



# Fit for Fifty

1978 – 2028

Our Plan for Our Services for You

Cork University Hospital  
Four Year Strategic Plan

Ospidéal na hOllscoile Corcaigh  
Cork University Hospital





# Contents

|                   | page |
|-------------------|------|
| Overview          | 4    |
| Foreword          | 8    |
| Introduction      | 13   |
| Strategic Context | 16   |

## Strategic Priorities

**1 Our Performance**  
 Progress Value For Money initiatives across the campus  
 page 24

**2 Our Infrastructure**  
 page 32

**3 Our People**  
 page 36

**4 Research, Innovation & Education**  
 page 40

**5 Digital Transformation**  
 page 44

|                           |    |
|---------------------------|----|
| CUH Governance Structures | 48 |
| Directorates & Services   | 52 |
| Glossary                  | 54 |
| Appendices                | 56 |

# Overview

Cork University Hospital (CUH) is Ireland's largest statutory university teaching hospital and uniquely it is the only one providing access to every acute medical and surgical speciality on-site as one team and delivering fully integrated adult, paediatric and maternity care on one campus.

CUH is a regional, supra-regional and national centre of excellence for a wide range of clinical services, supporting networks of care across Munster and the Southern third of Ireland.

**Cancer Centre**  
Largest Regional Cancer Centre



**Cardiothoracic Centre**  
One of only four in Ireland



**Cystic Fibrosis Centre**  
Adult & Paediatrics



**Haemophilia and Coagulation Centre**



**Major Trauma Centre**  
One of only two in Ireland



**Neurosurgery Centre**  
One of only two in Ireland



**Paediatric Centre**  
The largest unit outside Dublin



**Stroke Centre**



## As the busiest Emergency Department in Ireland, CUH offers 24/7 care including:

- Primary Percutaneous Coronary Intervention (PPCI) & Heart Attack Centre
- Thrombectomy & Stroke Centre
- Adult & Paediatric Emergency Care
- Diagnostic Imaging and Interventional Radiology
- National Telemedicine Support to Irish Coastguard and Maritime Community

## CUH also:

Treats the highest volume of stroke, hip fracture and paediatric trauma cases

Employs over 5,000 staff as the second largest employer in Cork

Runs the largest number of clinical trials and education placements in Ireland

# CUH in Numbers

## 2023 OVERVIEW

**42,763**

Inpatient Discharges



**82,212**

Day Case Discharges (including Dialysis)



**192,231**

Out Patient Department Attendances



**78,172**

Emergency Dept. Attendances



**7,693**

Chemotherapy Patient Visits



**224,728**

Radiology Examinations



**18,985**

Ambulance Attendances



**1,479**

Radiotherapy Treatments

**155**

Thrombectomy Procedures

**2,502,325**

Laboratory Samples



**12,150**

Surgical Procedures



# Foreword

It is both an honour and a privilege to lead such a remarkable team of healthcare professionals. Every day, our dedicated staff demonstrate an unwavering commitment to providing exceptional patient care with compassion and expertise. Their tireless efforts and dedication to our mission are truly inspiring. I want to thank all of our staff, past and present, for making CUH the organisation it is today and a team to be proud of locally, nationally and internationally.

CUH was opened in 1978, and will have been playing an invaluable role in Irish healthcare for 50 years by 2028. We have a fascinating history and a bright future. There have been many challenges along the way. When I joined you in 2022, as the country recovered from both the COVID Pandemic and Cyber Attack, I know many of you had growing concerns about the leadership and governance of our organisation, about our infrastructure, and about our performance in consistently delivering safe and timely care.

cornerstone of a comprehensive transformation plan that we developed together, and which has delivered real results already over the last 2 years.

## Performance

Most importantly, for patients, we have delivered significant improvements in Our Performance across cancer care, elective care and emergency care pathways.

In **Elective Care**, we achieved all of the national elective care targets set for us in 2023, reduced the overall size of our waiting list and ensured that no patient was waiting over 4 years (down from 7) by the end of 2023. Most of our specialities, including all of medicine, are now achieving the current Slaintecare outpatient standards in 2024. We are also consistently achieving our Priority One endoscopy times. Not a single patient has breached this now in over 12 months.



A number of independent external reviews were commissioned at the time to guide our recovery, and these three priorities became the

In **Cancer Care**, from a position where we had been failing all Cancer access KPIs for many years, we achieved 4 of the 6 every month this year so far, we have begun to achieve the 5th since May and we have robust plans to achieve all 6 consistently by Quarter 4, 2024.

| KPI                                                                                                  | Trend previous 2 years |          |           | YTD      |          |          |          |          |          |
|------------------------------------------------------------------------------------------------------|------------------------|----------|-----------|----------|----------|----------|----------|----------|----------|
|                                                                                                      | Jun 2022               | Jan 2023 | June 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 |
| <b>Rapid Access Breast (urgent)</b><br>95% of patients seen within 10 WD of receipt of referral      | 27%                    | 43%      | 54%       | 97%      | 96%      | 96%      | 96%      | 97%      | 92%      |
| <b>Rapid Access Lung</b><br>95% of patients seen within 10 WD of receipt of referral                 | 69%                    | 83%      | 47%       | 93%      | 100%     | 100%     | 94%      | 98%      | 100%     |
| <b>Rapid Access Prostate</b><br>90% of patients seen within 20 WD of receipt of referral             | 7%                     | 13%      | 25%       | 100%     | 95%      | 97%      | 98%      | 95%      | 94%      |
| <b>Medical Oncology Treatment</b><br>90% of patients receiving SACT within 15 WD of RTT              | 67%                    | 65%      | 56%       | 98%      | 96%      | 96%      | 93%      | 97%      | 89%      |
| <b>Radiation Oncology Treatment</b><br>90% of patients completing radical RT within 15 WD of RTT     | 58%                    | 64%      | 70%       | 68%      | 72%      | 68%      | 68%      | 86%      | 87%      |
| <b>Rapid Access Breast (non-urgent)</b><br>95% of patients seen within 12 wks of receipt of referral | 13%                    | 38%      | 55%       | 18%      | 18%      | 13%      | 20%      | 14%      | 13%      |

In **Emergency Care**, despite being the busiest ED in Ireland, we are now the most improved Model 4 hospital over the last 18 months. We have moved from being one of the worst for Patient Experience Time (Non-Admitted) to one of the best, and now regularly achieve the national KPI. We also now perform well on admitting >75 year old patients within 24 hrs, and we have transformed our work with the National Ambulance Service, reducing our average turnaround times from over 96 minutes to less than 45 minutes, and have maintained a zero tolerance on delays over 2 hours for over a year now.

We have also successfully delivered major reconfigurations and service developments in the last 2 years, such as centralising all acute paediatric care in Cork at CUH this summer, a project that was 30 years in the making. As part of this, we opened a new and state of the art children's emergency department and inpatient isolation facilities for children with Cancer. We transferred elective eye care to new facilities at the south infirmary this summer also. We launched CUH as one of two designated Major Trauma Centres in 2023, as part the national trauma strategy, and we will shortly be opening our new on-campus Heli-Pad (serving all our 24/7 emergency services; including PPCI, Stroke Thrombectomy, Interventional Radiology, Paediatrics & Critical Care) after nearly 20 years planning.

## Infrastructure

On Infrastructure, we have also made great strides. The most important of which is publishing our comprehensive capital plan for the campus, that was signed off in 2023 by the HSE National Director of Estates and National Director of Acute Operations. This was based on a detailed demand, capacity and condition review undertaken by Archus Consulting which confirmed that CUH has the largest inpatient bed and critical care capacity deficit in the country. It also confirmed that much of the legacy 1978 estate (particular theatres, diagnostics and the main ward block) are not fit for purpose or compliant with modern standards.



I was delighted that the Minister for Health Stephen Donnelly recently announced, based on this work, that CUH would receive the highest allocation of capital funding in the national bed plan to address this over the next 4-7 years. This will include a new dedicated cancer ward block above our current Glandore Cancer Centre, and the commencement of our Trauma, Acute & Critical Care (TACC) building which will, in phases, provide all of the additional single room adult and critical care capacity we need, as well as replace the current theatre, diagnostic and acute floor facilities in an integrated design. We are also delighted to have been chosen to host the new regional surgical hub, and enabling works for this development, due to open in Q4 2025, were completed this May. Enabling works have now also finally commenced for our Paediatric Acute Care Centre (PACC), which when completed by 2027, will ensure that the South of Ireland has a modern facility (with 82 beds, 3 dedicated theatres, diagnostics & inpatient facilities, a HDU and support services such as a new purpose built school) of a similar standard to the new children’s hospital in Dublin. In 2023 we completed the purchase of our new Outpatient Campus in Curaheen and a new off-site administration building on the Model Farm Road, and hope to begin construction of our new Academic Centre (in partnership with UCC), any day now.

## Governance

On Governance, we have made major changes to the way we structure and run our organisation. We have connected ward to board, strengthened directorate and clinical leadership, and re-aligned our committee structure so that decision making is now inclusive, transparent and accountable. We have also integrated more, with our own satellite sites (Mallow, Bantry, St Finbarrs, Riverstick) and other hospitals and community services. We launched a new web-site, a new newsletter, and established regular senior leadership masterclasses for the top 250 multi-disciplinary managers and leaders across the organisation. We also regularly meet with senior politicians and stakeholders. We have engaged positively with the international JCI accreditation process, and hope to become accredited as a European Cancer Centre with the OECl later this year. Over the last 2 years it has been wonderful to see the multi-disciplinary and pan speciality leadership team coming together and working closer than ever together with unified purpose and ambition. We have focussed our mission as a Model 4 hospital on our 5 ‘C’s, (**C**ritical Care, **C**ancer Care, **C**hildren’s Care, **C**omprehensive Care & **C**omplex Care) which define our specific purpose as the tertiary and quaternary centre of excellence within the wider supra-regional healthcare system.

It is important to acknowledge the challenges that we face. Historically CUH has not been funded or resourced equitably with peers, however more importantly, we are not resourced based on activity or population either. The new Slaintecare approach promises to address this in time, and we have submitted 4 transformation papers to the HSE nationally escalating these disparities and identifying the need for significant support across a range of areas to help us reach our full potential and perform as the government and HSE, and indeed our community rightly expect. There has also been huge investment by government at CUH over the last 2 years in new equipment, facilities and colleagues. We have set out a list in Appendix 1 (see page 57) for you to review. We are incredibly grateful to the HSE and government for their continued support.

The moratorium has also had a disproportionate effect locally on HSCPs, support and essential administrative and management capacity, though at the same we would also acknowledge that CUH has more doctors and nurses than ever before, even after you take account of the new services which have transferred into us from other providers in recent years. It is also right and proper that we have better control of our staffing and financial resources. Demand is also rising faster than our capacity can match it, with CUH experiencing the highest growth in ED attendances and admissions nationally in the last 2 years. Finally, while a challenge, the new integrated health care reforms are also a huge opportunity to optimise the flow of patient care for patients, and support more care in the community and we will engage fully in that process over the coming years.

This strategy is our plan for the next 4 years on our never ending improvement journey, to realise our full potential, and deliver on our mission and vision for CUH as an important part of the wider integrated health service team and service. The implementation of this strategy is already underway in our day-to-day operations as we lay the groundwork for the remarkable advancements we aim to realise by 2028 and beyond. Under the cohesive direction of our executive management board and senior leadership team, and the steadfast support and dedication of our brilliant teams across all areas of the hospital, I am excited for the future of CUH.

This document is the culmination of our efforts to set out an exciting future for CUH, to be fit for the future and ‘Fit for Fifty’. While we are rightly proud to be one of the biggest hospitals in Ireland, we are all much more focussed as we go forward on being one of the best.

Thank you for everything you do, and I encourage you to be proud and ambitious for our future.

David Donegan

David Donegan  
CEO, Cork University Hospital Group (CUH)



# Introduction

This strategy document, 'Fit for Fifty - Our Plan for Our Services for You', has been developed as a roadmap to facilitate unity of purpose for all stakeholders over the next four years, and to set out how CUH will continue to develop into a cohesive and effective provider of specialist acute services.

It has been created with the input from across the organisation and sets out how CUH will make choices to drive quality, access to care, integration of services and organisational excellence that best meet the needs of its population, while also promoting the CUH as an employer of choice for highly skilled professionals into the future. A key benefit of our strategic plan is the ability to communicate clearly with our patients, the public and our staff, allowing them to see the direction which our services and business plans will take over the next four years. Our plan is firmly focused on advancing excellence in healthcare for the benefit of all our patients and their families, and will be achieved through close collaboration with staff across community and acute services, partners and government. This strategy recognises that not all staff provide direct patient care but that we all have a key role in facilitating care and the patient journey. Our 'One Team' ethos ensures that everything we do contributes to improve experiences and outcomes for our patients.

As we forge ahead, we recognise the need for continued adaptation and innovation. It is likely that our strategy will need to be reviewed and updated annually, in partnership with the various new Integrated Health Areas and Regional Health Authorities that we serve, and taking account of emerging national policy from the Department of Health and HSE Centre. The establishment of a patient advocacy group, and greater public and patient involvement will also be key. Through collaborative efforts across our community and acute services, we are unyielding in our pursuit of healthcare excellence, ensuring our patients receive the highest quality care, even in the face of adversity. This plan articulates a clear and measurable framework for advancing healthcare excellence with clearly specified goals and outcomes. Of particular significance will be Sláintecare and the transition to Health Regions bringing an ambitious suite of further reforms across the healthcare system. These reforms present a significant opportunity for CUH to play an active role in advancing transformation and change in the South West and nationally. We want to ensure our strategy is fully embedded into our work and that there is a clear sense of shared ownership and vision amongst our staff to bring about its successful delivery.



Our ongoing efforts in implementing this strategy have already yielded significant achievements, reflecting our determination and resilience.



**Cork University Hospitals Group (CUHG)**

CUHG has been in existence for over 20 years, and operates all HSE acute hospitals in Cork, including Mallow General Hospital, Bantry General Hospital and the Rehabilitation Unit at St. Finbarrs. This is similar to the St. Vincent's Health Care Group in Dublin, which runs a number of public hospitals in addition to a private hospital. While there is a single shared leadership team across CUH Group, supported by local site management teams, this Fit for Fifty strategy document relates specifically to the Cork University Hospital and Model 4 Campus at Wilton. Local strategies for other Model 2 sites will be developed in due course in partnership with the new IHA leadership."

**CUH Vision**

“ To become one of the best performing Model 4\* Hospitals in the State, an internationally recognised and accredited university teaching hospital, meeting all national access standards for patients, and playing a successful part in leading and delivering integrated care for the South of Ireland. ”

**CUH Mission**

In clarifying our mission, we are making clear what CUH is uniquely focussed on delivering on behalf of the health system. As the single Model 4 hospital for the region, and as the Major Trauma Centre, the Cancer Centre and the Childrens Centre for the region (and providing many of these services to up to 3 other RHA areas), we are meant to concentrate on and deliver on our 5 'C's strategy.

|                           |                                                                                                      |
|---------------------------|------------------------------------------------------------------------------------------------------|
| <b>Critical Care</b>      | Caring for the most Critical (Major Trauma, PPCI, Stroke Thrombectomy, IR, Emergency Surgery)        |
| <b>Cancer Care</b>        | Caring for Cancer patients (including undertaking all cancer surgery at CUH)                         |
| <b>Children's Care</b>    | Caring for Children                                                                                  |
| <b>Comprehensive Care</b> | Caring as a Comprehensive team (all acute surgical & medical specialities on-site, working together) |
| <b>Complex Care</b>       | Caring for those with the most Complex needs (highly specialist, multi-disciplinary & high risk)     |

Over time we hope to concentrate and centralise these services within Cork at CUH Wilton Campus, while divesting and reconfiguring other services in an integrated way with other providers (including Model 3 / 2 hospitals and community services) and / or sites.

Through focus groups involving a diverse cross-section of staff across our hospital, we engaged in thoughtful reflection, review, and validation of what truly matters to us as a healthcare community. The result is a vision statement that reflects the collective dedication, ambition and passion of our entire team

**CUH Values**

We uphold the four core values set out by the Health Service Executive (HSE):

|      |            |       |          |
|------|------------|-------|----------|
| Care | Compassion | Trust | Learning |
|------|------------|-------|----------|

\*Model 4 Hospital provide 24/7 acute surgery, acute medicine, critical care, tertiary care and, in certain locations, supra-regional care.



# Strategic Context

The Health Service Executive (HSE) is currently engaged in a significant reform programme to make the Irish Health Care system fit for purpose to meet the future needs of the population. Strategically, this requires adopting a more integrated and patient-centred approach. The launch of the Sláintecare Action Plan 2023\* serves as the foundation of our strategy and clearly articulates the need for healthcare providers such as CUH to ensure 'the right care is being delivered in the right place, at the right time' and that 'the patient is paramount'.

Under the leadership of Dr. Andy Phillips, our Regional Executive Officer, we will provide services for the South West Region that are:

- Integrated, locally planned and delivered.
- Easier to access and navigate for patients and their families.
- Available closer to patients' home when they need them – right care, right place, right time.

## Key National Documents and Programmes that inform CUH's 2023–2028 Strategic Plan

In line with current key regional and national policies the EMB are firmly focused on:

- Sláintecare
- HSE Patient Safety Strategy 2019-2024
- National Clinical Care Programmes
- National Cancer Strategy 2017-2026
- National Strategy for Accelerating Genetic and Genomic Medicine in Ireland
- HSE National Service Plan 2024
- Finance Reform Programme
- Scheduled Care Transformation Programme
- HSE Urgent and Emergency Care Operational Plan 2023
- Enhanced Community Care Programme
- HSE People Strategy 2019-2024
- Digital Health Strategic Implementation Roadmap 2024-2030

\*<https://www.gov.ie/pdf/?file=https://assets.gov.ie/251347/e0cc4c23-ce8a-49f0-9ffc-d9220000bbcb.pdf#page=null>

## Sláintecare

A national emphasis has been placed on promoting community care and hospital avoidance. Sláintecare is at the forefront of this reform. Sláintecare will establish a universal, single-tier and high quality health system. As part of this reform, there will be a shift from a hospital-based model of care towards community-based provision of services. Six Health Regions are being established as part of Sláintecare, with CUH's catchment area directly translating to the newly established HSE South West Health Region. Our strategic plan aims to continue this emphasis on providing care in the community and hospital avoidance in line with Sláintecare.

## HSE Patient Safety Strategy 2019-2024

Improving quality and delivering safe services is implicit and embedded in the delivery of all our services. CUH is committed to striving towards achieving significant improvements across all our performance indicators as set out in the National Service. In 2024, we will:

- Drive quality and safety improvement through implementation of the HSE Patient Safety Strategy 2019-2024, including implementation of improvement programmes to address the common causes of harm, development of a national quality and patient safety competency framework, delivery and monitoring of the HSE's implementation plan for the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 with the Health Regions, implementation of the Open Disclosure policy in line with National Open Disclosure Framework, and implementation of nationwide electronic incident reporting.

- Consolidate the implementation of the seven prioritised modernised care pathways, progress implementation of additional pathways, and complete the design of remaining pathways, to achieve:
  - (a.) improved access time to services;
  - (b.) improved quality of services; and
  - (c.) care delivery in the best place for the patient to transform scheduled care services Building Trust and Confidence across Staff and our Service Users National Service Plan 2024.

## National Clinical Programmes

National Clinical Programmes (NCPs) and supporting initiatives have been one of the most significant, positive developments in the Irish health service. They have changed, and continue to change, how care is delivered using evidence-based approaches to system reform.

In line with Sláintecare the NCPs support the design of models of care to ensure high quality, accessible and safe care that meets the needs of the population.

At CUH the National Clinical Programmes have enabled our multidisciplinary teams and hospital managers with expertise in their clinical service area, to work in collaboration to develop standardised care pathways, clinical guidelines and models of care for the patient journey. These models of care emphasise evidenced-based pathways and new ways of working to support better patient access and quality of care.

The programmes have three main objectives:

- Improve the quality of care we deliver to all users of HSE services
- Improve access to all services
- Improve cost-effectiveness

## National Cancer Strategy 2017-2026

The strategy sets out a vision for continuous improvement of cancer services, following on from the progress under the previous two cancer strategies. Our strategic plan seeks to build on work already underway on compliance with key performance indicators, which focus on reducing preventable cancer, promoting early detection, and driving improvements in treatment and after-care for cancer patients.

### Focus areas include:

**Rapid Access Breast (urgent):** 95% of patients seen within 10 WD of receipt of referral

**Rapid Access Lung:** 95% of patients seen within 10 WD of receipt of referral

**Rapid Access Prostate:** 90% of patients seen within 20 WD of receipt of referral

**Medical Oncology Treatment:** 90% of patients receiving SACT within 15 WD of RTT

**Radiation Oncology Treatment:** 90% of patients completing radical RT within 15 WD of RTT

**Rapid Access Breast (non-urgent):** 95% of patients seen within 12 weeks of receipt of referral

A key enabler for CUH in achieving compliance with our cancer key performance indicators is having the expertise and resources concentrated in CUH as a designated cancer centre. This ensures patients have the best care available for cancer.

The National Cancer Strategy also recognises that cancer clinical trials should be a core activity of the NCCP designated cancer centres. CUH will continue to support and grow our research capacity and capability as a leader in cancer care.

## National Strategy for Accelerating Genetic and Genomic Medicine in Ireland

There have been a number of published reports describing the need for increased cancer genetic services in Ireland, including the National Strategy for Accelerating Genetic and Genomic Medicine, and the launch of the NCCP Hereditary Cancer Model of Care. The National Strategy for Accelerating Genetic and Genomic Medicine in Ireland, published in December 2022, defines the actions required to support a focused model for genetics and genomics in Ireland and will allow the HSE to develop a genomics service that improves health outcomes, drives down the cost of care, and fuels scientific innovation and discovery.

CUH initially launched a genetic testing pilot for certain cancers, which led to a reduction in wait times for a cancer genetics assessment from greater than 1 year in Dublin to six weeks in CUH. Since then CUH has expanded the Cancer Genetics Service, now providing broader diagnostic testing, and predictive testing for certain high risk genes.

Quote from Dr Hazel O’Sullivan:

*“It is estimated that 5-10% of cancers are hereditary. Identifying a cancer predisposition syndrome has implications for both a person diagnosed with cancer and their family members.”*

*“CUH now has an established Cancer Genetics Service, providing patients and families timely access to testing, expert counsel, and state of the art care. Ultimately this service will help reduce the burden of cancer in the CUH catchment area.”*

## HSE National Service Plan 2024

The National Service Plan 2024 continues to move the HSE towards the goal of universal healthcare in line with the ambitions of the Government and the HSE’s Corporate

Plan. 2023 and 2024 will see staff increase in the region of 9,000 WTE (whole time equivalent) and funding by €3bn. During 2024 developments over recent years will be consolidated, particularly around access, and ensure the delivery of increased capacity that this investment is intended to provide.

The aims of the 2024 NSP are to:

- Improve access to urgent and emergency care;
- Prioritise waiting lists;
- Continue to enhance mental health and disability services;
- Build on existing partnerships to develop and improve services.

## Finance Reform Programme

The HSE is currently in the process of implementing a single national Integrated Financial Management and Procurement System (IFMS). This represents a significant milestone in what is a major transformation programme for the Irish health sector. The project will equip us with modern technology, standard finance and procurement processes and a new operating model based on shared services.

Multiple, fragmented, non-standard legacy finance systems will be replaced with one system, resulting in the establishment of an effective system of internal financial control which includes:

- Better and more timely financial reporting and forecasting
- Improved financial management, governance, compliance and transparency
- Better overall financial control environment
- IFMS will, for the first time, provide quality standardised financial and procurement information.

## Scheduled Care Transformation Programme

The Scheduled Care Transformation Programme was established to provide a ‘coherent and co-ordinated’ process towards achieving our access performance targets. Scheduled care reform initiatives underway at CUH under the **Waiting List Action Plan (WLAP)**:

- Patient-Centred Booking Arrangements
- Patient Initiated Reviews (PIR)
- A strategy for managing ‘Did Not Attend’s’ (DNAs)
- The Health Performance Visualisation Platform (HPVP)

### Focus areas include:

1. OPD 90% waiting less than 15 months;
2. Inpatient/Daycase 90% waiting less than 9 months;
3. GI Scope 95% waiting less than 9 months

## HSE Urgent & Emergency Care Operational Plan 2023

### Focus areas include:

1. Hospital avoidance;
2. Emergency operations;
3. In-hospital operations;
4. Discharge.

CUH will focus firmly on the following UEC KPIs:

1. 24hr Patient Experience Time (PET) > 75 years;
2. 8am Trolley Count;
3. Delayed Transfers of Care (DTC);
4. Length of Stay (LoS).

### Enhanced Community Care Programme

This programme is currently being rolled out by the HSE. It identifies integrated care and enhanced community care as the preferred future model of healthcare, with a particular focus on ensuring appropriate care pathways. This also involves ensuring the population has timely access to all health and social care based on their medical needs. Our strategic plan seeks to build upon the Enhanced Community Care Programme currently being rolled out, to reduce pressure on hospital services and deliver services in a setting most appropriate to the requirements of the patients.

### HSE People Strategy 2019-2024

This strategy outlines the proposed development for people services across the healthcare system. It has been developed to increase the system’s ability to deliver Sláintecare and has three key pillars:

- Leadership & Culture
- Talent
- Capability

Our strategic plan will build on the objectives of the People Strategy to encourage greater staff recruitment and engagement.

### Digital Health Strategic Implementation Roadmap 2024-2030

In line with the National Digital Framework ‘Harnessing Digital’, an increased focus on eHealth initiatives and digital solutions are a major driver for the Strategic Plan. The aim is to provide staff with easy access to patient information and clinical history. eHealth initiatives enable health service efficiencies, optimise resource utilisation and economic opportunities by using technology enabled solutions. This emphasis on eHealth initiatives will place the patient at the centre of the healthcare delivery system with the use of these solutions. The Strategic Plan aims to empower patients in looking after their own health and wellbeing.

Where possible, tele-healthcare (phone or online health advice) can also prevent unnecessary visits of non-urgent cases to the emergency department.

A significant priority in the National Digital Framework is the phased development of an Electronic Health Record (EHR) system, which aims to:

- eliminate paper records;
- streamline access to patient data;
- promote integrated care.

Several of the outcomes and initiatives included in this strategy promote EHR systems that will be rolled out in the coming years.



**LEADERSHIP & CULTURE**

**TALENT**

**CAPABILITY**

# Strategic Priorities

Our strategy for the next four years is underpinned by five key priorities that are deemed critical by CUH. Each priority is accompanied by a set of measurable outcomes to track progress and is supported by a range of initiatives.

These priorities are framed within the overarching principles outlined by the CEO of HSE, Mr. Bernard Gloster, emphasising:

**Access to Services:** Ensuring equitable access to our healthcare offerings for all individuals within our community.

**Public Confidence:** Building and maintaining trust among the public through transparent and effective communication and service delivery.

**Timely Implementation:** Executing initiatives promptly and efficiently to meet the evolving needs of our patients and stakeholders.

Recognising the interconnected nature of these priorities, CUH will focus on infrastructure enhancements to improve both accessibility and the quality of care provided. Digital enablement will serve as the backbone for delivering integrated and continuously improving healthcare services. Furthermore, our commitment to research and innovation will drive the delivery of high-quality, evidence-based, patient-centered care.

Central to the success of our strategic vision is our people. We are dedicated to fostering a motivated and empowered workforce that finds fulfilment in their roles and is committed to ongoing learning and development.

To realise our vision, CUH has established strategic objectives under each priority area. These objectives will be pursued through structured implementation plans and monitored using key performance indicators (KPIs). It is imperative that in achieving these objectives, we also demonstrate value for money and a return on investment.

Our strategic priorities were identified through comprehensive reviews, which analysed the hospital's strengths, weaknesses, opportunities, and challenges. We have aligned our strengths with opportunities and addressed weaknesses to mitigate threats, thereby informing our strategic objectives effectively.



## Our Performance

Shorten waiting times and improved:

- Integrated Care;
- Emergency, Elective and Cancer Care;
- High Quality and Accredited Care;
- Efficient and Sustainable Care.



## Our Infrastructure

Improve infrastructure for our patients and forecasted population growth, to improve access and deliver excellent care.



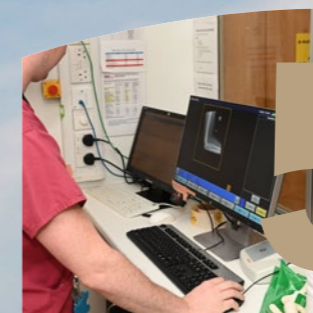
## Our People

Attract, develop and retain top talent as an employer of choice.



## Research, Innovation & Education

Build a reputation for translational research, implementation science and innovation, and support education for the future.



## Digital Transformation

Transform care delivery through programmes of digital Innovation.



# Our Performance

A key priority for CUH is providing high quality care and addressing long patient waiting times and ensuring timely access to assessment, treatment and care. We recognise the importance of a common relevant set of metrics and key performance indicators and their active usage in measuring, tracking and generally guiding performance across all clinical services.

The 2023 Waiting List Action Plan has and will continue to be a key enabler for the improvements at CUH, as waiting lists for scheduled care in our hospital continue to increase.

We will work under the direction of our newly appointed Regional Executive Officer, Dr. Andy Phillips, and community and acute colleagues within the South West Region to progress modernised care pathways in 2024 across both acute and community settings.

Our Plan will be fully aligned to delivering on the below key targets:

### Sláintecare Time Targets

Reducing the number of patients breaching the Sláintecare Time Targets by 10%.

### Patients Waiting Over Three Years

Reducing the number of patients waiting over 3 years or at risk of being over 3 years by 90%.

### National Service Plan (NSP) Maximum Wait Time Targets

Achieve the following targets for patients on the following waiting lists:

- OPD: 90% of Patients waiting less than 15 months;
- Inpatient/Daycase: 90% waiting less than 9 months;
- GI Scope: 95% waiting less than 9 months.

### Urgent & Emergency Care (UEC)

Implementing the targeted actions and compliance with associated key performance indicators to support our integrated operational grip and instil a culture of continuous improvement.

### National Cancer Control Programme KPI's

Implementing targeted solutions to achieve compliance with all six Cancer Key Performance Indicators.

By continuing this approach into 2024, reducing waiting lists and times, our vision remains the delivery of a modern world class public health service for all, in which everyone has equitable, timely and transparent access to high-quality scheduled care, where and when they need it.

Successful implementation of the Waiting List Action Plan (WLAP) remains susceptible to a number of risks, including repeated COVID-19 / flu / respiratory surges and associated pressures on EDs, as well as the continuation of the high volume of referrals, which has largely been related to meeting suppressed demand arising from the pandemic.

Increased ED attendances can result in cancellations of elective procedures, and it is recognised the impact this has on patients. CUH will maintain its commitment to not cancelling life-saving or cancer care procedures.






Achieving 2024 NSP targets will be progressed in line with the goal of universal healthcare as part of a phased multi-year approach towards achieving Sláintecare maximum wait times of no more than 12 weeks for an inpatient / day case (IPDC) procedure or GI scope and 10 weeks for a new outpatient appointment.





Targets in outpatient, IPDC, GI scope are set at 5% above the 2023 outturn, to be delivered by increasing core activity by 2.5% and by a further 2.5% as part of the WLAP, and targets in relation to the Improving Access to Care and Performance National Service Plan 2024 21 Sláintecare maximum wait times will be set out as part of the WLAP.

In 2024, in line with the Waiting List Action Plan, we will:

1. Embed the existing proven waiting list initiatives to support more timely access to scheduled care
2. Continue to focus on patient treatment across identified priority areas
3. Continue to support the sustainable reduction in waiting times through the implementation of improved operational processes and ongoing development of evidence-based models of care
4. Embed the implementation of the modernised care pathways
5. Continue to take forward our information communications technology (ICT) and analytic capabilities, including Artificial Intelligence (AI), in building quality data and information capability and insights at local, regional and national levels and to build on other eHealth projects critical to enabling the delivery of our elective services in acute hospitals.
6. Develop a Regional Surgical Hub on the grounds of CUH to enhance day-case surgery and ambulatory capacity in order to address waiting list pressures.

# 1.1 Performance Improvement Plans

|                                                                                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Emergency Department (ED) Wait Times for Non-Admitted Patients (naPET)</b></p>  | <p><b>OBJECTIVES</b></p> <p>Increase the number of non-admitted patients who are compliant with the recommended ED patient experience times (non-admitted PET) of 70% within 6 hours.</p>                                         | <p><b>INITIATIVES</b></p> <ul style="list-style-type: none"> <li>Enhanced 24/7 rota for Senior Decision Makers</li> <li>Daily operational process with regular huddles and escalation framework</li> <li>Weekly review of poorly performing days</li> <li>Business case development for 7 day working for liaison and streaming services</li> <li>Increase infrastructural capacity for AMAU</li> </ul>                                                                                                                                                          |
| <p><b>Emergency Department Wait Times for Patients 75 years and older</b></p>         | <p><b>OBJECTIVES</b></p> <p>Achieve zero tolerance of any person 75 years or over spending 24 hours in ED.</p>                                                                                                                    | <p><b>INITIATIVES</b></p> <p>Progress the urgent &amp; emergency care for over 75 yrs</p> <p><b>Access:</b> development of navigation hub , protection of our aged attuned area as a non-admitted area</p> <p><b>Process:</b> increase in number of speciality beds for Gerontology</p> <p><b>Egress:</b> access to rehabilitation</p>                                                                                                                                                                                                                           |
| <p><b>National Ambulance Service Turn Around Times (NAS TAT)</b></p>                | <p><b>OBJECTIVES</b></p> <p>Achieve 80% compliance for all ambulances within 20 minutes.</p>                                                                                                                                      | <p><b>INITIATIVES</b></p> <ul style="list-style-type: none"> <li>Zero tolerance policy 2 hour</li> <li>Audit of all TAT over 1 hour</li> <li>Weekly meeting with Tactical Officers on performance</li> <li>Citywide group reviewing divert policies, ratios between MUH and CUH and use of Protocol 37s</li> </ul>                                                                                                                                                                                                                                               |
| <p><b>Patients on the Delayed Discharge List (DTCO)*</b></p>                        | <p><b>OBJECTIVES</b></p> <p>Reduce the total number of patients identified as FIT for Discharge to 20 per day.</p> <p>Ensure DTCO represents all medically stable patients receiving post-acute rehabilitation in Acute site.</p> | <p><b>INITIATIVES</b></p> <ul style="list-style-type: none"> <li>Maximise use of offsite capacity.</li> <li>Work with the South West Regional working group on assessing each available bed to enable capacity to meet demand.</li> <li>Early planning for all patients</li> <li>Complex Case Management Team complete daily site visits and identify complex patients from the beginning</li> <li>Scheduled weekly Integrated CUH-CKCH forum</li> <li>Work with South West Regional Planning Director on securing capacity for rehabilitation demand</li> </ul> |
| <p><b>Endoscopy Waiting Lists</b></p>                                               | <p><b>OBJECTIVES</b></p> <p>Reduce to zero the number of patients waiting over 26 weeks for P2 endoscopy</p>                                                                                                                      | <p><b>INITIATIVES</b></p> <p>Continue initiatives on Saturday with a view to maximising Saturday to work the full day. Increase points per list.</p>                                                                                                                                                                                                                                                                                                                                                                                                             |

|                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Length of Stay</b></p>              | <p><b>OBJECTIVES</b></p> <ol style="list-style-type: none"> <li>Reduce the length of stay for medical patients to ≤4.8 days</li> <li>Cohorting all patients within Speciality and/ or most appropriate differentiated Gen Med Physician</li> <li>Facilitate egress pathways for patients requiring speciality non-acute care e.g rehabilitation</li> </ol> | <p><b>INITIATIVES</b></p> <p>Cohorting Project working on:</p> <ol style="list-style-type: none"> <li>Education process for CNM management of ward flow</li> <li>Education on use of information systems and dashboards to inform process</li> <li>Best performing cohorted wards as education site to more challenged wards</li> <li>Increased visibility on discharges to enable planning for patient flow teams through Acute Medical Handover process</li> <li>Increased visibility on delivery of rehabilitation and demand for off-site rehabilitation facilities</li> </ol> |
| <p><b>Cancer Care</b></p>                | <p><b>OBJECTIVES</b></p> <p>Achieve compliance with all six Cancer KPI's:</p> <ol style="list-style-type: none"> <li>Rapid Access Breast (urgent)</li> <li>Rapid Access Lung</li> <li>Rapid Access Prostate</li> <li>Medical Oncology Treatment</li> <li>Radiation Oncology Treatment</li> <li>Rapid Access Breast (non-urgent)</li> </ol>                 | <p><b>INITIATIVES</b></p> <ul style="list-style-type: none"> <li>Strengthened Governance arrangements</li> <li>Weekly monitoring and validation</li> <li>Outsourcing and insourcing initiatives underway</li> <li>Recruitment and retention of specialist staff underway</li> </ul>                                                                                                                                                                                                                                                                                                |
| <p><b>Outpatient Waiting Lists</b></p>  | <p><b>OBJECTIVES</b></p> <p>Reduce the number of patients waiting more than 15 months for a first access to OPD services by 10%.</p> <p>Reform Initiatives:</p> <ul style="list-style-type: none"> <li>Central Referral Office</li> <li>Patient initiated review (PIR)</li> <li>HPVP Productivity Tool</li> </ul>                                          | <p><b>INITIATIVES</b></p> <p>For All Specialties:</p> <ul style="list-style-type: none"> <li>On-going Validation</li> <li>Targeted Bookings to existing Clinics where possible</li> <li>Focussed Management of DNAs and CNAs</li> <li>Funding Approval (NTPF &amp; ATC) for all Out of Hours Waiting List Clinics Initiatives outlined hereunder agreed with 90% underway</li> </ul>                                                                                                                                                                                               |
| <p><b>Diagnostic Waiting Lists</b></p>  | <p><b>OBJECTIVES</b></p> <p>Reduce to zero the number of patients waiting over six months for new appointments.</p>                                                                                                                                                                                                                                        | <p><b>INITIATIVES</b></p> <ul style="list-style-type: none"> <li>Community diagnostic hubs will be created.</li> <li>Better utilisation of diagnostic infrastructure and hardware at both Mallow and Bantry are a key component in expanding community radiology services.</li> <li>Slaintecare structures will help deliver an extended working day, providing urgent access for our cancer patients, providing rapid diagnostic and treatment options.</li> </ul>                                                                                                                |

\*A patient who remains in hospital after a senior doctor (consultant or registrar grade) has documented in the medical chart that the patient can be discharged

# 1.2 Modernised Care Pathways

At CUH we recognise that progress must include the multi-annual reform of scheduled care services to allow patients to access high-quality care closer to home – the right care in the right place at the right time.

## Implementing Modernised Care Pathways at CUH

Modernised Care Pathways are a key deliverable of the Waiting List Action Plan 2023, a frontrunner of integrated care delivery, and a building block for the new HSE health regions (formerly Regional Health Areas) organised under Sláintecare.

Waiting lists continue to be a challenge for our Hospital, impacting on patient experience and patient outcomes. To improve this situation, we will progress our plans to implement a multi-annual reform programme of our scheduled care services to allow patients to access high-quality care closer to home – the right care in the right place at the right time.



As key the Model 4 Hospital within the South West Region, we will work with our community and acute partners to improve access to high quality scheduled care services and reduce waiting times. This will involve adjusting how we deliver services at our Hospital to meet demands is a key aspect of improving OPD wait times across a number of specialities.

The implementation of Modernised Care Pathways will take place over a number of years in a phased approach. Of the 36 approved pathways, there is a priority focus on seven pathways within the Ophthalmology, Orthopaedics and Urology specialties that will establish localised integrated eye care teams, virtual fracture clinics, and community-based multidisciplinary urology teams within CHOs and Hospital Groups nationwide.

Those seven pathways are:

- Ophthalmology:** Cataract, Medical Retina and Paediatric Eye Care
- Orthopaedics:** Virtual Fracture Assessment Clinic
- Urology:** Contingence, Haematuria, Lower Urinary Tract Symptoms (Males)

### Key Initiative at CUH:

## Revolutionising Fracture Care in Cork University Hospital with Virtual Fracture Assessment (vFAC) Clinics at CUH.

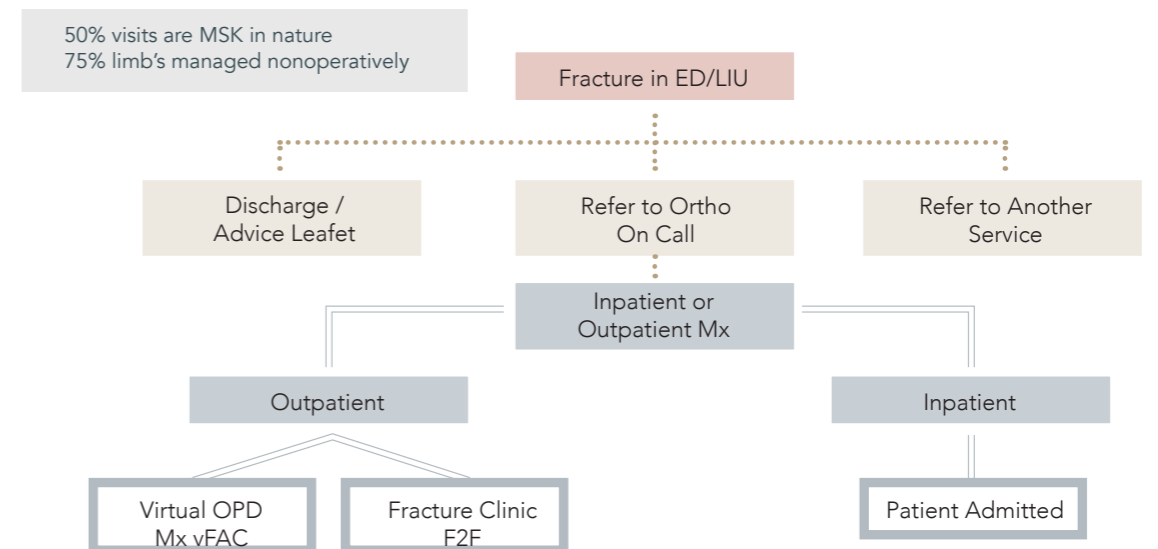
Since March 2020 the Cork vFAC clinic has seen 20,329 patients, with only 30.3% requiring an onward face to face fracture clinic appointment. The vFAC clinic represents an important collaborative innovation with our Emergency Medicine colleagues. By using agreed evidence-based standard protocols, we enable patients to receive consistent treatment plans.

This healthcare delivery model stresses a team orientated approach to patient care. Our team consists of a dedicated Nursing, Physiotherapy, Occupational therapy and Administration colleagues, guided by the Orthopaedic Consultants. With this team, the vFAC clinic expedites the review process allowing patients to receive expert evaluation and early therapy recommendations promptly. This accelerated care pathway not only enables quicker recoveries, but also better outcome and improved patient satisfaction while building Emergency department and Fracture Clinic capacity through enhanced patient flow. The vFAC Clinic not only benefits patients but also contributes to significant cost savings.

**At CUH, we are striving to be at the forefront of innovation, continuously exploring ways to enhance our services for patients and staff. The Cork vFAC clinic is currently the National Clinical Advisor on this service for Ireland.**

The implementation of an enhanced electronic version of this clinic, known as E-Trauma, will be launched later in 2024. This innovation will align with the National Digital Strategy and further streamline our fracture care processes, making them more efficient, patient-centric and data-driven.

### Journey for Patients Presenting with Fractures



## 1.3 Integrated Care

Sláintecare defines integrated care as\*:

**'Healthcare delivered at the lowest appropriate level of complexity through a health service that is well organised and managed to enable comprehensive care pathways that patients can easily access, and service providers can easily deliver. This is a service in which communication and information support positive decision-making, governance and accountability; where patients' needs come first in driving safety, quality and the coordination of care.'**

We are committed to progressing the integration of services within the South West Region, in line with Sláintecare. In doing so CUH will be better supported to achieve key outcomes and greater integration will be possible because of our collaborations at service interfaces.

Enhanced integration will reduce the dependency on acute hospital care through early and timely patient engagement with primary and community care systems. Ref: Department of Health Statement of Strategy 2023-2025

Our specialty teams at CUH have identified a number of initiatives that will support existing integrated services while also developing new ones. We will work with partners from the region and broader public service to ensure patients receive holistic care in the most appropriate setting, as close to home as possible. Initiatives have also been identified that will remove any existing organisational barriers that could prevent integrated care, while also improving fair access to care within the region.

For CUH this will involve:

- Collaboration with the wider region to carefully assess the services we are currently delivering and consider whether these services can be delivered in an alternative setting.
- Sharing the work undertaken to date and building upon existing models of care and adopting best practice principles already established through the HSE Clinical Programmes and in particular the HSE Integrated Clinical Care programmes.
- Co-designing integrated care models for all specialities and support services with our regional colleagues.
- Taking advantage of digital opportunities to re-think how we deliver services.
- Supporting and improving existing integration initiatives within CUH.

\*<https://www.hse.ie/eng/about/who/cspd/icp/>

### Key Initiative at CUH for Older Persons:

## Helping Older People Avoid Long Hospital Stays

The Frailty service delivered at CUH is part of the Enhanced Community Care programme (ECC) to improve and expand community health services and reduce pressure on hospital services.

CUH works with the National Integrated Care Programme for Older Persons to lead on and develop primary, secondary and acute care services for older people with a specific focus on those with more complex needs and frailty.

Designing and delivering integrated care for older people is a multifaceted collaborative process with our patients and community colleagues. It has involved changing the way we plan and deliver care while keeping the patient at the centre of everything we do.

The changes in Urgent and Emergency Care (UEC) volume, non-elective patient admissions, and acuity and age profile to CUH poses a challenge to the hospital daily and requires a proactive approach.

Our Emergency Department has seen an increase in attendances of 19% in over 75 year patients with 32 % of patients requiring admission. A proactive response to activity is fundamental to ensure patient safety.

To meet this growing demand our focus will remain on supporting and improving existing integrated care strategies across the region and community services while co-designing new and more innovative approaches to delivering integrated care across the region.

**CUH is one of the pioneering sites across the country for the 'Older Persons Integrated Care programme'.**

Hospital admission avoidance initiatives at CUH, such as the Frailty Intervention Team (FIT), Community Intervention Team, Outpatient Parenteral Antimicrobial Therapy and the Integrated Care Programme for Older Persons (ICPOP) are used as alternative or supplementary patient care pathways in CUH.







# 2

## Our Infrastructure

Our infrastructural development plan over the next few years forms a key part of our strategy. It will build on the strong foundations that presently exist within our clinical service models and will help sign post our direction for the future. It addresses the need for major upgrades and modernisation of our legacy 1978 estate, as well as the need to add additional capacity to meet demand now and for the next 10-15 years.

In line with Slaintecare, we are evolving our plans to enable us to meet current and future challenges associated with the reform agenda. Priority is being given to projects that improve access for our most vulnerable patients and prepare the Hospital for the increasing demands of serving a growing and ageing population. We are on the brink of a transformative period, with six large-scale capital projects already in progress. These projects are poised to deliver and address the capacity deficit in the short to medium term (1-5 years). These are needed in 2023, and do need to be delivered within the next five years, coinciding with the 50th anniversary of our hospital.

From the Trauma, Acute & Critical Care (TACC) Tower to the Paediatric Care Building, each project represents a strategic investment in our ability to provide world-class healthcare, now and for generations to come. These developments are not standalone endeavours but integral components of our comprehensive capital development plan, which will augment our existing clinical service models and guide our trajectory into the future. As Archus pointed out, we need to move away from short term tactical solutions, to strategic campus plan, which has concentrated and co-located Cancer, Children's, Cardiac & Renal Corner, and a Trauma, Acute & Critical Care centres within the campus.

## Imagine Better

Capital Development plan for Cork University Hospital, Wilton Campus



- 2024**  
ED Expansion & CT Scanner
- 2024**  
Surgical Hub
- 2024/25**  
Academic Centre
- 2024/25**  
Cancer Centre Ward Expansion
- 2026/27**  
Paediatric Centre
- 2025/28**  
Trauma, Acute & Critical Care Tower

- 2023**  
Children's Emergency Dept
- 2023**  
MRI Scanner
- 2024**  
CRC Building Refurbishment
- 2024**  
Emergency Heli-Pad

### Helipad

[Completion September 2024]

The Helipad at CUH was closed in 2003, leaving emergency helicopters landing in Bishopstown GAA pitch or Cork Airport and patients then being transferred by ambulances. CUH first applied for planning permission for the new helipad in 2018, with conditional permission granted in mid-July 2019. It will support the hospital to deliver its adult & paediatric National, Regional, Tertiary and Quaternary care services.

### Trauma, Acute & Critical Care

CUH had received the highest allocation of beds nationally as part of Governments Acute Hospital Inpatient Bed Capacity Expansion Plan, with 412 additional beds due to be delivered by 2031. This plan will help fund our comprehensive campus capital plan, which includes the construction of a trauma, acute, and critical care (TACC) tower building, which once complete will provide around 200 additional beds. This landmark development will ultimately provide all of the additional critical care and adult inpatient ward capacity, emergency and cancer theatre capacity, and emergency and acute care assessment capacity (including cystic fibrosis) that we urgently need, both now and to meet the needs of the southern third of Ireland that we serve for the next 15 years.

### CUH Out-Patient Campus Phase 1 - 3

[Completion Q3 2025]

We believe that we can deliver significantly increased throughput in outpatients if we had additional capacity and modern concentrated facilities.

During COVID, OPD services were re-purposed, and currently operate from at least 13 different locations on and off site. CUH has purchased a local commercial unit and are in the process of having this fitted out to create a purpose built OPD environment for a first tranche of prioritised specialities. Three co-located units are available in total on the new CUH Curaheen OPD Campus.

### Regional Surgical Hub

[Completion Q4 2025]

Government has committed to build a number of 'Elective Hubs' under the governance of the relevant Model 4 hospital, to support elective day case waiting list reduction. CUH has been identified as a key location for the development of one of the regional Elective Surgical Hubs. These hubs are being developed to build capacity to deliver high volume, low complexity procedures. There are also local and regional day case waiting lists which need to be reduced through extra activity and productivity.

### Academic Centre

UCC is the main academic partner of CUH. The College of Medicine have secured funding and planning to build a new medical school on the CUH Wilton Campus over the next 2 years. The project was developed with a view to an integrated academic and educational facility with CUH, and has a relatively small HSE contribution as a result. The Academic Centre project does not address the full needs or ambitions of UCC or CUH, to develop co-located multi-disciplinary educational facilities that not only serve HSE employees and UCC students, but also integrate education and academia within an operational clinical environment.

### Cancer Ward Expansion Glandore Cancer Centre – (Ward Development Phase)

[Completion Q4 2025]

The Glandore Radiotherapy unit was built in 2017, and was constructed with an ability to take two additional floors above it (and further radiotherapy and imaging also). Approval has been received to build the additional two floors to accommodate 60 single rooms in two wards, subject to planning. This will be the anchor building for consolidated CUH Cancer services.

### Paediatric Centre

The new paediatric building will have an improved HDU facility, which could also be used to accommodate ICU level care in emergencies or if the paediatric model of care supports this in due course. In advance of the new building, a refurbishment of an existing paediatric space is required to improve bridging facilities with some additional staffing required now. Paediatric and Perinatal Pathology (including mortuary) facilities need to be improved in line with modern standards and expectations.

The new paediatric care building will have dedicated paediatric theatres and diagnostic facilities. In advance of the new building, an additional temporary MRI scanner will be used to bridge capacity for GA imaging lists, which will need to be staffed.

### ED Expansion & CT Scanner

As part of the immediate investment required to support the designation of CUH as one of two Major Trauma Centres, capital approval was granted to construct / install 2 additional Trauma / Resuscitation bays and a CT scanner in the current ED (currently patients have to travel into the hospital as there is no CT in ED. [Planning is currently being challenged by a local resident, construction was due to be completed by Q4 2023])

Pending the approval and construction of the TACC Tower, bridging improvements are needed to the current trauma ward (legacy 1978 ward block), to create a Poly Trauma Unit (PTU) within it to provide telemetry monitoring, beds, hoist and a procedure room for enhanced ward based anaesthesia reducing the need for theatre. A capital submission has been submitted to and approved by the National Estates Team and is pending National funding.

### MRI Scanner

MRI Capacity has been an issue with reducing length of stay. CT Capacity is now adequate for current inpatient demand, however inpatient MRI capacity remains an issue, including for radiotherapy planning and for cardiac investigations. While the TACC tower will have the required diagnostic capacity within it for acute inpatient needs, a mobile / temporary MRI has been deployed.





# 3

## Our People

At CUH, our greatest asset is our people. With over 5,000 dedicated staff members, we are the second-largest employer in Cork. Their talent, commitment to patients and pride in our hospital are key to our long-term success. We know it is our people who make CUH successful.

We recognise the extraordinary dedication and professionalism exhibited by our staff. We extend our heartfelt gratitude to each member of our team for their resilience and dedication and commitment to delivering the highest quality of care for our patients which has been the driving force behind CUH's achievements.

We are committed to fostering a workplace environment where our staff not only excel but also find fulfilment, joy and pride in their roles. We know that realising our ambition for the future of CUH can only be achieved in partnership and understanding with our staff.

As we navigate these challenging times, our strategic priority is to ensure that CUH remains a great place to work for all. This entails providing our staff with a safe, healthy, and supportive environment that promotes diversity, inclusivity, personal development, and respect.

Despite the constraints we face, we are steadfast in our commitment to advocating for more investment to enable the recruitment of additional staff and to enhance working conditions. We understand the importance of addressing these issues to ensure the delivery of high quality care for our patients, as well as the well-being and satisfaction of our workforce.

Our strategic focus on becoming a responsible employer is rooted in establishing minimum standards for recruitment, retention, engagement, and communication. By upholding these principles, we aim to secure our position as an employer of choice, attracting and retaining top talent to meet the healthcare needs of our patients.

To support our highly valued staff, we are dedicated to developing a flexible and multi-skilled workforce through nationally recognised training programmes and partnerships with universities. We will continue to invest in our staff, nurture their talent, and cultivate high-performing teams, prioritising their health and well-being.

A skilled, satisfied, and motivated workforce is fundamental to delivering high-quality care and achieving the challenging objectives outlined in our strategy.

CUH is immensely proud of its staff, and we are committed to becoming a "magnet" organisation that attracts, develops, and retains top talent as an employer of choice.

Our core team values and priorities to support our people align with the Health Services People Strategy 2019-2024 (HSE).

|                                 |                                                                                                                                                                            |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Leadership &amp; Culture</b> | Taking responsibility to work together to deliver 'safer, better healthcare'.                                                                                              |
| <b>Talent</b>                   | Having the right people with the right blend of skills in place to deliver our services and enable transition to new models of integrated care.                            |
| <b>Capability</b>               | Developing the knowledge, skills and confidence to continually improve and transform our services - strengthening trust in the organisation and delivering 'public value'. |



# People Strategy Priorities



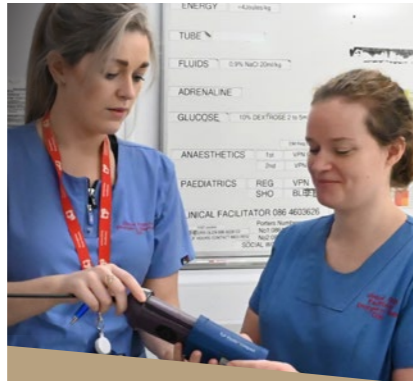
## 1.

### Leadership & Culture

#### Collectively leading change

Leaders at all levels, working together towards a shared purpose, creating a caring and compassionate culture, nurturing talent and inspiring innovation and excellence throughout the system.

- Lead change – add value
- Improve capacity
- Be accountable



## 2.

### Employee Experience

#### Focus on wellbeing and engagement

A meaningful and safe work culture exists where the organisation enables healthy behaviours among staff, supporting them to take responsibility for their own health and wellbeing, and where staff feel valued, are emotionally engaged and deliver services they are proud of.

- Improve staff health and wellbeing
- Listen to our staff
- Increase staff influence
- Improve facilities for staff welfare



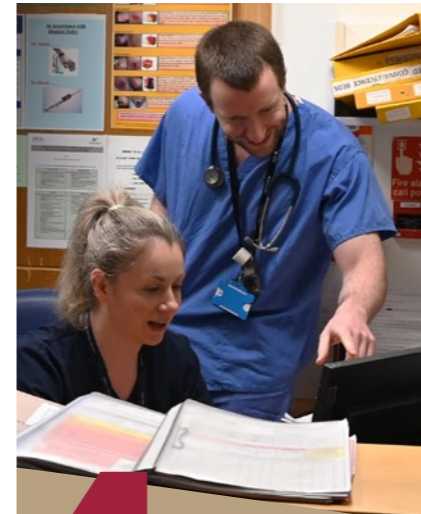
## 3.

### Capability & Talent

#### Invest in people and teams

A culture that prioritises learning and development to ensure we have the capability and capacity at individual and team levels to confidently deliver person-centred care, problem solve and innovate.

- Invest in capability and learning
- Invest in people and teams
- Invest in personal and professional development
- Invest in e-learning and innovation



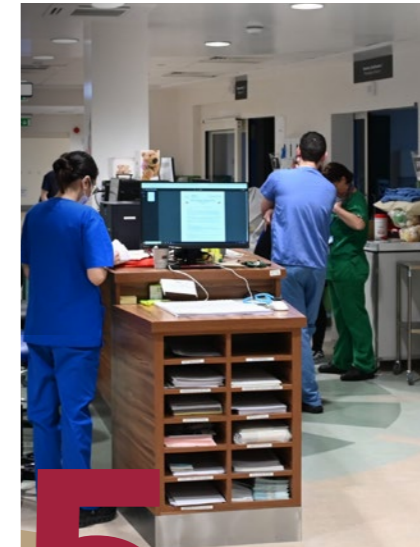
## 4.

### Workforce Planning & Intelligence

#### Understand our people

Evidence-based workforce planning in place to build a sustainable workforce supported and enabled to deliver on future service needs.

- Implement strategic workforce planning
- Build capacity for workforce planning
- Invest in people data and analytics



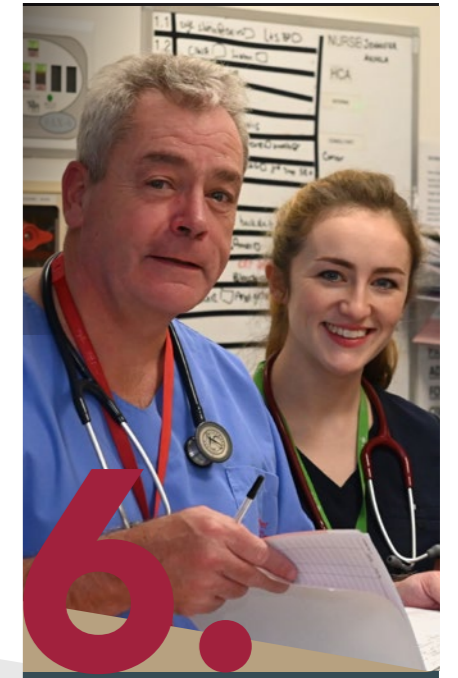
## 5.

### Service Design & Integration

#### Co-design for future needs

Our service design is fit for purpose to meet the needs of service users and staff in a complex and integrated health and social care system.

- Support workforce transformation and service design
- Facilitate workforce and service flexibility
- Plan for progression and succession



## 6.

### Performance Accountability

#### Deliver staff and public value

Staff and teams are clear about roles, relationships and responsibilities and are supported to channel their energy and maximise individual and team performance to add value and impact for service users.

- Be accountable for performance
- Develop performance capacity and capability
- Strengthen employee relations
- Measure performance



# 4

## Research, Innovation & Education

Leadership in research and innovation are central to delivering better patient care, building CUH's reputation and attracting and retaining talented people. Our vision is to be a beacon of hope to patients and society through our relentless commitment to life changing research and innovation, and education of tomorrow's healthcare leaders.

### Clinical Research

Clinical Research is a vital component of any well functioning healthcare system and is also essential in the ongoing development of our academic institutions. Patient outcomes are better and academic achievement and teaching outcomes enhanced.

We are committed to the development of an Academic Health Sciences Centre with University College Cork (UCC) with a primary goal to continue to improve patient outcomes. CUH also recognises the importance of its collaboration with the RCPI & RCSI and other national training bodies.

The partnership between CUH and UCC underpins our clinical mission of fostering a culture of teaching, learning, research and innovation whereby we develop models of best practice in the delivery of health care that health care professionals, academics and administrative staff are proud to work in. We will maximise our academic capabilities to recruit and retain high calibre staff so that together we can deliver the highest quality services and patient care.

### Our aims are:

- To accelerate the path to discovery of life changing interventions through transdisciplinary engagement and collaboration and fostering a culture of diversity and inclusion.
- To safeguard our future by providing a world class holistic education for healthcare providers that always keeps the biological, psychological and social aspects of every patient's care in balance.
- To maintain the patient at the centre of everything we do and maintain accountability through public and societal engagement.
- To promote a flagship dynamic research organisational culture that responds and thrives in an ever changing healthcare landscape thereby leading healthcare transformation.

CUH has a proud tradition and continued track record of research in areas including Cancer, Medical Imaging, Cystic Fibrosis, Gastroenterology, Dermatology, Vascular Neurology & Stroke, Gerontology, and Respiratory Disease as well as across surgical specialities such as Urology, Orthopaedics and General Surgery to name but a few.

The APC Microbiome Ireland (30), founded as the Alimentary Pharmabiotic Centre in 2003, brings together clinicians and researchers across the boundaries of traditional research sectors. Clinicians and researchers from diverse backgrounds have worked together for the past fifteen years to become an international exemplar in an area that has become one of the fastest moving areas of biology, of relevance to all branches of human medicine and veterinary science, and is of growing importance to the economic welfare of society.

Ongoing development of a medical imaging hub at CUH, with the recent acquisition of two new cutting edge CT scanners and soon to be installed research capable high field strength MRI scanner will be instrumental in generating and supporting basic science, clinical and translational research.

Finally, we will expand and leverage our academic partnership to include our community partners to promote models of self-care and implement the National Framework and Implementation Plan for Self-management Support for Chronic Conditions: COPD, Asthma, Diabetes and Cardiovascular Disease.

### Research and Innovation

CUH will align with the goal of the national 'Corporate Enabling of Clinical Research Group' (CECR), which is to enable academic institutions to develop clinical research strategies that are better aligned with the mission of the health sector to improve patient outcomes and healthcare delivery (CECR, 2019).

The Sláintecare report endorses this approach and further recommends developing the research capacity of our staff. Healthcare institutions that are active in research and education have better patient outcomes and are better able to recruit and retain the best staff.

We will leverage the research excellence of our internationally trained and accredited staff by supporting research for patient benefit. Our partnership with UCC extends our research capacity and provides exciting opportunities for early translational research.

Acting as a catalyst for collaboration, thematic areas identified for research prioritisation in the recent UCC Strategic Plan 2023-2028 align with the clinical expertise available at CUH.

We will leverage the research excellence of our internationally trained and accredited staff by supporting research for patient benefit. Our partnership with UCC extends our research capacity and provides exciting opportunities for early translation of research.

We will continue to develop and support the CUH Research Office and Research Committee to encourage clinician-led research including interventional clinical trials carried out in collaboration with UCC partners in the Clinical Research Facility and the Cork Cancer Trials Group. We will work with our primary academic partner to further develop research governance and quality assurance. The UCC/HRB Clinical Research Facility will be a key vehicle for our research ambitions. A system of public and patient involvement and engagement (PPIE) to prioritise and inform our research activities will be developed.

We will deliver this ambition by building on the infrastructure developed by UCC to date. In addition to better outcomes for patients we will become a better place to work and will increase job satisfaction amongst our staff ultimately improving recruitment and retention.

## Education

Training of the health care workforce is essential to the future of our service. We will be responsive to the need for developing the workforce at undergraduate and postgraduate levels, providing placement opportunities as needed.

Enhancing the quality of training and the clinical experience of junior doctors is a priority for CUH. We will leverage the advantage of our group to provide a high quality training experience. The Medical Council has commended areas of good practice in CUH. We will work with the wider region to share these areas of good practice and adopt standardised best practice in induction, processes and training.

Engagement with and support of the Health Innovation Hub Ireland (HHI) will foster innovation and entrepreneurship in our clinical settings. We will support our staff in these initiatives to ensure that patients can avail of innovative approaches to enhance their quality of care and care experience.

UCC offers the benefits of its education, research and innovation facilities, such as the Clinical Research Facility, Clinical Research Ethics Committee and Health Innovation Hub, as well as international and national contacts and local developmental agencies which together will imbue a strong culture of project delivery for the Group.

Our staff recognise the value of having an academic partner. They welcome more engagement with UCC and investment in research in all hospitals across the Group. While smaller hospitals in the group would welcome the expansion of Clinical Research Facilities and their hospitals inclusion in clinical trials, smaller hospitals are keen to explore other research methodologies; for instance human factors.

Over the next five years, this academic partnership will take a population approach to health, hence ensuring that more people experience the benefits of innovation and improvement in the quality and standards of their care. It will invest in staff development initiatives and career progression pathways for all staff groupings and professionals. Furthermore, it will seek to combine and develop resources that are clinically and academically outstanding in order to become nationally and internationally recognised as a centre of excellence in service provision, education and training, research and policy development.

- Development and support of clinical research, including translational research, observational, interventional, clinical trials, social and behavioural science research
- Identification of research champions and support them as a team to develop the research strategy for the group
- Report on research activity and support structures in each hospital and explore specific needs to facilitate new research
- Encourage early translation of robust research evidence into practice
- Work with UCC to develop shared governance structures for clinical research and formal relationship with the HRB/ UCC Clinical Research Facility
- Engagement of patients and the wider public in the development, design and interpretation of research in our hospitals.

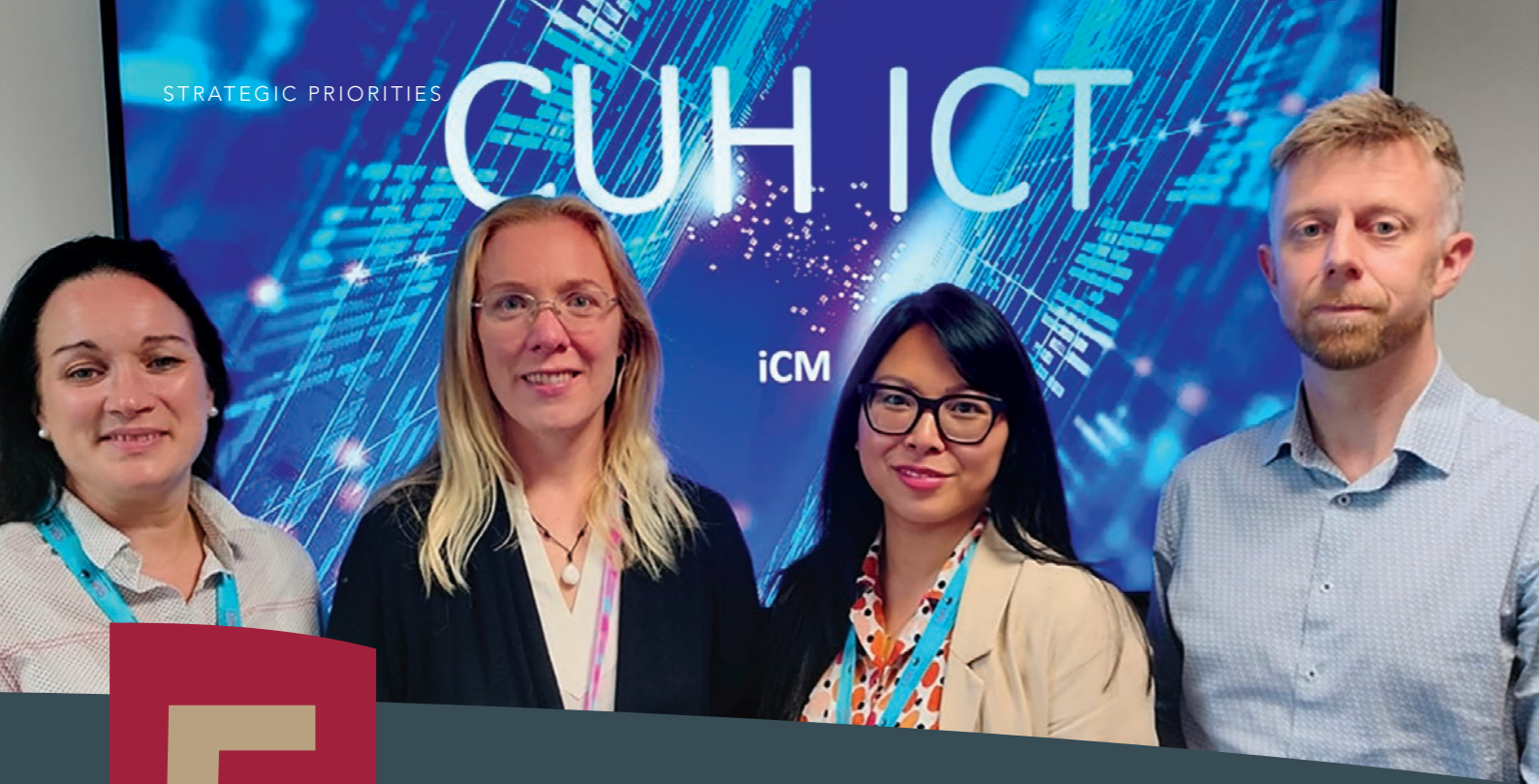
## Cancer Trials Group

Cancer Trials Cork at Cork University Hospital (formerly known as the Oncology Clinical Trials Unit) was established in 2003. Our Oncology Team has been instrumental in overseeing its expansion over the last two decades. Today, Cancer Trials Cork at CUH participates in clinical trials across medical oncology, radiation oncology, haematology, and surgical oncology.

We have over 20 Principal Investigators across cancer disciplines who are supported by a primary clinical trial team. We have been able to offer over 200 trials to our patients and have recruited nearly 4,000 people to translational/ therapeutic clinical trials. In 2019, we relocated to our new headquarters based in the newly constructed, state of the art, Glandore Radiotherapy Centre at Cork University Hospital, where we have dedicated clinical trial clinics and offices.

Our vision is to offer the most promising and cutting-edge cancer treatment options to the people of Cork and the wider catchment area of Munster for which we serve as a tertiary referral centre. We aim to achieve this with a diverse portfolio which includes phase 1 to phase 3 translational, investigator-initiated and therapeutic trials across the majority of cancer subtypes and with proactive collaboration with other stakeholders. UCC receives key support from Cork University Hospital, South/ Southwest Hospital Group, UCC Cancer Trials Group, Irish Research Radiation Oncology Group, Health Research Board, industry partners and Cancer Trials Ireland.





# 5

## Digital Transformation

The use of digital technology is key to pursuing the objectives of delivering integrated care and improving access.

Cork University Hospital currently has a combination of both electronic and paper records. Paper records by their nature cannot provide an up-to-date single view of the patient that is easily accessible by multiple users in multiple locations. With this in mind CUH have set out an ambitious digital transformation programme building on the existing CUH electronic systems.

The following priorities have been identified:

### 1 Electronic Health Record (EHR)

In line with the Sláintecare Strategic Action 10 – “Put in place a modern eHealth infrastructure and improve data, research and evaluation capabilities”. CUH will work with our regional and integrated health area leadership teams to achieve better integration through digital enablement, including the introduction of an electronic health record.

CUH currently has a combination of paper and electronic information systems. This includes an ‘Order Communications System’ (iCM) which facilitates the electronic ordering and result viewing for Radiology, Laboratory, Cardiology, and specialty electronic referrals, as well as providing access to electronically generated clinical documents from the CUH digital dictation and voice recognition system.

While iCM has provided significant electronic access, paper records are still in use, and are required for ED, inpatient, and outpatient patient interactions. This leads to labour intensive support requirements.

The migration towards an electronic health record has been and remains a priority for CUH. As a step towards an EHR, CUH are implementing a Clinical Document Management System which will enable the digital management of patient files and support safe and efficient management of documents.

The successful implementation of the EHR across the campus will increase logistic productivity of workflows and will offer a safer way to care for our patients.

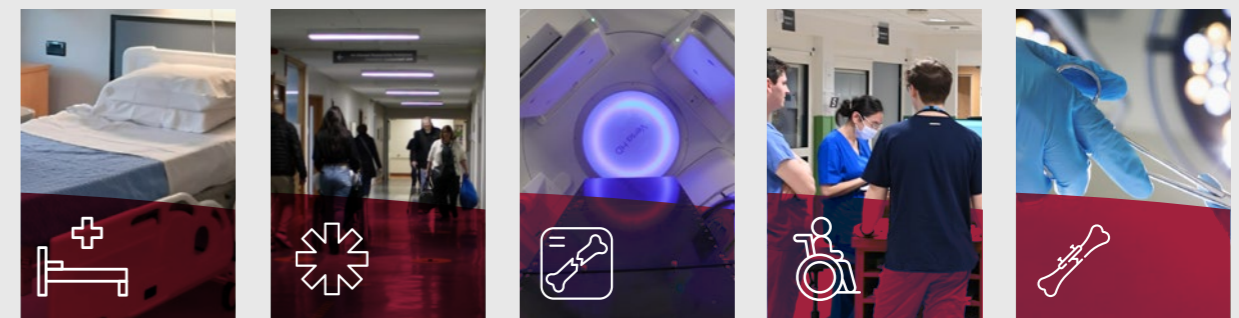
### 2 Data Driven Healthcare

CUH will enhance the use of data in the decision-making processes, delivering operational, analytical, and predictive solutions to the end users in the format, frequency and location required.

This is a multifaceted approach with:

- The use of tailored solutions providing enhanced health intelligence capabilities from the CUH Business Intelligence and Data Analytics department
- Leveraging existing nationally deployed solutions

### Health Performance Visualisation Platform (HPVP)



#### Beds

Admissions, inpatient bed flow and management

#### Emergency Department

Key activity info: PET%, length of stay, occupancy, trends

#### Medical Imaging

Diagnostics: G.I Scopes and radiology imaging

#### Outpatients

(OPD) waiting lists, clinic activity and capacity

#### Surgery

Surgery waiting lists, theatre utilisation and capacity

<https://www.ehealthireland.ie/ehealth-functions/integrated-information-service-iis/health-performance-visualisation-platform-hpvp/>

The Health Performance Visualisation Platform (HPVP) Programme is a key priority for the HSE and has been introduced in CUH to address a gap in the centralised information available to support strategic and operational performance monitoring across our hospital.

The purpose of the platform is to introduce a new automated approach to acute hospital information management, which produces timely, meaningful insights and reports necessary to support hospitals in routine decision making at strategic and operational level and facilitating improvement planning.

### Objectives of the HPVP Programme

- To improve patient access outcomes and hospital operational efficiencies, by using data extracted from existing hospitals systems to deliver insights and direct patient level actions across the 5 acute flow domains illustrated above.
- To provide key information to accurately identify what is causing performance problems and how best to tackle them and measure the impact of interventions.

### Implementation of the Acute Floor Information System (AFIS)

AFIS proposes to provide high quality, real-time information to support the operational control and enhanced performance management of services within a busy unscheduled care environment. Its core role is to improve staff efficiency and patient experience (safety and time).

## 3 Digital Solutions to Enhance Integrated Care

CUH has a variety of GP's, community and private operator partners. To support integrated care expanded patient information will need to be shared.

#### Priorities include:

- Expanded use of Healthlink
- Resource dependent rollout of RHA Patient Administration System (iPM) to community areas.
- Resource dependent rollout of Clinical Management System (iCM) to community areas.
- Interoperability of Acute and Community based radiology services to allow centralised reports and imaging.

## 4 Enhanced Availability of Patient Information

Digital solutions can allow the access to electronic patient information anytime, and anywhere.

#### Priorities include:

- Expansion of Secure Hosted Desktop remote access
- Expansion of Virtual Private Network (VPN) access
- Implementation of remote reporting for Radiologists





# CUH Governance Structures

Good governance and systems underpin and ensure the delivery of high quality and safe health and social care to patients and service users. Effective governance is about making decisions and taking actions, which lead to consistently good performance and is fundamental to our success as the largest model 4 statutory hospital in Ireland.

A primary focus for the CUH Executive Management Board has been to enhance and strengthen existing governance arrangements within Cork University Hospital to ensure that patients receive the highest possible quality of care.

## Executive Management Board

Our Executive Management Board whose primary function is to ensure there is appropriate assurance over performance and quality of care for patients and the strategic development and planning of Cork University Hospital Group (CUHG)

The Reporting Committees to the CUH Board are:

- Quality & Safety Committee
- Clinical Effectiveness Committee
- Corporate Governance & Audit Committee
- Finance & Performance Committee
- Research & Education Committee
- Workforce & Training Committee
- Informatics Committee



Our Senior Management Team is responsible for the day to day management of activities within Cork University Hospital Group (CUHG) and ensure high quality care is delivered through the implementation of strategy, operational plans, policies, procedures and budgets, driving and monitoring hospital performance across all clinical, operational and corporate domains, assessing, mitigation and where possible elimination of corporate and clinical risk, monitoring workforce planning, organisational culture and workforce development and prioritising and allocation of resources.

## CUH Governance Committees

- Executive management Board (EMB)
- Senior Management Team (SMT)
- Clinical Effectiveness Committee
- Quality & Patient Safety Committee
- Finance & Performance Committee
- Governance & Audit Committee
- Research & Education Committee
- Workforce & Training Committee
- Informatics Committee

## Sub-Committees



### Clinical Effectiveness

#### Sub-Committees

- Clinical Audit committee
- Ethics committee
- Drugs & Therapeutics committee
- Medical Devices committee
- Mortality & Morbidity committee
- Radiation Safety committee
- Research & Development committee
- Thrombosis committee
- Primary Care Liaison committee
- Innovations Committee



### Quality & Patient Safety

#### Sub-Committees

- Antimicrobial Stewardship committee
- Blood Transfusion committee
- Health & Safety committee
- Infection Prevention & Control committee
- Patient Experience & Engagement committee
- Resuscitation & Deteriorating Patient
- Nutrition & Hydration committee
- Serious Incident Management Team
- Standards committee
- Transitions of Care working group



### Informatics

#### Sub-Committees

- e-Health Group
- Information Governance
- Healthcare Records Committee
- HPVP Implementation Group
- Communications & Engagement



### Governance & Audit

#### Sub-Committees

- Strategy Implementation Group
- Accreditation Committee



### Finance & Performance

#### Sub-Committees

- Cost Containment
- Insurance & Claims



### Research & Education

#### Sub-Committees

- Research & Development
- Clinical Education & Training
- Professional Development



### Workforce & Training

## Directorate Leadership Teams

Our Directorate Leadership Teams are responsible for the day-to-day operation of services that they and their teams provide. Their ultimate goal is to ensure that our patients receive high quality, safe timely care and our staff are supported and empowered.

| Strategic            | Sites                          |
|----------------------|--------------------------------|
| Strategy             | Wilton Campus                  |
| Corporate            | Mallow General Hospital        |
| Medical              | Bantry General Hospital        |
| Nursing              | CUHG Community Sites           |
| Operations           | Curraheen OPD Campus           |
| HSCP                 | Satellite Administration Sites |
| People & OD          |                                |
| Finance              | Stakeholders                   |
| IT                   | International                  |
| Estates & Facilities | National                       |
| Clinical Governance  | Regional                       |
| Corporate Governance | Local                          |

| Care Pathways                   |
|---------------------------------|
| Unscheduled Care                |
| Scheduled Care                  |
| Cancer Care                     |
| Integrated Care                 |
| Ireland South & Reconfiguration |

| Directorates                |                        |                            |                                       |             |                    |
|-----------------------------|------------------------|----------------------------|---------------------------------------|-------------|--------------------|
| Medicine                    | Peri-Operative         | Diagnostics & Therapeutics | Cancer Services                       | Children    | EAC                |
| Geriatric Medicine & Stroke | Theatre & Anaesthetics | Radiology & Imaging        | Medical Oncology                      | Paediatrics | Emergency Medicine |
| Gastroenterology +          | Critical Care          | Laboratory Medicine        | Radiation Oncology                    | Neonatology | Acute Medicine +   |
| Respiratory** +             | General Surgery        | Endoscopy                  | Haematology                           | Maternity   |                    |
| Nephrology +                | Breast Surgery         | Radiography                | Palliative Care                       |             |                    |
| Rheumatology +              | Hepatobiliary          | Mortuary                   | Cancer Clinical Trials                |             |                    |
| Cardiology +                | Cardiothoracic Surgery | OPD                        | Liaison Psychiatry<br>Psycho-Oncology |             |                    |
| Diabetes & Endocrine +      | Vascular Surgery       | Pharmacy                   |                                       |             |                    |
| Neurology                   | Neurosurgery           | Phlebotomy                 |                                       |             |                    |
| Infectious Disease & GUM +  | Trauma & Orthopaedics  | Neurophysiology            |                                       |             |                    |
| Dermatology                 | Plastic Surgery        |                            |                                       |             |                    |
| MGH                         | Urology                |                            |                                       |             |                    |
| BGH                         | OMFS                   |                            |                                       |             |                    |
| SFH - Rehab                 | Ophthalmology          |                            |                                       |             |                    |
|                             | ENT                    |                            |                                       |             |                    |
|                             | Gynaecology            |                            |                                       |             |                    |

Specialities  
 Departments  
 Link to other service providers  
 \* incl. Stroke & Rehab  
 \*\* incl. Physiology  
 + incl. General Medicine

# Glossary

|                |                                                                                                            |
|----------------|------------------------------------------------------------------------------------------------------------|
| ABF            | Activity Based Funding, funding based on type and volume of services provided                              |
| AFIS           | Acute Floor Information System                                                                             |
| AMAU           | Acute Medical Assessment Unit                                                                              |
| ATC            | Access to care                                                                                             |
| CNA            | Can Not Attend                                                                                             |
| CNM            | Clinical Nurse Manager                                                                                     |
| DNA            | Did Not Attend                                                                                             |
| DTOC           | Delayed transfer of care (DTOC) is when a patient is ready to leave hospital but is still occupying a bed. |
| ECC            | Enhanced Community Care programme                                                                          |
| ED             | Emergency Department                                                                                       |
| EHR            | Electronic Health Record                                                                                   |
| GP             | General Practitioner                                                                                       |
| Hospital       | Refers to HSE and voluntary public hospitals                                                               |
| HPVP           | Health Performance Visualisation Platform                                                                  |
| HSE            | Health Service Executive                                                                                   |
| HSE South West | The Health Region that will be in the South West of the country and include the Cork Kerry catchment area. |
| IFMS           | Integrated Financial Management and Procurement System                                                     |
| IR             | Interventional Radiology                                                                                   |
| Ireland        | Refers to Republic of Ireland                                                                              |
| KPI            | Key performance Indicator                                                                                  |
| LIU            | Local Injury Unit                                                                                          |
| LoS            | Length of stay                                                                                             |
| NAS            | National Ambulance service                                                                                 |
| NCCP           | National Cancer Control Programme                                                                          |
| NTPF           | National Treatment Purchase Fund                                                                           |
| OPD            | Out-patients Department                                                                                    |
| PCI            | Percutaneous coronary intervention                                                                         |
| PET            | Patient Experience Time                                                                                    |
| PIR            | Patient initiated review                                                                                   |
| PMO            | Project Management Office                                                                                  |
| RTT            | Ready to treatment                                                                                         |
| SACT           | Scheduling of acute chemotherapy treatments                                                                |

|             |                                                                                                                                                                                                                                    |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sláintecare | The 10-year Government programme to transform our health and social care services                                                                                                                                                  |
| UCC         | University College Cork                                                                                                                                                                                                            |
| UEC         | Urgent and Emergency Care UEC                                                                                                                                                                                                      |
| vFAC        | Virtual Fracture Assessment Clinic                                                                                                                                                                                                 |
| WD          | Working Days                                                                                                                                                                                                                       |
| WLAP        | Waiting List Action Plan                                                                                                                                                                                                           |
| WTE         | Whole-time Equivalent (WTE) is calculated on the basis of the number of hours worked (excluding overtime) in the most recent pay period (prior month) divided by the standard number of hours (per grade) worked over that period. |

Ospidéal na hOllscoile Corcaigh  
Cork University Hospital

## APPENDIX 1

## New Equipment Worth €12.7m (2022-2024)

| Year    | Equipment                         | Beneficiary               | Value €     |
|---------|-----------------------------------|---------------------------|-------------|
| 2022    | Mobile C-Arm                      | Radiology                 | 150K        |
| 2022    | PET CT                            | Radiology                 | 2.1 million |
| 2023    | Adult Telemetry                   | Neurophysiology           | 140K        |
| 2023    | Routine EEG                       | Neurophysiology           | 247K        |
| 2023    | Philips CathLab 2023              | Cardiology                | 1.2 million |
| 2023    | CT                                | Radiology                 | 1.4 million |
| 2023/24 | Renal Chairs                      | Renal                     | 187K        |
| 2023    | Beds                              | Wards                     | 100K        |
| 2023    | NeuroEndoscopy                    | Neurosurgery              | 100K        |
| 2023    | Neuro Nav                         | Neurosurgery              | 350K        |
| 2023    | Patient Monitors (Theatre)        | Anaesthetics              | 480K        |
| 2023    | Imaging Table                     | Vascular Surgery          | 100K        |
| 2023    | Kinevo 900 Surgical Microscope    | Neurosurgery              | 580K        |
| 2024    | Philips CathLab 2024              | Cardiology                | 1.1 million |
| 2024    | Renal RO Plant                    | Renal                     | 265K        |
| 2024    | Beds                              | Wards                     | 100K        |
| 2024    | Endoscopes                        | Endoscopy                 | 800K        |
| 2024    | Operating Tables x 3              | Cardiac & General Surgery | 190K        |
| 2024    | Patient Monitors (Theatre)        | Anaesthetics              | 1.8 million |
| 2024    | Thoracotomy Video System          | Cardiac Surgery           | 450K        |
| 2024    | Ultrasound Radiology              | Radiology                 | 100K        |
| 2024    | Washer Disinfector                | HSSD                      | 160K        |
| 2024    | Tivato 700 Surgical Microscope x2 | Plastics Surgery          | 580K        |

## APPENDIX 2

## Capital Development Projects (2022-2024)

| Year | Capital Project                                                                      | Total Capital Allocation € |
|------|--------------------------------------------------------------------------------------|----------------------------|
| 2023 | Purchase of UTC 4 Curraheen - 1st Building in new OPD Campus                         | 16,420,000                 |
| 2023 | ED Trauma Bays, Resuscitation Facility & new CT Scanner                              | 6,310,000                  |
| 2023 | Re-purposing of existing OPD Accommodation to create new Childrens ED (inc 2022)     | 8,920,000                  |
| 2023 | Haematology/Oncology - Expansion of Dunmanway Day Unit                               | 2,550,000                  |
| 2023 | Provision of Helipad                                                                 | 13,620,000                 |
| 2023 | Proposed Surgical Hub (Estimate)                                                     | 100,000,000                |
| 2023 | Purchase and Fit-Out of Building at Cork Business & Technology Park - Admin Building | 9,980,000                  |
| 2023 | Property & Site Purchase Cork University Hospital                                    | 720,000                    |
| 2022 | Blood Science Project - Modernisation - New TRAC System                              | 6,680,000                  |
| 2022 | Replacement of Cladding (Fire Safety) - CRC (Cardiac Renal Centre) Building          | 4,320,000                  |
| 2022 | Lift Replacement Programme                                                           | 1,800,000                  |
| 2022 | Paediatric Unit Re-development Phase 2 - Inpatient Accommodation                     | 186,000,000                |
|      | TOTAL                                                                                | 357,320,000                |

## APPENDIX 3

## Revenue Investment (2022-2024)

| Year  | New colleagues into services | WTE |
|-------|------------------------------|-----|
| 2022  | Renal                        | 8   |
| 2022  | Paediatrics                  | 7   |
| 2022  | Hepatology                   | 3   |
| 22-24 | Critical Care                | 80  |
| 2023  | Cystic Fibrosis              | 1   |
| 2022  | Womens & Infants             | 3   |
| 22-23 | Cancer                       | 26  |
| 2023  | Stroke                       | 3   |
| 2024  | Vascular                     | 2   |
| 2024  | Neurophysiology              | 1   |
| 2024  | Emergency Care               | 3   |
| 2022  | Palliative Care              | 3   |
| 2023  | Medical Training             | 6   |
| 2023  | Nurse Training               | 6   |
| All   | Other                        | 13  |
|       | TOTAL                        | 163 |



Caring for the People  
of Cork, Munster, and the  
Southern Third of Ireland

**CUH**   
Ospidéal Ollscoile Chorcaí  
**Cork University Hospitals**

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