



Tallaght
Hospital

Caring for the Future — A Clinical Services Strategy 2016-2018



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About Tallaght Hospital

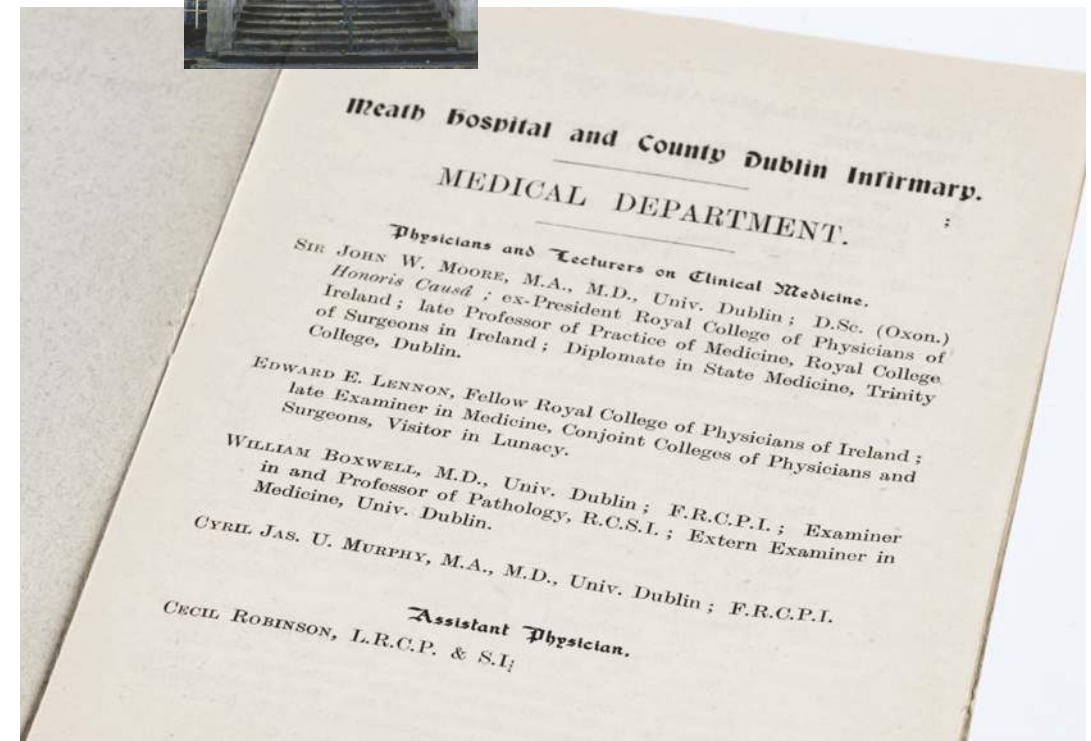
Tallaght Hospital opened in 1998 through the amalgamation of three independent voluntary hospitals: the Adelaide, the Meath and the National Children's Hospital (NCH). Founded in 1839, the Adelaide Hospital was famous for its nursing school; the Meath Hospital, the oldest voluntary hospital and the oldest university teaching hospital in the country, was founded in 1753; and the NCH, the first dedicated children's hospital in Ireland and Britain, was founded in 1821. The Adelaide, the Meath and the NCH have a long and proud history of providing specialist services to patients in Dublin. Many of Tallaght Hospital's core strengths today originated from national and regional specialist services developed in these base hospitals, including; Urology, Orthopaedics, Nephrology and General Paediatric services.

Tallaght Hospital remains a Voluntary Hospital underpinned by the legal status of a Chartered Corporation established under Statutory Instrument. Tallaght is a model IV hospital providing adult and paediatric services to a catchment population of approximately 450,000 people (80% of which are located in South Dublin and parts of Kildare), and serves approximately 200 General Practitioners. Mental Health services operate on-site under HSE governance structures, with close operational alignment to the adult services provided by Tallaght Hospital.

The Trinity Health Ireland (THI) collaborative agreement underpins Tallaght Hospital's valued relationships with Trinity College Dublin (TCD), St. James's Hospital, and the Coombe Women and Infants University Hospital. Uniquely, Tallaght Hospital operates within two Hospital Group Structures — the Dublin Midlands Hospital Group (DMHG) and the Children's Hospital Group (CHG) — and within Dublin South Central Primary Care Community Health Organisation (CHO) Area Seven. Tallaght Hospital has long-standing strategic and operational alliances with Naas General Hospital and Peamount Healthcare, among other healthcare providers within the region.

Tallaght Hospital provides access for patients to over 20 medical and surgical specialties, with comprehensive on-site Laboratory and Radiology support services. Currently, there are 562 beds, 12 theatres and 14 Critical Care beds in operation. The Hospital treats over 410,000 patients per year. The Campus is 31 acres in size, with significant future development capacity. Approximately 2,600 staff are employed by Tallaght Hospital, and annual gross expenditure is in excess of €0.25bn.

Many of Tallaght Hospital's core strengths today originated from national and regional specialist services developed in these base hospitals, including; Urology, Orthopaedics, Nephrology and General Paediatric services.





Foreword

A clear and solid strategy for the future development of our clinical services is important for staff and patients, which is why, on behalf of the Board, I am pleased to introduce a new Clinical Services Strategy (CSS) for Tallaght Hospital.

A transparent and coherent strategy provides all our staff with a stronger sense of identity, increases self-confidence, and improves their ability to work together towards a common set of goals, thus helping them care better for patients. It shows our local population that our primary focus is on meeting their health needs, and gives them the confidence that the Hospital has the skills, commitment and capacity to provide them with the care and services they need.

Although this is a strategy for Tallaght Hospital, it is not a Tallaght-centric strategy. On the contrary, it focuses on how the Hospital can best contribute as part of the Dublin Midlands Hospital Group (DMHG) and the Children's Hospital Group (CHG) to improving access for patients to the services they need. The main elements of this CSS have already been presented to the leadership team of the DMHG and CHG. It also respects and seeks to build on the roles played by our partners in primary and community care.

This CSS presents a coherent package of medical and surgical service priorities which complement each other. This package will improve access to and quality of both emergency and elective services. It recognises that changes are required in how services are delivered, and from which hospital sites they are delivered. It argues for a balanced distribution of services and specialties across hospitals within the DMHG and CHG in order to safeguard quality, improve access and underpin sustainable service provision.

Our CSS is ambitious yet realistic. It recognises that Tallaght Hospital cannot be experts at everything, yet sets out a determined plan which builds on our core strengths. It offers realistic opportunities to the DMHG to avail of readily available development capacity in the Hospital. It also demonstrates to the HSE, the Department of Health, and taxpayers in general that Tallaght Hospital has used, and can continue to use, the resources entrusted to it in a responsible and effective way.

The Hospital has deliberately concentrated on developing a Clinical Services Strategy. However, the Hospital has also been working on and aims to further improve our stakeholder engagement (with patients, staff, GPs, our volunteers, etc.) and various strategic enablers like ICT, capital development, communications and research. The Hospital will revisit these and other issues in due course as part of the implementation of our CSS.

It is important that Tallaght Hospital articulates its case for future development in a clear and respectful way, and I want to congratulate the leadership team within the Hospital on the work they have put into creating this CSS. The Board is asking for the support of all the Hospital's stakeholders in helping us to implement this important Clinical Services Strategy and improve patient care.

Michael Scanlan
Chairman



Executive Summary

The evidence is that Tallaght Hospital will have to increase the capacity of its adult emergency services in order to cope with a growing and ageing catchment population, and deal with the impact of changes in the configuration of Emergency Department (ED) services within the DMHG. To cope with this increasing demand the Hospital has to improve its own processes further, including expanding its Acute Medical Assessment Unit (AMAU) and Acute Surgical Assessment Unit (ASAU). However, it also needs more Critical Care beds, as well as greater Acute Medical Unit (AMU) capacity, more inpatient beds and, in due course, a further expansion of the ED itself.

The Hospital also has to retain and attract physicians and surgeons with the requisite qualifications, and ensure they can maintain their skill levels. To do this, particularly in the case of surgeons, the Hospital must continue to deliver a minimum volume of complex and specialised elective services. The priority specialist services identified in the Clinical Services Strategy (CSS) aim to achieve this. They are also services that the Hospital already specialises in and where there is clear evidence of the need to increase capacity further in order to help address the access challenges faced by patients of the DMHG.

This strategy outlines a compelling case for improving patient access to emergency and elective services within both hospital groups. It demonstrates how this can be done in a coherent way which reflects the existing strengths of Tallaght Hospital, the opportunities it offers in terms of clearly planned and readily deliverable capacity improvements, and the Hospital's track record of using focussed investment by the HSE to deliver clear benefits to patients.

It shows that in addition to providing emergency services, the Hospital is committed to continuing to provide the ambulatory and general paediatric care that best meets the needs of most children; a care of the elderly programme that addresses the highly complex needs of this group; chronic disease prevention and treatment for patients with heart disease, diabetes and chronic obstructive pulmonary disease (COPD), and specialised trauma and orthopaedic services.

The CSS is fully consistent with existing national policies, including the national clinical programmes. It is based on deepening and expanding the positive collaboration which the Hospital already has with other hospitals, healthcare providers and Trinity College Dublin.

(i) CSS Criteria

Tallaght Hospital aims to be at the forefront of supporting the development of both the DMHG and the CHG. At the outset of the CSS process (Appendix I), a set of key principles were agreed by the Steering Group (Appendix II) to guide its work:

- 1 The aim must be to develop a CSS for Tallaght Hospital as a key provider of services within both the DMHG and CHG, with a particular focus on addressing the needs of our catchment.
- 2 Tallaght Hospital's future focus must result in improved levels of access for patients to our services.
- 3 The process must strive to further strengthen Tallaght Hospital's core clinical competencies.
- 4 The plan should define Tallaght Hospital's service development priorities, initially for the three-year period 2016-2018, based on required resources being realistically obtainable.

This strategy outlines a compelling case for improving patient access to emergency and elective services within both hospital groups.



(ii) National Policy Context

A thorough analysis of the Hospital's operating environment in Section 2 outlines the national policy context in which the Hospital will operate during the next three years. The key national policy influences on the Hospital's CSS are:

The National Cancer Control Programme (NCCP)

St. James's Hospital is the designated cancer surgery centre for the DMHG under the NCCP. There is still significant urology and colorectal surgical cancer activity and some ENT cancer surgery activity at Tallaght Hospital because of existing serious capacity and access constraints to Surgical Services at St. James's and across the DMHG. In acknowledging this, it is important that the NCCP's future plans are implemented in a manner that ensures sustainable Surgical Services at Tallaght Hospital and also provides improved access to safe cancer care for patients within the DMHG.

Hospital Groups

Uniquely, Tallaght Hospital is a member of two hospital groups: the DMHG and the CHG. The future evolution of both these groups will play a central and interrelated role in the delivery of the Hospital's strategic objectives.

Tallaght Hospital has significant standing within these groups in terms of scale and activity, including:

- The largest ED nationally, with 48,000 adult attendances and over 33,000 paediatric attendances per year.
- The largest provider in the DMHG of certain inpatient and day case services including Urology (71%), Trauma and Elective Orthopaedics (50%), Vascular Surgery (55%), Renal Dialysis (70%), and the largest provider in the CHG of General Paediatrics (80%).
- The only provider of Spinal Surgery in the DMHG.

Our CSS objectives build on these areas of strength, among others. Input and support from the DMHG and CHG will be required as the implementation of our objectives is planned in further detail.

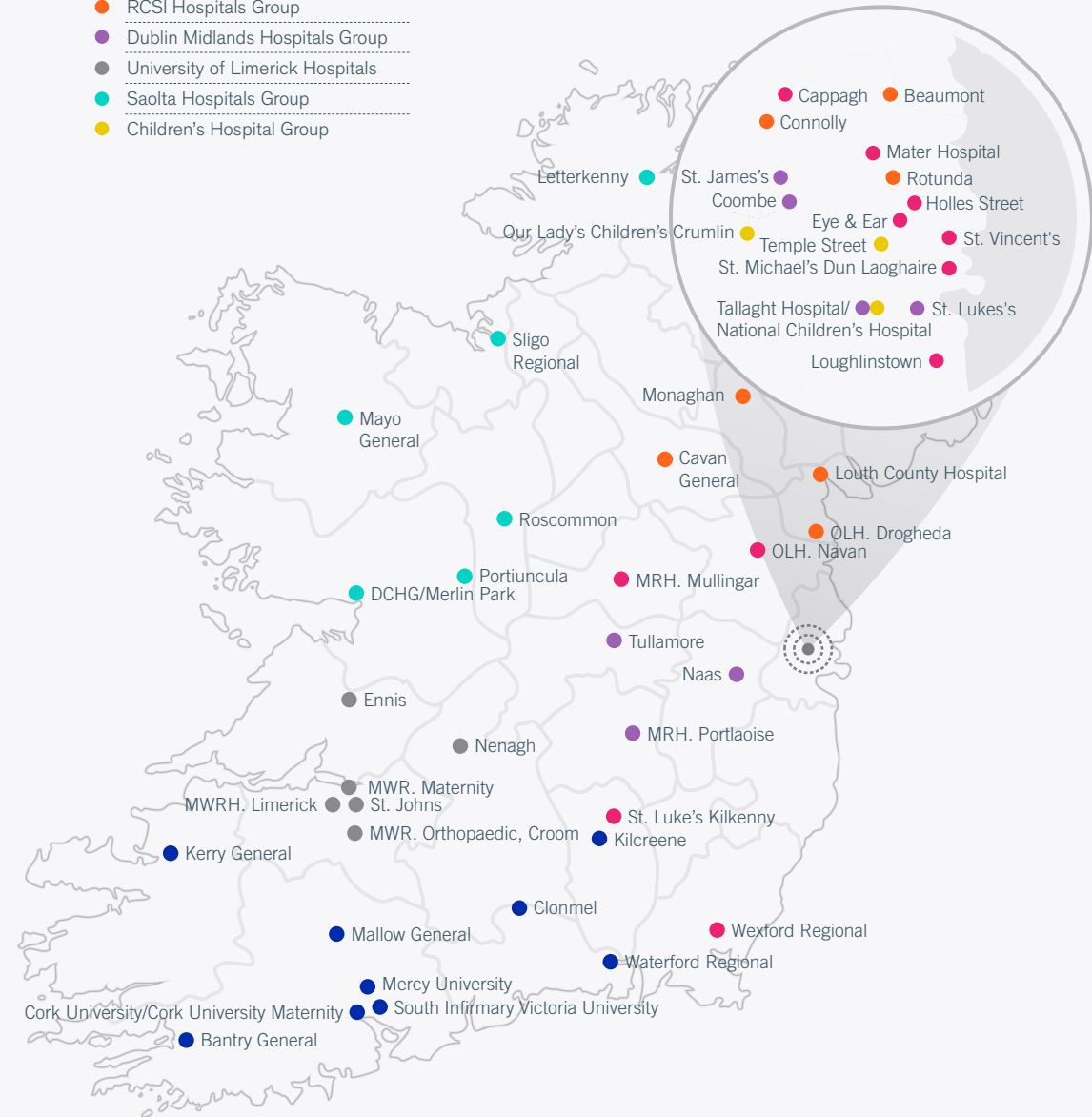
National Trauma Networks

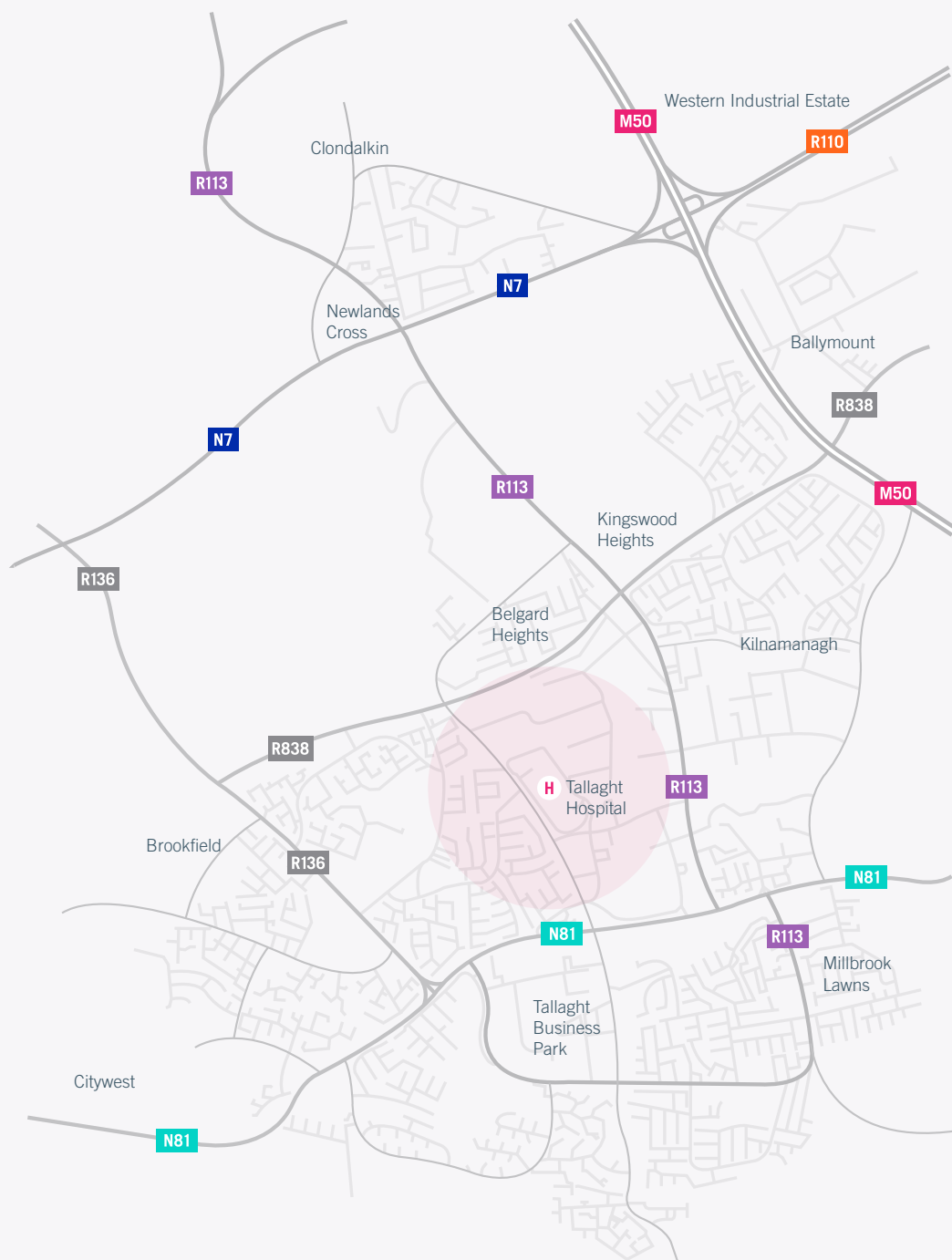
In 2015, the Department of Health began a review of the future configuration of national and regional Trauma Services. Tallaght Hospital's capability and track record in the delivery of both volume and complex Trauma Services is a key input to this ongoing process.

Tallaght Hospital has the largest ED nationally, with 48,000 adult attendances and over 33,000 paediatric attendances per year.

Irish Hospital Group Legend

- South/South West Hospitals Group
- Ireland East Hospitals Group
- RCSI Hospitals Group
- Dublin Midlands Hospitals Group
- University of Limerick Hospitals
- Saolta Hospitals Group
- Children's Hospital Group





(iii) Local and Regional Operational Challenges

Following the national policy element of our environmental analysis, the Hospital considered the main operational issues facing the Hospital.

Population Health Needs

Our analysis of local health needs was largely informed by a Health Assets and Needs Assessment (HANA) Tallaght Report conducted in 2014. The HANA study provided valuable information on household use of both the Hospital and general practice services. It highlighted:

- The high-level of ED use by residents in the direct catchment; with 40% of households surveyed indicating use of the adult ED in the previous 12 months.
- The need to develop comprehensive older persons and chronic disease models of care that reduce reliance on hospital-based services.
- Dissatisfaction with current levels of access to some emergency and elective services in the Hospital.
- High satisfaction with GP services but a need to improve access to both out-of-hours GP services and GP diagnostic capability.

Patient Access to Hospital Services

The HSE's national standard for ED Patient Experience Times (PET) is that a patient should be seen and either admitted or discharged in fewer than six hours from the time of registration. With a PET of 61% < 6 hours, the performance of the DMHG is well below that target. While Tallaght Hospital's performance has improved in the last year, more improvement is needed in Tallaght and across the DMHG. Patient flows for those awaiting admission are the key challenge. This is reflected in average morning trolley counts of 50 adult patients across the DMHG, which can peak at over 100 patients on occasion.

An equally important issue for the DMHG is the responsibility to manage the risk of poorer outcomes associated with escalating elective waiting times. The number of patients waiting over eight months for either inpatient or day case surgery has more than tripled from 1,146 to 3,808 in the reference period reviewed. The combination of significant emergency and elective access challenges in the DMHG is the single most important factor in determining Tallaght Hospital's CSS objectives.

Hospital Demand Forecasts

The rising number of ED attendances represent a good barometer of the growing demand for acute services. In the last four years, annual attendances at our adult ED have increased from 40,200 in 2011 to 45,200 in 2015, with attendance numbers projected to be close to 48,000 for 2016. With approximately 26% of those who attend subsequently admitted, the equivalent increased demand for additional inpatient capacity is significant. This is a key driver of sustained emergency access pressures and growing trolley numbers.

Furthermore, the general population growth in the Tallaght area within the last two decades, and the natural ageing of that population, is now being reflected in a significant increase in the number of older persons attending at the Hospital's ED in recent years. This pattern will continue with the ≥75 years' population living in the vicinity of the Hospital forecasted to grow by almost 11,500 people (+123%) in the next 15 years.

This combination of increased emergency demand and an ageing demographic results in more complex healthcare needs. The Hospital has seen this reflected in our Critical Care bed occupancy levels, which continue to operate at over 100%, and therefore causes delayed access to services for our most vulnerable patients. Addressing the serious access problems in the face of growing demand is central to the Hospital's CSS.

A dedicated programme of research and education will underpin the Hospital's CSS. Of particular importance will be research that helps address the increasing burden of chronic disease demand placed on Hospital services as our population ages. Trinity College's investment in the Institute of Population Health at Tallaght reinforces this focus and will help to promote chronic disease prevention and the integration of primary care with hospital-based services.

(iv) CSS Capacity Development Plans

There is enormous scope for addressing perennial serious access issues through targeted infrastructural developments on the Tallaght Hospital Campus. Currently about a third of the 31-acre campus is undeveloped, with significant further opportunity for above-ground floor expansion.

Moreover, with the transition towards the new model of care in Paediatrics with the development of the Satellite Centre at Tallaght as part of the New Children's Hospital, further significant and lower cost development opportunities will present to enhance the DMHG capacity through a number of refurbishment programmes on the Tallaght Hospital Campus.

Current inpatient access problems and our forecasted increased demand point to the need for an investment in inpatient beds. However, our plans are to create this capacity in a manner that improves models of care, shortens hospital stays or avoids them entirely. The expansion of our short stay Acute Medical Unit is one such example.

Our development plans promise to sustainably address long-standing and worsening access issues both in the Hospital and within the DMHG with:

- 01 A significantly expanded ED/Acute Floor footprint.
- 02 The addition of over 100 adult inpatient beds at the Hospital over the next three years to improve models of care (see page 15).
- 03 The expansion of Critical Care bed capacity from 9 to 21, (Phase 1, from 9 to 15).
- 04 The development of the planned new 2,400m² state-of-the-art Renal Dialysis Unit for the DMHG by end 2018.
- 05 The creation of additional on-site treatment capacity with the transfer of certain services off-site (including SIMMS OPD, Diabetic Day Centre, Endoscopy Unit Expansion, Exchange Hall and Acquired Site).
- 06 Development of the Paediatric Satellite Centre and refurbishment of the paediatric decant environment to include;
 - The further increase in adult ED footprint by 800m² (+23%), following a recent increase of 50% in 2015.
 - The reconfiguration of 1,200m² (+28%) of additional Outpatient Department (OPD) space.

- The refurbishment of 300m² (+10%) of additional Radiology space.
- The addition of one adult theatre.
- 07 The development of existing infrastructure to introduce a CORE Lab service at the Hospital.

Infrastructural development and refurbishment programmes recently completed, such as the expanded adult and paediatric EDs and the development of 16 new adult inpatient beds as part of a specialist older persons ward, demonstrate that the Hospital has the capacity to deliver these complex projects in a live and demanding environment.

Section 3.7 emphasises and illustrates the importance of CSS development sequencing. The Hospital aims to implement these developments in tandem with the commissioning of the paediatric satellite centre on the Tallaght campus. In order for Tallaght Hospital to be able to improve upon existing levels of access performance and cope with the increased more complex admissions activity that will result from an expanded ED, it is crucial that the development sequencing described on page 15 is adhered to. This is particularly the case for the Critical Care Project, as significantly increased ED activity and resulting emergency admissions is not viable in the absence of sufficient critical care capacity.

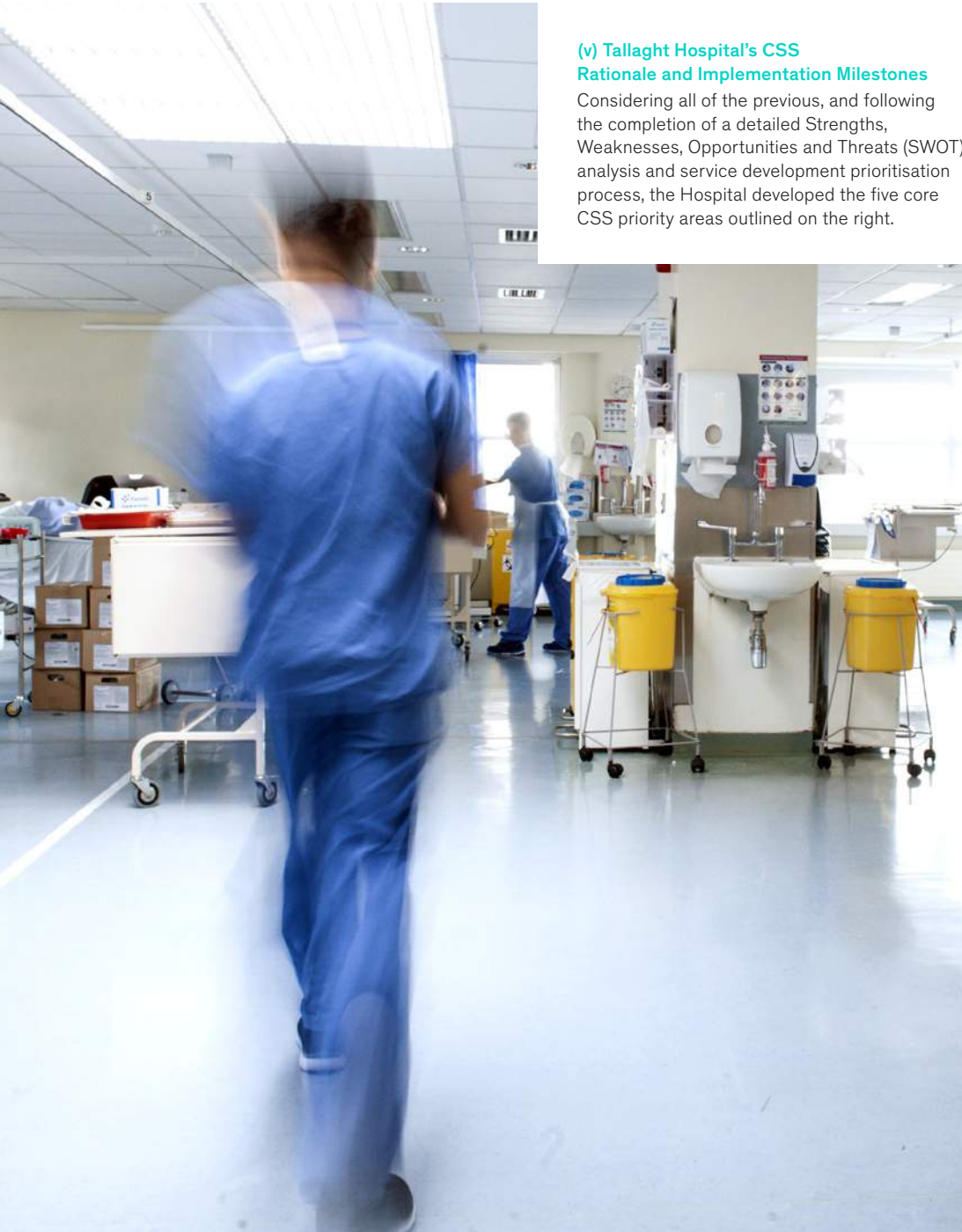
Currently the two most important capital developments in the near future are the proposed Critical Care capacity expansion, and the planned Renal Unit development. Without these, the Hospital will continue to face the ongoing risk of insufficient access to Critical Care and Acute Renal Dialysis Services for our most vulnerable patients. In particular, Critical Care capacity is an important prerequisite to achieving the full potential for patients from our expanded ED and our inpatient capacity development plans.

CSS Capacity Development Plans – Legend

- | | |
|----------------------------|---------------------------|
| 01 ED/Acute Floor | 5A SIMMS OPD |
| 2A Older Person's Ward | 5B Diabetic Day Centre |
| 2B Expand AMU | 5C Endoscopy |
| 2C Paed. Inpatient Environ | 5D Exchange Hall |
| 03 ICU | 5E Acquired Site |
| 04 Renal | 06 Paed. Satellite Centre |
| | 07 CORE Lab |



CSS Development Plans Summary	2015		2016				2017				2018				2019			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
01 ED / Acute Floor Expansion	[Progress bar]																	
02 Models of Care / +100 beds	[Progress bar]																	
2A Older Persons Ward	[Progress bar] +16 beds																	
2B Expand AMU	[Progress bar] +36 beds																	
2C Paed. Inpatient Environ	[Progress bar] +45 beds																	
03 ICU Phase 1 (9 to 15 beds)	[Progress bar] +6 beds																	
04 Renal Dialysis Centre	[Progress bar]																	
05 Off-site for + On-site	[Progress bar]																	
06 Paediatric Satellite Centre and related	[Progress bar]																	
07 CORE Lab	[Progress bar]																	



**(v) Tallaght Hospital's CSS
Rationale and Implementation Milestones**

Considering all of the previous, and following the completion of a detailed Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis and service development prioritisation process, the Hospital developed the five core CSS priority areas outlined on the right.

CSS Priority Areas

Objective

Acute Care Services

Tallaght Hospital will be the principal provider of Acute Medical and Surgical Services in the DMHG.

Trauma Services

Tallaght Hospital will be the principal provider of Trauma Services in the DMHG.

Specialist Surgical Services

Tallaght Hospital will be the principal provider of Elective Orthopaedic, Urology and Vascular Surgery Services in the DMHG.

Tallaght Hospital will be a leading provider of General, Upper and Lower GI Surgical Services in the DMHG.

Specialist Medical Services

Tallaght Hospital will be the principal provider of Renal Medicine, Acute Stroke and Percutaneous Coronary Intervention Services in the DMHG.

Tallaght Hospital will be a leading provider of complex Endocrine/ Diabetes, Rheumatology, Respiratory Medicine and Gastroenterology/ Advanced Endoscopy in the DMHG.

Paediatric Urgent Care Services

Tallaght Hospital will be an Urgent Care Satellite Centre in the CHG.

Acute Care Services

Objective: Tallaght Hospital will be the principal provider of Acute Medical and Surgical Services in the DMHG.

Rationale

Tallaght Hospital has the development potential to become the largest adult ED in the country with associated specialised inpatient bed and diagnostic capacity. Maximising this development capacity will improve access to emergency services within the DMHG and enhance access to services for an increasingly older population with more complex care needs.

Tallaght Hospital has already assumed leadership positions in implementing acute medical, acute surgical and older person's services to manage emergency demands. It will become increasingly important to further develop and maximise the potential of this capability to deliver high quality specialised care with lower admission rates and shorter hospital stays, while preserving inpatient capacity for our sicker and critically ill patients.

Implementation Milestones

- + Expanded ED Facility fully commissioned.
- + Multi-disciplinary acute floor with RATU, AMAU, ASAU and CDU.
- + Specialty bed designation medicine and surgery.
- + Comprehensive older persons model of care.
- + Expanded off-site rehabilitation.
- + AMU expansion development.
- + Newly expanded Critical Care Unit.
- + Expanded radiological and laboratory diagnostic capacity.





Trauma Services

Objective: Tallaght Hospital will be the principal provider of Trauma Services within the DMHG.

Rationale

Tallaght Hospital is keen to assert itself as the principal provider of trauma care at local and regional level, and a leading provider at a national level. A long-standing tradition of trauma management is embedded in our ethos, our personnel and the Hospital's infrastructure. The Hospital already delivers 40% of Trauma Services within the DMHG and 60% of services in southwest Dublin. Existing case load includes nationwide referrals to the National Centre for Pelvic and Acetabular Fracture at Tallaght Hospital.

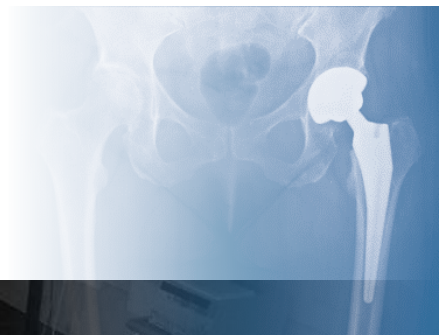
Our five fellowship-trained orthopaedic surgeons provide 24/7 consultant-delivered services, with access to four laminar airflow theatres. Trauma patients have on-site access to Orthopaedics, Vascular Surgery, General Surgery and Critical Care. Close proximity to arterial road networks means the Hospital is easily accessed by emergency services and it currently has the only helipad in the DMHG.

Capital development plans and the New Children's Hospital Development, will result in the Hospital having the largest adult ED in the country with additional theatre, diagnostic and Critical Care capacity.

Implementation Milestones

- + Consolidate position within the DMHG and nationally in relation to management of complex trauma problems.
- + Develop access to on-call Plastic and Cardiothoracic Surgical Services.
- + Develop short stay pathways with requisite trauma inpatient bed ring-fencing.
- + Further develop rapid access to emergency and elective diagnostic services.
- + Enhance off-site interim care/rehab bed capacity.

Specialist Surgical Services



Objective: Tallaght Hospital will be the principal provider of Elective Orthopaedic, Urology and Vascular Surgery Services in the DMHG. Tallaght Hospital will be a leading provider¹ of General, Upper and Lower GI specialist Surgical Services in the DMHG.

Rationale

The Hospital has a strong track record and scale in these specialties, currently providing:

- 52% of DMHG elective orthopaedic activity and 60% of activity in southwest Dublin.
- 71% of Urology activity in the DMHG; and 55% of Vascular Surgery activity.
- 42% of General/GI Surgical activity in southwest Dublin (and 51% of inpatient activity).

The following services are well developed, aligned with and necessary for the implementation of other strategic priorities:

- Elective Orthopaedics specialises in all body parts including hip, knee, foot and ankle, shoulder, elbow, hand and spine.
- Urology has a dedicated outpatient uro-diagnostic unit, inpatient ward and two dedicated theatres. The department is a leader in minimally invasive techniques in laparoscopic and endo-urology.
- Vascular Surgery forms part of a strong base of cardiovascular disease-related specialties of cardiology, renal, diabetes and stroke. Its presence in Tallaght is also aligned with our Trauma objective.
- Our General, Lower and Upper GI surgeons are critically important in the delivery of Acute Surgical Services and are leaders in the development of specialised minimally invasive surgical techniques.

Implementation Milestones

- + Consolidate position regionally and nationally in relation to degenerative spinal services.
- + Implement ring-fencing and more efficient high volume orthopaedic pathways.
- + Implement recommendations of the DMHG Urology Review group and a 'hub and spoke' model of care.
- + Implement DMHG service structures that see centralisation of Vascular Surgery Services in Tallaght Hospital.
- + Implement colorectal cancer models of care that sustain specialist and General Surgical Services.
- + Implement the Smaller Hospitals Framework for General Surgical Services across the DMHG.



Specialist Medical Services

Objective: Tallaght Hospital will be the principal provider of Renal Medicine, Acute Stroke and Percutaneous Coronary Intervention (PCI) services in the DMHG. Tallaght Hospital will be a leading provider of complex Endocrine/Diabetes, Rheumatology, Respiratory Medicine and Gastroenterology/Advanced Endoscopy services in the DMHG.

Rationale

- Tallaght Hospital is the largest dialysis unit in the Group (and second largest in the country), providing 70% of services.
- Acute Kidney Injury (AKI) is estimated to result in 200² avoidable deaths each year in the DMHG.
- Tallaght Hospital's strategic focus as an ideally located emergency and trauma hub combined with highly evolved stroke (lowest mortality in the country) and cardiac services, support the further development of PCI and stroke thrombectomy services.
- The development of TCD's Institute of Population Health in close proximity to the Hospital, combined with further integration of acute and primary care services provides an ideal opportunity for the Hospital to lead in the areas of chronic disease prevention and treatment.

Implementation Milestones

- + Planned development of the new state-of-the-art Renal Dialysis Unit at Tallaght.
- + Inpatient AKI unit in place.
- + 24/7 PCI services in place supported by the intended development of a second cardiac cath lab.
- + Satellite stroke thrombectomy services in place to treat suitable cases in southwest Dublin and the midlands.
- + Delivery of a new JAG accredited Endoscopy Unit.
- + Development of an Acute Respiratory Unit.
- + Full implementation of a Bone and Joint Unit.

Paediatric Urgent Care Services

Objective: Tallaght Hospital will be an Urgent Care Satellite Centre in the CHG.

Rationale

- Planning for the New Children's Hospital Development is at an advanced stage.
- Tallaght Hospital will be one of two new satellite centres providing urgent care and outpatient services by late 2018.
- The Hospital's recently opened Short Stay Observation Unit (SSOU) is providing the type of general acute paediatric care that is a key element of the new national model of care and will help reduce admission rates to the Hospital from 16% to 12%.

Implementation Milestones

- + SSOU benefit delivery.
- + Satellite Centre developed by late 2018.
- + New Children's Hospital opening post 2020.



The Vital Role of Diagnostics and Interdependent Services

The CSS also recognises the vital enabling role of radiology and laboratory diagnostic services whose strategic objectives mirror those of the Medical and Surgical Services they support. The CSS will focus on the implementation of a blend of approaches to address deteriorating radiology access and waiting times. A full-service on-site laboratory, complete with CORE lab development, is also essential for a university teaching hospital of this size and the growing needs of our catchment.

It is important to note that while it has been decided to prioritise the five key areas and associated strategic objectives set out on page 17, there will be an ongoing requirement to re-evaluate these priorities and to address specific issues in a number of other key specialties as they arise over the lifetime of this CSS. This includes the need to enhance Critical Care and diagnostic capacity and the need to address current or future access or capacity issues for ENT, Gynaecology, Neurology, Dermatology, Haematology and Oncology. Some specialties have already seen targeted investment in recent years in either consultant numbers or service development, and this CSS does not envisage significant changes in service configuration in these services over the next three years.



Section 5 summarises the implementation considerations and critical success factors that the Hospital must consider in the next phase of this CSS journey. The implementation of this CSS will be a continual process, aimed at positioning the Hospital to be at the forefront of service delivery within both the DMHG and CHG in the future.

The buy-in from our internal stakeholders, particularly our staff and patient representative groups, is fundamental to the successful delivery of this CSS. The process will be underpinned by strong leadership, respect for the views of our DMHG and CHG partners, and programme management rigour. Tallaght Hospital has already taken certain important steps toward implementing this CSS, particularly in the area of campus capacity development planning.

The Hospital is determined to ensure that implementation of this CSS results in significant access improvements for patients and provides staff with a clear and exciting vision of the future.

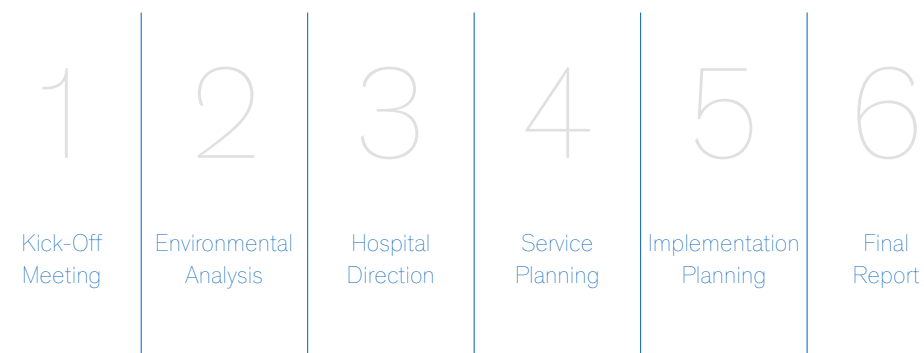
Tallaght Hospital is determined to ensure that implementation of this CSS results in significant access improvements for patients, and provides staff with a clear and exciting vision of the future.



01 — CSS Criteria

This CSS sets out how Tallaght Hospital intends to best support the delivery of high quality and timely access to our clinical services for patients in our immediate and wider group catchment areas. It is important to note this document relates solely to clinical services. Though it does not extend to corporate activities, the critical role played by all support functions is recognised and acknowledged.

The development of this CSS is particularly timely, given the establishment of the DMHG and the CHG. Tallaght Hospital wants to be at the forefront of supporting the development of both groups, while also ensuring that safe and efficient services continue to be provided to all patients accessing our services.



1.1 Key Principles

In determining the Hospital's future clinical service priorities, the Executive Management Team and the Hospital Board identified a number of key principles and objectives to be applied to all considerations during the planning process:

- 1 The aim must be to develop a CSS for Tallaght Hospital as a key provider of services within both the DMHG and CHG, with a particular focus on addressing the needs of our catchment.
- 2 Tallaght Hospital's future focus must result in improved levels of access for patients to our services.
- 3 The process must strive to further strengthen Tallaght Hospital's core clinical competencies.
- 4 The plan should define Tallaght Hospital's service development priorities, initially for the three-year period 2016-2018, based on required resources being realistically obtainable.

1.2 The CSS Process

The CSS was developed over a series of focused workshops involving a Steering Group consisting of the four Clinical Directors, members of the Executive Management Team and the Chair of the Hospital Board. The overall process was supported and monitored by the Hospital Board through a number of routine review meetings. The process built upon a previous strategic planning exercise undertaken in late 2013. That exercise included extensive internal engagement with a cross-section of all Tallaght Hospital staff groupings to determine the strengths, weaknesses and future areas of clinical focus.

This CSS also incorporates the findings from significant consultations with key external stakeholders within the HSE, Trinity College Dublin, the National Cancer Control Programme, St. James's Hospital, DMHG, CHG, local GP Liaison Steering Committee, and other partners. The CSS also received valuable input from a number of clinical leaders within the Hospital including the Chair of the Medical Board and a number of specialty clinical leads.

Appendix I has more detail on the process followed. Appendix II includes a summary of stakeholders consulted.



02 — Tallaght Hospital's Operating Environment

This section outlines the national policy context in which Tallaght Hospital will operate over the next three years. Particular attention is given to those key policies and reform initiatives thought to impact most directly on Tallaght Hospital during the lifetime of this CSS.

The main operational issues the Hospital will need to consider in our role as a key participant in both the DMHG and CHG are also reviewed.

2.1 The National Policy Context

The national health reform programme announced in 2011 outlined an ambitious and extensive range of policy changes aimed at improving the future configuration and delivery of health services in Ireland. Whilst some of the reform programme looked to build on existing policy decisions (e.g. the National Cancer Control Programme and the National Clinical Programmes), a number of new initiatives (e.g. the establishment of Hospital Groups, the Smaller Hospitals Framework, Review of Trauma Networks, and others) were also introduced. The following is a high-level overview of the key programmes and reviews most relevant to this CSS.

2.1.1 National Cancer Control Programme

The NCCP was established in 2007 to oversee the implementation of national policy, A Strategy for Cancer Control in Ireland. This whole-population based approach aims to ensure that aspects of cancer services are delivered in a planned way across the eight designated cancer centres in Ireland.

St. James's Hospital is the designated cancer surgery centre for the DMHG under the NCCP and some cancer surgery that used to be done in Tallaght Hospital has been transferred to St. James's and St. Vincent's hospitals. However, there is still significant Urology and colorectal surgical cancer activity and some ENT cancer surgery activity at Tallaght Hospital. This relates to existing serious capacity and access constraints to Surgical Services at St. James's and across the DMHG.

2.1.2 National Clinical Programmes

The National Clinical Programmes (NCPs) were set up jointly by Royal College of Physicians Ireland (RCPI), the Royal College of Surgeons Ireland (RCSI) and other Irish professional medical bodies, with the HSE Directorate of Clinical Strategy and Programmes, to improve and standardise patient care. There are currently over 30 NCPs, covering a broad range of clinical specialties, including: Emergency Medicine, Acute Medical, Acute Surgical and Older Persons. Tallaght Hospital recognises the importance of the development of the NCPs, and continues to be at the forefront of developing new models of care for Acute Medicine, Acute Surgery, Stroke, Rheumatology, Diabetes, Heart Failure and Chronic Obstructive Pulmonary Disease (COPD).

2.1.3 Hospital Groups

In May 2013 the Minister for Health announced the reorganisation of public and voluntary acute hospitals into seven hospital groups. The stated objectives of establishing the hospital groups is to:

- Achieve the highest standard of quality and uniformity in hospital care.
- Deliver cost effective hospital care in a timely and sustainable manner.
- Encourage and support clinical and managerial leaders.
- Ensure high standards of governance, both clinical and corporate, and recruit and retain high quality nurses, non-consultant hospital doctors (NCHDs), consultants, allied health professionals and administrators.

The intention is that the hospitals within each group will work together as a single cohesive entity, managed as one, to provide acute care for patients in their area, integrating with community and primary care. It is hoped that this will maximise the amount of care delivered locally, whilst ensuring complex care is safely provided in larger and more appropriate settings.

Table A – Dublin Midlands Hospital Group Information³

Hospital	Budget (€m)	WTE	Inpatient Discharges	Day Cases	OPD Attendance	ED Attendances	Births
St. James's	317	3,503	22,184	50,544	200,637	45,760	—
Tallaght	163	2,264	18,317	46,949	230,303	44,640	—
Tullamore	81	945	11,562	34,507	69,543	28,047	—
Naas	56	670	9,067	6,147	52,130	24,494	—
Coombe	47	725	17,331	8,079	—	—	8,749
Portlaoise	45	591	12,395	4,954	37,116	41,019	2,261
DMHG Total	709	8,698	90,856	151,180	589,729	183,960	11,010

Table B – Children's Hospital Group Information⁵

Hospital	Budget (€m)	WTE	Inpatient Discharges	Day Cases	OPD Attendance	ED Attendances
Crumlin	125	1,660	10,466	17,706	79,391	34,770
Temple St.	90	1,016	7,807	7,965	76,067	52,026
Tallaght NCH	16	213	6,096	2,917	68,903	33,277
CHG Total	231	2,889	24,369	28,588	224,361	120,073

2.1.3.1 Dublin Midlands Hospital Group

The DMHG originally encompassed six hospitals, including Tallaght, with a budget of €709 million and almost 8,500 staff (Note: St. Luke's Hospital joined the DMHG in 2014). Table A is a high-level overview of the DMHG's composition and activity.

Table A clearly illustrates Tallaght Hospital's significant standing within the DMHG in terms of scale and activity. Further examination of current activity⁴ levels indicates that within the DMHG Tallaght Hospital is:

- The largest Emergency Department, with 48,000 adult attendances expected this year.
- The largest provider of certain adult inpatient and day case services, including: Urology (71%), Trauma and Elective Orthopaedics (50%), Vascular Surgery (55%), and Renal Dialysis (70%).
- The only provider of Spinal Surgery in the DMHG.

In supporting the development of the DMHG, Tallaght Hospital Board acknowledges the importance of clearly identifying and communicating its intended future clinical role as part of the Group. In particular, the Hospital believes that the DMHG needs to minimise the number of same specialties 'competing' for scarce resources across sites so that patients within the DMHG catchment receive the best possible care.

2.1.3.2 Children's Hospital Group

The CHG is made up of: National Children's Hospital in Tallaght, Our Lady's Children's Hospital in Crumlin, and the Children's University Hospital in Temple Street. Collectively, the CHG has a budget of €230 million and employs almost 2,990 staff. Table B is a high-level overview of the CHG's composition and activity.

Tallaght Hospital has a key role to play in supporting the CHG as it reconfigures paediatric services in Dublin in the coming years and prepares for the commissioning of a New Children's Hospital post 2020.

2.1.4 Smaller Hospitals Framework

As well as introducing the establishment of the hospital groups, the Minister for Health also launched the Framework for Smaller Hospitals in 2013. It outlines the need for smaller hospitals and larger hospitals to operate together as part of the formulation of sustainable hospital groups. The purpose of the Framework is to ensure services are provided in the most appropriate setting i.e. services such as Day Surgery, Ambulatory Care, Medical Services, and Diagnostics should be concentrated in smaller facilities, thereby enabling larger Model IV hospitals — such as Tallaght and St. James's Hospitals — to focus on the higher complexity treatments they are best placed to provide.

2.1.5 National Trauma Networks

In 2015, the Department of Health began a review of the future configuration of national and regional Trauma Services. The review focused on: the examination of trauma care pathways, the establishment of trauma networks, and the designation of major trauma centres based on projected need for Trauma Services in Ireland in the coming years. Tallaght Hospital's capability and track record in the delivery of both volume and complex Trauma Services is a key input to this ongoing process.

2.2 Local and Regional Operational Challenges

The greatest challenge facing the Hospital, and the Groups of which it is a part, in the coming years will be meeting the increasingly complex healthcare needs of our population and ensuring that access to services is dramatically improved. The following sections provide more background on population health needs and current access performance.

2.2.1 Population Health Needs

Tallaght Hospital serves a population of over 265,000⁶ in its immediate catchment. When the broader catchment served by the Hospital and wider DMHG (this includes southwest Dublin, west Wicklow and parts of Kildare) is considered, then the Hospital serves over 450,000 people. As part of Tallaght Hospital's CSS planning process, a recent Health Assets and Needs Assessment (HANA) study⁷ — first conducted in 2001 and repeated in 2014 — provided valuable patient feedback and insights into a number of specific healthcare challenges in this catchment area. Please see Appendix III for further detail on HANA.

The HANA study also confirms the increasing burden of chronic illness in our relatively deprived catchment area: one-in-five people surveyed were diagnosed as having at least one chronic illness. This confirms the need for continued focus by the Hospital on prevention and treatment of cardiovascular disease, diabetes and respiratory disease. Building on the Hospital's strengths in chronic disease prevention and treatment is an important part of the CSS. The further development of the School of Medicine at Trinity College's Institute of Population Health within close proximity to the Tallaght Hospital Campus will play an important role in developing and guiding this capability.

HANA also re-enforced the importance of continuing to develop mental health services on the Hospital's campus. The Mental Health services provided by the HSE at Tallaght Hospital were considered outside the scope of this particular CSS process. Clearly, the co-location of this service on-site represents a significant strength for the Hospital and the Hospital will continue to work with the HSE to support the development and integration of such services to meet our local population's growing requirements for improved access to mental health services.

HANA provided valuable information on household use of both the Hospital and general practice services in the immediate catchment. In summary:

- The high level of ED use by residents in the direct catchment, with 40% of households surveyed indicating use of the ED in the previous 12 months.
- The need to develop a comprehensive older persons and chronic disease models of care that reduce reliance on hospital-based services.
- Dissatisfaction with current levels of access to some emergency and elective services in the Hospital.
- High satisfaction with GP services but a need to improve access to both out-of-hours GP services and GP diagnostic capability.

In short, existing models of care that are over-reliant on inpatient and acute hospital-based services must change in order to improve access for our service users.

2.2.2 Patient Access to Hospital Services

This section differentiates between unscheduled (i.e. ED presentations), and scheduled (i.e. elective) access performance, and highlights the specific issues relating to each individual category. It is however important to recognise the significant interdependencies that can exist between the issues impacting on both categories. The Hospital firmly believes that in identifying solutions to the existing and projected 'Emergency Access' problems, the DMHG must take a medium term view and consider in unison the scheduled and unscheduled care access requirements of the region as a whole.

2.2.2.1 Unscheduled Care

Excluding maternity services and St. Luke's Hospital, each of the other five hospitals within the DMHG currently provides access to 24/7 Emergency Medicine services. The HSE's national standard for ED Patient Experience Times (PET) is that a patient should be seen and either admitted or discharged in fewer than six hours.

Though few hospitals nationally are compliant with this requirement, it is clear that improved timely access for patients to undifferentiated 24/7 Emergency Medicine cover is needed, with the average performance of the DMHG at 61%. PETs for patients awaiting inpatient admission are the key issue, reflected in average daily trolleys of over 50 patients each morning across the DMHG. These trolley numbers can peak at over 100 patients on occasions.

Tallaght Hospital has made good progress in recent times in increasing its compliance with national PET standards and reducing its trolley numbers, given the continuous increase in demand for emergency services. However, with the busiest ED in the DMHG, the Hospital recognises the importance of continuing to improve our level of compliance with national indicators for our patients. This will be best achieved by pursuing improvements in patient flows and infrastructural developments in order to shorten emergency wait times, and in turn reduce trolley numbers.

Fig 1 — Average Daily Morning Trolleys DMHG⁸

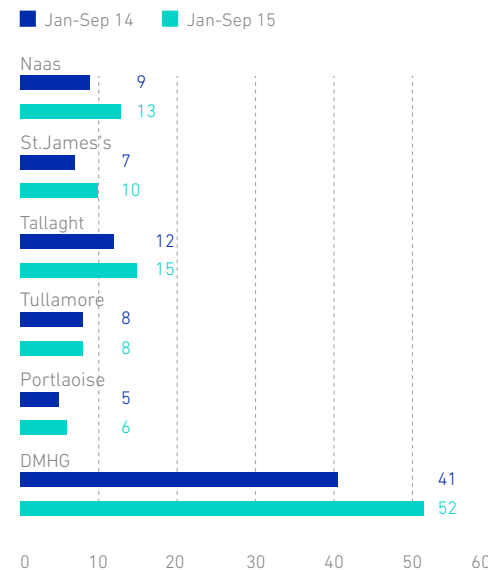
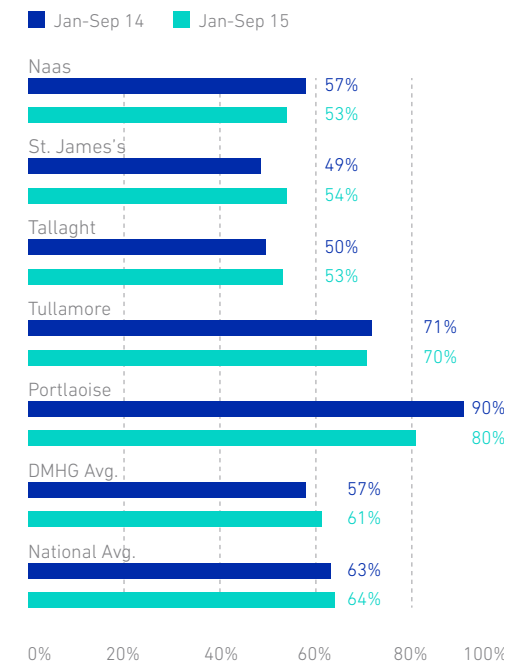


Fig 2 — DMHG Jan-Sep Average Monthly % PET < 6hr: 2014 vs. 2015⁹



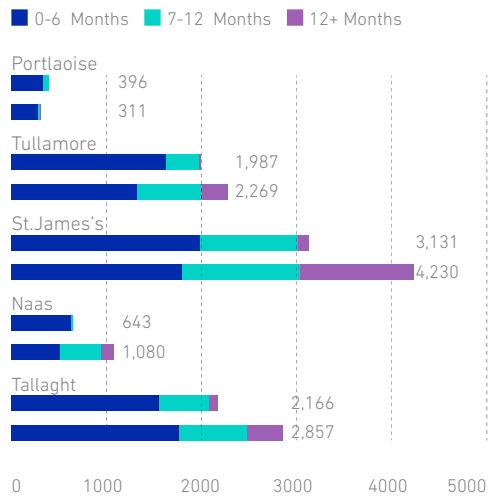
2.2.2.2 Scheduled Care

An equally important issue for the DMHG is the responsibility to manage the risk of poorer outcomes associated with escalating elective waiting times and patient volumes across the Group's hospitals. Fig 3 below illustrates changes in waiting lists over the reference period June 2014 to June 2015¹⁰.

Unsurprisingly, the biggest lists are in the three hospitals responsible for most elective activity: Tallaght, St. James's Hospital and Tullamore. Table C on page 39 shows that the number of patients waiting over eight months for Inpatient and Day Case (IPDC) surgery more than tripled from 1,146 to 3,808 within the reference period. This clearly indicates that there are significant capacity pressures in some of the larger elective hospitals in the DMHG, and in general, waiting lists are worsening significantly for most specialties in these hospitals.

However, it is important to note that many of the specialties mentioned above are shared across multiple sites, and as such opportunities exist for hospitals to assist each other in addressing waiting list problems in due course.

Fig 3 — DMHG Inpatient and Daycase Waiting Lists June 2014 vs. June 2015¹¹



2.2.3 Hospital Demand Forecasts

The rising number of ED attendances represent a good barometer of the growing demand for acute services. Fig 4 demonstrates that in the last four years, annual attendances at our adult ED have steadily increased from 40,200 in 2011 to 45,200 in 2015, with attendance numbers projected to be in close to 48,000¹³ for 2016. With approximately 26% of those who attend subsequently admitted, the equivalent increased demand for additional inpatient capacity is significant. This is a key driver of sustained emergency access pressures and growing trolley numbers.

Over the period shown, the proportion of patients attending the ED who are ≥ 75 years, has risen by 28%. This is no surprise, as general population growth in the Tallaght area experienced during the 1990's and the natural ageing of that population is now being reflected in demand for the Hospital's services. As Fig 5 demonstrates, this pattern will continue with the ≥ 75 years' population living in the vicinity of the Hospital forecast to grow by almost 11,500 people (+123%) in the next 15 years. Developing a comprehensive older person's model of care that can cope with this increased level of demand is a critically important aspect of our CSS.

Fig 4 — Tallaght Hospital Adult ED Attendance 2012 - 2015

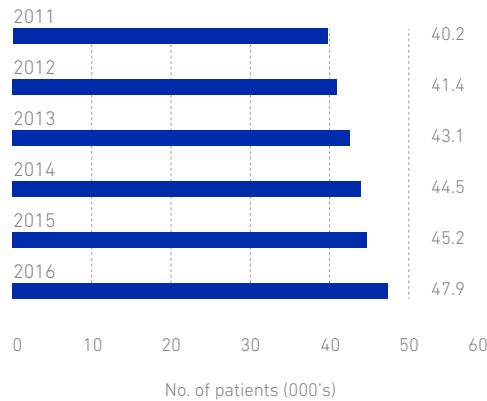


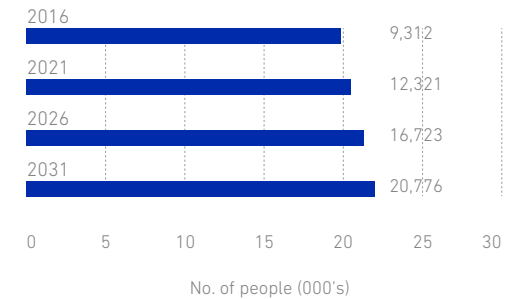
Table C — Surgical Patients > 8 Months DMHG by Specialty June 2014 vs. June 2015¹²

DMHG Hospital	General Surgery	Ortho	Ent	Vascular	Maxillo-Facial	Urology	Plastic	Gynae	Cardio-Thoracic	Total
Jun 2014	106	354	159	124	171	102	55	7	68	1,146
Tallaght	58	221	64	14	—	16	—	0	—	373
St. James's	37	33	39	110	171	74	55	3	68	590
Tullamore	5	100	56	—	—	—	—	—	—	161
Naas	6	—	—	—	—	—	—	—	—	6
Portlaoise	0	—	—	—	—	12	—	4	—	16
Jun 2015	1,137	684	564	425	387	262	253	41	55	3,808
Tallaght	344	344	41	5	—	55	—	2	—	791
St. James's	326	106	158	420	387	206	253	30	55	1,941
Tullamore	63	234	365	—	—	—	—	—	—	662
Naas	393	—	—	—	—	—	—	—	—	393
Portlaoise	11	—	—	—	—	1	—	9	—	—

As the population ages, healthcare needs become increasingly complex. The Hospital has seen demand for Critical Care services rise significantly in the last number of years and Intensive Care Unit (ICU) capacity has operated consistently above 100% with the need to locate Critical Care patients outside the ICU in other areas of the Hospital. The use of Post Anaesthetic Care Unit (PACU) beds for this purpose results in regular elective surgical case cancellations. Constrained Critical Care capacity also results in delayed transfer of patients from the resuscitation area of ED, delayed transfer of patients from wards to ICU and the refusal of Critical Care referral requests from other hospitals within the region. While Tallaght Hospital has established itself as a national leader with the introduction of an Emergency Response Team (ERT) system as an initial measure to improve patient safety, addressing the underlying ICU capacity development requirement at the Hospital remains a fundamental priority.

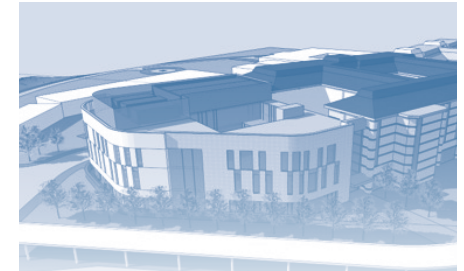
Given the projected rise in both ED attendance numbers and the significant ageing profile of the Tallaght catchment population, there is a clear need for targeted infrastructural investment in inpatient beds and Critical Care facilities in order to ensure the Hospital and the DMHG has the appropriate capacity to manage future inpatient demands. In this context, Section 3 describes our development plans.

Fig 5 — Older Persons Population Forecast Tallaght¹⁴



03 — CSS Capacity Development Plans

3. CSS Capacity Development Plans. Arguably the single biggest capacity constraint facing many of the larger hospitals within the DMHG is their physical environment and the limited opportunities to expand infrastructure to cope with increased service demands. Tallaght Hospital has ample scope for further development on-campus. Currently about a third of our 31-acre campus is undeveloped, with further opportunity for above-ground floor expansion. Moreover, the transition towards the new model of care in Paediatrics with the development of the Satellite Centre at Tallaght as part of the New Children's Hospital, further significant and lower cost development opportunities will present to enhance DMHG capacity and address burgeoning demand through a number of refurbishment programmes on the Tallaght Hospital Campus.



3.1 Investment in Improved Models of Care

The recently expanded ED has resulted in significantly improved patient experience time (PET) for non-admitted patients (from 59% to 70% < six hours). The ED development is being combined with improvements in patient flow such as the introduction of a Rapid Assessment and Treatment Unit (RATU) in the ED. This is evidence that targeted capital development can sustainably improve access.

Tallaght Hospital's CSS development plans aim to ensure these same benefits are afforded to admitted and more critically ill patients. However, planned investment in bed capacity must be coherent with improved models of care and care pathways advocated in the Emergency Medicine, Acute Medicine, Acute Surgery, Older Persons and Critical Care Clinical Programmes. These pathways include an emphasis on safe admission avoidance through assessment units staffed by senior clinical decision makers. Incremental bed capacity that is developed will facilitate 'specialty bed designation': the streaming and treatment of patients to the area of the Hospital that best fits their requirements, staffed by experts in their field.

Current capital development plans include the expansion of the Hospital's short stay AMU bed capacity from 24 to 60. This unit is independently verified¹⁵ as being too small with below-standard isolation facilities, and it constrains flow from the ED and AMAU. The development will be preceded by a transfer of certain administrative functions to Exchange Hall, a nearby off-site office location, to facilitate the capital plan.

3.2 Investment in Critical Care Capacity

The planned expansion of the Hospital's Critical Care capacity from nine to 21 beds (to 15 in phase 1 by end 2018) is vital to address current constraints that result in the most vulnerable patients waiting too long to access intensive care services. The Hospital acknowledges the DMHG's recent confirmation of funding support to progress this development to the design stage of phase 1. It is vital that the Hospital progresses with the design phase and moves to a tender stage for the development later this year.

However, the need for Critical Care expansion goes beyond current requirements. The combination of potential Group ED re-configuration and a dramatically ageing demographic means the Hospital must be prepared for more acute presentations and admissions. Realising the full potential of any

inpatient expansion will simply not be possible without significantly increased Critical Care capacity. Any inpatient related development that precedes Critical Care expansion risks being redundant.

3.3 New Children's Hospital Development

The eventual transition of Paediatric inpatient and Emergency Medicine services towards the new model of care underpinning the New Children's Hospital Development will present opportunities for on-site redevelopment that can help meet existing and future demands for the adult services. This includes the potential to further expand the adult ED by 800m² (+23%); inpatient ward space by 1,750m² (+15%); outpatients by 1,200m² (+28%); and Radiology by 300m² (+10%). In the case of ward inpatient capacity, the combination of the earlier mentioned proposed AMU expansion and the Paediatric inpatient area will create future capacity equivalent to 100 new inpatient beds available to the DMHG. The recent refurbishment of under-utilised paediatric ward space to assist with the creation of an older persons ward is evidence that the Hospital can manage this transition in a manner that is sensitive to the ongoing and evolving needs of paediatric services while trying to manage increasing adult requirements.

Plans for the development of the Hospital's Paediatric Satellite Centre are at an advanced stage. The 5,000m² facility, due to be fully commissioned in 2019, will provide urgent care and outpatient services to children. It is further evidence of the potential to build significant treatment capacity on a relatively small footprint. The opening of the Hospital's newly developed Paediatric SSOU with a focus on more intensive short stay senior clinician delivered care, is an important step on the journey to the new National Children's Hospital and new national model of care.

3.4 Off-site Developments to Create On-site Treatment Capacity

Conscious that the potential for redevelopment associated with the new satellite centre development will not be completely realised until 2019, and the important need to progress with capacity expansion plans in the meantime, the Hospital has reached agreement with the HSE to lease two floors of the four-storey SIMMS building at Tallaght Cross. The SIMMS building is adjacent to the National Ambulance Centre and the new HSE primary care centre due to open this year. Plans to re-locate several outpatient services to the SIMMS building are underway, which will free up further on-site treatment capacity. Specialties being considered for accommodation in SIMMS include Endocrinology, Dermatology, and Respiratory Medicine, among others. The Hospital aims to use the opportunity afforded by additional on-site space to improve capacity for services such as Endoscopy, a service that currently deals with unacceptable wait times for patients and requires private sector outsourcing to maintain waiting lists.

3.5 Renal Dialysis Centre

Tallaght Hospital is already the leading provider of Renal Services for the DMHG. The existing dialysis unit has 14 treatment stations and has been operating at full capacity for a number of years. Plans to develop a state-of-the-art Renal Dialysis Centre for the DMHG on campus are at an advanced stage. The Hospital intends to submit for planning approval in Q2 2016 and it is anticipated that this development could be fully commissioned in 2018, pending clarification on funding from the HSE. The new unit will have 28 treatment stations and enhanced isolation facilities. The current renal space will then return for redevelopment close to the Radiology and Cardiology departments.

3.6 Laboratory and Radiology Developments

Significant expansion plans for the laboratory footprint are progressing in line with national plans to develop a CORE lab for the top 300 automatable blood science tests at Tallaght Hospital. This will realise significant efficiency gains through cross-discipline staff working, skill mix changes, shared equipment, lower reagent costs and 24-hour testing. This CORE lab could become a GP Hub Lab for the DMHG.

The Hospital must urgently address growing radiology waiting lists. An outsourcing programme has recently commenced to curb waiting list growth and address wait times for more routine GP and outpatient referrals. The Hospital will explore the option of developing more sustainable public private partnership arrangements off-site, in close proximity to the Hospital and co-located with the Institute of Population Health. This will address more routine radiology demand from GPs and outpatients.

3.7 Implementation Benefits and Sequencing

There are a number of important benefits associated with Tallaght Hospital's CSS developments, which collectively promise to address long standing Hospital access issues.

These include:

- The addition of over 100 adult inpatient beds at the Hospital over the next three years (see Fig 6).
- The expansion of Critical Care bed capacity from 9 to 21, (Phase 1 from 9 to 15 to be delivered by 2018).
- The development of the planned new 2,400m² state-of-the-art Renal Dialysis Unit for the DMHG by end 2018.
- The development of an expanded Endoscopy Unit (much needed, given current Group Endoscopy waiting lists).
- The development of existing infrastructure to introduce a CORE Lab service at the Hospital.
- The further increase in adult ED footprint by 800m² (+23%), following a recent increase of 50% in 2015.
- The reconfiguration of 1,200m² (+28%) of additional OPD space.
- The refurbishment of 300m² (+10%) of additional Radiology space.
- The addition of one adult theatre.

The sequencing of each of these development elements is important. As illustrated in Fig 6, the Hospital plans to maximise the opportunity that will accrue from the opening of an older persons ward (+16 beds); AMU expansion following the transfer of HR to Exchange Hall (+36 beds); the expansion of ICU capacity (+12 beds); and the refurbishment of the paediatric decant environment (+45 beds) to introduce over 100 additional beds on a phased basis by end 2018.

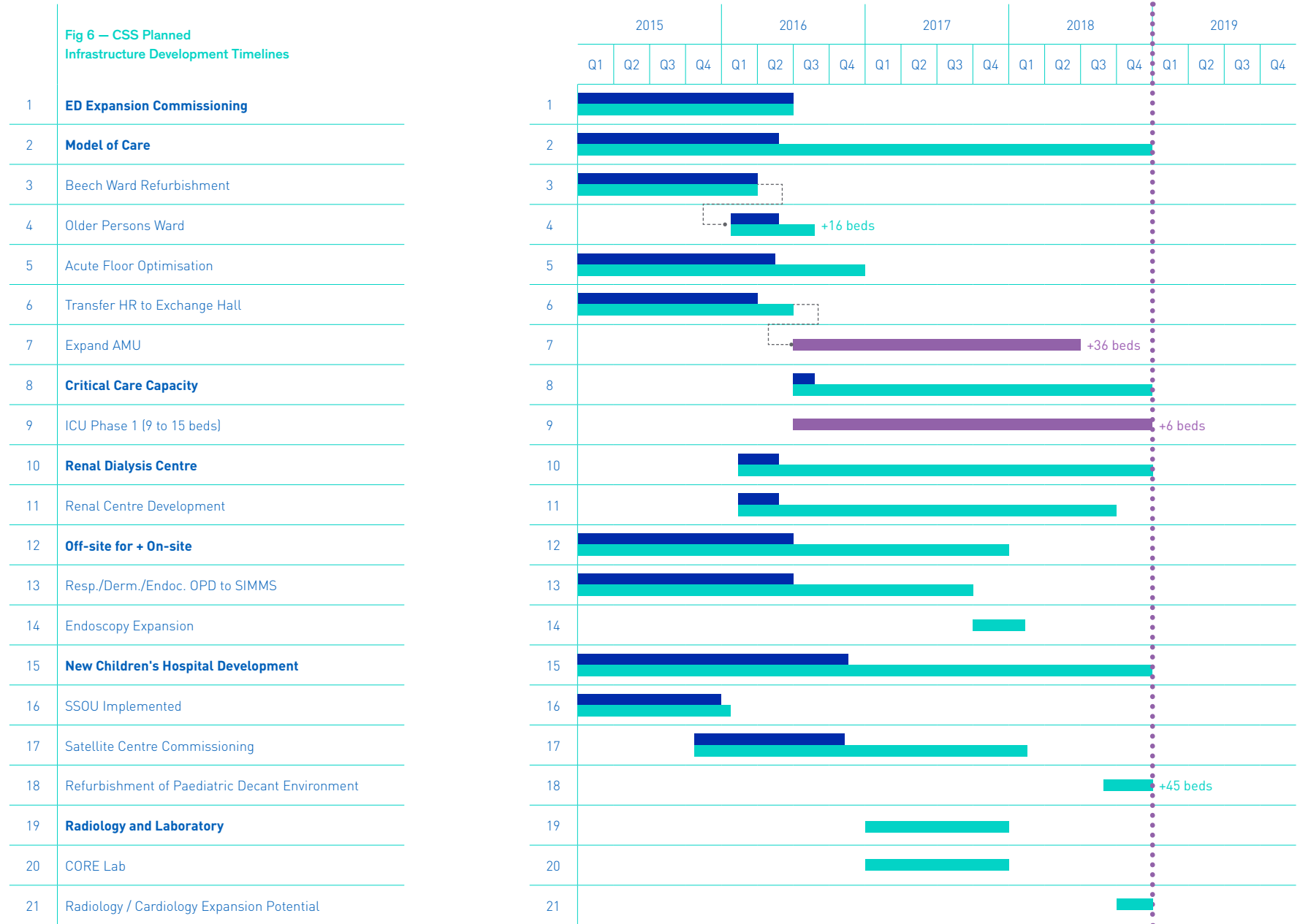
In order for Tallaght Hospital to be able to improve upon existing levels of access performance and cope with the increased more complex admissions activity that will result from an expanded ED, it is crucial that the development sequencing described in Fig 6 is adhered to. This is particularly the case for the Critical Care Project as significantly increased ED activity and resulting emergency admissions, is not viable in the absence of concomitant Critical Care capacity.

As Fig 6 demonstrates, many of the actions needed to implement these changes are already underway. The recent opening of the Paediatric SSOU is one important example of targeted capital investment to improve models of care. Another example is the relocation of certain outpatient specialty services to the Tallaght Cross SIMMS building to free-up on-site space for Endoscopy expansion (Q3 2017). The transfer of certain administration functions to nearby Exchange Hall (Q2 2016), which will facilitate future AMU expansion plans, is also imminent.

The Hospital is of the view that few comparable opportunities exist within the DMHG for targeted capacity development tied to clinical pathway improvements that will address the key objective of improving access to Hospital services in the face of growing demand.



Fig 6 – CSS Planned Infrastructure Development Timelines





04 — Tallaght Hospital's CSS

This section outlines the national policy context in which Tallaght Hospital will operate over the next three years. Particular attention is given to the key policies and reform initiatives thought to impact most directly on Tallaght Hospital during the lifetime of this CSS.

The main operational issues the Hospital will need to consider in our role as a key participant in both the DMHG and CHG are also reviewed.

4.1 Research and Education underpinning the CSS

Excellence in research and excellence in education on the Tallaght Hospital Campus directly translates to excellence in patient care. Over the past 400 years, TCD and the Hospital predecessors have built an outstanding reputation for the quality of their education and research. Tallaght Hospital and TCD continue to build on this partnership, and remain committed to fostering further critical academic mass in education and research both on our own campus and within Trinity Health Ireland and the DMHG. This working partnership recently resulted in clinicians being provided with 'protected' time to build research capacity on the Hospital Campus, most notably in Endocrinology and Neurology. This enables the Hospital to leverage resources centrally to expand consultant expertise to the benefit of our patients. Expanding educational and research critical mass translates directly to improved patient care. Specifically, this partnership will deliver:

- Investment in senior academic appointments. This supports the core strategic focus of the Hospital in acute and chronic disease management.
- Joint investment in clinical educational posts aligned to the combined strategic objectives, as a priority. This builds on the first class reputation for medical teaching at the Hospital.
- Maximised multi-disciplinary clinical research opportunities by providing a Clinical Research Facility within the Hospital footprint. This is of the highest priority.
- A culture of innovation within the health service. This will be fostered by actively engaging with the National Innovation Hub in educational and research opportunities.



Coláiste na Tríonóide, Baile Átha Cliath
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Given the clear demographic changes impacting on demand for services it is critical that more emphasis is placed on chronic disease prevention, as well as clinical pathways that avoid hospital attendance and admission whenever possible. TCD has invested in the Institute of Population Health at Tallaght, and the Hospital will work closely with TCD to promote prevention and maximise the integration of primary care with Hospital-based services within our catchment area. It is envisaged that this work will define clinical 'best-practice' and inform national and international health policy. Our focus on Research and Education is critical to underpinning the CSS and ensuring that healthcare systems are redesigned to ensure sustainability.

4.2 Core Priority Clinical Service Areas

In developing our CSS for the next three years, over 20 medical and surgical specialties (see Appendix IV) were critically assessed using a number of key criteria, including: the level of patient demand for each specialty within the DMHG catchment area; the specialty's fit with the Hospital's capabilities and strategic ambitions; its alignment with national policy; its financial viability; and the expected research and education opportunities it would provide the Hospital.

Following this detailed analysis of the specialties, five core priority clinical service areas for Tallaght Hospital were identified for the period 2016-2018.

It is important to note that while it has been decided to prioritise the five core areas and associated strategic objectives, there will be an ongoing requirement to re-evaluate these priorities and to address specific issues in a number of other key specialties as they arise over the lifetime of this CSS: e.g. the need to enhance Critical Care and diagnostic capacity; and the need to address access or capacity issues for Endoscopy, ENT, Gynaecology, Neurology, Dermatology and Oncology. Some specialties have seen recent investment, either in consultant numbers or service development, and the CSS does not envisage significant change in these over the next three years. All such issues will be examined on a case-by-case basis, but it is important to note that this will be done within the context of the Hospital's overall CSS.

CSS Priority Areas

Objective

Acute Care Services

Tallaght Hospital will be the principal provider of Acute Medical and Surgical Services in the DMHG.

Trauma Services

Tallaght Hospital will be the principal provider of Trauma Services in the DMHG.

Specialist Surgical Services

Tallaght Hospital will be the principal provider of Elective Orthopaedic, Urology and Vascular Surgery Services in the DMHG.

Tallaght Hospital will be a leading provider of General, Upper and Lower GI Surgical Services in the DMHG.

Specialist Medical Services

Tallaght Hospital will be the principal provider of Renal Medicine, Acute Stroke and Percutaneous Coronary Intervention services in the DMHG.

Tallaght Hospital will be a leading provider of complex Endocrine/Diabetes, Rheumatology, Respiratory Medicine and Gastroenterology/Advanced Endoscopy in the DMHG.

Paediatric Urgent Care Services

Tallaght Hospital will be an Urgent Care Satellite Centre in the CHG.

Rationale for our CSS Objectives

The following sections set out what the Hospital wants to achieve (Objective), why it is important (Rationale), what the Hospital needs to do (Implementation Milestones), and most importantly, what anticipated difference it will make for our patients (Patient Outcomes) for each of the five core clinical objectives.

4.3 Tallaght Hospital as the principal provider of Acute Medical and Surgical Services in the DMHG

The Hospital sees this strategic objective as critical to addressing the serious unscheduled and scheduled care access difficulties in the Hospital and the DMHG, in the face of increasing demand from an ageing population.

Objective

Tallaght Hospital will be the principal provider of acute medical and Surgical Services in the DMHG.

Rationale

Infrastructure development potential in Tallaght Hospital means the Hospital is ideally placed to help improve DMHG access challenges. A combination of investment in on-site and off-site bed capacity, improved patient pathways and related support services is needed to address patient wait times.

- The Hospital has a track record of leading on the implementation of new models of care to fast-track patients to senior clinical decision makers: e.g. RATU; AMAU; and ASAU.
- Our most vulnerable Critical Care patients need better access to services.

Implementation Milestones

- Open extended ED Facility.
- Fully implemented RATU.
- AMAU operating at weekends.
- Fully implemented ASAU and expand bed complement.
- Designated Older Persons Ward Area.
- Specialty bed designation medicine and surgery.
- Expanded off-site rehabilitation.
- Administration transfer to Exchange Hall pre-AMU expansion.
- AMU expansion development.
- Transfer certain outpatient services to SIMMS.
- New Critical Care Unit.

Patient Outcomes

- Reduced morbidity and mortality.
- Patient experience times in the ED that meet the six-hour and nine-hour standards.
- Patients avoiding the Hospital attendance or admission through better primary care infrastructure, acute medical and surgical assessment units staffed by senior clinical decision makers, and other admission avoidance pathways.
- Patients being discharged from the acute setting as soon as possible to their homes, or to suitable interim or extended care facilities.
- Frail older patients having access to a comprehensive pathway of care depending on their needs (rapid access OPD, Acute Frailty Units, Older Persons day hospital, designated inpatient ward areas, on-site and off-site rehabilitation, nursing home outreach and home support services).
- Critical Care rapid access for the Group's most vulnerable patients.



4.4 Tallaght Hospital as the principal provider of Trauma Services in the DMHG

Tallaght Hospital is keen to assert itself as a principal provider of trauma care at local, regional and national levels. The Hospital is ideally placed to do so because the Hospital has a tradition of trauma management as well as the required ethos, personnel and infrastructure.

Objective

Tallaght Hospital will be the principal provider of Trauma Services in the DMHG.

Rationale

The Hospital already provides 40% of the Trauma Services within the DMHG (1,400 inpatient discharges per year) with the most complex case-mix and 60% of the service in southwest Dublin.

- The Hospital has five fellowship-trained orthopaedic surgeons on a call rota providing 24/7 consultant delivered orthopaedic services.
- Orthopaedic services have access to four laminar air flow theatres.
- The Hospital has on-site access to Orthopaedics, Vascular Surgery, General Surgery and Critical Care.
- The Hospital has sessional commitments from rehabilitation consultants and access to rehabilitation beds in Peamount.
- Case load already includes nationwide referrals to the National Centre for Pelvic and Acetabular Fracture.
- Capital development plans will result in the Hospital having one of the largest EDs in the country with additional theatre, diagnostic and Critical Care capacity.
- Close proximity to arterial road networks means the Hospital is easily accessed by emergency services.
- The Hospital currently has the only helipad in the Group and is ideally located for the country's road networks, which facilitates the rapid transfer of the seriously injured/sick and can also be used for patients from outside the region.

Implementation Milestones

- Consolidate position within the DMHG and nationally in relation to management of complex trauma problems.
- Develop access to on-site Plastic and Cardiothoracic Surgical Services.
- Develop short stay pathways with requisite trauma inpatient bed ring-fencing.
- Further develop rapid access to emergency diagnostic services.
- Further enhance off-site interim care/rehab bed capacity.

Patient Outcomes

- Restore patients to their personal, social and economic potential.
- Improve patient outcomes with a more centralised larger service; e.g. the adoption of cross-specialty integrated care pathways for hip fracture and outcome capture on national hip fracture database.
- Improved time from ED to theatre and specialist wards.
- Provide rehabilitation in nearby facilities thereby increasing bed capacity for emergency presentations.

4.5 Tallaght Hospital as the principal provider of certain Specialist Surgical Services in the DMHG

Where Tallaght Hospital already has significant scale and capability, the CSS supports the further development of specialist Elective Orthopaedics, Urology, Vascular Surgery and General/GI Surgery services. Central to our thinking as to how these services should be developed, is the need to improve access and further develop specialty centres that are in line with DMHG services. This will ensure a clear identity for the Hospital in the Group while enabling us to continue to attract the calibre of medical professionals required to deliver sustainable emergency and elective services. The sustainable and safe future development of surgical cancer services within the Group is also of critical importance.

4.5.1 Elective Orthopaedics

Objective

Tallaght Hospital will be the principal provider of fully comprehensive Elective Orthopaedic Services in the DMHG.

Rationale

The Hospital already provides 52% of the DMHG activity and is highly evolved in this specialty, discharging close to 1,000 inpatients and 2,200 day cases per annum in the DMHG.

- The Hospital has the most complex case-mix in the Group, with fellowship-trained consultants specialising in all body parts including hip, knee, foot and ankle, shoulder, elbow, hand and spine.
- The Hospital is only hospital in the DMHG specialising in spinal surgery.
- The spinal service includes a deformity correction service (with adolescent transfers from Crumlin).

Implementation Milestones

- Consolidate Hospital's position regionally and nationally in relation to degenerative spinal services.
- Implement more efficient high volume elective orthopaedic pathways, with post-operative support given by specialist nursing roles.
- Implement ring-fencing to protect elective orthopaedic activity and improve wait times.

Patient Outcomes

- Patients benefit from a comprehensive spectrum of service provision.
- Improved pathways supported by specialist nursing will improve wait times and the patient experience.
- Protected activity will improve wait times and reduce the risk of patient cancellations.
- High-volume surgeries and a high-volume institution lead to better outcomes.
- Our elective services are provided in a major teaching hospital with Critical Care facilities and can care for high anaesthetic risk patients.

4.5.2 Urology

Models of care for the delivery of Urology cancer surgery are also at the core of our CSS deliberations for this service. The DMHG has already established a review team to consider models of care throughout the Group, and Tallaght Hospital is playing an active part in determining future direction.

Objective

Tallaght Hospital will be the principal provider of general and complex adult Urology Services within the DMHG.

Rationale

Tallaght Urology Department provides 71% of the activity within the DMHG, and the Hospital accepts referrals from a wide catchment which stretches beyond that of the DMHG.

- The Hospital has a dedicated outpatient uro-diagnostic unit, inpatient ward and two dedicated Urology theatres.
- The department has only one of two national fixed site lithotripters in the public system, which attracts kidney stone referrals from around the country.
- The department has been a leader in the development of minimally invasive techniques in laparoscopic and endo-urology.
- The Hospital recognises the need to support a 'hub and spoke' model of care within the DMHG that provides for more ambulatory service provision in regional hospitals.

Implementation Milestones

- Complete DMHG Urology Review Group work.
- Implement proposed Urology model of care including required Urologist staffing and a hub spoke model.

Patient Outcomes

- A Urology service with scale allows for sub-specialisation and better patient outcomes.
- With more consultants, outpatient and day care services can be provided more locally, with complex services transferring to Tallaght and St. James's Hospitals.



4.5.3 Vascular Surgery

Vascular Surgery Services in the Group are split equally between Tallaght Hospital and St. James's Hospital. The Hospital believes this is not in the best interest of the DMHG's patients in the long-term.

Objective

Tallaght Hospital will be the principal provider of Vascular Surgery within the DMHG.

Rationale

Tallaght Hospital provides 55% of inpatient and day case services within the DMHG with a similar case-mix.

- The Hospital is a strong base of cardiovascular disease related specialties — cardiology, renal, diabetes and stroke.
- Basing Vascular Surgery Services here is aligned with trauma provision, and the majority of thoracic trauma interventions lend themselves to endovascular approaches by vascular surgeons.
- A single department with seven surgeons based primarily in Tallaght Hospital would be comparable in size to most leading centres in Europe. Such a department would have enormous potential for the Medical School and TCD.

Implementation Milestones

- Group service structures determined.
- Dedicated in-theatre endovascular suite.
- Ambulatory care centre on-site.
- OPD/inpatient consults on other sites.
- Additional Clinical Nurse Specialists.
- VascuBase e-patient record.

Patient Outcomes

- This approach will integrate the management of multi-system diseases for patients leading to better outcomes.
- It will accelerate decision making for time-critical conditions such as stroke.
- A more centralised service configuration will lead to greater use of short stay and day care surgery.
- Elective waiting times for patients will be reduced.

4.5.4 General and Lower Gastrointestinal (GI) Surgery

Future developments in the DMHG in relation to surgical cancer care centralisation will have a major influence on our strategy for General, Lower GI and Upper GI services. Tallaght Hospital's current contribution to overall cancer surgery activity within the DMHG is such that the centralisation of this service on a single site will require both a major increase in capacity at St. James's and a coherent plan by the NCCP and the DMHG to ensure that, as Lower GI surgical cancer services evolve, Tallaght Hospital continues and further develops specialist Surgical Services that will attract and retain the high calibre consultants required to provide a safe emergency general surgical service.

Objective

Tallaght Hospital will be a leading provider of acute and complex elective Upper and Lower GI services within the DMHG, to support the delivery of acute general surgery.

Rationale

The Colorectal unit at Tallaght Hospital currently delivers a significant proportion of the colorectal cancer activity within the DMHG in conjunction with complex benign disease and emergency surgical care.

- This service has expanded in consultant numbers in recent years so that the Hospital has the second largest number of specially trained colorectal surgeons in Ireland.
- This group of surgeons now delivers a significant component of acute surgical care within Tallaght Hospital, of which up to 80% is colorectal in origin.
- Currently capacity and access constraints to Surgical Services exist across the DMHG and Tallaght Hospital can play an important role in addressing these.

Implementation Milestones

- Determination of the national policy plans for colorectal cancer surgery within the DMHG.
- Implementation of the Smaller Hospital Framework for General Surgical Services across the Group.

Patient Outcomes

- Provide improved access to high quality colorectal and acute general surgery for patients in the group catchment, through improved utilisation of infrastructure and expertise.

4.5.5 General and Upper Gastrointestinal Surgery

Developments in recent years in relation to the centralisation of pancreas cancer surgery present an opportunity for Tallaght Hospital and the DMHG to develop specialisation in complex benign Upper Gastrointestinal Surgery (UGI) and Hepatopancreaticobiliary (HPB) surgery.

Objective

Tallaght Hospital will be a leading provider of complex benign Upper GI and HPB services within the DMHG, to support the delivery of acute general surgery.

Rationale

A host of complex benign UGI and HPB cases are delivered and non-oesophageal, non-pancreas cancer cases are effectively managed at Tallaght Hospital.

- Tallaght Hospital manages up to 100 new pancreatitis patients every year with clinical expertise in progressive treatment strategies and academic expertise in protocols of care.
- The Hospital is the only hospital in the group providing liver surgery for both benign and malignant cases, and is a primary referral centre for complex pancreatitis from the DMHG and beyond.
- The UGI/HPB and Critical Care groups have maintained a mortality rate which is one third of the national average for pancreatitis.

- The backdrop to this low mortality is the severity and complexity of patient referrals received at Tallaght Hospital as a primary referral centre.
- In addition to the complex benign cases, there are medium term opportunities in metabolic and Endocrine surgery for the DMHG that have been provided as niche service for patients at Tallaght Hospital.
- Any reorganisation of Acute Surgical Services within the Hospital Group would be facilitated by supporting complex UGI/HPB trauma, in addition to the capacity to deal with complex, benign cases.

Implementation Milestones

- Enhancing the GI function laboratory with high resolution manometry, wireless pH monitoring.
- Acute surgical patients assigned to UGI/HPB services at their point of entry in the ASAU.
- Metabolic surgery programme in place.

Patient Outcomes

- Benefit for patients with presence of specialist general surgeons on-site developing services and supporting large Gastroenterology and Interventional Radiology practices.
- On-site Upper GI and HPB expertise is necessary for the safe functioning of a tertiary care hospital providing acute general surgical care, and housing highly developed IR and gastroenterology services.

4.5.6 Innovations in Specialist Surgery

The development of specialisation in General Surgery and other surgical disciplines outlined enabled us innovate in the management of our patients. Such innovations include:

- Extensive use of day case surgery (in laparoscopic cholecystectomy, laparoscopic hernia for example, but also in vascular urology and orthopaedics).
- A high level of success in delivering on 'Day of Surgery Admission' targets – especially in orthopaedics - and one of the best developed pre-admission clinics in the country.
- Based on their experience in the USA and Canada, General Surgery consultants in Tallaght have pioneered the use of electronic handover after on-call, which was associated with increased efficiency of care and a reduced length of stay. Similarly, the electronic weekend handover of all patients exceeds the standards set out in the draft national guidelines on handover. Using this, they have shown that early warning score alerts and laboratory tests are both reduced over weekends with reduced mortality.
- There have been several successful examples of the use of telephone and SKYPE-based teleclinics, freeing up clinic slots for elective referrals.
- Piloted an ASAU as part of the Irish Hospital Redesign Programme. This has helped in admission avoidance, reduced trolley waits and a better 'patient experience time'. Further development of the ASAU model at Tallaght is currently being planned, with the expected implementation of a fully functional Admissions Unit.

4.5.7 Developing Specialist Surgical Services within the DMHG

Within the DMHG a wide range of surgical specialties covers every discipline except transplant and neurosurgery. Some Surgical Services are more clearly stand-alone (e.g. Plastics and Cardiothoracic Surgery at St. James's Hospital), and some services are delivered on two or more sites (e.g. Urology, General/GI Surgery, Orthopaedics and Vascular Surgery). Although Tallaght continues to perform significant levels of high quality cancer surgery for certain types of cancer, it is recognised that St. James's Hospital is the designated cancer centre. The Hospital is committed to working with the DMHG and the NCCP as cancer surgery delivery evolves in the coming years. This must be managed in a manner that makes the most of available surgical resources at Tallaght Hospital and also improves access to safe care for cancer patients within the DMHG.

Coherent integration of Group services for all hospitals presents an opportunity to implement models of care that achieve improved access and quality of care for patients at a lower cost. The structures also offer the potential to develop stronger centres of excellence with clear and inspiring identities for all Group hospitals.

The Smaller Hospitals Framework provides insight into how a mix of services could evolve to the benefit of patients. The Framework emphasises better integration of clinical services, with more complex care delivered in model IV hospitals such as Tallaght, and ambulatory, day care and certain diagnostic services provided in smaller hospitals. The Hospital is keen to work with our partners in the Group to explore how this can be done.

4.6 Tallaght Hospital as the principal provider of certain Specialist Medical Services in the DMHG

Tallaght Hospital has developed a leadership position in certain areas of acute medical care delivery. The CSS aims to enhance further the Hospital's capability and capacity in Renal Medicine/AKI, Acute Stroke, Acute Cardiology, Endocrinology, Rheumatology, Respiratory Medicine and Gastroenterology/Advanced Endoscopy.

4.6.1 Tallaght Hospital as the principal provider of Renal Dialysis and Acute Kidney Injury Services in the DMHG

Tallaght Hospital is already the regional centre for Renal Dialysis Services in the DMHG. Our strategic thinking is to build on this position by developing a state-of-the-art Renal Dialysis Centre and an AKI Centre for the DMHG.

Objective

Tallaght Hospital will be the principal provider of Renal Dialysis and AKI for the DMHG.

Rationale

Tallaght Hospital is the largest dialysis unit in the Group (second largest in the country), the Hospital provides 70% of service in patient-number terms.

- Current dialysis facilities have reached capacity and must be upgraded.
- The Hospital is a designated home therapies unit for the Group and region.
- AKI (the abrupt or rapid decline in renal filtration function) complicates one in six hospital admissions, and is estimated to result in 200¹⁶ avoidable deaths in the DMHG group each year.
- The Hospital plans to establish an AKI inpatient centre.

- The AKI centre will provide 24/7 Renal Replacement Therapies (RRT) including out-of-hours haemodialysis, a service not currently available in the DMHG.
- As well as developing the AKI centre, the Hospital will continue to enhance existing Renal Services by:
 - + Continued provision of acute plasmapheresis (removal, treatment and return of blood plasma from blood circulation) therapy for the Group;
 - + Building on the Hospital's existing status as a home therapies centre (Home haemodialysis (HHD) and peritoneal dialysis (PD)); and
 - + Continuing to support the roll-out of Satellite HD Units (most recently opened at Tallaght Cross on 9th February 2015).
- This objective is coherent with other CSS developments for treatments of multi-system disease in the areas of Vascular Surgery, Urology, Endocrinology and Interventional services.

Implementation Milestones

- New state-of-the-art Renal Dialysis Unit in place (Q3 2018).
- AKI unit in place (2017).

Patient Outcomes

- Reduced AKI mortality in the DMHG.
- Reduced need for dialysis therapy with early AKI management.
- Out-of-hours access to RRT.
- Improved care for patients needing acute and chronic renal services.
- Reduced pressure on intensive care bed capacity where AKI patients are currently treated.
- Access to a new state-of-the-art Renal Dialysis Unit for the DMHG.



4.6.2 Tallaght Hospital as the principal provider of Acute Stroke Services

Tallaght Hospital is a national leader in the provision of Acute Stroke care. Our strategic objective in this area is based on the need to further strengthen stroke services for the region and adapt to newly discovered interventional treatments.

Objective

Tallaght Hospital will be the principal provider of Acute Stroke Services for the DMHG.

Rationale

The Hospital currently provides a tertiary stroke service to the people of southwest Dublin and also wider Dublin midlands region, accepting referrals and providing out-of-hours telemedicine cover.

- This comprehensive service includes 24/7 network thrombolysis and thrombectomy assessment, daily stroke prevention clinics, nurse-led secondary prevention clinic and a Neurovascular Carotid interdisciplinary team.
- The Hospital has a significant track record, including: the first organised all-age stroke service in the State; leader in the first national audit of stroke care (INASC); and pioneer centre for telemedicine in Acute Stroke.
- The Hospital has one of the lowest mortality rates from stroke in the country.
- The stroke service has a strong record in peer review published research.

- Recently the service was a key partner with Beaumont Hospital in the initiation and development of thrombectomy programme, showing clot retrieval reduces mortality and improves the chance of independent recovery by approximately 20%.

Implementation Milestones

- Required staff complement in place including:
- Investment in consultant resources to facilitate both the stroke telemedicine rota and a rota for stroke trained interventional radiologists.
- Radiography and nurse staff to manage an additional interventional area.
- Weekend and out-of-hours MRI, Angiogram capacity, Dedicated/rapid access CT.

Patient Outcomes

- Development of Tallaght Hospital as a comprehensive Acute Stroke centre will allow for greater opportunities in:
- Primary stroke prevention screening through development of atrial fibrillation screening services out-reaching into the community.
- Comprehensive treatment of Acute Stroke with both drug (thrombolysis) and catheter (thrombectomy) based treatment, greatly improving independent outcome with less death and dependency after stroke and reduced length of stay.
- Enhanced rehabilitation and earlier at-home, thus reducing length of stay and improving patient experience.

4.6.3 Tallaght Hospital as the principal provider of Percutaneous Coronary Intervention (PCI)

Our strategic objective in the area of Cardiology and PCI is based on our long-term strategic role as a major ED facility with a portfolio of supporting specialties, while the emphasis in St. James's Hospital will be on developing as a major centre of cancer treatment. The Hospital believes there is a strong argument for rethinking the location of the emergency and urgent cardiac facilities.

Objective

Tallaght Hospital will be the principal provider of PCI for the DMHG.

Rationale

Tallaght Hospital is well positioned to provide 24-hour emergency PCI for the Group given:

- Its geographic location, proximity to major road networks, and the availability of a helipad;
- The well-developed cardiac ambulatory care services already in place providing primary PCI during working hours; and
- The newly refurbished state-of-the-art cardiac catheterisation lab and ideal infrastructure for further development of capacity.

Implementation Milestones

- Development of a second catheterisation laboratory for PCI in Tallaght Hospital.
- Development of a third catheterisation laboratory for elective procedures including electrophysiology (not currently provided in the DMHG).
- Development of cardiac day care facility (between six and nine beds).
- Restoration of the CCU to a nine-bedded area.
- Relatively limited investment in cardiologist, nursing and radiographer resources for 24/7, given current combined resources.

Patient Outcomes

- Improved access for DMHG catchment area referrals to cardiac invasive and non-invasive diagnostic procedures, and the achievement of international best practice standards in coronary revascularisation.
- Shorter waits for inpatients and outpatients within DMHG for coronary angiography procedures necessary as work-up for potential PCI or cardiac surgery including coronary bypass grafting and valve surgery.
- Reorganisation of acute and urgent cardiac care to the main urgent care facility within the group is rational, and would facilitate transport of patients to and from other DMHG centres.



4.6.4 Tallaght Hospital as a leading provider of complex Endocrine and Diabetes Services

Tallaght Hospital and St. James's Hospital have already developed a fully integrated approach to care of diabetes and endocrine conditions known collectively as Trinity Endocrinology. Our strategic objectives are based on further developing this approach and implementing changes to Type 2 diabetes management with our GP partners.

Objective

Tallaght Hospital will be a leading provider of complex Endocrine and Diabetes Services.

Rationale

Our population health needs' assessment highlights the increasing prevalence of diabetes.

- The Hospital's clinical strategy for this specialty is to further develop its capability in its agreed areas of specialisation: adrenal and pituitary disorders, reproductive endocrinology, bone endocrinology, diabetic kidney disease, and new technologies in diabetes.
- The CSS will include the implementation of Type 2 diabetes management in the primary care setting.

Implementation Milestones

- Further enhancement of the Hospital's technological capability in the areas of electronic medical record, Type 1 diabetes continuous monitoring, pump technology and point-of-care testing.
- Requisite resources in place including Diabetic Kidney ANP and Endocrine CNS.
- Improvements in relevant diagnostic imaging access including thyroid ultrasound, adrenal CT scanning, nuclear medicine and the development of mass spectrometry.

Patient Outcomes

Well defined areas of specialisation mean:

- Expert care for patients presenting with these conditions and better outcomes.
- Seamless transition of patients to relevant subspecialties.
- Management of patients with Type 2 diabetes closer to home and by their GP, with input from hospital specialists as and when required.

4.6.5 Tallaght Hospital as a leading provider of Rheumatology Services

The Hospital's Rheumatology Department has been at the forefront of developing novel devolved treatment pathways for our patients. Our strategic objective will focus on ensuring the improvements made in treatment pathways are supported by the necessary infrastructure to deliver these models sustainably into the future.

Objective

Tallaght Hospital will be a leading provider of Rheumatology Services in the DMHG.

Rationale

Tallaght Hospital's Rheumatology Department is a national leader in developing cost efficient, best practice services to cater for the needs of an ageing catchment population. Recent innovations include:

- Initial implementation of bone and joint unit with orthopaedic, and health and social care professionals.
- Provision of 'one-stop-shop' Rheumatology clinic with imaging diagnostics and day ward injection procedures within OPD.
- A unified electronic patient record (EPR) deployed across two sites (Tallaght and Naas General Hospitals).
- Extended roles for Allied Health Professionals through physio triage, inflammatory back pain, treat to target nurse monitoring and fracture prevention clinics.

- The Rheumatology Department is a leader in academic research and education nationally and internationally. Our academic structure is fully integrated with our clinical practice, and is key to attracting the best personnel to drive best clinical practice. Recent developments include:
- An active musculoskeletal ultrasound post-graduate research programme with TCD.
- A fully funded post-doctoral translational research program at TCD.
- Integration with the network Clinical Research Centre (CRC) for clinical research services.
- Approved access to electronic clinical data.

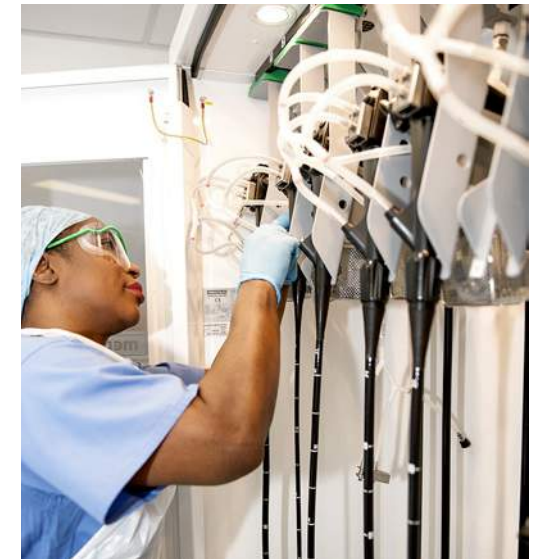
Implementation Milestones

- Full implementation of Bone and Joint Unit with expansion of OPD room capacity.
- Further investment in EPR and musculoskeletal ultrasound equipment.

Patient Outcomes

The Tallaght Hospital Rheumatology Department is the network leader, with an integrated, patient-centred, and cost efficient approach to care, providing:

- A Bone and Joint unit, one-stop-shop care model for patients with capacity to deliver on-site diagnosis, imaging and treatment procedures and care pathway implementation in a single visit.
- A highly developed, devolved model of medical and allied healthcare with excellent clinical governance, ensuring each patient sees the right clinician at the right time.



4.6.6 Tallaght Hospital as a leading provider of Respiratory Medicine

Our strategic objectives for Respiratory Medicine will focus on the improvement of pathways for various conditions and levels of care. The Hospital will extend the multifaceted capability of the service over the duration of this CSS.

Objective

Tallaght Hospital will be a leading provider of Respiratory Medicine in the DMHG.

Rationale

Our population health needs' assessment confirms the continuing prevalence of chronic respiratory illnesses.

- Up to 30% of acute medical patients are admitted with respiratory problems and the specialty reviews over 7,200 outpatients annually.
- In addition to providing an inclusive respiratory service to the catchment area, it is also a national referral centre for airways disease, sleep medicine and interstitial lung disease.
- Tallaght Hospital is well placed to play a major role in the development of clinical and academic Respiratory Medicine at group and national levels through its key appointments within the Hospital, and the leadership of our Professor of Medicine at TCD.

Implementation Milestones

- Enhanced COPD Outreach service in place.
- Respiratory bed designation in place for high dependency patients.
- Development of an Acute Respiratory Unit.
- Ambulatory Respiratory Care Centre in place.
- Interventional Bronchoscopy Service in place.
- Peamount expanded rehabilitation and sleep referral service.

Patient Outcomes

- Improved outcomes and increased management of patients at home or on an ambulatory basis.
- Patients treated in the most appropriate care setting depending on their requirements and stage of care.

4.6.7 Tallaght Hospital as a leading provider of Gastroenterology and Advanced Endoscopy

Our strategic objectives for Gastroenterology will focus on improving patients' access to endoscopy services, meeting accreditation requirements, and continuing to lead in the development of advanced endoscopy services.

Objective

Tallaght Hospital will be a leading provider of complex endoscopy services with particular emphasis on benign pancreatobiliary disease, inflammatory bowel disease and small bowel diagnostics.

Rationale

Tallaght Hospital has a track record in leading innovation in endoscopy. We:

- Implemented the first colorectal cancer screening programme in the country eight years before the roll-out of the national programme;
- Implemented the first capsule endoscopy service for both large and small bowel in the country (now the de facto national referral service); and
- The Hospital was an early adapter in the use of innovative developments for pancreatic cystgastrostomy and related procedures.
- The endoscopy unit is the 3rd busiest nationally (10,000 procedures per annum), and needs investment in a new Joint Advisory Group (JAG) accredited unit to address long standing access issues. The Hospital will have an opportunity to do this following the creation of space as part of the SIMMS project.

- Ready access to Endoscopy services is critical to the Hospital's Acute Medical and Surgical Care objectives.
- The focus on benign pancreatobiliary diseases, inflammatory bowel disease and small bowel diagnostics is aligned with current expertise and the Hospital's surgical strategic objectives.
- Our development of capsule endoscopy services and future development of other alternatives to interventional endoscopy can have regional and national application in managing the increasing burden of endoscopy demand.

Implementation Milestones

- New JAG-accredited Endoscopy Unit in place.
- Advanced Nurse Practitioner endoscopist in place.
- National Endoscopy wait times adhered to.
- Colorectal screening unit approval.
- Centre for capsule endoscopy/small bowel diagnostics.
- Centre for benign pancreatobiliary disease intervention.

Patient Outcomes

- Attainment of national endoscopy waiting list targets.
- Abolition of the need for outsourcing of endoscopy procedures.
- Inpatient access to endoscopy within 24 hours.
- Avoidance of invasive endoscopic techniques where possible.



4.7 Tallaght Hospital as an Urgent Care Satellite Centre in the CHG

Government/HSE policy, supported by strong international evidence, is to: (1) Centralise complex care for children and tri-locate the services with an adult and a maternity hospital in order to ensure that children who need complex care can access the necessary specialist service; and (2) Provide non-complex care as close to home as possible, because this is what families want and need, and it ensures that the centralised services can focus on complex care rather than being overwhelmed by other cases.

The intention is that these two policy goals will be delivered via the New Children's Hospital being built on the grounds of St. James's Hospital, and the new National Model of Care for Paediatrics and Neonatology being developed by the HSE. The New Children's Hospital will also provide secondary care for the greater Dublin area.

One of the two new satellite centres being built as part of the New Children's Hospital Development will be located at Tallaght Hospital. This will provide urgent care and outpatient services. The intention is that the satellite centre at Tallaght will be built by late 2018. The aim is to ensure that the governance and management of children's services will by then have transferred from Tallaght Hospital (as well as from Crumlin and Temple Street Hospitals) to the CHG Board. Once the New Children's Hospital is operational it will provide all emergency, inpatient and day care services, with urgent and OPD care being provided in the satellite centres.

Tallaght Hospital is already very well placed to support plans to provide a step-change improvement in the quality of care for children. The type of general paediatric care already being provided by our staff is a key element of the new national model of care, and the newly completed SSOU will help to reduce the already-low admission rates even further from 16% to 12%. The future focus will be to provide acute and ambulatory care together with short stay observation, outpatient and child sexual assault treatment services in the proposed new satellite centre at Tallaght Hospital. The transition to provide this care will require working across the CHG to reconfigure our existing Emergency Medical Services and our inpatient base, and may see a change in focus for Tallaght Hospital to provide more access to surgical day care in order to help Crumlin and Temple Street deal with a higher volume of emergency and inpatient cases.

Objective

Tallaght Hospital will be an Urgent Care Satellite Centre in the CHG.

Rationale

Non-complex care is to be provided as close to home as possible with one of two urgent care satellite centres to be built on the Tallaght Hospital Campus.

- Once the New Children's Hospital is operational it will provide all emergency, inpatient and day care services, with urgent and OPD care being provided in the satellite centres.
- The type of general paediatric care already being provided by staff here is a key element of the new national model of care and the newly completed SSOU here will help to reduce the already-low admission rates even further from 16% to 12%.

Implementation Milestones

- SSOU opening (12hrs/day x 5/7 initially).
- Satellite Centre at Tallaght Hospital commissioned for late 2018.
- New Children's Hospital opening post 2020.

Patient Outcomes

- Centralisation and co-location of paediatric services with adult and maternity will improve access to the range of specialties required to manage complex paediatric care.
- The SSOU will provide more rapid access for children and their families to senior clinical decision makers.
- The unit will avoid unnecessary hospital admissions for children and their families.

4.8 Vital Role of Diagnostic Services

Strategic thinking in the areas of radiology and laboratory services are driven by the needs of the medical and surgical services they support. The Hospital has reflected this in its diagnostic strategic objectives.

4.8.1 Radiology Services

Objective

Radiology will continue to enhance established expertise and improve access to support all medical and surgical strategic objectives.

Rationale

The Hospital provides a broad spectrum of radiology services including general x-ray, interventional radiology, CT scanning, ultrasound and MRI.

- All consultant radiologists are fellowship trained, and have expertise over a broad range of sub-specialties.
- Specific areas of diagnostic and interventional radiology expertise have been developed in close collaboration with medical and surgical colleagues, including; Hepatopancreaticobiliary, Upper GI, Prostate, Benign Gynaecology, Cardiology and Endocrine.
- The option of establishing direct referral pathways for GPs to community-based private sector partners is one such option, thus freeing up the Hospital's capacity for more acute requirements.

Implementation Milestones

- Improving access to imaging - most notably ultrasound, CT and MRI - is critical to ensuring improved access for patients to services emphasised in the CSS. The Hospital is adopting a multifaceted approach to addressing this issue including, outsourcing, additional equipment, improved demand management, an extended working day and better integration and utilisation of group radiology resources.
- Implement MRI extended day.
- Explore third party partnerships to meet projected increases in future demand.
- Establish, in conjunction with HSE primary care, direct referral pathways for GPs.
- Neuro-interventional Radiology resources in place.

Patient Outcomes

- Shorter outpatient and inpatient wait times, leading to better care outcomes.

4.8.2 Laboratory Services

Objective

The Laboratory in Tallaght Hospital will further enhance expert services to support areas prioritised in medical and surgical strategic objectives.

Rationale

The Hospital's laboratory is accredited by Irish National Accreditation Board (INAB) and provides a range of services including biochemistry, haematology, histopathology and microbiology exams.

- A full-service on-site laboratory is required for a university teaching hospital of this size and breadth of service.
- The Hospital is ideally placed to provide a hub service for GPs in the region as part of national laboratory development plans.
- Diagnosis and management of patients with renal, respiratory and rheumatologic disorders increasingly requires a comprehensive Immunology laboratory capability.
- Management of patients with endocrine disorders requires an increasingly complex hormone and ancillary testing capability.
- Molecular platforms in microbiology ensure optimum support for infection diagnosis, prevention and control.
- A comprehensive cellular pathology service is required to support all major medical and surgical specialties.

Implementation milestones

- CORE lab implementation.
- Immunology service expansion.
- Molecular microbiology expansion.

Patient Outcomes

- Improved diagnostic accuracy, efficiency and timeliness.
- Consolidation of local expertise in support of specialist clinical services.

05 — CSS Implementation

5.1 Implementation Considerations. The Hospital has set out its clinical services development priorities and future objectives. These plans are underpinned by a responsibility to improve much-needed access to services for patients across the DMHG and CHG. In particular, this CSS will focus on implementing the actions needed to enhance access by seizing the significant capacity development opportunities at Tallaght Hospital.

The commitment to sustainably address emergency and elective access for our patients is a key driving force behind this plan.

There are a series of critical implementation considerations that need to be addressed in the short-term to ensure the effective delivery of this CSS over the next three years.

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I Organisation structure that is fit for purpose

A brief organisational review may be required in the first year of the CSS to ensure the appropriate resources, supports and workforce are in order to implement the CSS. This should include ensuring the necessary skills and professional development opportunities are in place. For Tallaght Hospital to successfully implement its CSS, it is critical that all clinical functions are properly aligned with the corporate functions and vice versa.

II A shared vision across all stakeholders

Common ground needs to be reached between all stakeholders regarding the relative priority given to Hospital objectives and the meeting of service requirements. All stakeholders should be working towards ensuring Hospital objectives are fully aligned with the needs of the patient population, the DMHG and CHG, and the wider Irish healthcare system.

III Internal and external communication of the CSS

Early on in the implementation of this CSS it will be important to ensure the CSS is communicated effectively, both internally and externally. Internally, this communication will be important to achieve buy-in from staff; while external communication of the CSS will be the first step towards a unified or shared vision for the role of Tallaght Hospital as part of the DMHG and CHG.

IV Internal buy-in

The buy-in from our internal stakeholders, particularly our staff and patient representative groups, is fundamental to the successful delivery of this CSS. A core element will be to look closely at our culture and ensuring the Hospital provides an environment for its staff that is ambitious, challenging, motivating, supportive and inclusive. This includes shifting to a more cohesive, collaborative way of working across all directorates, specialties and departments.

V Timeline/High-level milestone plan

The high level milestone plan identifies the activities that will commence in the near future (within year one of the CSS) and those that will be phased in over the course of the three-year CSS. There is a risk, as with all such strategies, that Tallaght Hospital attempts to commence all activities in year one. This is neither sustainable nor realistic. As such, Tallaght Hospital must ensure a challenging but achievable pace for implementation is set and maintained over the course of the three-year CSS period.

5.2 Critical Success Factors

This CSS outlines an ambitious programme for Tallaght Hospital over the next three years. Successful implementation of this CSS will be contingent on building on positive momentum and engagement established during the development process, in addition to ensuring that the appropriate systems, resources and supports are developed and in place. Here the Hospital has identified some of the critical success factors that need to be considered to support the successful implementation of its CSS.

I Attaining the necessary resources

Attaining the necessary funding in the current economic environment to achieve the strategic objectives of this plan could provide a challenge for Tallaght Hospital. Building a strong case for additional resources will be critical.

II Putting the plan on a project management footing

There is a need to support the achievement of this plan with the development of annual service plans. This planning process should be grounded in a project management approach and reflect working towards the achievement of specified Key Performance Indicators (KPIs). The resulting plans will break down the outcomes into operational activity detail for each unit of Tallaght Hospital and should be reviewed and reported quarterly.

III Strong leadership

Securing buy-in from the Board, senior DMHG and CHG management, and the provision of a strong mandate to the Tallaght Hospital leadership team to oversee the delivery of the outcomes, will be critical to the future success of Tallaght Hospital.

IV Appropriate structures and reporting mechanisms

In order to most effectively implement this CSS, it is important that Tallaght Hospital ensures its structures are both fit for purpose and aligned with DMHG and CHG strategic objectives.

V Support from key external stakeholders

Tallaght Hospital should seek opportunities to engage and work collaboratively with key external stakeholders to deliver on the mission and vision of Tallaght Hospital. This has been identified in the CSS and will contribute greatly to the sustainability of the organisation and the achievement of Tallaght Hospital's vision over time.

Appendix I – CSS Planning Process

A comprehensive six-step process was agreed with the Steering Group last year. The following is a summary of the key steps involved:

1	Kick-Off Meeting	<ul style="list-style-type: none"> – Approach and scope agreement – Project planning – Consultation process
2	Environmental Analysis	<ul style="list-style-type: none"> – Context setting – Identify service review criteria and assessment process
3	Hospital Direction	<ul style="list-style-type: none"> – Confirm Tallaght Hospital's service ambitions – Identify future service options
4	Service Planning	<ul style="list-style-type: none"> – Apply service review criteria against options – Agree Tallaght Hospital's service priorities – "Road-test" decisions
5	Implementation Planning	<ul style="list-style-type: none"> – Develop clear implementation plan – Identify implementation risks
6	Final Report	<ul style="list-style-type: none"> – Outline Clinical Services Strategy – Draft final strategy – Develop summary presentation for the board

Step 1 – Kick-Off Meeting

The purpose of this step was to ensure all process participants had a clear shared understanding of the scope and approach of the planning process and the key deliverables.

Step 2 – Environmental Analysis

A key requirement of the exercise was to re-examine the changing external context and re-assess the findings from the previous process in 2013 to determine their continued relevance. An important aspect of this step involved a round of targeted consultations with a number of internal and external stakeholders (see Appendix II for the full list of participants in the consultation process). A high-level assessment of the Hospital's existing operational performance was developed. This included consideration of our key service delivery strengths and weaknesses, quality issues, and resource matters. An overview of the Hospital's main SWOTs is included below. Finally, due consideration was given to national policies, including The Establishment of Hospital Groups (Higgins, 2013), and The Smaller Hospital Framework (HSE/DOH, 2013).

Strengths

- Staff calibre and staff resilience.
- TCD affiliation.
- Heritage and core clinical competencies.

Weaknesses

- Access for patients to certain specialist services.
- Access to community services and current infrastructure within immediate catchment.

Opportunities

- On-site capacity development.
- Enhanced ambulatory care model.
- Build on innovation competency.

Threats

- Withdrawal of surgical oncology services.
- Projected increase in demand arising from ageing demographic in Tallaght catchment.
- Lack of funding to implement infrastructural developments required to implement CSS.

Step 3 – Hospital Direction

The following inputs were used to determine the future service development priorities: findings from Step 2; the previously-listed key project principles; and an analysis of the current service offerings and service access needs in the immediate catchment area and across the wider DMHG and CHG.

Step 4 – Service Planning

Undoubtedly the most important, but equally most challenging part of any planning process is deciding what clinical services are not going to be prioritised for service development in this CSS. To do this, a number of appropriately weighted criteria were developed and agreed with the Steering Group and then applied to all specialties in Tallaght Hospital. This provided a clear basis for objective assessment and subsequent discussion about each of the specialties to determine their role as part of the previously-determined clinical priority areas for future development.

Step 5 – Implementation Planning

Having identified a number of clinical priorities, it was necessary to set out how they could and should be implemented in the coming three-year period. Each clinical priority went through a robust refinement process with two main themes applied throughout: How these service development priorities would improve access for services within the Group; and the necessary consideration of the inter-dependencies that exist between specialisation in certain medical and Surgical Services. This step also required the Steering Group to consider the level of requisite resources to properly implement Tallaght Hospital's future clinical service priorities, recognising the obvious resourcing constraints within which the Hospital operates.

Step 6 – Final Report

The final step involved collating all of the findings and decisions of the Steering Group from throughout the process for consideration and adoption by the Executive Management Team and Hospital Board.

Appendix II – CSS Steering Group and Stakeholder Engagement

CSS Steering Group

- 1 Michael Scanlan, Chairman
- 2 David Slevin, CEO
- 3 Dr. Catherine Wall, Clinical Director, Medicine
- 4 Dr. Daragh Fahey, Director QSRM
- 5 Deaglan Magfhloinn, Performance and Planning
- 6 Dr. Gerard Boran, Clinical Director, Diagnostics (replaced by Dr. Michael Jeffers and Dr. Ronan Browne Q3 2015)
- 7 Mr. Martin Feeley, Clinical Director, Perioperative (replaced by Dr. Eleanor O'Leary Q3 2015)
- 8 Dr. Peter Grealley, Clinical Director, Paediatrics (replaced by Dr. Ciara Martin Q3 2015)

Internal Stakeholders

- 1 Mr. Martin Feeley, Clinical Director, Vascular Surgery
- 2 Dr. Catherine Wall, Clinical Director, Nephrology
- 3 Dr. Gerard Boran, Clinical Director, Chemical Pathology
- 4 Dr. Peter Grealley, Clinical Director, Paediatric Respiratory Medicine
- 5 Dr. Siobhain Ni Bhriain, Chair of Medical Board
- 6 Hilary Daly, Director of Nursing
- 7 Lucy Nugent, Chief Operations Officer
- 8 Director of ICT/FM and Estates/HR/Finance (Group consultation)

External Stakeholders

- 1 Dr. Susan O'Reilly, CEO Dublin Midlands Hospitals Group
- 2 Dr. Aine Carroll, National Director of Clinical Programmes HSE
- 3 Eilish Hardiman, CEO Children's Hospital Group
- 4 Brian Fitzgerald, CEO St. James's Hospital (left 2015)
- 5 Prof. Paul Browne, Head of School of Medicine, TCD
- 6 Dr. Philip Crowley, National Director Quality and Patient Safety Division HSE
- 7 Dr. Jerome Coffey, National Director NCCP
- 8 ICGP/Tallaght Hospital Steering Committee (three GPs)

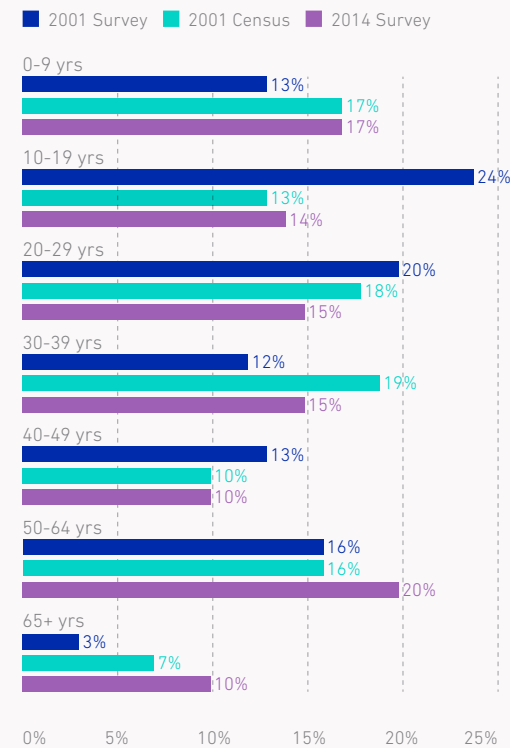
Significant internal input throughout the process from lead clinicians in a number of different specialities.

Appendix III – HANA Data¹⁷

HANA Demographic Changes

The HANA study reported that the proportion of the Tallaght population in the younger cohorts aged between 10 and 29 years of age decreased by 15% (from 44% in 2001 to 29% in 2014), while the proportion of the population in the older cohorts, particularly over the age of 50, has increased by 11% (from 19% in 2001 to 30% in 2014).

Age Profile 13 Tallaght Electoral Divisions



Chronic Disease:

HANA also indicates that the predominant diseases in the catchment remain heart disease, diabetes, respiratory disease, and mental health and addiction. Of particular note are the increases in prevalence rates from 2001 to 2014 in heart disease (from 24% to 29%); diabetes (from 8% to 13%); and mental health and addiction (from 5% to 10%), among those diagnosed with a chronic illness.

Patient Satisfaction:

HANA collected information on people's satisfaction with the services they were being provided. From a planning perspective the study highlighted a number of key considerations, including the requirement to explore the feasibility of providing more access to diagnostic services within the primary care setting rather than in the acute setting. Some summary statistics for the ED and elective services that informed the CSS Group's thinking are:

- **Emergency Department:**
 - 40% of households indicated use of the ED at Tallaght Hospital in the previous 12 months.
 - The three main reasons for attendance were injury (23%), orthopaedic e.g. fracture (15%), and gastrointestinal problems (12%).
 - A high proportion of patients (56%) referred themselves, and 25% were referred by GPs.
 - 78% of attendees were ill or injured for less than 24 hours before attending ED.
 - Patients not satisfied with the care that they received in the ED indicated that the main reasons were long waiting times and speed of care being too slow.

Elective Services:

- 22% of householders had used elective services at Tallaght Hospital in the previous 12 months.
- 26% of householders were on waiting lists, with 20% waiting between seven and twelve months, and 32% waiting longer than 13 months.
- 48% of those surveyed were waiting for adult outpatient appointments.
- Patients not satisfied with the elective service indicated that the main reasons were waiting times and speed of care being too slow.

Clearly there is a significant challenge in relation to emergency and elective access that must be overcome. The CSS group was acutely aware of the need to reflect this in its thinking. Improvement in access became a key criteria for evaluating various clinical service development options.

General Practice:

- The HANA study re-enforced the need for the Hospital to further develop its relationship and service integration with GPs.
- Survey respondents expressed a 90% satisfaction rating with their GPs.
 - 32% use TLC when in need of out-of-hours service, and 29% attend ED.
 - 70% preferred to have blood test, 53% an x-ray and 52% an ultrasound with their GP rather than using Hospital-based services.
 - 72% recommended additional services:
 - + 22% requested psychology and addiction related services.
 - + 16% requested an extension to GP out-of-hours services.
 - + Enhanced services for elderly and home-care were also notable.

Appendix IV – DMHG Specialty Services

DMHG Specialty Services

Tallaght Hospital	St. James's Hospital	Naas General Hospital	Tullamore Hospital	Portlaoise Hospital
Trauma Orthopaedics	+		+	
Elective Orthopaedics	+		+	
General Surgery	+	+	+	+
Gastrointestinal Surgery	+			
Urology	+			+
Vascular Surgery	+			
ENT	+		+	
Gynaecology	+			+
Anaesthetics	+	+	+	+
Pain Management	+	+		
Paediatric Surgery			+	
Paediatric Orthopaedics				
Paediatric Dentistry				
–	Cardiothoracic Surgery			
–	Maxillo Facial			
–	Plastic Surgery			
–	Dental Surgery		+	
–	–			Obstetrics

NOTE: Coombe or St. Luke's Hospitals are not shown as not within the scope of this Clinical Services Strategy Planning Exercise. No Neurosurgery or Transplant surgery in the Group.

Tallaght Hospital	St. James's Hospital	Naas General Hospital	Tullamore Hospital	Portlaoise Hospital
ED	+	+	+	+
Cardiology	+		+	+
Endocrinology	+			
Respiratory Medicine	+			
General Medicine	+	+	+	
Haematology	+	+	+	
Oncology	+	+	+	
Rheumatology	+	+	+	
Neurology	+			
Neurophysiology	+			
Nephrology	+		+	
Geriatric Medicine	+			
Stroke Medicine	+			
Dermatology	+	+		
Psychiatry	+			
Palliative Medicine	+			
Paediatric Medicine				+
–	Clinical Immunology			
–	Genito-Urinary Medicine			
–	Infectious Diseases			
–	Radiotherapy			

Footnotes

- 1 HIPE 2014 DMHG inpatient and day case discharges.
- 2 Extrapolation based on RCPE UK Consensus Conference on management of AKI, 2012.
- 3 The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts, Feb 2013; Tallaght Hospital Annual Report 2014; HIPE Activity 2014.
- 4 Group HIPE IPDC data 2014, Compstat.
- 5 Children's Hospital Group.
- 6 Central Statistics Office Census 2011.
- 7 Health Assets and Needs Assessment (HANA) Tallaght, 2014 – Trinity College Dublin, The Adelaide Health Foundation, The Adelaide and Meath Hospital, Dublin incorporating the National Children's Hospital (C. Darker, L. Whiston, J. Long, E. Donnelly-Swift, J. Barry).
- 8 HSE Trolleygar.
- 9 HSE Compstat.
- 10 Reference period beyond June 2015 is not representative due to one-off private sector outsourcing benefits.
- 11 National Treatment Purchase Fund Weekly Comparison Reports.
- 12 National Treatment Purchase Fund Weekly Comparison Reports.
- 13 Jan-Mar '16 actual annualised.
- 14 Tallaght Hospital Forecast based on Census 2011.
- 15 National Acute Medicine Programme Capacity Review (2013).
- 16 Extrapolation based on RCPE UK Consensus Conference on management of AKI, 2012.
- 17 HANA Tallaght, 2014 – Trinity College Dublin, The Adelaide Health Foundation, The Adelaide and Meath Hospital, Dublin incorporating the National Children's Hospital (C. Darker, L. Whiston, J. Long, E. Donnelly-Swift, J. Barry).
- 18 Tallaght, Lucan and Clondalkin GP out-of-hours service located in Tallaght Hospital.

Tallaght Hospital

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