

RCSI Hospital Group

Operational Plan 2024

HSE Dublin & North East Region Hospitals

- incorporating Mater Misericordiae Hospital, Navan Hospital, Cappagh Hospital



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



RCSI HOSPITAL GROUP
GRÚPA OSPIDÉAL RCSI

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Introduction

RCSI Hospital Group established in 2015 comprises the following hospitals:

- Beaumont
- Connolly
- Cavan
- Monaghan
- Our Lady of Lourdes, Drogheda
- Louth County
- Rotunda

Academic Partner:

- Royal College of Surgeons in Ireland

RCSI Overall Statement of Vision and Key Strategic Objectives (FIGURE 1)

Statement of RCSI Hospital Group Vision:

To provide world class care, exceptional clinical services with respect and compassion.

Key Strategic Objectives

Within the context of the patient being the core focus for all endeavors, the RCSI Hospital Group is pursuing 8 thematic objectives, each with related critical success factors necessary for successful advancement:

Improve Access Performance.

- Emergency care diagnosis, treatment and management.
- Elective care diagnosis, treatment and management.

Deliver relevant services that are planned and organized to meet designated population health needs, achieve desired health outcomes in a manner consistent with evidenced based best practice with particular focus on efficiency, effectiveness and quality. Recognizing also the need for continuous improvement and innovation.

Do no preventable harm to patients.

Deliver services equitably on the basis of need, governed by the principles of Fairness, Honesty, Respect and assigned Accountability.

Develop and generally advance an integrated delivery model.

- A single delivery model across the 7 operational sites.
- Successful integration with Community Services, particularly with regard to Chronic Disease Management.
- Cognizant of the need to operate in a complex environment of vertical and lateral collaboration and the participation in service and academic health networks both nationally and internationally.

Fiscal Prudence with regard to resource utilization and investment.

Develop Education and Research capacity and capability with designated academic partner in a manner that supports and generally enhances direct service delivery.

Ensure Staff enabled, supported, trained, developed and accountable.

Schematic Overview of RCSI Hospital Group (FIGURE 1)

Strategy 2019 - 2023

Vision
To provide world class care, exceptional clinical services with respect and compassion

Primary Strategic Objectives

- improve access to clinical services
- ensure service integration
 - single acute site construct
 - hospital - community services
- planned, structured and controlled service delivery
- delivery of appropriate effective, efficient, quality patient care
- delivery of desired health

Principles of Health Care Consumerism

- patient engagement and involvement
- convenience and accessibility
- trust and partnership of patient ↔ care provider
- provision of personalised information in a manner easy to understand
- patient enablement in regard to Health improvement / Status particularly in regard to Chronic Disease

Clinical Innovation + Design Improvement

Single Site Construct

PATIENT

Measurement and Audit:

- appropriateness
- effectiveness
- efficiency
- quality

Staff:

- enabled
- supported
- developed
- accountabl

Principles of:

- fairness
- honesty
- respect
- equality
- diversity
- confidentialit

Enabling Strategic Objectives (Organisational Capacity, Capability, Control and Culture)

Corporate

- capacity / + capability to influence
- optimal financing
- general development of governance provisions

Organisational

- ensure work force capacity and capability
- effective internal / external communications
- accountability / control clarity

Management

- necessary leadership / management capability
- maximise opportunities presented by ICT

Education & Research

- staff enabled, supported, trained, developed and accountable
- relevant translational research output

Capital Development

- completion of existing major capital programme
- support of existing infrastructure
- advancement of necessary capital capacity to appropriately match patient demand

Our Population

Population Health

The catchment area of the RCSI Hospital Group (HG) includes urban, rural and commuter areas, each presenting different challenges for service delivery. Residents predominantly from North Dublin, Louth, Meath, Cavan and Monaghan, access RCSI hospitals for secondary care and maternity services however residents of other areas, such as South Dublin and Kildare also. The area stretches from the north banks of the River Liffey in Dublin city Centre, to the border with Northern Ireland, and west to the border with County Donegal and includes some of the most densely populated parts of Ireland, including north Dublin city, Fingal, and Meath. Population density varies from a low of 39 persons per square kilometer across Cavan County to a high of 5,830 persons per square kilometer in Kinsealy-Drinan (Fingal) (Central Statistics Office).

Service Provision:

Beaumont Hospital

Beaumont Hospital, incorporating St. Joseph's Raheny, is a large academic teaching hospital 5km north of Dublin City centre. The Hospital provides emergency and acute care services across 54 medical specialties to a local community of some 290,000 people. In addition, Beaumont Hospital is a designated Cancer Centre and the regional treatment centre for Ear, Nose & Throat, and Gastroenterology, the national referral centre for Neurosurgery and Neurology, Renal Transplantation, the National Poisons Information Centre, Cochlear Implantation and Mechanical Thrombectomy.

Cavan and Monaghan Hospitals

Cavan General Hospital and Monaghan Hospital are 46 km apart and they operate as a single hospital, with an integrated managerial and clinical governance system, care pathways and support functions. Cavan General and Monaghan Hospital currently provide services to the population of both counties and its catchment area extends to counties Meath, Longford and Leitrim. Cavan General Hospital is a Level 3 hospital and Monaghan Hospital is a Level 2 hospital. All acute in-patient services are based in Cavan General Hospital. Both Hospital sites provide extensive Outpatient, Theatre and Day Services. Cavan General Hospital is a teaching hospital with links to the Royal College of Surgeons, Royal College of Physicians, and the Dundalk Institute of Technology.

Our Lady of Lourdes Hospital, Drogheda, Louth County Hospital, Dundalk & The Cottage Community Hub

Both hospitals operate conjointly, with an integrated managerial and clinical governance system, care pathways and support functions. Our Lady of Lourdes Hospital, Drogheda is a Model 3, 478 bedded Hospital, with 24/7, 365 emergency care and related services. It is the main acute hospital in the North East region and currently remains the 5th busiest Emergency Department nationally. The Hospital Services include Critical Care, Orthopaedic Trauma, Surgery, Medicine (wide range of specialties), Acute Stroke Unit, Cardiology, Gynaecology and Obstetrics and Paediatrics. The Emergency Floor includes: An Emergency Department (Resus, Majors, Minors, RAT), a Clinical Decision Unit, an accredited AMAU and an accredited ASAU, and a Paediatric Emergency Department.

The services include scheduled and unscheduled care activity with inpatient acute services being primarily of unscheduled care origin. Most scheduled care activity for Drogheda Hospital takes place in Louth County Hospital, Dundalk and Our Lady's Hospital, Navan.

Louth County Hospital, Dundalk is a Model 2, 90 bedded Hospital and in line with the Smaller Hospitals Framework, has a Minor Injuries Unit located on site which provide an important service to the local community. There are 29 day beds and 61 inpatient beds that provide palliative, step down and rehabilitation care. There is a Louth County Hospital cross site endoscopy waiting list and this service ensures that the patients from the Louth/Meath area have equal access to treatment. The Endoscopy Unit in Louth County Hospital has been accredited as a National Colorectal Screening Centre.

The Cottage Community Hub:

The Cottage Community Hub is part of the RCSI Hospital Group and is based in close proximity to Our Lady of Lourdes Hospital, Drogheda. It has been in operation since March 2021 following extensive renovations. The Hub provides inpatient and ambulatory assessment for older adults in Drogheda and the surrounding areas.

There are 14 in-patient beds on the first floor for older adults whose clinical team feel that they would benefit from receiving further care and support following their acute care in Our Lady of Lourdes Hospital, Drogheda.

Connolly Hospital

Connolly Hospital Blanchardstown (CHB) has a catchment population of upwards of 331,000. It serves an urban and rural catchment which includes Finglas West, Lucan, Dublin 15, North Kildare and South Meath. Connolly Hospital is a member of the RCSI Hospitals Group and is a Statutory Hospital under the governance of the HSE. Connolly provide 24 hour Emergency care, and scheduled services include acute medical/surgical care, acute psychiatric services and outpatient services including diagnostic, therapeutic and support services.

Rotunda Hospital

The Rotunda Hospital is the oldest continuously operating maternity hospital in the world, working out of its current Parnell Square location since 1757. It is also the busiest maternity hospital in Europe, with over 9,000 births in 2021, which represents a 10% increase compared with 2020. While there is a decline in births in 2022 the Hospital continues to be the busiest maternity hospital in Ireland in 2022 with 10-15% more births than other similar hospitals. Approximately, one in six of all babies born in Ireland are Rotunda babies. It employs a headcount of 1,300 staff and has an annual budget of circa €90 million. It is the largest provider of benign gynaecology services on the north side of Dublin and for the entire north-east of the country, with over 600 new gynaecology referrals per month. It is also the location of the first Sexual Assault Treatment Unit in Ireland which is also the biggest unit in the country. The Rotunda is a tertiary referral centre for Maternal-Fetal Medicine services and deals extensively with some of the most complicated pregnancies. One quarter of the Neonatal Intensive Care Unit capacity in Ireland is housed at the Rotunda and the Rotunda is a key component of the National Neonatal Transport Network

Health Care Delivery

The priority for 2024 is to maintain the services provided in 2023 while continuing to expand and develop services to respond to present and future needs.

The focus in developing this Operational plan encompasses:

Having patients at the center being cared for by appropriate staff at the appropriate point of contact

The effects of COVID-19 and the impact of the cyberattack on delivery and access to timely healthcare services in 2022 has contributed to longer waiting times and larger waiting lists which requires new and innovative work redesigns

Managing service delivery as COVID-19 transitions from being pandemic to endemic to everyday life.

Being informed by the latest best practice, e-Health and technological supports.

Striving to integrate all present services including insourcing and maximizing usage of all available capacity with available capability and ensuring effective control.

Continued development of appropriate patient pathways and clinical networks in and across hospitals in the Group. Promotion of integrated service provision with community services through working with the four Community Health Areas (CHO's) associated with the population served by the RCSI Hospital Group, promoting a modernized and streamlined service model in line with Sláintecare. This can be delivered through outreach services, telemedicine, virtual health clinics, integrated assessment services and cross-sector working, while supporting independence and choice for patients.

Ensuring alignment of service developments in both acute and community service areas supporting the implementation of integrated community specialist teams for older persons and chronic disease, while building upon existing pathways of care (e.g. frail intervention therapy teams and older persons' services), which will provide the most gain for patient outcomes.

Supporting the alignment of strategic objectives from Sláintecare, The Irish National Dementia Strategy (Department of Health), National Affinity Falls Programme and Covid-19 Nursing Homes Expert Panel Report with integrated older person's initiatives, to improve healthcare management of the frail older population.

Working with General Practitioners (GPs) and local residential care facilities to avoid admission to hospital and support planned managed hospital discharge. Continuing to promote use of Health-links and e-referral while working with GPs to improve timely access to diagnostics and specialist care.

Building resilience and business continuity into all systems across all hospitals and working with OoCIO and HSE to deliver same.

All underpinned by risk awareness *RCSI Hospital Group Corporate Risk Register (Appendix 1)* and a quality improvement focus in accordance with appropriate National Standards and Guidelines

Activity 2023 / 2024 Projections

Activity 2023

2023 RCSI Outturn	Beaumont	Cavan	Connolly	LCH	Monaghan	Drogheda	Rotunda	RCSI Outturn 2023
Inpatient Cases	25,850	16,289	15,072	11	-	32,112	12,965	102,299
Day Case Cases (includes Dialysis)	99,204	19,449	16,267	9,929	6,184	17,950	14,337	183,320
Total inpatient and day case Cases	125,054	35,738	31,339	9,940	6,184	50,062	27,302	285,619
Emergency Inpatient Discharges	21,027	12,217	13,069	-	-	24,165	1,878	72,356
Elective Inpatient Discharges	4,815	974	1,994	11	-	1,786	429	10,009
Maternity Inpatient Discharges	8	3,098	9	-	-	6,161	10,658	19,934
Inpatient Discharges > or = 75 years	7,817	3,836	4,423	-	-	5,919	22	22,017
Daycase Discharges > or = 75 years	20,572	5,081	1,809	1,780	791	3,115	40	33,188
Level of GI scope activity	4,621	1,334	4,027	2,479	2,970	2,120		17,551
Level of dialysis activity	23,581	10,834	-	-	-	-		34,415
Level of chemotherapy (R63Z) and other Neoplastic Dis, MINC (R62C)	8,537	2,713	454	-	1	5,350		17,055

New ED attendances	60,836	37,454	46,657			64,698		209,645
Return ED attendances	2,445	221	4,276			6,392		13,334
Injury unit attendances				15,881	10,607			26,488
Other emergency presentations	208	8,161						8,369
Total no. of births		1,263				2,770	8,264	12,297
No. of new outpatient attendances	44,181	9,477	16,989	7,190	4,607	29,138	45,192	156,774
No. of new and return outpatient attendances	192,025	31,828	78,087	20,880	11,459	101,831	135,626	571,736

Activity 2024 Projections

2024 HSE Targets	Beaumont	Cavan	Connolly	LCH	Monaghan	Drogheda	Rotunda	RCSI Expected Activity/ Target 2024
Inpatient Cases	25,822	15,495	15,096	7		32,051	13,451	101,922
Day Case Cases (includes Dialysis)	99,200	18,223	16,059	9,512	6,304	16,102	13,528	178,928
Total inpatient and day case Cases	125,022	33,718	31,155	9,519	6,304	48,153	26,979	280,850
Emergency Inpatient Discharges	20,854	11,590	13,321			24,104	1,948	71,817
Elective Inpatient Discharges	4,959	1,007	1,769	7		1,747	445	9,934
Maternity Inpatient Discharges	9	2,898	6			6,200	11,058	20,171
Inpatient Discharges > or = 75 years	7,665	3,551	4,432			6,302	23	21,973
Daycase Discharges > or = 75 years	20,630	4,940	1,801	1,721	911	3,210	38	33,251
Level of GI scope activity	5,011	1,113	4,348	2,479	3,181	2,150		18,282
Level of dialysis activity	24,131	10,613						34,744
Level of chemotherapy (R63Z) and other Neoplastic Dis, MINC (R62C)	9,645	2,479	360	2	10	5,411		17,907

New ED attendances	60,379	37,511	48,464			63,975		210,330
Return ED attendances	2,422	238	2,002			6,279		10,941
Local Injury Unit attendances				16,282	10,109			26,391
Other Emergency Presentations	203	8,026						8,230
Number of Births		1,269				2,817	8,310	12,397
New OPD attendances	42,299	7,720	17,021	7,364	4,336	27,497	44,519	150,756

Unscheduled Care

As emergency presentations have returned to pre-Covid-19 levels, it is essential to continue to support and stabilize changes in care delivery which were introduced during the initial Covid-19 surge. The priorities are strongly focused on enhancing timely access to acute and ambulatory care services and continuing to working towards alternative pathways of care that reduce the need to attend EDs or be admitted into hospital, thus sustaining the reduction in the numbers receiving care on trolleys in ED achieved in 2018/2019. These priorities will be achieved by:

Embedding and sustaining parallel Covid-19 / Non-Covid-19 clinical pathways in all Emergency Departments, developed in 2020/2021, enabled by medical and nursing roster segregation.

Continuing active management of handover of ambulance patients in ED and monitoring of same to ensure release of ambulance trolley within 30minutes of arrival at ED (national target for 2022<80%). This continues to be a challenge, given the volumes of attendance and present capacity of Emergency Departments, particularly out of hours.

Expand critical care outreach model through ANPs in Beaumont, Connolly, Drogheda & Cavan Hospitals to support a 24 hour 7 day roster

Continuing the expansion of the Respiratory Assessment Units / Outreach clinics in all hospitals. Long Covid 19 is managed in specialist respiratory outreach clinics.

Embed 24 / 7 Stroke service in Connolly Hospital as per National Stroke Model of Care, providing thrombolysis and CT brain imaging capability on a 24 / 7 basis.

Continue to work with General Practitioners to avoid hospital admission, and support planned managed hospital discharge. Improve GP access to specialist care and direct diagnostics while promoting the use of e-referral and Health-links.

Expand direct Home Care Support

Ongoing management and monitoring of performance relating to infection prevention and control, antimicrobial resistance and risk of healthcare associated infections, including Covid-19.

Implementation of the recommendations of the *Covid-19 Nursing Homes Expert Panel Report*
<https://www.gov.ie/en/publication/3af5a-covid-19-nursing-homes-expert-panel-final-report/>

The Integrated Care Framework incorporates the RSCI Group hospitals and a selected number of residential care facilities (RCF) working in close collaboration to ensure high quality of care for the residents. Each RCSI hospital has a dedicated outreach team in place (Geriatrician led) to provide enhanced clinical support to the selected nursing homes. Overall objectives of this programme are to enable the resident to be managed within their care setting, and minimise the requirement for transfer to the hospital's ED, as well as supporting successful transition of the resident from the acute setting to the Residential care setting.

Scheduled Care

The Group will strive to deliver additional scheduled care activity to manage the gap between demand and capacity, due to backlogs and ongoing capacity requirements while implementing **RCSI Hospital group Slaintecare waiting list initiative**.

RCSI Hospital group Slaintecare waiting list initiative.

The maximum waiting time for OPD <9 months

1 Targets to be achieved by year end of 2024

- OPD 100% compliance < 9 months target
- IP.DC 100% compliance < 9 months target
- Endoscopy 95% compliance < 13 week target

1.1 2023 Performance (see Appendix 3)

OPD

- all RCSI HG sites achieved > 90% compliance with < 9 month target, with 2 hospitals (Connolly, Louth) achieving 100% compliance
- this was achieved within a framework of 7.3% referral increase (n=12,982) and 9.2% OPD (new) activity increase (n= 13,961)

Endoscopy

- all RCSI HG sites achieved > 99% compliance with < 13 week target with 3 hospitals (Beaumont, Connolly, Drogheda) achieved 100% compliance

IP.DC

- all RCSI HG sites achieved > 90% compliance with < 12 month target with 4 hospitals (Cavan, Connolly, Louth & Drogheda) achieving 100% compliance

2 Methodology to achieve targets

Generally additional activity will be undertaken across all of the sites in an integrated and managed manner to ensure wait time targets are achieved within a balanced '*score card*' paradigm that also maintains necessary Emergency Access performance across the Hospital Group. As such, the concept of single speciality wait lists that can be managed through the full utilisation of all available resources across the 6 sites, specifically in regard to OPD, Endoscopy and Theatre resources - it not intended that targets will be achieved through outsourcing to the private hospital sector.

2.1 Resource Requirement:

Applications of resource requirement is based on 4 criteria:

- existing waiting list status: volume / waiting time composition
- referral practices: volume / source
- projected productivity to be achieved through resource deployment
- required activity additionality to secure and maintain targeted maximum wait times recognising that increasing OPD activity will significantly contribute to additional surgical treatment demand

Active management of waiting lists will continue for inpatient and day case procedures, through monitoring operational and clinical governance structures by;

- ensuring chronologically scheduled bookings
- monitoring the number of patients who have had their surgery cancelled for non-clinical reasons and offered another surgery date within 28 days.
- monitoring length of stay and working with specialist teams to identify opportunities for improvement using NQAIS data intelligence.

- continuing to improve day of surgery rates and increase ambulatory services as clinically appropriate.
- move from inpatient to day case activity will be maximised, in line with clinical guidelines and international norms with a focus on Basket of 24 procedures as identified in *National Elective Surgery Programme*, (Health Service Executive; Royal College of Surgeons in Ireland; College of Anaesthetists of Ireland).

Maximising all available theatre capacity on sites while recognising the challenge of recruiting theatre nurses, through;

- fully utilising level 2 hospitals as per *Securing the Future of Smaller Hospitals: A Framework for Development* (Department of Health; Health Service Executive).
- fully utilising day theatre capacity in Louth County increasing vascular surgery, Pain management and ENT activity.
- fully utilise increased theatre capacity in Drogheda to improve patient waiting times with initial focus on ent and plastics specialties.
- maximise theatre capacity in cavan general hospital by using monaghan hospital theatres for all minor surgery cases.
- commence project to upgrade the minor theatre in Connolly to create a dedicated emergency theatre allowing full utilisation of all operating theatres to reduce waiting times.
- commence build of additional theatre in beaumont hospital - completed december 2023
- all statutory hospitals will implement and fully utilise theatre management ipmms module to maximise utilisation safely.

Outpatient capacity will be maximised through

- recognising the capability of the entire MDT, Nurse, Midwifery and HSCP advanced practice initiatives, which will support clinical triage and ongoing follow up of patients.
- patient-centred booking arrangements continuing to be introduced into all opds which will aim to significantly reduce 'did not attends' (dnas).
- full use of opd physical present and newly developed capacity in all hospitals with 3 clinics a day model been expanded to tackle the increased demand for clinics; Breffni building Cavan, Omni phase 2 OPD Beaumont, Cedarwood Ward extension and Cottage Hospital, Drogheda
- continuing validation project of outpatient waiting lists.

Continue the transfer of infusion therapies from level 4 hospitals (Beaumont and Mater) to level 3/2 hospitals where appropriate to facilitate patient receiving care near home.

Promote the expansion of home dialysis in Beaumont, which will assist in managing patient experience and growing capacity need, moving care from hospital to home settings . Home dialysis service will be scoped out for Cavan/Monaghan region

Continue to develop diagnostic hub in Monaghan.

Covid-19

Beaumont will continue to operate a Long Covid clinic supported by resource allocated for patients with symptoms for more than twelve weeks and Connolly Hospital will run acute Covid clinics for patient supported by allocated resource as per Covid Model of Care.

Continue to promote

Diagnostics

Endoscopy

Endoscopy unit physical capacity on all sites have being enhanced, alongside a focus on clinical validation and development of care pathways to deliver timely appropriate assessment and treatment, within Covid-19 restrictions.

Usage of all sites in a combined manner will continue to support the achievement of national targets and continue to maximize the capacity across the group with active management of referral processes and waiting lists.

Non-invasive capsule endoscopy diagnostic services (Pill-Cam) continues in Connolly and Beaumont Hospital, to provide planned surveillance and to manage low risk symptomatic patients.

E-referral will continue to be implemented across all sites with CNM2s supporting GPs to use E-referral and evidence based protocols.

Dietitian Gut Health clinics being implemented to reduced Endoscopy procedures (target 20%) and improve patient empowerment and disease control.

Laboratory Diagnostics

All laboratories in the Acute Hospitals will continue to resource 24/7 access to testing required for management of patients and hospital capacity within strict IPC standards for Covid-19 and other identified infectious diseases. Cavan General and Beaumont Hospital continue to be part of National MedLis Project. Increased volumes of GP blood request continue to challenge lab capacity, presently being supported by outsourcing to private labs.

Specialist Services

Consolidate a functional Neurosurgery service with deep brain stimulation surgery procedures being carried out in Beaumont Hospital

Women and Children's Services

The hospitals will continue implementation of *Creating a Better Future Together: National Maternity Strategy 2016-2026* (Department of Health) through;

- reporting Maternity / Obstetric Metric monthly in *RCSI Hospital Group Quality Assurance Programme Key Performance Metrics* (Appendix 1).
- continuing to be committed to sharing capacity and expertise in order that maternity patients receive the earliest possible and most appropriate treatment regardless of their geographic location supported by maternity and neonatal network across hospital group.
- continue to support and evolve the established senior incident management forum for women's and children's medicine in the RCSI Hospital Group, providing senior clinical leadership in relation to the management of serious adverse incidents and reviews.
- continue to actively seek the Maternal and New-born Clinical Management System (MN-CMS) for Cavan and Drogheda hospitals, and implementation of next Phase of the Maternal and New- born Clinical Management System at Rotunda Hospital
- continue to implement a plan for benign gynecology in North East (plan)

As per HSE national HSE National Service plan, governance for homebirth service will transfer to the acute hospital with maternity services and maternity hospitals. The group will work with the community, acute hospitals, NWIP and the midwives to ensure this transfer is safely and effectively completed.

Rotunda Maternity Hospital capacity;

- progression of West wing development to full design phase.
- Clinical Ambulatory Services to be transferred to The Earl Building, Cleary's Quarter, North Earl Street, Dublin 1 creating onsite capacity and increased OPD/Ambulatory care capacity.

Cancer Services

The Group will continued implementation of the priorities of the *National Cancer Strategy 2017-2026* (Department of Health), focusing on ensuring the continuity of cancer services operating in a Covid-19 environment while monitoring the impact of 'slowing' cancer services and seek to expand services to manage demand with a Covid 19 environment.

Continued delivery of rapid access clinic for breast, lung and prostate cancers and maintaining adherence to national targets.

Work with the NCCP to ensure best available cancer drug treatments are available, and support hospitals 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 in Cavan & Monaghan Hospitals.

Continue to develop National Cancer Designation:

- Lung Cancer (Medical)
- Urology- Bladder, Prostate
- Colo-rectal
- GI Upper
- Head and Neck (confirmed 02.11.23)
- Radiation Oncology
- Penile Cancer service
- Secure identification, for Beaumont Hospital as a comprehensive Cancer Centre (Department of Health).
- Systemic Anti-Cancer Therapy; proposals to be progressed for Beaumont and Drogheda Hospital to develop compounding units to ensure resilience of service and supply

Quality & Patient Safety

Governance and Leadership for Quality and Patient Safety

The Quality & Patient Safety (QPS) department will continue to support and evolve the established Senior Incident Management Fora in the RCSI Hospital Group, Women's and Children's, Perioperative and Medicine. These committee's provide senior clinical leadership in the management of Serious Adverse Incidents and Reviews.

The Fora also have a key objective of ensuring that the recommendations from reviews are translated into action and that learning from serious events is disseminated Group wide. Recommendations are regularly reviewed and themed. In 2022 the QPS Directorate ran a successful Recommendations Workshop for Women's and Children's Services to address the 3 most frequent themes based on an analysis of completed systems analysis reviews. Three Quality Improvements (QI's) arising from this workshop were implemented in 2023. A further SIMF Workshop will be scheduled for 2024.

The SIMF committee's reports into the Quality and Patient Safety Committee which is the steering group for quality and patient safety in the RCSI HG. This committee will continue to meet quarterly in 2024.

Use of Information to drive improvement:

The established *RCSI Hospital Group Quality Assurance Programme Key Performance Metrics* - provide information on the quality and safety of services across the Group and are utilized by each Hospital & by the HG to monitor and improve patient safety.

In 2024 the HG will continue to evolve and support the *RCSI Hospital Group Quality Assurance Programme Key Performance Metrics* with additional indicators (*these include new ITU Metrics, High Risk Admissions from the ward, High Risk Sepsis Admissions from the Ward and Out of Hours Discharges to the Ward*).

Implementation of a Group Quality Management System (Q-pulse). Cavan / Monaghan Hospital is scheduled for implementation of Q Pulse in 2024.

Following successful implementation of electronic point of occurrence (EPOE) reporting onto the National Incident Management System in Connolly Hospital in 2023, the project will extend to Cavan Monaghan & Drogheda Hospitals in 2024

Develop capacity to listen and learn from Patients, Public and Staff:

Complaints: The RCSI HG continues to exceed the HSE KPI of 75% of complaints responded to within 35 working days. During 2024, this KPI will be continuously monitored, and improvements sustained. Based on analysis of an audit of patient complaints conducted in 2022, bespoke complaints training for RCSI HG has been embedded. Training will be delivered as follows in 2024, 1) Using the ASSIST model for managing complaints at point of occurrence, 2) Report Writing for Clinicians, 3) Complaints Training for Complaint Managers. A Re-audit of Patient Complaints will be scheduled for 2024.

Quality Improvement's: (QI's) will be evolved, monitored and implemented in response to the findings from the National In-Patient Experience Survey (NPES). These QI's will be progressed using the model for Improvement and published on the RCSI HG Website for maximal transparency

Open Disclosure: Staff training for Open Disclosure will continue to be delivered. Open Disclosure training rates will be published and monitored via the established *RCSI Hospital Group Quality Assurance Programme Key Performance Metrics*.

Children First Act 2015: The HG will continue implementation of the *Children First Act 2015* (Department of Justice) including mandatory training for staff as appropriate.

Assisted Decision Making: An action plan to support compliance with the *(ADM) Decision Making (Capacity) Act, 2015* has been developed. A lead is in place at HG level. Identified actions will be rolled out across the RCSI HG in 2024. Training rates and implementation of ADM will be audited in 2024.

Teaching & Education Support: The RCSI Hospital Group will continue to share learning in the fields of Quality and Patient Safety via:

1. The RCSI HG, Patient Safety Conference 12th April 2024. The theme of the conference is *Why Compassionate Healthcare Matters*
2. A comprehensive schedule of education sessions for Complaints, Systems Analysis Reviews (SAR's), Quality Improvement will continue in 2024.
3. RCSI HG Falls Prevention and Management Training for Frontline Staff & Managers will be delivered in 2024. A bespoke RCSI HG falls prevention programme has also been provided on HSE-land.

Supporting Patients and Staff:

The RCSI HG Quality Improvement Programme will be further developed in 2024. The aim of this programme is to support and enable staff at the frontline to deliver QI & improve patient care, using the model for improvement. Key areas of focus in 2024 include, Serious Falls Reduction Programme, Reducing Hospital Acquired VTE, and the Use of Visual Quality Boards at ward level.

After Action Review will continue to be used across the RCSI Hospital Group as a mechanism of staff support following adverse events and incidents.

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

The RCSI HG will continue to implement the national policy on restricted antimicrobial agents with a particular focus on antimicrobial stewardship and control measures for multi-resistant organisms, underpinned by the implementation of HIQA National Standards for the Prevention and Control of Healthcare Associated Infections (HIQA).

Collation and publication of KPIs on HCAs and their management will continue, in addition to publication and monitoring of Sepsis Training Rates amongst relevant staff.

The HG will continue to implement the screening requirements for patients in line with CPE guidelines, *Assessing Evidence of Transmission and End of Transmission of Carbapenemase Producing Enterobacterales (HSE; HPSC)*. Adherence to CPE criteria testing and associated infection control measures will continue including use of screening volumes and appropriate accommodation of patients across all hospitals.

Each hospital will continue to action recommendations from the Report of the Review of Nutrition and Hydration Care in Public Acute Hospitals (HIQA) and implement best practices in food and nutrition for patients in hospitals.

The RCSI HG will support the hospitals in the Group to implement the Influenza plan to manage all components including the uptake of the Influenza Vaccine amongst healthcare workers and at risk patients.

The implementation of the HIQA National Standards for Safer Better Healthcare (NSSBHC) in relation to Reusable Invasive Medical Devices (RIMD) (HIQA) will continue. Each relevant Hospital will action recommendations from the HIQA Monitoring programme against the NSSBHC and the National Standards for Safer Better Maternity Services (HIQA) with a focus on obstetric emergencies. QI's based on findings from the National Maternity Bereavement Survey will be progressed. Hospitals will continue to implement the National Standards for Safer Better Healthcare (NSSBHC) (HIQA) in relation to on Medication Safety and promote increased reporting of medication incidences and errors.

The RCSI Hospital Group will continue to implement the National Guidelines including but not limited to: Sepsis Management (National Clinical Effectiveness Committee (NCEC), Early Warning Scores (NEWS, PEWS, iMEWS), Clinical Handover (HSE) and the Incident Management Framework, 2020, HSE

Summary of Service Initiatives 2024:

- Accreditation Programme, progression and securement
- Patient Engagement/Complaints Programme
- QPS Education programme
- VTE Programme
- Coaching, Training and Support for Assisted Decision Making
- Clinical / Deteriorating Patient Programme
- Falls Prevention Program

ICT / EHealth

The Group will maximise the potential of emerging and innovative technologies to support the delivery of effective, patient-centred models of care. Enabler initiatives include, the expansion of telemedicine, GP decision support, and waiting list management solutions.

Given cyberattack experience of all hospitals, onsite IT and support resources have been put in place to ensure business continuity.

Connolly and Rotunda have been named in phase 1 of implementation of electronic pharmacy system, HMSS.??

The Group will develop eHealth capability by working with the Office of the Chief Information Officer to implement:

1. Upgrade from version 5 of GE Viewpoint in maternity services across Cavan and the Rotunda
2. Implement an Acute Floor Information System across Beaumont, Cavan and Drogheda
3. Implement an eRostering system across the HSE Statutory sites
4. Implement a replacement Maternity Information System across Our Lady of Lourdes and Cavan & Monaghan Hospitals
5. Implement an eDischarge & ePrescription across Beaumont, Connolly, Cavan and Drogheda to support timely discharge of patients and improve patient flow
6. Implement an order comms solution across Beaumont alongside an order comms portal for the remaining statutory sites
7. Implement a Managed Print Service to Our Lady of Lourdes, Connolly and Cavan & Monaghan Hospitals.
8. Implement a clinical information system for the management of frailty and orthopaedic trauma

Work continues from 2022 to enhance and complete the following

1. IPIMs (Integrated Patient Management System) continued upgrade across the statutory hospitals with continued preparation for implementation into Beaumont Hospital.
2. Implementation of iPMS theatre module into Our Lady of Lourdes hospital
3. Complete implementation of Q-Pulse across the remaining sites in RCSI HG
4. Continue to maximise opportunities for patient access in relation to telehealth and video-enabled care

In relation to staff:

- Continue to build digital capability and literacy across the RCSI HG
- Implement the digital health capability framework
- Develop a Digital Health Education Board to help assess the increasing numbers of staff accessing post graduate digital education with a view to allocate projects and support to improve the likelihood of success when completing education
- Continue to develop the capability of eHealth Project Managers and System Administrators by implementing the RCSI HG Project management Toolkit to support roll out of digital systems

Capital Developments for Advancement in 2024

Projects Contractually Committed in 2024

Beaumont Hospital

- Development of 99 single occupancy room ward block
- Emergency Department – New Build
- Critical Care expansion (64 beds)
- Hybrid Theatre
- Theatre expansion (opening 2nd quarter 2024)

Connolly Hospital

- 5th Theatre
- Chest Pain Unit / St Ita's Cardiology Service

Cavan / Monaghan Hospitals

- Capital Expansion (ED & Oncology)

Drogheda Hospital

- Expansion of ENT services including 3 new consultation rooms and an audiology suite
- Development of Interventional radiology suite

Rotunda Hospital

- North Dublin Benign Gynaecology Hub
- IUI - Fertility service
- Adolescent complex gynaecology service

The capital allocation for replacement equipment in the RCSI Hospital Group in 2024 has yet to be confirmed

Workforce / HR

Working collaboratively across hospital sites, the RCSI Hospital Group recognises that our people are our greatest resource. 2024 will bring challenges to the HR function to continue to deliver a people focused service. Enhancing our IT systems and data analytics within the HR function to ensure informed decision making to impact positively on workforce planning.

A workforce plan for 2024-2026 will be developed and implemented. Recruitment panels for roles that require high volume of applicant supply are being sourced for 2024. A recruitment moratorium has been applied by the HSE since October 2023 which is impacting service delivery. We will continue to recruit both domestically and internationally in 2024, utilising social media, talent attraction and focused recruitment strategies. Data analytics and system technology development in recruitment in 2024 will be a focus for HR with system integration to allow for best recruitment practice utilising our applicant tracking system and interview software.

The Group Employment Control Process will be a key priority for 2024 and Headcount Governance will be strengthened with appropriate controls implemented. Technology solutions to headcount management will be enhanced.

A good employee engagement is a crucial component of our people strategy. Utilising the Performance Achievement Process, we will be engaging directly with all staff to develop both professional and personal goals and priorities throughout the hospital sites, in line with the Hospital Group Strategy & Vision.

The Group corporate induction programs will continue in 2024 with the aim of building awareness, collaboration and development of relationships across the Group. Local induction for all new starters will be streamlined across the hospital sites, to ensure all new inductees receive appropriate and useful information relating to their roles and Hospital Sites. A health and wellbeing committee is established at group level to implement initiatives throughout the hospital sites in 2024.

The Learning Management System for each site will continue to be developed and implemented to allow access to all staff to mandatory training courses and a more efficient and streamlined process for managers to monitor compliance of mandatory training of their staff.

Absenteeism continues to be high across the Group which has an impact on service delivery. An analysis of absenteeism across all hospital sites will be undertaken to understand the rationale for the continued high absence rate. Localised strategies will be implemented to combat this.

An assessment of all Medical Manpower processes across hospital sites will be undertaken with processes redesigned to allow for NCHD agreement implementation. The New Consultant Contract will continue to be rolled out throughout the Group.

The exit interview process was developed in 2022. A process of evaluation and key learning from this initiative will continue to be deployed in 2024.

Group				
Staff Category	Target	WTE (Dec-23)	Var From Target	Agency
Medical (Consultant)	554	564	9	12
Medical (NCHD)	1,076	1,143	68	35
Nursing/ Midwifery	4,638	4,593	(45)	41
Health & Social Care Professionals	1,417	1,349	(67)	12
Management/ Admin	1,687	1,702	16	0
General Support	1,108	1,146	38	55
Patient & Client Care	1,096	1,114	18	95
Total	11,575	11,612	37	250

Finance

2024 Budget allocation

The 2024 core budget allocation for the Group is €1,660m (excluding net pension costs). This equates to €221m (13%) decrease v 2023 outturn. Additional funding of €18.9m for full year impact of 2023 pay awards has been received, and is cost neutral.

HSE D&NE HOSPITALS INCL. RCSI, MATER, CAPPAGH & NAVAN HOSPITALS			
BUDGET 2024			
		Net Exp.	
		€m	%
NET OUTTURN 2023		1,882	
BUDGET 2024 (ELS)		(1,660)	
BUDGET DECREASE V OUTTURN 23		221	13%

The Group is committed to delivering a balanced budget outturn and continuing cost control in 2024, and will continue to engage with Acute Operations regarding funding issues. The major funding issues are:

- COVID expenditure €45.7m – pay cost developments were approved for continuation in 2023 and remain unfunded. Non pay cost impacts including PPE, cleaning and security continue to impact.
- New Pay awards and HR circulars short fall €27m - including Circular 31/21 (Reversion of FEMPI cuts to NCHD variable pay) and shortfall in nurse contract (2021). Additionally, reversal of HRA hours (July 22) funding received was only 80% of requirement, and no funding for consultants impact.
- POCC New consultant contract will have significant impact in 2024 and cost not included in these figures.
- Approved service developments unfunded €38.1m including WL Access Plan, ED Safe Staffing, ECC ICPOP etc, Navan proposal, Winter Plan 2022/23 and approved consultant posts.
- Non pay deficit €89m in the base line, due to unfunded incoming inflation and development costs and ongoing increase in 2024.
- Continuing concerns re permanent loss of income due to COVID and abolition of in-patient charges (€22m) and loss of community income due to change of bed usage.
- Consequent cash issues arise for the voluntary hospitals in the Group due to reduced income and unfunded developments.

The Group will continue to pursue cost savings measures in 2024. However, there are significant challenges in view of the fixed nature of the cost base, increasing activity and ongoing non pay price inflation.

Caveats and assumptions

- Requirement to discuss the accounting and cash funding for voluntary hospitals in the Group, and to find a mechanism to clear prior year deficits.
- Assumption that pension cost increases will be funded in line with HSE Corporate Finance policy, and any potential deficit is excluded from forecasts.
- Bad Debt provision related to private patient income is limited to existing budget level pending the outcome of court case involving private insurers.

Nursing and Midwifery

The office of the CDONM in the RCSI Hospital Group continue to focus on 3 key priorities for 2024 which builds on the work of 2023 and enhances patient care, standards & experience and ultimately provides a working environment that our staff deserves and requires.

- 1) Investing in people
- 2) Investing in education and professional development
- 3) Investing in leadership

1. Investing in People

National Framework for Safe Nurse Staffing and Skill Mix Phase I and II

The implementation of the safe staffing and skill mix model in conjunction with the national plan is seen as a priority for the RCSI Hospital Group. This model supports stability, forecasting and flexibility in terms of workforce planning and is strongly linked to positive patient outcomes and staff retention.

Implementation of safe nurse staffing and skill mix for Drogheda and Beaumont Hospital **phase I** is now complete, revalidation of Trendcare data will be completed in Q4 2023 for Beaumont and Drogheda. In 2023 Cavan and Connolly hospitals have been benchmarked against the national framework and table below outlines the WTE adjustment required for phase I which will be implemented in 2023.

Hospital	SSF Staff Nurse Total WTE	Agency Conversion	HSE Funded
Connolly	43.5	26.5	17
Cavan	40	16.5	23.5
Monaghan	1.5	1.5	0
Louth County	9	9	0
Cottage	2.5	0.5	2
OLOL	9	1.5	7.5
Beaumont	15	9.5	13
Totals	120.5	65	63

- Table (1) identifies 120.5 WTE adjustments for implementation phase I in Cavan, Connolly and Louth Hospital for continued implementation plan.

Phase II safe staffing and skill mix framework applies to all Emergency Departments, all sites in the RCSI Hospital Group are in the advanced stages of working to incorporate this model into practice which will be completed in Q4 2023. In addition, national reassessment of data will be validated and WTE equivalent adjustments to be advanced in 2024.

In terms of midwifery the RCSI HG are in the process of reviewing the National Birthrate Plus report (2016) while awaiting outcomes of the national taskforce for maternity staffing review. Maternity is a specific National area of challenge relating to recruitment. The RCSI HG have recently secured NMBI accreditation for adaptation programme for Cavan and reaccreditation for Drogheda Hospital. This will support international recruitment in 2023 and beyond.

Advanced Nurse Practitioners /Advanced Midwifery Practitioners

Advanced Nurse Practitioners /Advanced Midwifery Practitioners delivers safe (ANP/AMPs), effective care that results in improved patient experience. The RCSI Hospital Group continues to grow the number of ANPs / AMPs in existing services while also continually reviewing services that would benefit from advanced nurse midwife services. By the end of Q4 2023 there were 84 registered ANPs and 62 candidates in training, and 4 AMPs with 3 candidates in training. Planning is underway to secure further posts in 2024.

Table 2:

Hospital:	ANP / AMP Proposal Title:	Expected Activity / Deliverables	Benefits:
Rotunda Hospital	ANP Gynecology	480 patients per year will be reduced from the waiting list.	Waiting list initiative
Cavan Maternity Hospital	Paediatric Bowel & Bladder Continence	550 per year outpatients.	Waiting list initiative
Cavan General Hospital	Cardiology Heart failure ANP	ANP will support managing the existing 1245 patients on medical cardiology waiting list. Waiting list of no more than 9 months will be achieved in 2023	Reduce LOS
	Stroke ANP	12 patients removed from waiting list weekly	Will enhance service cover Improve stroke KPIs Nurse prescriber so door to needle times improved
Drogheda	Advanced Practice Older Persons	ANP clinics will ensure 60% of all fragility fracture patents are assessed and treated	Older person (geriatric/falls/bone health). Integrated care.
	Advanced Practice Cardiology	Will achieve 26 week target & manage current waiting list Assist in seeing 1720 patients on waiting list. Waiting list of no more than 9 months will be achieved in 2023	Waiting list initiative
	Advanced practice Acute Surgical Assessment Unit	The ASAU saw 3,741 presentation in 2022. Approximately 8% of adult Unscheduled care/ Ed attendances. Service currently operates on a five day basis 8 am to 8 pm The RANP role will provide additional patient assessment capacity.	Early expert assessment – earlier access to diagnostics – Reducing pet times. Adult attendances Admission avoid

This year posts will be aligned to improving patient access, reducing waiting lists, supporting care of older person care, chronic disease management and integrated care.



In 2023, the 2nd annual RCSI Hospital Group Advancing Nursing and Midwifery Practice Grand Rounds was hosted by Drogheda this year, with attendance from over 120 nurses and midwives from across RCSI Hospital Group. We were delighted to have representation from the Chief Nursing office and CEO from the NMBI on the day. The event was kindly sponsored by RCSI University. 2024 event is currently being planned.

Deteriorating Patient and Sepsis

In 2022 a gap analysis informed by the national standards was completed across all hospitals in the RCSI Hospital Group in relation to recognition and management of deteriorating patients. Quality improvement plans aligned to the gap analysis are in place and are monitored quarterly via local hospital committees with oversight from the CDONM office. Monthly quality care metric audits of practice also inform the level of performance specifically in terms of processes around patient monitoring, recognition of deterioration, communication and escalation.

Sepsis audits in terms of care and management were conducted in all hospital sites in 2023 which included paediatrics and maternity services. The audit results inform a quality improvement plan which again is monitored via local hospital committees.

RCSI Hospital Group was delighted to host the Inaugural Deteriorating Patient Symposium in 2023. The running theme throughout the symposium was ‘Be Wise and Recognise – Don’t Hesitate to Escalate’.

The symposium provided a platform to share knowledge, innovation and expertise on recognising, responding and managing patients who are clinically deteriorating in our acute hospitals.

Quality Care Metrics (QCM)

Monthly metrics audits are conducted by nurses & midwives in association with the suite of National QCM's. These metrics inform compliance with fundamental elements of care and assist in recognising areas that require attention and improvement. Metrics are overseen by the CDONM and areas of good and noncompliance form agenda items at monthly meetings.

Dementia Pathways

Towards the latter part of 2022 a Dementia Nurse Lead was appointed to the RCSI Hospital Group. At present a gap analysis is underway in accordance with the National Strategy for Dementia. This gap analysis will go on to identify the priorities along with an improvement plan for 2023.

2. Investing in Education and Professional Development



Leadership programmes designed to suit the current needs of Clinical Nurse/Midwife Managers and Assistant Directors of Nursing/Midwifery in the RCSI HG were hosted during 2023 with further programmes commencing scheduled for 2024 and are hosted by Beaumont Hospital. These programmes facilitate networking, acquisition of new knowledge, shared learning, access to support and exposure to a range of resources that are intended to arm managers with the necessary toolkit to assist them in their roles.

RCSI HG in collaboration with RCSI university has opened its 5th Nursing & Midwifery Now Nightingale Challenge programme. This programme is aimed at Staff Nurses/Staff Midwives who have the potential to develop further from a leadership capacity. The programme aims to facilitate exposure to a wide range of experiences that will enable growth and personal & professional development.

Staff Recognition

Take time to appreciate the contribution staff make in everyday practice to patients' families and colleagues is seen as vitally important in ensuring staff know this does not go unnoticed.

2023 advanced the Daisy awards across the RCSI Hospital Group. The internationally recognised DAISY Award was established to celebrate the extraordinary compassion nurses provide their patients and families every day. Awards are based on nominations received from patients, families, and co-workers. Award ceremonies detail the reason for the nominations with common themes reflecting the enormous impact of nurse's kindness, caring and empathy on patients and co-workers alike.

RCSI HG is the first group to implement the Daisy awards across an entire group. There have been in excess of 40 DAISY pins, and in excess of 306 DAISY nominee pins awarded since the introduction of awards across the RCSI HG. In 2023, one lifetime achievement award, in excess of five honouree awards and 38 nominee pins were granted to well deserving participants.

Appreciation is offered to the RCSI Faculty of Nursing & Midwifery who work closely with the group and are involved in sponsoring DAISY.

In Q1 2023 staff appreciation extended to our valuable Health Care Assistants through the HEART recognition award. These awards were awarded to staff who were nominated by their co-workers or family & patients.

In 2023, a special CDONM pin was developed and presented to key nurse and midwifery leaders across the group.

The HCA plays a vital role in delivering patient care. All HCAs in the group have a minimum Level of FETAC 5 there is opportunity to utilise these skills to enhance patient care, release nursing and midwifery time for clinical duties and provide increase job satisfaction for this staff in this role. An opportunity to review work practices and roles of HCA will be a targeted focus in 2024 under the umbrella of recruitment and releasing time to care.

3. Investing in Leadership

Focused QI

Similar to other healthcare provider's nationally patient falls and pressure ulcers are the highest reported incidents in our Hospitals. In 2023 there was particular focus placed on reduction of harmful patient's falls. All acute Hospitals participated in falls quality improvement with close MDT collaboration and clear evidence of nursing leadership. At the end of 2022 there was a 17% reduction in serious reportable events (Falls) across the RCSI HG and this reduction was maintained over 2023. Enhanced focus of falls prevention and management across the hospitals and community areas including residential care facilities

Work is ongoing in terms of pressure ulcer prevention with an aim of pressure ulcers to zero. A strong cross site forum has enabled sharing of information surrounding improvement work.

Professional Development Plans

In 2023, Nurses and Midwives in the RCSI HG commenced rollout of the National Professional Development Planning Tool. This tool is part of a framework that enables nurses/midwives in conjunction with their line manager to identify and achieve goals that will benefit themselves, their service and users of the service. In 2024, the focus will continue on increasing compliance uptake on this important staff engagement tool.

Digital Health

The continued focus to develop a Digital Health Nursing and Midwifery Forum across the RCSI HG to connect digital champions and ambassadors working across every level of the organisation in 2023. Projects being prioritised include:

- Implement a document management system to enable scanning of clinical charts and reduce the storage of clinical notes
- Implement Erostering across the group this would lead to many efficiencies especially as we move toward RHAs
- Implement an ICU CIS into Connolly and Cavan hospitals
- Implement Trendcare into 1 model 3 site to support Phase 1 Safe Staffing Framework
- Implement an electronic patient record to support delivery of the Genito Urinary Clinic services across Louth County
- Implement the National Cancer Information System across Beaumont, Our Lady of Lourdes, Connolly and Cavan & Monaghan Hospitals
- Implement an Anticoagulation Clinical Information system in Connolly hospital
- Implement gestational diabetes telehealth project within Midwifery

Quantification of Risks

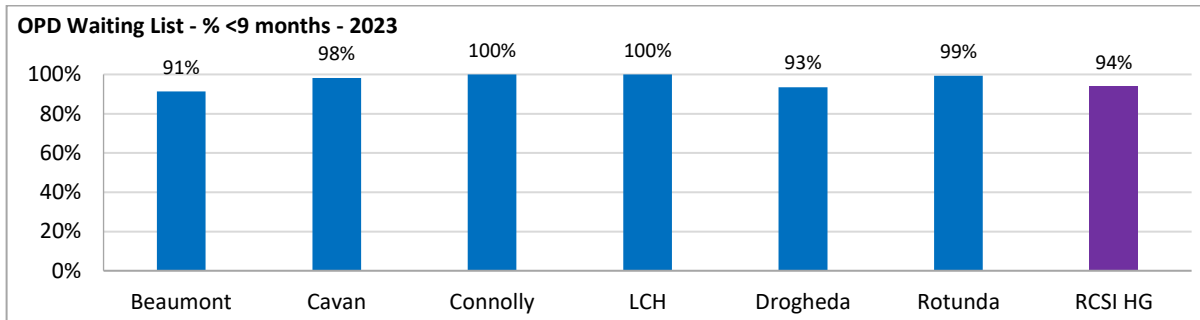
2nd January 2024

RISK MATRIX	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

Appendix 2 - RCSI Hospital Group Scheduled Care - Review 2023.v.2022

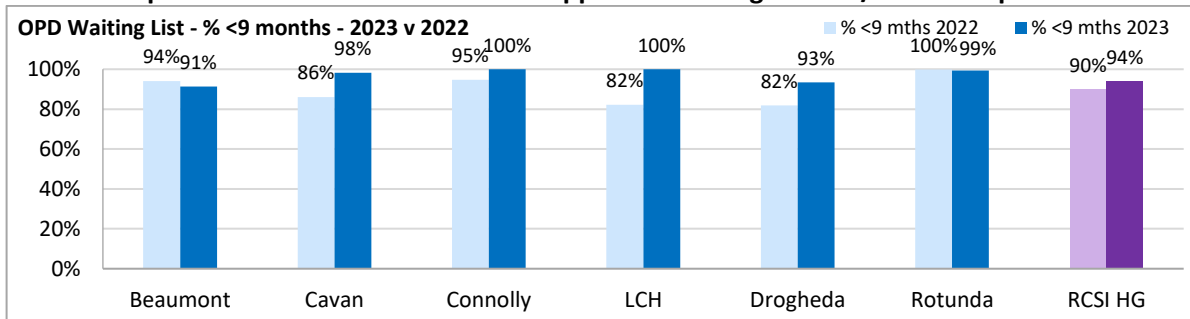
1. OPD Wait List Status: 2023 compliance < 9 months / Comparison: 2022 / National / Level IV Hospital

1.1 OPD % compliance < 9 months wait time for appointment target



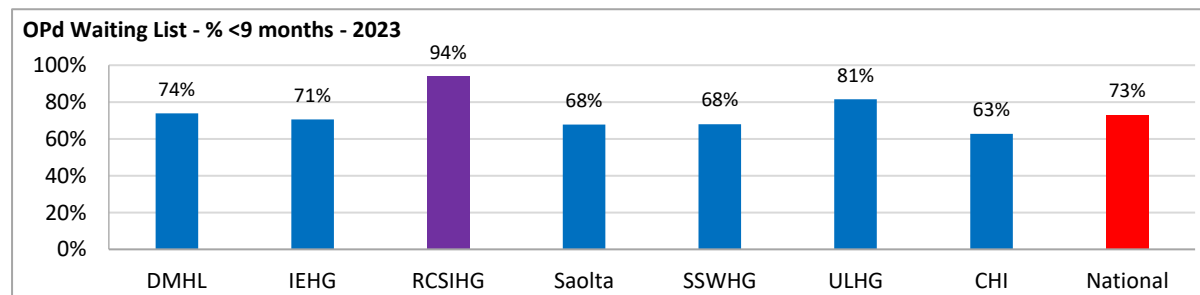
- all RCSI HG sites achieving > 90% compliance, with 2 hospitals (Connolly, Louth) achieving 100% compliance by year end.
- 0 patients within Hospital Group waiting > 2years (see 1.3)

1.2 OPD % compliance < 9 months wait time for appointment target 2023 / 2022 comparison



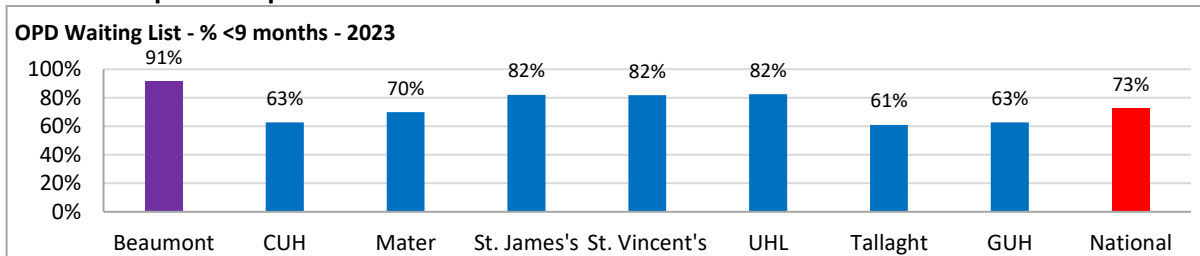
- overall RCSI HG has improved < 9 month compliance performance
- achieved within a framework of 7.3% referral increase (n=12,982) and 9.2% OPD (new) activity increase (n=13,961)

1.3 OPD % < 9 months compliance 2023 Hospital Group / National / Level IV Hospital comparison



- RCSI HG achieved highest compliance < 9 month wait time target
- 0 patients within Hospital Group waiting > 2 years (see 1.1)
 - whereas: 30,477 patients waiting > 2 years across the other 6 Hospital Groups
 - >2 - 4 years n=25,730
 - >4 years n=4,744

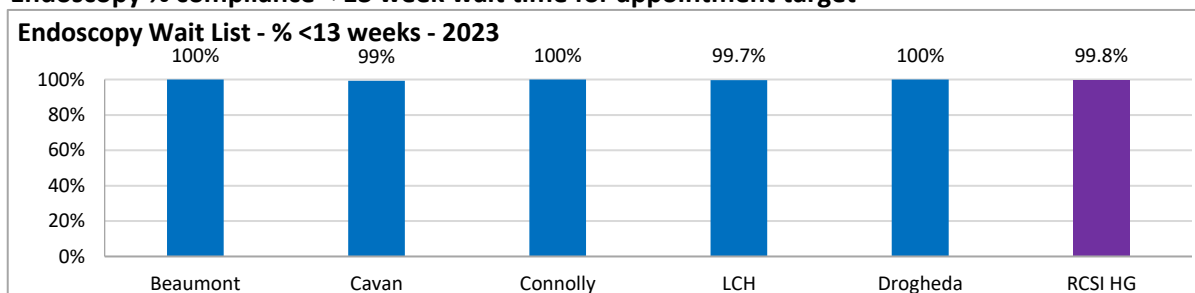
Level IV Hospital comparison



- Beaumont Hospital achieved highest compliance with < 9 month wait time target
- 0 patients within Hospitals waiting > 2 years (see 1.1)
 - whereas: 15,837 patients waiting > 2 years across the other 7 Level IV hospitals
 - >2 - 4 years n=13,302
 - >4 years n=2,535

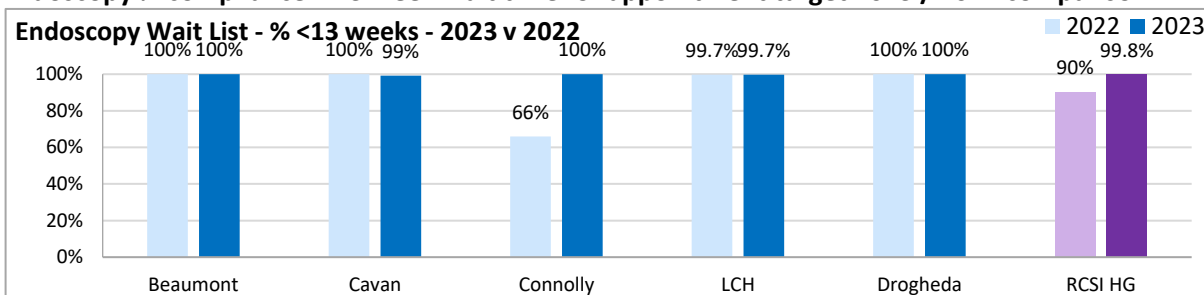
2. Endoscopy Waiting List Status: 2023 compliance < 13 weeks / Comparison: 2022 / National / Level IV Hospital

2.1 Endoscopy % compliance < 13 week wait time for appointment target



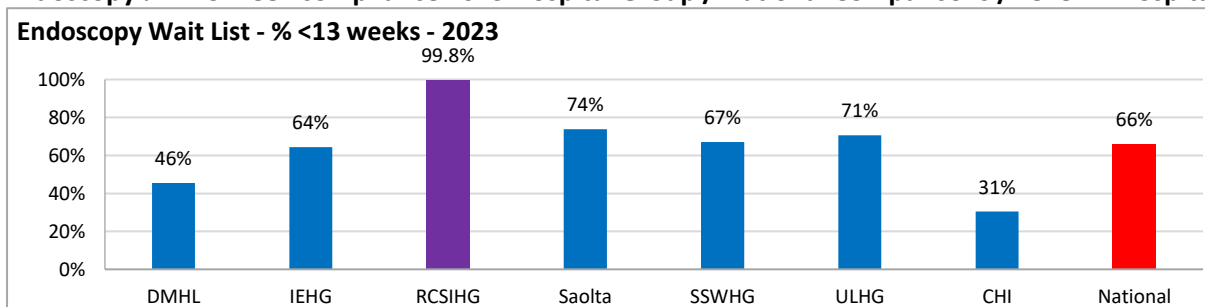
- all RCSI HG sites achieving > 99% compliance, with 3 hospitals (Beaumont, Connolly, Drogheda) achieving 100% compliance by year end.
- 7 patients within Hospital Group waiting > 13 weeks < 34 weeks (see 2.3)

2.2 Endoscopy % compliance < 13 week wait time for appointment target 2023 / 2022 comparison



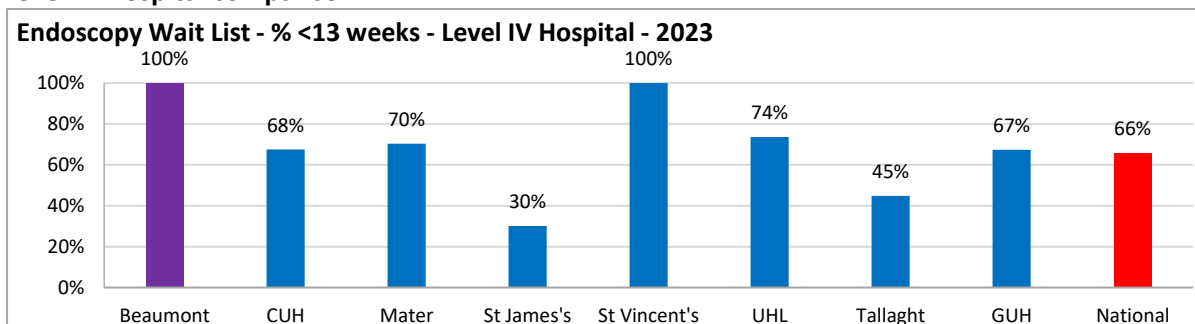
- overall RCSI HG has improved < 13 week compliance performance

2.3 Endoscopy % < 13 week compliance 2023 Hospital Group / National Comparisons / Level IV Hospital comparison



- RCSI HG achieved highest compliance with < 13 week wait time target
- 7 patients within Hospital Group waiting > 13 weeks < 34 weeks (see 2.1)
- whereas: 8,032 patients waiting > 13 weeks across the other 6 Hospital Groups
 - >13 weeks < 9 months n=6,873
 - >9 months n=1,159

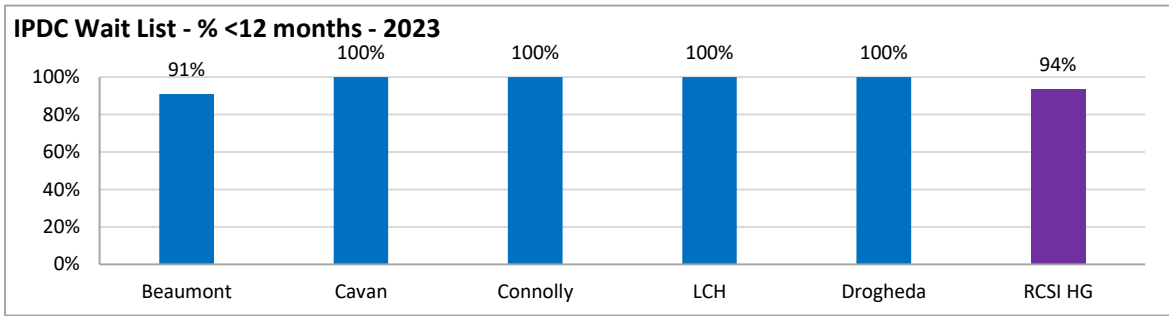
Level IV Hospital comparison



- Beaumont and St Vincent's Hospitals achieved highest compliance with < 13 weeks wait time target
- 7 patients within Hospital Group waiting > 13 weeks < 34 weeks (see 2.1)
- whereas : 3,487 patients waiting > 13 weeks across the other 6 Level IV hospitals
 - >13 weeks < 9 months n=2,909
 - >9 months n=578

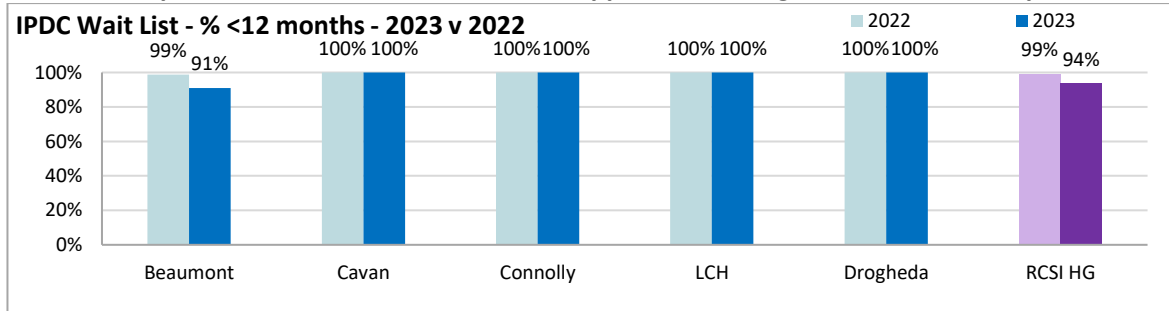
3. IP.DC Wait List Status: 2023 compliance < 12 months / Comparison: 2022 / National / Level IV Hospital

3.1 IP.DC % compliance < 12 months wait time for appointment target



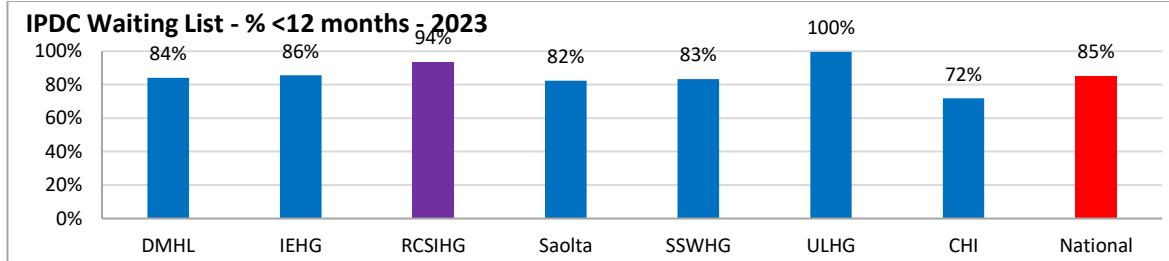
- all RCSI HG sites achieving > 90% compliance, with 4 hospitals (Cavan, Connolly, Louth and Drogheda) achieving 100% compliance by year end
- 54 patients within Hospital Group waiting > 2 years <3 years (see 3.3)

3.2 IP.DC % compliance < 12 months wait time for appointment target 2023 / 2022 comparison



- all RCSI HG hospitals, with the exception of Beaumont, have improved < 12 month compliance performance

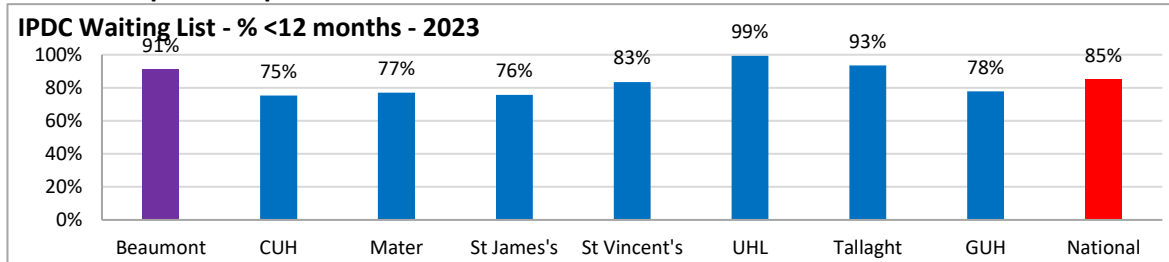
3.3 IP.DC % < 12 months compliance 2023 Hospital Group / National / Level IV Hospital comparison



- RCSI HG achieved second highest compliance < 12 month wait time target¹
 - 54 patients within Hospital Group waiting > 2 years <3 years (see 3.1)
 - whereas: 3,605 patients waiting > 2 years across the other 6 Hospital Groups
 - >2 - 4 years n=4,494
 - >4 years n=540

Note¹: RCSI HG achieving performance internally rather than outsourcing to private sector

Level IV Hospital comparison



- Beaumont Hospital achieved second highest compliance with < 12 months wait time target
 - 54 patients within Beaumont waiting > 2 years <3 years (see 3.1)
 - whereas: 2,349 patients waiting > 2 years across the other 6 Level IV hospitals
 - >2 - 4 years n=2,930
 - >4 years n=498

Note¹: RCSI HG achieving performance internally rather than outsourcing to private sector