



Mercy University Hospital



Delivering Better Outcomes for the South/South West Hospital Group 2014 - 2016

April 2014



BACKGROUND

In mid-2013, Mercy University Hospital (MUH) decided to refresh its Strategic Plan 2010-2014 and the associated strategic initiatives to take account of the following:

- The significant changes in the health policy landscape in the past 4 years and the current status of the Reconfiguration of Acute Hospital Services, Cork/Kerry.
- Significant changes in the executive management team and board composition since the MUH 2010-2014 Strategic Plan was developed.
- The publication of '*The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts*' document in April 2013 reflecting the Government decision to establish hospital groups. It is the understanding that upon the appointment of the Group Chief Executive Officer, the South/South West Hospital Group will be charged with preparing a strategic plan for the group within 12 months of this appointment.

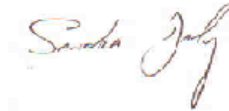
In particular the benefits of a refreshed MUH strategy are to:

1. Enable MUH to communicate a coherent position to the principals in the South/South West Hospital Group. This document will form the basis of the MUH submission to the development of the strategic plan for the Group which is expected to be developed in 2014.
2. Enable MUH management and board to communicate the perspective that MUH is a proactive member of the South/South West hospital group, notwithstanding the likely changing configuration of services. It is important to reaffirm MUH's commitment to the delivery of quality and safe patient services during transition.
3. Identify the outline strategic actions and initiatives that MUH needs to focus on over the next 3 years to assist MUH and the South/South West Hospital Group meet its strategic objectives.
4. Enable MUH management and board to see the development, communication and implementation of the Strategic Plan as a key element in demonstrating their commitment to the future of the hospital and its staff.

This document, ***Mercy University Hospital – Delivering Better Outcomes for the South/South West Hospital Group 2014-2016*** was developed in the latter part of 2013 and early 2014. It encompasses MUH refreshed thinking and strategic objectives and was developed following extensive internal and external consultation. The work was led by the CEO, Ms Sandra Daly and her executive management team, was facilitated by Prospectus Consulting and overseen by the Board of Governors.



Mr Michael A O'Sullivan
Chairman, Board of Governors



Ms Sandra Daly
Chief Executive Officer

April 2014

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1. OVERVIEW

1.1 INTRODUCTION

As part of its recent strategic process Mercy University Hospital (MUH) considered its future role in providing health services to the people of the South/South West region. In so doing, it considered the implications for MUH arising from the many reforms and changes proposed for the Irish healthcare system in the coming years.

Arguably the most pressing change involves the clustering of acute hospitals into six Hospital Groups across the country. MUH has been designated as a member of the South/South West Hospital Group along with eight other hospitals in the region. In light of this development the board and executive management team in MUH believe it is timely that appropriate consideration be given to how MUH can contribute proactively to the establishment and future operations of the Group.

This document sets out the relevant national and local context for these changes and the role MUH believes it should play along with the other Group members to ensure the successful establishment of the South / South West Hospital Group. As part of its strategic planning exercise MUH underwent a consultation exercise with stakeholders at Hospital, local and regional level.

1.2 MERCY UNIVERSITY HOSPITAL CONTEXT

This strategy is framed within the context of the hospital's Mission which confirms MUH's commitment to ensuring that patients across the South/South West Hospital Group receive the highest standard of care and that MUH remains true to the ethos and values espoused by the Congregation of the Sisters of Mercy.

Mercy University Hospital is committed to working for the benefit of patients within a single service network with integrated management and operating within a Group clinical directorate model. The document "Reconfiguration of Acute Services, Cork & Kerry Region" 2010, remains the blueprint for service provision in the Cork and Kerry region and is regarded as central to defining MUH's future role and services.

Central to the delivery of MUH's strategy is the need to ensure all services provided are safe and patient focused particularly in transition.

MUH is currently designated as a Model 3 hospital in line with National Policy and while it is acknowledged service changes will be inevitable with the establishment of the South/South West Group structure, MUH believes it can best serve the needs of the Group by maintaining its current level of complexity and acuity until such time as the South/South West Hospital Group's service model has been developed to provide for the needs of its population.

MUH will also work closely with University College Cork in the delivery of the College of Medicine and Health Strategic Plan 2013 – 2017 in areas such as the development of an Academic Healthcare Centre, Life Long Learning & Continuous Professional Development and delivering the research agenda. These have the potential to add to better long term patient outcomes

1.3 STRATEGIC OUTCOMES

The document outlines clear outcomes for Mercy University Hospital for three time periods:

Short (1-3 years)

Medium (4-6 years)

Long Term (7-10 years)

With a focus on six priority areas:

Clinical Services

Education and Research

Quality

Infrastructure

Partnership and Alliances

Organisational Effectiveness

These are supported by a range of strategic objectives.

2. THE NATIONAL CONTEXT

2.1 HOSPITAL GROUPS

In May 2013 the Minister for Health announced the reorganisation of public and voluntary acute hospitals into six hospital groups (excluding the National Paediatric Hospital Group). The stated objectives of establishing the hospital groups are to:

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

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

Each Group is designed to include at least one major teaching hospital, a National Cancer Control Programme (NCCP) centre, a maternity service, and a primary academic partner.

2.2 SMALL HOSPITALS FRAMEWORK

As well as introducing the establishment of the Hospital Groups, the Minister for Health also launched “The Framework for Smaller Hospitals” which outlines the need for smaller hospitals and larger hospitals to operate together as part of the formulation of sustainable hospital groups. The purpose of the Framework is to ensure services are provided in the most appropriate setting i.e. services such as day surgery, ambulatory care, medical services, and diagnostics should be transferred to smaller facilities thereby enabling larger hospitals concentrate on higher complexity treatments that they are best placed to provide safely.

The Small Hospital Framework relies heavily on the hospital designations defined in the Acute Medicine Programme:

Model 1	Community hospitals where patients are under the care of resident medical officers. These hospitals do not have surgery, emergency care, acute medicine or critical care
Model 2	Provide the majority of hospital activity including extended day surgery, selected acute medicine, local injuries, a large range of diagnostic services (including endoscopy, laboratory medicine, point of care testing and radiology (CT, US and X Ray)) specialist rehabilitation medicine and palliative care.
Model 3	Provide 24/7 acute surgery, acute medicine and critical care
Model 4	Similar to model 3 but provide tertiary care and in certain locations, supra-regional care

3. THE REGIONAL CONTEXT

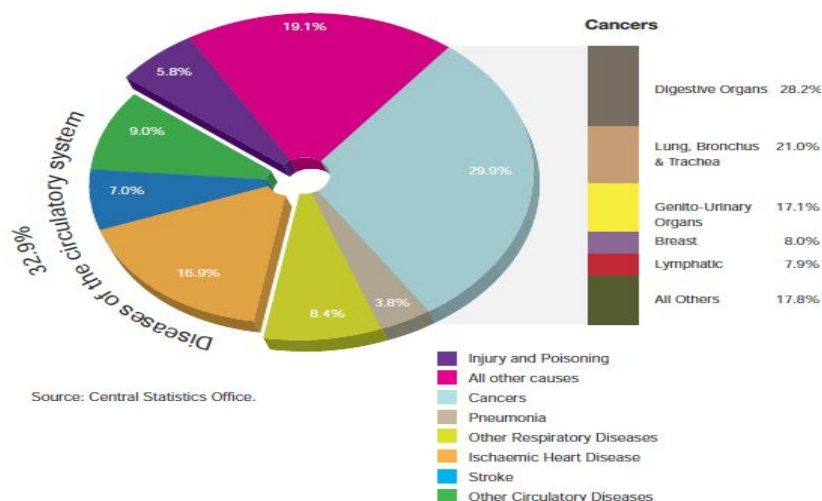
Mercy University Hospital is part of the South / South West region which serves a current population of approximately 870,000, but which is projected to rise to almost one million in 2026.

	2011	2016	2021	2026
South Tipperary	88,432	90,908	96,226	99,931
Waterford City	46,732	48,040	50,851	52,809
Waterford County	67,063	68,941	72,974	75,783
Cork City	119,230	122,568	129,739	134,734
Cork County	399,802	410,996	435,040	451,789
Kerry	145,502	149,576	158,326	164,422
Total	866,761	891,030	943,156	979,467

3.1 LOCAL HEALTH NEEDS

Health issues in the South/South West region broadly reflect the national profile. Each year the total number of people over the age of 65 is growing by around 20,000 persons. The population over 65 will more than double over the next 30 years with obvious implications for health service planning and delivery. These numbers not only reflect both the underlying age structure of the population, but also Ireland’s achievements in reducing mortality and increasing life expectancy over the course of the past decade and more.

In overall population health terms, the past decade presents a clear picture of rapid decreases in mortality rates accompanied by a rapid rise in life expectancy. Mortality from circulatory system diseases fell by almost 36% between 2002 and 2011 and cancer death rates reduced by 8%. Mortality from circulatory system diseases is now virtually the same as that for cancer whereas it was 50% higher ten years ago and almost 100% higher 20 years ago. Between them, these two causes accounted for 63% of all deaths registered in 2011. Transport accident mortality has fallen by nearly 60% in the past decade and infant mortality by 30%. The figure below provides an overview of the principal causes of death.



Whilst morbidity rates are also declining now this is very likely to be offset over the next 10-20 years by the substantial increase in people over the age of 65 placing increased pressures on local services.

The profile of health service use and growth indicates that services in the region will become increasingly stretched over the next ten years.

3.2 RECONFIGURATION OF SERVICES

As mentioned above, in 2008 a review of acute services in Cork and Kerry¹ called for 'a fundamental reconfiguration of the acute care system and processes, together with redeployment of existing resources, in order to optimise care in terms of effectiveness, quality, sustainability and affordability'.

Following the review a Forum was established in 2009 of clinicians and management from Cork and Kerry, representatives from community care services, general practitioners and University College Cork under the chairmanship of Professor John Higgins. The role of the Forum was to make recommendations regarding the future configuration of clinical services that would ensure the best possible health outcomes for people in the region. The Forum's report was launched in November 2010 and recommended a major reconfiguration of clinical services in all of the acute hospitals and set out a "Roadmap" to develop a single integrated university network for Cork and Kerry.

The overarching strategic goal of the Forum was to ensure the people of Cork and Kerry benefit from having a unified integrated acute healthcare system, integrated with all other elements of the health service, that:

- 1. Achieves the best possible health outcomes for the people it serves**
- 2. Realises for the people of the region the economic and other benefits that flow from leading edge health research, technology and innovation**
- 3. Delivers value for money**

In particular, this implies 'an integrated system that provides the best possible care for patients within available resources judged on three quality outcomes – 'patient safety', 'effectiveness of care' and 'patient experience'.

It is important to note the Reconfiguration of Acute Services for Cork & Kerry remains the blueprint for service provision in the Cork and Kerry region and is

¹ Securing clinically safe and sustainable acute hospital services: A review of acute services in HSE South and a five year action plan for Cork and Kerry, Horwath and Teamwork, 2008

regarded as central to defining MUH's future role and services (Reference Section 5.4)

If an assessment of the level of progress to date is made against the Reconfiguration Plan, some areas have been significantly progressed such as:

- The development of acute medical services within MUH and cross city
- The commitment to the development of the Regional Gastroenterology Diagnostic Centre at MUH which includes the National Colorectal Screening Programme
- The development of the Mercy Urgent Care Centre on St Mary's Health Campus as part of the wider cross city department of Emergency Medicine
- The development of the Prosthetic Orthotic and Limb Absence Rehabilitation (POLAR) Unit at MUH

However, there are challenges in implementing the following:

- **MUH's Emergency Department as a Model 3 provider of 12 hour seven days per week emergency and urgent care.**

Following the publication of the Reconfiguration Roadmap, a number of key service moves were actioned that have resulted in the current position where Cork University Hospital (CUH) and MUH are the only two hospitals providing 24/7 emergency care for unselected acute medical and surgical patients for Cork City and County. Both MUH and CUH are frequently in escalation due to the increase in emergency workloads. There are difficulties in managing the variation in attendance patterns and the higher acuity of patients which is coupled with greater community and social care needs. This will require the ED in the MUH to remain open on a 24/7 basis until the required infrastructures are in place. MUH will also need to be configured to address the increasing demand for acute medicine in the region. To address the clinical governance framework in the ED, MUH will continue to seek an increased level of ED consultant led service.

- **MUH as a regional centre for elective general surgery, urology and vascular surgery and that all Cork consultants in general surgery, urology and vascular surgery will do their elective work at MUH, supported by Level 2/3 critical care.**

MUH has a long tradition of providing surgical services, with all of the relevant subspecialty areas, and has invested in medical and diagnostic services to complement this core focus of excellence. The hospital is also recognised as playing a pivotal role in the delivery of a broad range of specialist surgical services including tertiary referrals for upper and lower GI, vascular surgery and urology. This level of expertise should be maintained and further developed to maximise MUH's role within the wider Group strategy for surgery. There will be requirements for the provision of appropriate infrastructure for the delivery of these services.

In terms of the reconfiguration of surgical services, the outstanding components of the Reconfiguration Roadmap are the transfer of emergency surgery from MUH to CUH and the concomitant transfer of specified surgical workloads primarily from CUH to MUH.

There is a clear commitment within the Reconfiguration Plan of ensuring the viability and sustainability of a high-complexity medium-volume surgical service within MUH which is in accordance with MUH's vision for surgical services.

Mercy University Hospital recognises that the South South/West Hospital Group's surgical plan needs to be structured within the wider national policy frameworks. Any reconfiguration of surgery needs to be framed in the context of a single cross city department of surgery. MUH remains committed to the development of such a department and supporting strategies including the development of any necessary interim transitional plans. There is an explicit requirement for a clinically endorsed plan from a quality and risk perspective with no compromise to patient care or the viability of services from a Group perspective.

There are additional strategic implications for the surgical strategy at MUH due to the increased emergency workloads which are impacting on the hospital's ability to plan its surgical scheduled care programme within a predictable work environment.

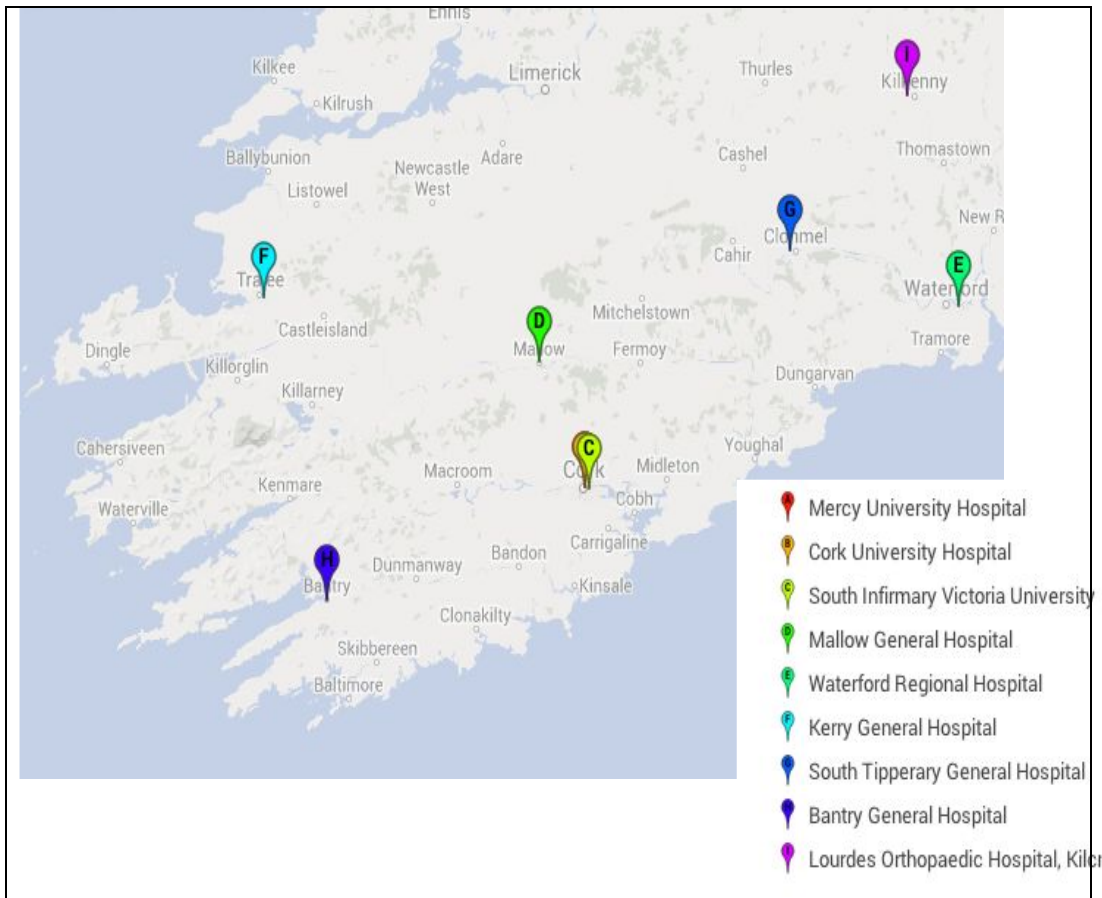
MUH will be required to continue to provide a comprehensive range of services consistent with its status as a Model 3 hospital until such time as the South/South West Hospital Group's strategic plan has been developed. Specifically, in relation to the reconfiguration of the Emergency Department and Acute Surgery, there are key risks that need to be mitigated against to ensure that there is no destabilisation of services in Cork during transition. This agenda is being progressed through the regional clinical directorate structures which support a cross city departmental approach, the national clinical programmes and MUH is fully committed to the process.

- **MUH as a regional centre for Rehabilitation Medicine service.**

Delays in progressing this service primarily relate to a lack of bed capacity within MUH. Options are being explored on the feasibility of an interim facility with the relevant parties in HSE South. The Board of Governors remain committed to the development of this service in Mercy University Hospital.

3.3 SOUTH/SOUTH WEST HOSPITAL GROUP PROFILE

As previously mentioned the establishment of the South / South West Hospital Group represents a significant extension and formalising of the Reconfiguration of Acute Services in Cork and Kerry outlined above. The table below provides a profile of each of the participant hospitals in the Group.



Hospital	Current Designation	Catchment area	HSE Budget 000	WTE	Inpatient	Day cases	ED attend
Mercy University Hospital (MUH)	Level 3	550,000	55,978	923	9,374	18,945	26,634
South Infirmary Victoria University Hospital (SIVUH)	Level 2 (previously Level 3)	550,000	43,663	704	7,898	16,193	18,336
Cork University Hospital (CUH)	Level 4	620,000	264,081	3,223	29,472	54,437	56,709
Mallow General Hospital	Level 2 (previously Level 3)	85,000-90,000	16,524	238	3,887	2,728	
Bantry General Hospital	Level 2 (previously Level 3)	82,000 (increasing to 100,000 during summer)	17,574	234	1,889	1,725	
South Tipperary General Hospital	Level 2	160,000	46,445	708	12,882	7,138	28,668
Kerry General Hospital	Level 3	150,000	71,097	964	14,083	10,361	30,290
Waterford Regional Hospital (WRH)	Level 4	140,000	141,673	1,720	22,925	20,350	49,984
Lourdes Orthopaedic Hospital, Kilcreene	Level 2	460,000		70	845	919	

¹ SOURCE: "The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts", Department of Health, Dublin, 2013

*NOTE Includes 50 Mental Health beds managed by HSE South

** NOTE Activity data relates to 2012

4. MUH'S OPERATING ENVIRONMENT

MUH has been challenged since 2011 by the increase in acute presentations and emergency admissions. This has led to difficulties in meeting National targets for scheduled and unscheduled care.

MUH had 30,950 presentations to its Emergency Department in 2013, an increase of 22% since 2009. In addition, there were 13,614 presentations in 2013 to the Mercy Urgent Care Centre which opened in March 2012.

MUH had an average of 869 inpatient discharges per month in 2012 this rose to 894 per month in 2013. Overall the in-patient activity for the hospital has increased by 11% since 2011. It should be noted that this increase was disproportionately weighted towards emergency care where emergency admissions increased to 552 per month in 2013, an increase of 17% over 2012.

During 2012 there was an average of 1,715 day cases carried out per month in MUH. This represented an overall increase in day case activity for the hospital of 9% on 2011. In 2013 daycase admissions rose by 3,032 over 2012 – an increase of 14%.

4.1 MUH'S FINANCIAL POSITION

Despite the increases in in-patient and day-case activity outlined above, MUH has experienced a significant decrease in its funding. The challenges in managing the hospital and its activities within a reduced allocation remain onerous particularly in light of the continued increase in emergency activity.

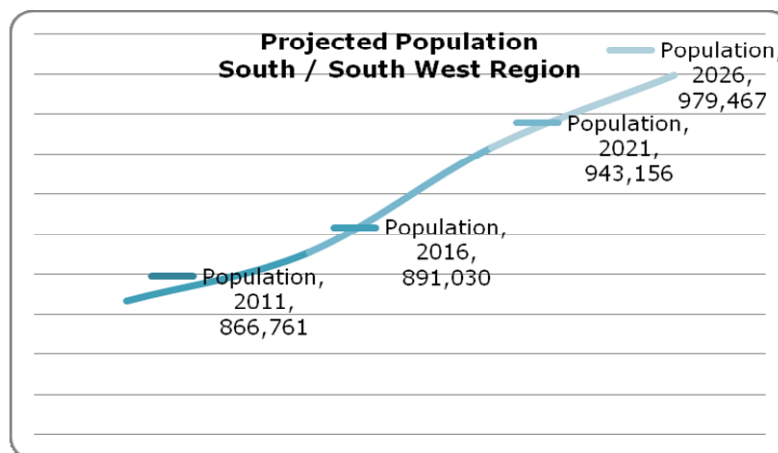
4.2 DEMAND & CAPACITY

It is important to consider the future requirements of MUH within the South / South West Hospital Group within the context of:

- Demand and population growth
- Capacity at surrounding Hospitals

Demand and population growth

As previously outlined the population of the South / South West region is projected to increase to almost one million in the next 15 years.



Capacity at surrounding Hospitals

The profile of health service use and growth indicates that services in the region are becoming increasingly stretched. The table below indicates the waiting times of in-patient and day patients within the region. There has been an overall increase in waiting times across the region over the last 12 months, with notable increases at Mercy University, Cork University and Waterford University hospitals.. The increase in emergency activity is also impacting on MUH’s ability to deliver the Scheduled Care Programme in a planned manner.

Analysis of Hospital Waiting Times – In-Patient and Day Case (October 2013)²

Hospital	>0 Mths	>3 Mths	>6 Mths	>9 Mths	>12 Mths
Cork University Hospital	2,501	1,444	771	337	132
Waterford Regional Hospital	2,603	1,945	1,173	442	12
Kerry General Hospital	140	38	5	-	-
Mercy University Hospital	1,149	644	303	116	42
South Tipperary General Hospital	348	177	10	2	-
South Infirmary Victoria University Hospital	846	316	80	19	2
Bantry General Hospital	9	1	-	-	-
Mallow General Hospital	3	5	-	-	-
Lourdes Orthopaedic Hospital, Kilcreene.	324	71	2	4	2
	7,923	4,641	2,344	920	190

Out-Patient Waiting Times by Specialty (October 2013)³

Cork, Waterford and South Infirmary have the greatest number of people waiting for out-patient appointments. The specialties with the greatest number of patients waiting are orthopaedics, otolaryngology, general surgery, dermatology and ophthalmology.

	CUH	WRH	Kerry	MUH	South Tipperary	South Infirmary	Bantry	Mallow	Total
Cardio-Thoracic Surgery	32								32
Cardiology	659	412	283	593					1,947
Dermatology	76	2,642	287			3,221	117		6,343
Diabetes Mellitus	856		122						978
Endocrinology	467	213	66	39		261			1,046
Gastroenterology	994			666					1,660
Gastro-Intestinal Surgery				142					142
General Medicine	23	211	272	68	783		271	598	2,226
General Surgery	1,981	3,937	1,390	536	800	783	98	517	10,042
Geriatric Medicine	76	80	50	74				50	330
Gynaecology	3,078	581	667		309				4,635
Haematology		99		72					171
Hepatobiliary Surgery				30					30
Infectious Diseases	15								15
Maxillo-Facial						198			198
Nephrology	186	45	21						252
Neurology	577	931	249	222					1,979
Neurosurgery	1,333								1,333

² <http://www.ntpf.ie/home/PDF/Hospital%20Trend%20Analysis%20of%20Waiting%20Times.pdf>

³ <http://www.ntpf.ie/home/PDF/Hospital%20Trend%20Analysis%20of%20Waiting%20Times.pdf>

Oncology		12							12
Ophthalmology	3,761	2,493		29					6,283
Orthopaedics	90	6,052	1,384		47	4,981	162		12,716
Otolaryngology	167	6,029	1,475			3,732		365	11,768
Paed Cardiology	144								144
Paed Neurology	210			58					268
Paed Neurosurgery	10								10
Paed Respiratory	13								13
Paediatrics	1,411	175	214	223	108				2,131
Pain Relief		657		314		707			1,678
Plastic Surgery	1,442		138			1,141			2,721
Respiratory Medicine	765	661		229					1,655
Rheumatology	1,603	700	254			376			2,933
Urology	1,299	15		861					2,175
Vascular Surgery	608	28		403					1,039
	21,876	25,973	6,872	4,559	2,047	15,400	648	1,530	78,905

In summary the demands of the region are changing as follows:

Planned Care	<p>Increasing Demand due to Demographic Changes</p> <p>The demand for care will increase with the increase in population size being served by local hospitals. This also has implications for strategic planning within the Group.</p>
Unplanned Care	<p>Increasing Pressure on Unplanned Care</p> <p>National and local trends of increasing ED use and admissions are evident in the hospitals activity data. Between 2009 and 2012 there was an 18% increase in ED attendance totaling 29,890 for 2012 outturn (30,950 in 2013) along with approximately 8,000 episodes of Urgent Care attendances (Urgent Care Centre opened on 20th March 2012).</p> <p>In 2012 CUH had 26,352 emergency admissions and MUH had 6,620 emergency admissions. If the national trend outlined above continues then this will place considerable pressure on CUH and MUH to provide safe unplanned care in the future, in addition to strategic implications for planned care.</p>
Elderly Frail	<p>Increasingly Ageing Population</p> <p>The ageing population will place pressure on the demand for healthcare from the hospital and within the community. This will put pressure on the relationships with community care providers.</p> <p>Elderly and frail patients will be likely to present with multiple conditions and therefore lead to more complex cases and interventions.</p>

5. MUH IN THE FUTURE

5.1 DELIVERING BETTER OUTCOMES FOR SOUTH/SOUTH WEST GROUP

If the Group, and in turn MUH, is to succeed in the future it is crucial both MUH and the Group identify clear outcomes that they wish to achieve in the short (1-3 years), medium (4-6 years) and long term (7 – 10 years). As part of the strategic planning exercise MUH has identified the following broad organisational outcomes it believes will significantly contribute to the successful establishment and operations of the South/South West Hospital Group in the coming years:

Targeted Outcomes

Short (1-3 Years)	Medium (4-6 Years)	Long (7-10 Years)
<ul style="list-style-type: none"> MUH will align services in accordance with the "Reconfiguration of services in Cork and Kerry" (or any new configuration as directed by S/SW Hospital Group) and the National Cancer Control Programme. (Timing of service moves will need to reflect the readiness of the receptor site and appropriate transitional arrangements) Clinical risk will be further reduced through compliance with improved integrated governance structures Confidence amongst service users and providers in the Group must be maintained MUH will continue to play a key role in defining the future clinical and resource planning for the Group MUH will benefit from fully participating in a functioning Academic Health Centre (AHC) Patient experience will be improved by supporting people to receive treatment in the most appropriate setting Staff morale will improve and expertise will be retained and secured within the Group 	<ul style="list-style-type: none"> MUH will deliver services as a integrated provider within the Trust Trust will be delivering services for the Group that are clinically sound and financially viable Patients will have increased faith in the safety of services within the Trust as result of all securing appropriate licensing MUH's ethos and mission is delivering benefits for the Trust MUH participation in the AHC will result in improved clinical education and research for the region MUH's outreach services in the Trust will deliver services to people in the manner and location most suitable to their needs 	<ul style="list-style-type: none"> MUH is an integrated provider of specific specialist services across the group Standards of health and social care provision in the South / South West region are in line with international good practice Foundation Trust status has been secured and the Group is an autonomous health & social care system for the southern region Trust is financially secure and is meeting the clinical needs of the catchment safely Trust is leveraging advantage from MUH's mission and ethos Education and research standards are delivering innovative service practices in the region

<ul style="list-style-type: none"> The importance of maintaining a diverse ethos and core values within the Group is recognised by patients and other members of the Group alike. 		
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The above outcomes provide a clear indication of what MUH and in turn the Group would want to achieve in the coming years. From the table it is clear that the emphasis shifts from being MUH focused to Group focused over the next ten years.

These changes arise from the evolving environment and governance structure(s) that it is expected MUH will operate in over the next ten years. In particular it assumes South/South West Hospital Group will be granted Trust status by the end of 2016, and in turn Foundation Trust status by 2020 in line with Government policy. It is expected these changes will present many challenges for Group participants as decision-making capability becomes more regionalised in the shorter term whilst the Group establishes its integrated governance structures. Given MUH’s experience in this area as the largest voluntary provider in the Group it is thought MUH has a key role supporting other hospitals in the group who are less familiar with operating under a dual-reporting system i.e. Board and Commissioner. MUH will also work with University College Cork in the delivery of the College of Medicine and Health Strategic Plan 2013 – 2017 in areas of mutual benefit such as Academic Healthcare Centre, Life Long Learning & Continuous Professional Development and delivering the research agenda.

Sections 5.2 and 5.3 of the document outline how MUH will deliver on its targeted outcomes as referenced in the table above.

5.2 MUH’S COMMITMENT TO QUALITY PATIENT CARE DURING RECONFIGURATION OF SERVICES

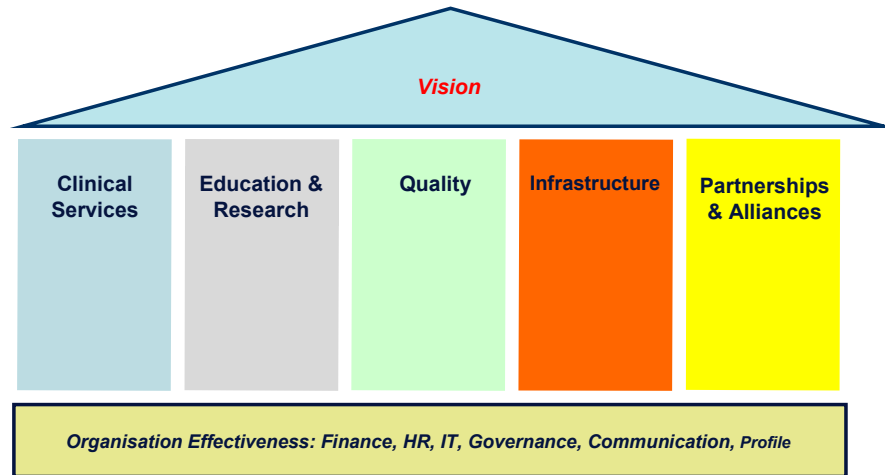
Central to the delivery of MUH’s strategy is the need to ensure all services provided are safe and patient focused. In implementing this approach across services on a Group-wide basis MUH recognises the importance and need to consolidate and rationalise in line with population needs and affordability. It is acknowledged this will most likely have direct implications for some of MUH’s current services.

Looking to the UK where there is greater experience of service redistribution amongst grouped providers, experience has shown us that in order for this process to succeed it is essential each hospital approaches the reallocation of services in a positive manner and view it as a way of delivering safer services through releasing local capacity that builds on existing clinical and infrastructure strengths. As such it will be critical that as selected services are transferred from MUH other specialist services from other members in the Group are relocated to MUH.

5.3 MUH’S STRATEGY 2014 - 2016

Within the context of the challenges and opportunities presented by the environment in which the Hospital operates, and the review of the Hospital’s service offering, this section outlines the future strategic direction of MUH.

Figure 1



5.3.1 VISION

The vision reflects the overall ambition of MUH. The vision serves as the basis from which the Hospital’s strategy is developed:

Our Vision:

- MUH is a centre of excellence for diagnostic, medical and surgical services in line with the changing needs of patients within the South / South West Hospital Group encompassing MUH’s Mission and Values.
- MUH’s staff are motivated and supported in reaching their full potential.
- MUH delivers service innovation through high standard education, training and research in an academic healthcare centre.
- MUH has the operational and financial capability to contribute to the future healthcare needs of the South/South West Hospital Group.

5.3.2 MISSION

The mission statement articulates how the vision will be achieved. The revised mission seeks to provide a clear expression of the purpose of MUH and whom it serves and the manner in which it is done.

In the spirit of the Sisters of Mercy we provide excellent patient services to maintain and improve the health and wellbeing of those we serve

Our mission explained

The mission confirms MUH's commitment to ensuring that patients across the South / South West Hospital Group receive the highest standard of care. However, it is equally careful to stress the importance of remaining true to the founding principles of the Congregation of the Sisters of Mercy, whom it is recognised remain the ultimate decision-makers in regards to the ethos and values espoused and displayed in MUH both now and in the future. The Hospital has adopted the protection and extension of the ethos of the Congregation of the Sisters of Mercy as a core objective and an exercise conducted by staff has identified the Mercy values as **Compassion, Excellence, Justice, Respect** and **Team Spirit**.

5.3.3 PRIORITY AREAS

As part of the strategic development process, six priority areas for MUH were identified. The priorities are broad focus areas that support the realisation of MUH's Mission and Vision. They include clinical services, infrastructure, partnerships and alliances, quality, research and education and organisational effectiveness.

The paragraphs below represent the connection between the Hospital's priority areas and its vision, whereby the priority areas support the achievement of the vision.

Clinical services have been identified as a priority area as the services offered by MUH are core to the achievement of its objectives and delivering Group outcomes. MUH intends to focus on the development of acute medical services and specialist surgical services for the Group recognising the need to engage with the Regional Directorate Governance Structures and the National Clinical Programmes in a single service network. In this regard, MUH is committed to the further development of integrated cross city departments which will form the foundations for future service development.

In line with the proposal that all Hospital Groups adopt an Academic Medical Centre model MUH recognises the importance of playing a leading role in the development and provision of high quality **Education and Research** in the South/South West Group.

For MUH, **quality and patient focus** is central to the mission of the Hospital, therefore it is a core priority area. Ensuring that services are safe and that appropriate clinical governance frameworks are in place will support MUH to realise its vision of achieving excellence in care.

The inclusion of **infrastructure** as a priority area recognises the importance MUH places on ensuring MUH is ready for hospital licensing and also delivers high quality services in a fit for purpose environment.

The establishment of the South / South West Hospital Group demands that MUH focus on developing appropriate **partnerships and alliances** with other members of the Group in order to shape and deliver on the collective outcomes for the Group.

The significance of **organisational effectiveness** is shown in Figure 1 above through its position as the foundation on which all of the other priority areas are built. Effective funding, governance, staffing, leadership, branding and training combine to produce an

effective organisation, therefore it is imperative that these factors are highlighted in the development process. The importance of effective ICT infrastructure cannot be understated as a true enabler to deliver a re-engineered service.

5.3.4 STRATEGIC OBJECTIVES

In order to work towards the achievement of the Vision and Mission, MUH has identified 14 specific strategic objectives based on six priority areas outlined above, which together define the focus of MUH for the next three years:

Priority	Strategic Objectives
Clinical Services	<ol style="list-style-type: none"> 1. MUH is a centre of excellence within a cross city Department of Medicine 2. MUH is a centre of excellence within a cross city Department of Surgery 3. MUH will continue to provide emergency services in the context of a cross city Department of Emergency Medicine. 4. MUH is the regional centre for Gastroenterology for the South / South West Hospital Group 5. MUH has governance responsibility for the regional rehabilitation medicine centre 6. MUH provides ambulatory care in the most appropriate day care setting 7. MUH has the diagnostic capability to deliver its identified clinical services
Education & Research	<ol style="list-style-type: none"> 8. MUH is a leading participant and driver of the AMC's research strategy 9. MUH is a leading provider of professional healthcare education in the Group
Quality	<ol style="list-style-type: none"> 10. MUH's is a licensed service provider by 2016
Infrastructure	<ol style="list-style-type: none"> 11. MUH's interim and longer term development requirements have been confirmed and agreed both at national and regional level
Partnerships and Alliances	<ol style="list-style-type: none"> 12. MUH has established appropriate relationships with key stakeholders, including other Hospital Group members, Commissioners, Local GPs and other relevant service providers
Organisational Effectiveness	<ol style="list-style-type: none"> 13. MUH has the appropriate human and financial resources to deliver on the organisation's strategic objectives 14. MUH's structures, systems and processes are fit for purpose to deliver highest quality care for patients underpinned by the Mercy Ethos and Values

5.4 MUH’S FUTURE SERVICE FOCUS

The Reconfiguration of Acute Services in Cork & Kerry remains a stated policy and the most appropriate “Roadmap” for delivering MUH’s and the Group’s outcomes listed above. This will continue to be the position unless it is superseded by a new service configuration as defined by the South/South West Hospital Group. The list of MUH’s future services is compiled following the application of four core criteria:

1. **Demand:** The projected need in the region for a particular service
2. **Capability:** MUH has the ability to provide the service to an appropriately high standard
3. **Capacity:** MUH possesses the necessary resources (human, financial and infrastructure) to deliver the service safely
4. **Strategic Fit:** The provision of the service is consistent with MUH’s mission and overarching objectives

In summary the key features of MUH’s future service model is as follows:

<ul style="list-style-type: none"> • Acute medicine including Cardiology, Respiratory, Gerontology, Endocrinology etc. • Regional centre for elective general and specialist surgery including general, upper and lower GI, urology and vascular • Regional centre for gastroenterology • Regional centre for new Rehabilitation Medicine service • Level II/III critical care • 12/7 emergency department will pioneer deferred emergency care in close collaboration with CUH ED • Acute Medical Assessment Unit with consultant roster appropriate to a model 3 hospital • Regional centre for certain specialist laboratory services • A major teaching hospital of the Academic Health Centre in conjunction with UCC 		
Diagnostics	Medical services	Perioperative services
Regional specialist laboratory service	ED open 12/7, including urgent care	General and specialist surgery – elective, laparoscopic and day surgery, outpatients Urology – non cancer Vascular surgery Level 2/3 critical care
	Acute unselected medicine	
	Acute medical assessment unit	
	Medical Oncology	
Radiology	Geriatric medicine	
	Gastroenterology regional centre	
	Rehabilitation medicine regional centre	
	Respiratory medicine	
	Endocrinology	
	Cardiology	
	Neurology	
	Infectious diseases	
	Bariatric Medicine	
	Rheumatology	

Whilst the decision has already been made and plans are underway to transfer paediatric services from MUH to CUH it is expected there will still be a need for MUH to continue to provide paediatric services for the next two - three years

6. IMPLEMENTING MUH'S STRATEGY 2014 - 2016

A number of key actions have been identified for each strategic objective presented above. These set out specific activities and tasks that will contribute to the achievement of the objective. Timelines for each of these actions will be defined once the broad thrust of the document has been approved.

6.1 MUH'S ACTION PLANNING

These actions are presented at a high level in the tables below, demonstrating the overall areas of work under each objective.

Clinical Services

1. MUH is a centre of excellence within a cross city Department of Medicine

The **first strategic objective** outlines MUH's intention to focus on providing acute medical care both within MUH and the Group as part of its community outreach programme and as part of phase 2 of the Acute Medicine Programme cross city.

The following actions articulate the high level activities that should be implemented in order to achieve the strategic objective:

1.1	Develop and implement a comprehensive suite of MUH patient pathways in the suggested following areas: <ul style="list-style-type: none"> • Geriatrics • Respiratory • Endocrinology • Neurology • Bariatrics
1.2	Further develop core medical sub-specialties within the context of Group services
1.3	Develop a comprehensive suite of patient pathways for outreach services

Clinical Services

2. MUH is a centre of excellence within a cross city Department of Surgery

Strategic objective 2: This objective articulates MUH’s wish to establish itself as a provider of sustainable specialist surgical services for the South/South West Hospital Group recognising the policy framework of the NCCP. There is a requirement for clarity on the profile of surgical services to transfer from CUH to MUH to meet the commitments set out in the Reconfiguration Roadmap. The achievement of this objective will require the following actions to be undertaken:

- | | |
|-----|--|
| 2.1 | To manage the transition to a sustainable range of surgery at MUH within the newly configured service of the Group |
| 2.2 | Work with CUH to implement the NCCP |
| 2.3 | Develop dedicated theatres and a day surgery unit and associated infrastructure |

Clinical Services

3. MUH will continue to provide emergency services in the context of a cross city Department of Emergency Medicine.

Strategic objective 3: MUH recognises the primacy of delivering safe patient care. To address the clinical governance framework in the ED and to advance the hospital’s plans for the reconfigured elective service, MUH will continue to seek an increased level of ED consultant led service until the service is reconfigured to 12/7. The timing of the move from a 24/7 ED at MUH to 12/7 service will be defined by the South South/West Group’s emergency medicine strategy. The following actions articulate the high level activities that should be implemented in order to achieve this objective.

- | | |
|-----|---|
| 3.1 | Develop a cross city plan for emergency medicine incorporating the reconfiguration of MUH’s ED |
| 3.2 | Redesign models of care, bed usage and patient transfer protocols in the Region |
| 3.3 | Secure adequate resources to support MUH’s role in the cross city Department of Emergency Medicine in the interim |

Clinical Services

4. MUH is the regional centre for Gastroenterology for the South / South West Hospital Group

The **fourth strategic objective** reflects MUH's ambition and commitment to operating the South / South West Regional Centre for Gastroenterology. In order to do so, MUH will:

- 4.1 Deliver the capital development on time and within budget.
- 4.2 Develop the Model of Care Delivery, Governance Structures including the academic agenda, Internal Critical Dependencies and Complementary Service Development for the Regional Centre
- 4.3 Ensure continuation of unique specialties at MUH e.g. therapeutic endoscopy, measurement laboratory and secure business case for further development
- 4.4 Progress and Expand Bowel Screen programme

Clinical Services

5. MUH has governance responsibility for regional rehabilitation medicine centre

Strategic objective 5 sets out MUH's intention to assume responsibility for the development and operation of the regional rehabilitation medicine centre for the South / South West region. The following actions articulate the high level activities that should be implemented in order to achieve the strategic objective:

- 5.1 Secure designation for the South / South West regional rehabilitation medicine centre from the National Rehabilitation Hospital
- 5.2 Develop appropriate governance arrangements to ensure appropriate oversight responsibility for the rehabilitation centre
- 5.3 Develop the appropriate model of care

Clinical Services

6. MUH provides ambulatory care in the most appropriate day care setting

The **sixth strategic objective** reflects MUH's wish to further develop its capability and range of day case services. This will involve the following actions:

- 6.1 Develop and implement a strategy to address the conversion of day surgery to ambulatory care
- 6.2 Redesign innovative pathways of care for defined patient cohorts in all non-inpatient setting
- 6.3 Expand and fully resource GP Direct Access Diagnostic Imaging contract and relocate to St Mary's Health Campus

Clinical Services

7. MUH has the diagnostic capability to deliver its identified clinical services

Strategic objective 7 reflects the fundamental significance of diagnostic services to MUH and the wider Group. The following strategic actions should be implemented to achieve this strategic objective:

- 7.1 Develop and implement necessary supporting IT infrastructure (APEX and NIMIS)
- 7.2 Progress the development of a business case to upgrade the radiology department including a radiology equipment replacement programme
- 7.3 Actively participate in the creation of a single department of Laboratory Medicine

Education & Research

8. MUH is a leading participant and driver of the Academic Medical Centre's research strategy

The **eighth strategic objective** reflects the importance MUH places on playing a key role in working with UCC to develop the Group's research strategy. The following actions need to be undertaken:

- 8.1 Seek collaboration with UCC and other hospitals in the Group to define research agenda
- 8.2 Collaborate with UCC to incorporate the Mercy CRFC within the Cork Science and Innovation Park.
- 8.3 Partner with UCC to seek programme funding from HRB, SRI. Wellcome, EU – define 2 projects

Education & Research

9. MUH is a leading provider of professional healthcare education in the Group

The **ninth strategic objective** highlights MUH's intention to further develop its standing as a leading teaching hospital at both undergraduate and postgraduate level. In order to do so, the following actions should be undertaken:

- 9.1 Formalise teaching agreement with UCC and other educational providers for undergraduate, postgraduate and vocational teaching to incorporate all healthcare disciplines.
- 9.2 Secure agreement with UCC, Asser Centre, training bodies and other hospitals to develop regional strategy for workforce planning (especially skills training)
- 9.3 Identify three areas for development of blended learning for GPs, resourced by MUH expertise

Quality

10. MUH is a licensed service provider by 2016

Strategic objective 10: With the introduction of licensing for hospital services by HIQA in the coming years, the single most important requirement for MUH will be to secure licensing for its services at the earliest possible date. In order to ensure this happens MUH must undertake the following actions:

- 10.1 Successfully complete first self-assessment against HIQA's Safer Better Healthcare Standards by June 2014
- 10.2 Complete second self assessment by December 2014 and prepare a full Quality Improvement Plan
- 10.3 Participate in appropriate benchmarking processes for clinical and non-clinical hospital performance
- 10.4 Engage with HIQA to support MUH's licensing process

Infrastructure

11. MUH's interim and longer-term development requirements have been confirmed and agreed both at national and regional level

Strategic objective 11 MUH remains committed to the development of a second hospital for Cork and will participate in the planning processes, which will commence during the lifetime of this strategy. However, MUH needs to ensure its infrastructural needs are appropriately addressed in the interim whilst awaiting a capital project to secure licensing, service planning and capacity deficits in the South/South West Hospital Group. Accordingly the following actions are required:

- 11.1 Formalise process around review of a 5 year rolling capital development control plan, including annual review and engagement with National Capital Structures
- 11.2 Develop and implement a new governance model for major capital projects (> €2 million) involving oversight by Board Finance Committee
- 11.3 Establish a routine 5 year rolling ICT development plan. Include annual review and engagement with National ICT structures for major ICT redevelopment

Partnerships & Alliances

12. MUH has established appropriate relationships with key external stakeholders, including other Hospital Group members, Commissioners, Local GPs and other relevant service providers

The **twelfth strategic objective** acknowledges the need for MUH to further develop its working relationships with external stakeholders. This is increasingly important given the establishment of South / South West Hospital Group and also proposed changes in the way hospitals are to be funded in the future. Both of these developments require new ways of working and engagement amongst all participant bodies.

MUH recognises the need to play a role in strengthening the primary care system and the alignment of the national clinical programmes for hospitals with primary care providers.

MUH will need to undertake the following actions:

- 12.1 Conduct stakeholder mapping exercise aligned with the hospitals strategic ambition
- 12.2 Develop key messaging and stakeholder engagement plan
- 12.3 Develop a proposed governance model building on learning from other groups for the South/South West group, which takes into account voluntary status
- 12.4 Work with the Group Chair, Executive and other participants to develop the Group's governance and operating arrangements

Organisational Effectiveness

13. MUH has the appropriate human and financial resources to deliver on the organisation's strategic objectives

Strategic objective 13: MUH recognises the need to have the appropriate resources in order to successfully implement the Strategic Plan. There are a number of actions that need to be undertaken as follows:

- 13.1 Identify core and non-core services to establish opportunities to outsource non – core services to improve efficiency.
- 13.2 Promote areas for a shared services strategy
- 13.3 Undertake a gap analysis for new funding model and implementation plan growths (LCP, skill-sets, finance,)

Organisational Effectiveness

14. MUH's structures, systems and processes are fit for purpose to deliver highest quality care for patients, underpinned by Mercy Ethos and Values

Strategic objective 14 In addition to ensuring the appropriate resources are in place to successfully implement the Strategic Plan, MUH is committed to ensuring that the hospital's structure, systems and process are fit for purpose by undertaking the following actions:

- 14.1 Review the current organisational structure and key supporting processes to identify any necessary improvements
- 14.2 Review governance processes annually to ensure they are fit for purpose
- 14.3 Continue to secure a mission effectiveness strategy for MUH
- 14.3 Develop comprehensive HR strategy supporting cross site working and including a policy for universal admission rights for all Group consultants.
- 14.4 Develop a communications strategy to cover internal and external engagement processes promoting staff engagement.

6.2 IMPLEMENTATION

The Hospital's Executive Management Board has been charged by the Board of Governors with the implementation of this strategy. A Balanced Scorecard approach will be taken in managing implementation, which will incorporate specific responsibilities, objectives and timeframes. A formal review process will be put in place for the Executive Management Board to report to the Board of Governors.

APPENDIX

Overview of current services in the South / South West Region

The table below provides an overview of services (specialties and support services) provided by all hospitals in the region

	MUH	South Infirmery	CUH	Mallow	Bantry	South Tipperary	Kerry	WRH
Specialties:								
Anaesthesia	•	•	•					•
Audiology		•						
Cancer Services	•		•					•
Cardiology	•		•	•			•	•
Dermatology		•	•	•	•	•	•	•
Emergency Medicine (A&E)	•		•	•		•	•	•
Endocrinology	•	•	•				•	•
Gastroenterology	•		•	•				
General medicine	•		•	•	•	•	•	•
General Surgery	•	•	•	•	•	•	•	•
Genito Urinary Medicine	•	•						
Geriatrics	•	•	•	•	•		•	•
Haematology	•		•					•
Infectious Diseases	•		•					
Internal Medicine	•		•					•
Nephrology	•		•				•	•
Neurology	•		•		•		•	•
Obstetrics			•		•	•		•
Gynaecology		•	•		•	•	•	•
Oncology	•	•	•			•		•
Ophthalmology	•	•	•					•
Orthopaedics		•	•	•	•	•	•	•
Otorhinolaryngology		•	•	•			•	•
Paediatrics	•		•	•	•	•	•	•
Palliative care	•	•	•			•	•	•
Pathology	•		•				•	•
Plastic Surgery/Maxillo Facial Surgery		•	•				•	
Psychiatry	•		•			•	•	•
Radiology (X-Ray)	•	•	•	•			•	•
Respiratory medicine	•		•	•				•
Rheumatology	•	•	•				•	•
Urology	•		•	•				•
Vascular Surgery	•		•	•				•
Special clinics:								

	MUH	South Infirmery	CUH	Mallow	Bantry	South Tipperary	Kerry	WRH
Sexual assault treatment unit		•						
Wound management clinic	•	•						
Urgent care centre	•			•	•			
Local injury unit				•				
Medical assessment unit	•			•				
TIA Rapid Access Stroke Prevention	•		•					
Renal Dialysis Satellite Unit							•	
Oncology Satellite Unit	•						•	
Support services:								
Dietetics	•	•	•		•	•		•
Occupational therapy	•	•	•		•	•	•	•
Pharmacy	•	•	•		•	•		•
Phlebotomy	•	•			•			•
Physiotherapy	•	•	•	•	•	•	•	•
Social work	•	•	•			•		•
Speech and language	•	•	•		•	•	•	•