachievable income targets and the increasing service demands. This will be the subject of Cash Acceleration requests during 2019, similar to previous years.

Pensions

Pensions provided within the HSE and HSE funded agencies (section 38) cannot readily be controlled in terms of financial performance and are difficult to predict. As part of NSP 2019, additional funding has been assigned to pensions. There is a strict requirement on the health service, as is the case across the public sector, to ring fence public pension related funding and costs and keep them separate from mainstream service costs. Pension costs and income will be monitored carefully and fully reported on regularly. In the event that actual expenditure emerges in 2019 at a level higher that the notified budget level, the DoH and HSE will engage to seek solutions which do not adversely impact services.

Data Caveat

As indicated in the NSP 2019 the financial information underpinning the plan is subject to the specific limitations of the HSE's financial systems, currently available within the overall finance operating model, which are well documented and are being addressed via a major improvement programme. This includes reliance on the receipt of financial and other information from our two voluntary hospitals which are separate legal entities with their own separate financial systems. Additionally our HR data is almost entirely manual based which brings its own limitations. Every effort has been made within the time and resources available to ensure that the information provided in the plan is as accurate as possible.

There is no capacity within the plan for the HSE to deal with any financial impacts from the outcome of any legal, IR, regulatory or other processes, beyond those already specifically provided for in the NSP 2019.

8. Workforce

People Strategy 2019-2021

Building on progress to date and following a robust review process, the revised People Strategy 2019-2021 will guide all organisational people services in 2019 with an emphasis on encouraging leadership, talent and capability. The People Strategy is positioned to build a resilient workforce that is supported and enabled to deliver the *Sláintecare* vision. This will include a dedicated focus on workforce planning, enhancing leadership and accountability, and building organisational capacity. Supporting the delivery system and working with key strategic partners will be prioritised to ensure relevance and connectivity to meeting people's needs and local service requirements. This will be enabled by on-going attention to progressing national frameworks and standards that can add value, and support the delivery system.

The S/SWHG in conjunction with the HSE will work with the *Sláintecare* Office of the DoH to support the development and implementation of the strategic actions of the *Sláintecare* Implementation Strategy (outlined below). This work will be determined within the context of the *Sláintecare* Implementation Strategy and action plan timelines.

Accelerating progress to date on the implementation of the People Strategy and extending the reach and relevance into the delivery system requires greater connectivity between national and local services. The focus for 2019 is on:

- Implementation of the People Strategy;
  - Working with Health Business Services (HBS) to attract, recruit and retain the right people, ensuring their integration and development into a workplace that cares about their wellbeing, motivation and opportunities at work.
  - Ensuring easy access to professional HR services in a way that meets the needs of those delivering services.
  - Connecting people services in a more integrated way to create the people and culture change platform for meaningful and healthy work environments.
- Implementation of Working Together for Health – A National Strategic Framework for Health and Social Care Workforce Planning.
- Implementation of the Strategic Review of Medical Training and Career Structure (MacCraith Report), including increased training on a two year phased basis and progressing a review of the recruitment of non-consultant hospital doctors (NCHDs)
- Implementation of the Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland 2018 and the phase 2 Framework for Staffing and Skill Mix for Nursing in Emergency Care Settings.
- Implementation of HIQA National Standards for Workforce. A service's workforce is one of its most important resources in delivering safe, high quality care and support. It is important that the members of the workforce are skilled and competent to deliver quality care and support and that the workforce is planned, structured and managed to deliver the service's quality and safety outcomes. The people working in healthcare services providing care and support need supervision and training to ensure they are doing a good job. As healthcare changes and develops over time, the workforce needs to be

supported to continuously update and maintain their knowledge and skills, whether they are directly employed or in a contractual agreement.

- Implementation of workforce agreements.
  - Continued commitment to Public Service Stability Agreement 2018-2020 including support for the work of the Public Service Pay Commission and implementation of recommendations where relevant.
  - Implementation of Consultant Contract 2008 Settlement Agreement and consultant contract compliance arrangements.
  - On-going implementation of WRC nursing and midwifery recruitment and retention agreement and ED agreement.
- Building a sustainable, resilient workforce that is supported and enabled to deliver the *Sláintecare* vision.
- Complete review and risk assessment of consultants not on the specialist register.

Leadership & Culture

The People Strategy 2019-2021 states Leadership & Culture as Priority 1 within the strategy. In 2019, the S/SWHG will continue efforts to grow effective leadership at all levels, working collectively towards a common purpose, creating a caring and compassionate culture and inspiring innovation, creativity and excellence throughout the organisation.

Build clinical leadership which ensures that the needs of patients are at the core of the way the S/SWHG delivers services/ ensuring the highest standards of patient care across the Group. The new post of Executive Medical Director will, in collaboration with Clinical Director's, S/SWHG CEO and Hospital Managers;

- Oversee the implementation of a robust model of clinical leadership through effective clinical directorates; and establishment of a network of clinical leads across S/SWHG to support effective and safe delivery of front line care;
- Design/develop a framework for delegated executive authority including budget devolution in line with HSE Accountability Framework;
- Ensure a systematic approach is taken in the management of medical personnel work plans across the S/SWHG in conjunction with hospital managers which is fully transparent, and based on verified /defined patient needs on an on-going basis.

People's Needs Defining Change – Health Services Change Guide

People's Needs Defining Change is the policy framework and agreed approach to change signed off by HSE Leadership and the Joint Information and Consultation Forum representing the trade unions. It presents the overarching Change Framework that connects and enables a whole system approach to delivering change across the system and is a key foundation for delivering the people and culture change required to implement *Sláintecare* and Public Sector Reform. The Change Guide complements all of the other service, quality and culture change programmes that are currently making progress towards the delivery of person-centred care, underpinned by our values of Care, Compassion, Trust and Learning and can be applied at all levels to support managers and staff to mobilise and implement change. Building this capacity will enable and support staff to work with and embrace change as an enabler of better outcomes

for service users, families, citizens and local communities. The guide is available on www.hse.ie/changeguide.

Wellbeing and Engagement

Active promotion of health and wellbeing in the workplace continues to be a priority. The Workplace Health and Wellbeing Unit provides support for all staff and assists in preventing staff becoming ill or injured at work. The unit maximises access to, and retention of, work through timely rehabilitation services via occupational health services, rehabilitation / case management services, and organisational health.

S/SWHG staff bring a range of skills, talents, diverse thinking and experience to the organisation. S/SWHG are committed to creating a positive working environment whereby all employees inclusive of race, religion, ethnicity, gender, sexual orientation, responsibility for dependents, age, physical or mental disability, civil status, membership of the Traveller community, and geographic location are respected, valued and can reach their full potential. S/SWHG aim to develop our workforce reflecting the diversity of HSE service users, and which is strengthened through accommodating and valuing different perspectives, ultimately resulting in improved service user experience. This is achieved by increasing awareness of diverse needs, and through supporting the disability bridging programme and other initiatives.

The HSE staff survey seeks employees' views on a range of themes concerning them directly such as culture and values, working environment, career progression and development, equality, diversity and inclusion, leadership direction and communications, staff engagements, managing change, terms and conditions and job satisfaction. National HR undertakes this staff survey every two years, the latest of which was in 2018.

S/SWHG will work with services to take actions based on the findings from this survey. In addition, staff engagement forums are on-going and provide valuable information and feedback from those working in frontline services, creating a space for conversations about what matters to staff, giving a sense of ownership and personal responsibility for engagement, promoting staff engagement.

The Workforce Position

Government policy on public service numbers and costs is focused on ensuring that the health workforce operates within the pay budgets available.

Effective control over workforce numbers and associated pay expenditure will be essential to ensuring that we deliver services within the available financial resources for 2019. Further details in this regard are set out in the following paragraphs.

Pay and Staffing Strategy 2019

Based upon key learning from previous Pay and Staffing Strategies, the approach being taken in 2019 begins with a central 'top down' high level affordability assessment of the level of staff, on an average cost per WTE basis, that the indicative pay budget for 2019 can support. This approach is designed to enable more realistic and affordable forecasting and follows on from the WTE limits process implemented in late 2018.

The S/SWHG will operationalise the WTE limits through a 'bottom up' process that takes account of service priorities and maintenance of services, whilst equally identifying the opportunities for optimisation and efficiency. This year's combination of a top down affordability assessment to set the overall WTE limits, and the bottom up prioritisation by service providers, is intended to ensure maximum flexibility for services to determine the deployment of the limit across their services.

Central to the process for 2019 is:

- Engagement at key service levels on the development of robust operational workforce plans based on a centrally constructed WTE limit that takes account of a range of factors including priorities determined by the Government.
- Striking the balance between safe, effective, efficient service delivery and affordability.
- Realising opportunities to redeploy the existing workforce to ensure maximum alignment between our staffing and the delivery of priority health and social care needs.
- Necessity of monitoring WTE movement against the limits alongside overall pay expenditure so as to appropriately manage direct employment costs, in addition to overtime and agency costs.

WTE limit monitoring is an integral component of the overriding principle of compliance to allocated pay expenditure budgets. The monitoring of both WTE limits and pay expenditure at all service levels will further support and enhance performance and governance of same, with key actions and interventions on deviation in place, in line with the Performance and Accountability Framework. In line with this framework, as with any other key performance areas, performance against these WTE limits will ultimately be considered as part of the National Performance and Oversight Group.

Agency Conversion

Realising opportunities to reinvest in the workforce through agency conversion, for example, as allowable growth factors within the WTE limits, enabling constructive WTE limits review at key intervals throughout the year. This is underpinned by evidence, notwithstanding that all services need to closely monitor agency and overtime spend and implement measures to reduce same.

Capability and Learning

S/SWHG commitment is to engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them. Staff who are valued, supported in their development and treated well, improve patient care and overall performance. Improved people management is the responsibility of all leaders, managers and staff.

Leadership is the most influential factor in shaping organisation culture and so ensuring the necessary leadership behaviours, strategies and qualities are developed is fundamental. S/SWHG are continuing to enhance leadership development, capacity and capability working with the Health Service Leadership Academy. The first cohorts of both Leading Care I and Leading Care II commenced in October 2017, the second cohorts of both programmes commenced in April 2018 and the third cohort of both programmes have commenced in October 2018.

Together with our Academic Partners, University College Cork, the S/SWHG have also successfully introduced an MSc programme for Radiography and Physiotherapy, both of which have commenced in September 2018. This initiative will further enhance and harness the potential of staff within our services.

HSELanD (Health Services eLearning and Development) is the HSE's online learning portal used by approximately 120,000 health and social care employees at all levels across the statutory and voluntary healthcare sectors. It will continue to be developed including through the wider implementation of the Health Electronic Learning Management project, which emphasises the need to develop a single overarching approach to learning and development throughout the health sector. A module of Respect and Dignity at Work has now been introduced and is mandatory for all staff.

The SKILLS programme

The S/SWHG through the SKILL (Securing Knowledge Intra Lifelong Learning) Programme will continue enabling support staff to obtaining the Health Service SKILL award at QQI (FETAC) Level 5 in their respective roles. HR will work closely to identify and prioritise support staff roles across the services to facilitate and enable access to SKILL programmes while exploring and developing the capacity for integrated of roles across the hospital and community. The national coaching service is a free confidential service available to all staff working in the HSE. Its aim is to enhance employees' capacity to lead and flourish within their role in order to support the provision of safer better healthcare for all.

Performance and Partnering

The Health Services Change Guide is the agreed approach that will underpin S/SWHG process for change and reform in line with the Public Service Stability Agreement. Over the past period, the HSE have continued to take the lead role for employers on all national industrial relations matters, with particular input into the extension of the Public Service Stability Agreement, which now remains until end 2020.

S/SWHG is committed to maintaining and progressing compliance with the requirements of the EWTD for both NCHDs and staff in the social care sector. Key indicators of performance agreed with the European Commission include a maximum 24 hour shift, maximum average 48 hour week, 30 minute breaks every six hours, 11 hour daily rest / equivalent compensatory rest and 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest.

Appendices

Appendix 1: Financial Tables

Table 1: Net 2019 Budget

Hospital Group	ABF Revenue (note 1) €'000s	Special Purpose Payments (note 2) €'000s	Income Targets €'000s	Total €'000s
Cork University Hospital	345,474	6,650	- 66,591	285,533
Mallow General Hospital	21,151	357	- 2,737	18,771
Bantry General Hospital	22,467	314	- 3,684	19,097
University Hospital Kerry	102,283	1,711	- 13,449	90,545
Mercy University Hospital	105,224	1,793	- 20,584	86,433
South Infirmary Victoria University Hospital	68,561	1,176	- 13,730	56,007
University Hospital Waterford	213,200	3,573	- 28,128	188,645
South Tipperary General Hospital	72,817	1,196	- 8,712	65,301
Kicreene Orthopaedic Hospital	8,180	87	- 966	7,301
SSWHG	14,905	163	1	15,069
Cork University Maternity Hospital	44,068	841	- 10,710	34,199
Total	**1,018,330**	**17,861**	**- 169,290**	**866,901**

Notes

1. ABF Revenue in this table includes total ABF Revenue, Transition Adjustment, Storm & Surge Funding not returned, 2018 Maternity Funding not returned, less Once Offs 2018 and Costing Submission Adjustments
2. Special purpose payments include Total PCP and Increments Funding, 2018 New Developments Carryover and Student Nurses Funding
3. Gross Budgets and Income Budgets for Voluntary Hospitals exclude Pensions
4. The above figures are subject to change based on National alterations.

Appendix 2: HR Information

WTE December 2018							
Hospital	Medical/ Dental	Nursing & Midwifery	Health & Social Care	Management/ Admin	General Support	Patient & Client Care	WTE December 2018
Bantry General Hospital	25	117	28	29	20	55	273
Cork University Hospital	582	1,685	552	468	526	173	3,986
Lourdes Orthopaedic Kilcreene Hospital	7	37		5	23		72
Mallow General Hospital	25	102	18	37	11	46	239
Mercy University Hospital	166	423	151	206	68	139	1,154
South Infirmary- Victoria University Hospital	78	301	72	179	101	35	765
South Tipperary General Hospital	123	363	64	122	97	54	823
University Hospital Kerry	157	466	110	145	173	48	1,100
University Hospital Waterford	320	746	257	328	216	76	1,944
Other		3		28			31
South/South West Hospital Group	1,483	4,243	1,252	1,547	1,236	626	10,386

Appendix 3: National Scorecard and Performance Indicator Suite

National Scorecard		
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
Quality and Safety	**Complaints investigated within 30 days**	% of complaints investigated within 30 working days of being acknowledged by complaints officer
	Serious Incidents	% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident
	Child Health	% of 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
Scorecard Quadrant	**Priority Area**	**Key Performance Indicator**
Access and Integration	**Therapy Waiting Lists**	Physiotherapy – % on waiting list for assessment ≤ 52 weeks
		Occupational Therapy – % on waiting list for assessment ≤ 52 weeks
		Speech and Language Therapy – % on waiting list for assessment ≤ 52 weeks
		Psychology – % on waiting list for treatment ≤ 52 weeks
	CAMHs **Access to First Appointment**	% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs
	Delayed Discharges	Number of beds subject to delayed discharge
	Disability Act Compliance	% of child assessments completed within the timelines as provided for in the regulations
	Ambulance Response Times	% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
		% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
	Emergency Department Patient Experience Time	% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration
		% of all attendees at ED who are discharged or admitted within six hours of registration

	Waiting times for procedures	% of adults waiting < 15 months for an elective procedure (inpatient and day case)
		% of children waiting < 15 months for an elective procedure (inpatient and day case)
		% of people waiting < 52 weeks for first access to OPD services
	Cancer	% of new patients attending rapid access breast, lung and prostate clinics within recommended timeframe
		% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)
	Older Persons	No. of home support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))
Finance, Governance and Compliance	**Financial Management**	Net expenditure variance from plan (pay + non-pay - income)
	Governance and Compliance	% of the monetary value of service arrangements signed
		Procurement – expenditure (non-pay) under management
		% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received
Workforce	**EWTD**	<48 hour working week
	Attendance Management	% absence rates by staff category

Appendix 3 (a)

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
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 paediatric patients waiting < 6 weeks following a referral for a routine colonoscopy **	M	New PI	New PI	70%
A122	% of paediatric patients waiting < 6 weeks following a referral for a routine oesophago-gastroduodenoscopy (OGD) endoscopy **	M	New PI	New PI	70%
A123	% of adult patients waiting < 13 weeks following a referral for a routine colonoscopy **	M	New PI	New PI	70%
A124	% of adult patients waiting < 13 weeks following a referral for a routine oesophago-gastroduodenoscopy (OGD) endoscopy **	M	New PI	New PI	70%
A125	% of urgent elective outpatients waiting < 3 months for CT, MR & US **	Q	New PI	New PI	TBC
A126	% of routine elective outpatients waiting < 6 months for CT, MR & US **	Q	New PI	New PI	TBC
A1	Beds Available Inpatient **	M	N/A	N/A	2084
A2	Day Beds / Places **	M	N/A	N/A	414

Appendix 3 (b)

KPI Title	S/SWHG Expected Activity/ Target 2018	S/SWHG Projected Outturn 2018	Bantry General Hospital	Cork University Hospital/ Cork University Maternity Hospital	Lourdes Orthopaedic Hospital Kilcreene	Mallow General Hospital	Mercy University Hospital Cork	South Infirmary/ Victoria University Hospital Cork	South Tipperary General Hospital	University Hospital Kerry	University Hospital Waterford	S/SWHG Expected Activity/ Target 2019
Discharge Activity Inpatient Cases	116,311	113,687	4,376	43,873	871	4,345	9,934	4,917	11,778	14,745	18,729	113,568
Inpatient Weighted Units	117,406	117,217	3,033	48,616	1,581	2,331	11,735	6,936	9,363	11,800	21,614	117,008
Daycase Cases (includes dialysis)	212,372	212,890	2,456	78,458	1,228	4,722	24,321	34,272	6,100	18,867	43,949	214,373
Day Case Weighted Units (includes dialysis)	213,009	215,015	2,698	64,221	2,293	6,544	25,173	37,825	6,325	18,285	51,651	215,015
Total inpatient & day cases Cases	**328,683**	**326,577**	**6,832**	**122,331**	**2,099**	**9,067**	**34,255**	**39,189**	**17,878**	**33,612**	**62,678**	**327,941**
Emergency Inpatient Discharges	78,111	75,984	4,236	27,625		3,889	7,673	936	8,748	10,765	13,292	77,164
Elective Inpatient Discharges	19,753	19,573	132	5,967	871	456	2,261	3,981	1,220	1,197	2,602	18,687
Maternity Inpatient Discharges	18,447	18,130	8	10,281					1,810	2,783	2,835	17,717
Inpatient Discharges ≥ 75 years	23,471	23,540	1,774	6,660	159	1,628	2,683	847	2,840	3,073	4,024	23,688
Day case discharges ≥ 75 years	37,389	37,653	535	12,678	192	592	3,342	5,075	783	2,962	11,766	37,925
Emergency Care - New ED attendances	197,229	202,927	-	64,004	-	-	31,217	-	25,606	34,017	49,017	203,860
- Return ED attendances	22,951	23,686	-	3,831	-	-	3,554	-	4,525	3,723	8,162	23,795
Injury Unit attendances	29,880	31,804	5,988	-	-	6,673	19,290	-	-	-	-	31,951
Other emergency presentations	12,033	12,509	-	-	-	-	295	-	10,166	1,794	310	12,566
Births Total number of births	11,665	11,522	-	-	-	-	-	-	945	1,249	1,801	11,522
Outpatients Number of new and return outpatient attendances	582,671	565,893	7,558	221,449	3,024	11,528	35,115	69,546	28,452	52,141	144,037	572,850

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
South / South West Hospital Group									
Cork University Hospital	New Radiation Oncology Unit	Q1 2019	Phased opening from Q4 2019	0	0	16.4	22.3	0	0
Cork University Hospital	Blood Science Project - extension and refurbishment of existing pathology laboratory to facilitate management services tender	Q4 2019	Q1 2020	0	0	3.5	4.7	0	0
South Tipperary General Hospital	40 bed modular unit	Q4 2018	Q2 2019	40	0	7	9.76	0	0
University Hospital Waterford	Development of a new block to include replacement inpatient beds ** *This is a joint capital project between acute services and palliative care – see under Older Persons' Services for further details*	Q1 2019	Q4 2019	0	48	7.35**	31.37**	0	0
University Hospital Waterford	Replacement of fire alarm and emergency lighting systems	Q1 2019	Q1 2019	0	0	1.2	4.2	0	0