Working together,
Caring for the
Mid-West

UL HOSPITALS GROUP
STRATEGIC PLAN
2018-2022
Ireland’s Mid West Counties: Limerick, Clare, and North Tipperary

Academic Partner: University of Limerick
Every day, UL Hospitals Group strives to be a valued, trusted and leading provider of excellence in healthcare. Our vision is to continue building upon this so that we are patient-centred, clinically-integrated, team-based and research-driven. This 2018 - 2022 Corporate Strategy provides the roadmap to work significantly towards that vision.

Our aim at UL Hospitals Group has always been focussed on delivering timely access to high quality safe care. We recognise that new challenges will emerge upon pursuit of this goal and over the lifetime of this strategy. We have used this strategic planning process to consider: the needs and expectations of the people we serve, the environment in which we work, and our role and responsibility to build a better health service for the Mid-West and Ireland.

Demand for health services through the Hospital Group continues to grow each year. The number of older persons (65 years and over) will double in the Mid-West between now and 2031. Our services need to be designed and equipped to meet this demand. On that basis, a significant priority for the Hospital Group remains on clinical transformation. Clinical transformation has a two-fold focus for us. Firstly, it involves ensuring that all clinical sites in the group have a distinct role and function within the Group and that this works to the strengths of each site. Secondly, we are wholly committed to progressing integrated care further with our primary and community care partners. This will support us to deliver services as close to the patient as possible without ever compromising on quality or patient safety.

Fostering stronger forms of collaboration with our partners, including those beyond traditional hospital-partner models is a personal focus of mine during the lifetime of this strategic plan. Together, we will achieve more.

We share the ambition of our primary academic partner, the University of Limerick, to develop a leading Irish Academic Health Science Centre and look forward to collaborating further on a range of associated initiatives. Our commitment to research, education and innovation must continually evolve. The staff at UL Hospitals Group and the people we serve will demand so.

This strategy has been developed in full recognition of the vital role the staff of UL Hospitals Group have regarding the future implementation process. Our over-riding commitment is to value and develop our workforce to deliver the best possible care and services to the people who depend on them. We will continue to strive to become an employer of choice within the Mid-West, the Irish healthcare landscape, and beyond.

Significant strides have been made by UL Hospitals Group in recent years regarding the development and adoption of digital healthcare systems. The Irish healthcare system is on the cusp of an exciting chapter of IT adoption and digitisation in general. We want to lead the writing of key paragraphs of this chapter and continue to set the foundations for a digital hospital group.

The development of Working Together, Caring for the Mid-West 2018 – 2022 involved a significant level of preparation, planning, and support from a number of colleagues. I would like to acknowledge all those who were involved in the development phase and wish in particular to thank those of you who actively participated in consultation commitments.

I am confident that we have the map to guide us through the next phase of the strategic development of UL Hospitals Group. Together we will implement this and build that better health service for the Mid-West.
Note of support from Chair of UL Hospitals Group Board

Hospital Groups were first introduced a few years ago with the intention of creating local accountability and governance arrangements for local services. This was to be achieved within the context of national policy for the procurement and provision of health and healthcare services across the state. The approach provided for devolved decision-making fostering flexibility, innovation and local responsiveness, while also adhering to prescribed national service objectives and standards.

The only reason we are here is to provide patients with the highest standard of care. With the challenges facing the healthcare system we need to think differently about how we deliver safe, high quality and effective care for our patients. We know we have financial challenges now and into the future that will require action. We also know we need to improve our performance in a range of areas if we are to achieve our full potential.

Our Group has sought to maximise the utilisation of its ‘freedoms’ within the above context. In many ways this strategic plan is a natural further development of that approach. A renewed focus on clinical transformation across all sites. Our ambition to become a future digital leader in the Irish healthcare landscape. The deepening of our relationship and joint work with our primary academic partner. Leveraging relationships through collaboration and alliances across all sectors to deliver enhanced outcomes for the people we are here to serve.

For some time now policy development in relation to Hospital Groups has appeared to have stalled from a governance and developmental perspective. This appears to be changing and we look forward to playing our part in the architecture of a new health service, with clarity of purpose, direction and accountability. Coherent policy development and consistent rollout is crucial for the further development of our health system.

Graham Knowles
Chair, UL Hospitals Group Board
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2. Introduction and Strategic Context
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5. Implementation
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1. Executive Summary
Working Together, Caring for the Mid-West provides the strategic context for the corporate development of UL Hospitals Group over the period 2018 – 2022.

This renewed strategic planning process has been instigated on the back of structural and organisational reform within the Irish healthcare system. Now, more than ever, the country’s Hospital Groups are required to refresh the manner in which their composite sites operate together in delivering on accessible, high-quality and integrated patient care. The strategic intent within this document indicates the Hospital Group’s plan to further develop, consolidate and specialise clinical services across Group sites.

In addition to the above, UL Hospitals Group Strategic Plan has also been developed as part of its responsiveness and commitment to the evolving needs, behaviours and trends reflected by the people of the Mid-West region. The Mid-West experiences some of the oft-documented trends and pressures occurring nation-wide: an ageing population; increasing chronic disease prevalence; alongside the rising demand for emergency care, acute hospital and community health services. Additionally, the local population experiences some added extremities in terms of the clinical presentations it manages as well as the degree to which the region is affected by socio-economic variables in comparison with other local authority areas in Ireland.

The above context alludes to the social, demographic and healthcare policy context which creates the backdrop to UL Hospitals Group corporate strategy.

This document introduces a Strategic Framework to guide the corporate development of Hospital Group over the next five years. It has been designed on account of the priorities, challenges and ambition echoed by representatives of UL Hospitals Group and associated stakeholders. The consensus achieved by participants in the planning process has led to the establishment of four Strategic Priorities and three Enabling Factors within this Framework. These seven elements are further supplemented by an ongoing commitment to effective governance structures and processes. All components of the Framework are intended to combine together as part of an interconnected and mutually-reinforcing strategy.

The vision for UL Hospitals Group is to ‘be a valued, trusted and leading provider of excellence in healthcare which is patient-centred, clinically-integrated, team-based and research-driven’.

The first of four strategic priorities focuses on future Clinical Transformation agenda of UL Hospitals Group. Planning around this Strategic Priority has been conducted with recognition that UL Hospitals Group is uniquely positioned to capitalise on its coterminosity and close affiliation with Mid-West Community Healthcare in delivering patient care. UL Hospitals Group is keen to enhance its clinical activities, patient outcomes and supporting infrastructure in a manner which demonstrates real leadership regarding the implementation of integrated care models. A key objective of this priority also it to continue to build on work to-date around the capacity of Hospital Group to operate as one entity across all clinical sites.

The second Strategic Priority, Digital Health, presents a series of objectives which highlight UL Hospitals Group ambition to digitally enable and enhance processes rooted in patient care, research, education, innovation and collaboration. There is a clear commitment to achieving a standardised level of quality and operational effectiveness across the Group’s foundational digital systems. A cohort of Digital Health actions are geared towards supporting UL Hospitals Group in their anticipation and adoption of the national Electronic Health Record (EHR) amongst other technologies. UL Hospitals Group will, over the next five years, continue to set further foundations to become a future digital leader in the Irish healthcare landscape through advancements in analytics, cloud-based platforms and Real-Time Health System capabilities. Finally, a focus on creating data sharing arrangements with other key parties is prioritised to strengthen UL Hospitals Group population health approach and integrated care initiatives.
Research, Education and Innovation represents the third Strategic Priority within the Strategic Framework. The initiatives herein lay out a clear intent for Hospital Group to collaborate with its academic partner and other public and private sector parties sharing an interest in growing the research, training and innovation of healthcare practice and service delivery. The UL Academic Health Science Centre (AHSC) will represent a core structure which houses Hospital Group’s research and “big data” priorities through the expansion of a Healthcare Incubator and Innovation Centre in tandem with centres focussed on Robotic Assisted Surgery and Integrated Care & Age-Related Disease.

The fourth and final Strategic Priority within the Framework is entitled Collaboration & Alliances. UL Hospitals Group outlines a clear appetite to transcend traditional service delivery boundaries by allying with other public and private providers to pursue shared and blended initiatives targeting the health and wellness of the local population. The Hospital Group is also keen to develop relationships with the private sector to progress joint service development and delivery objectives. Finally, co-production practices will be used to continuously inform and reinforce the Group’s clinical, technological, educational, research and innovative pursuits.

The above four Strategic Priorities will be enacted through virtue of the Hospital Group’s three Enabling Factors: People & Culture; Operational Excellence; and Financial Sustainability. People & Culture is recognised as a fundamental constituent of the Strategic Plan. UL Hospitals Group will champion the HSE Values in Action Programme as it remains invested in attracting, engaging, developing, retaining and valuing a high-quality and committed workforce. Additionally, the Hospital Group understands that there is a requirement for all of its strategic actions to be married with an awareness of the resources, processes, systems and infrastructures which must be planned, integrated or upgraded to support implementation. From a financial sustainability perspective, the Hospital Group is committed to utilising resources in a financially viable and sustainable manner while delivering on its organisational commitments.

In term of the future Governance of UL Hospitals Group, the Group will continue to enhance the organisation’s potential to deliver high-quality care through effective leadership, governance, management and coordination. A range of measures to support this overarching pursuit are detailed within this document. The Hospital Group looks forward to developing and extending the role of the Board under the principle of earned autonomy and through alignment with national policy direction in this regard.

The concluding sections in UL Hospitals Group Strategic Plan provide some further context as to how the enclosed programme of initiatives can smoothly transition into the Implementation stage. This strategic plan, much like any equivalent or alternative, requires a specific platform to succeed. Key to this will be the designation of resources to plan and execute all related work-streams and programmes. The effective use of the Hospital Group Programme Management Office (PMO) is critical in this regard. A series of tools – including a detailed Implementation Plan, Roadmap and Scorecard, an Accountability Framework as well as a stringent review process – will be employed to support the project management of initiatives and to communicate their performance to the Board and other key stakeholders.

A significant level of research, reflection, planning, and collaboration has been inputted into UL Hospitals Group strategy. It follows that the vision and purpose defined within this document will be a central, living and guiding influence for all staff and patients at UL Hospitals Group. The five-year direction described is intended to permeate day-to-day actions, ambitions and attitudes so that the Hospital Group is positioned and prepared to support the achievement of a healthier Mid-West.
2. Introduction and Strategic Context

2.1 Introduction to UL Hospitals Group
2.2 Catchment Area Profile
2.3 Key drivers for UL Hospitals Group Strategic Plan
2.1 Introduction to UL Hospitals Group
Background to 
UL Hospitals Group

UL Hospitals Group comprises six different hospital sites:
• University Hospital Limerick (UHL)
• University Maternity Hospital Limerick (UMHL)
• Nenagh Hospital
• Ennis Hospital
• Croom Orthopaedic Hospital
• St. John’s Hospital (Voluntary)

The six sites collectively function as one single hospital system. The University Maternity Hospital is relocating to the campus at Dooradoyle as per the national policy to ensure appropriate co-location of maternity and adult hospital services.

We have over 3,000 staff providing a range of emergency, surgical and medical services on an inpatient and outpatient basis to a population of over 473,000 people in the Mid-West.

UL Hospitals Group provides a service to the people of Limerick, Clare and North Tipperary; however various services (Primary Percutaneous Coronary Intervention service, Day Services, Oral Maxillofacial etc.) treat patients from neighbouring catchment areas.

The group reports to the Acute Hospitals Division of the HSE and is governed by an interim Board of Directors, an Executive Management Team led by the CEO supported by four Clinical Directorates (Medicine, Peri-Operative, Child & Maternal Health and Diagnostics) who are accountable for the operation of services across the sites.

The catchment area associated with the Hospital Group is coterminous with the local community health service, Mid-West Community Healthcare. Both organisations are committed to joint-engagements to progress shared objectives. The fact that the geographical area covered by Mid-West Community Healthcare and UL Hospitals Group is identical, which is unique within an Irish context currently, provides an ideal basis for integrating and implementing policy and procedures.

With the University of Limerick (UL) as our Academic Partner, UL Hospitals Group is progressing the development of an Academic Health Science Centre. Our close relationship with UL is of huge importance in improving standards of care, fostering education, clinical research and innovation.

Located onsite at UHL, the Clinical Education & Research Centre is a joint initiative with UL. It accommodates and supports the educational training and research needs of the UL Hospitals Group clinical community and the UL Graduate Entry Medical School, the School of Nursing & Midwifery and the School of Allied Health at UL.
2.2 Catchment Area Profile
UL Hospitals Group, “working together, caring for you”

UL Hospitals Group is committed to the delivery of patient-centred, clinically-integrated, team-based and research-driven care for the population of Limerick, Clare and North Tipperary.

The group’s six sites, in tandem with Mid-West Community Healthcare, supports patients, families and other key service providers to ensure that a coordinated, comprehensive and responsive range of services is available.

UL Hospitals Group has already undergone significant reorganisation in recent years to deliver healthcare reform. In 2009, many services were reconfigured with the result that complex surgeries and emergency services were centralised at University Hospital Limerick (UHL) which now houses the group’s 24 hour Emergency Department (ED) and critical care block. Subsequent developments have included the recent opening of a new ED, the establishment of an Acute Inpatient Stroke Unit, the Cystic Fibrosis Inpatient and Outpatient Unit, the Symptomatic Breast Unit and a new Dialysis Unit within the group.

UL Hospitals Group also strengthened its partnership with UL to drive the Clinical Education and Research Centre (CERC) and to advance initiatives such as the Robotic Surgery Da Vinci Xi Programme.

Situating service delivery according to population needs

In order to continue its progression of care models, UL Hospitals Group seeks to reflect on and to serve the local real-life needs of its population.

This endeavour entails engagement with core statistics, predictive analyses and other service reports so as to understand demand driver trends associated with the Mid-West region.

Relatedly, it follows that demographic trends occurring on a broader level also justify regard within the UL Hospitals Group strategic planning process.

The release of this Strategic Plan coincides with the recent publication by the Central Statistics Office (CSO) of 2016 census data. An overview of key population findings, supplemented with insights from other sources as appropriate, now follows. Information has been gleaned in relation to the three Mid-West sub-regions unless stated otherwise.

An ageing population

One of the most pressing issues for healthcare planning arises from the increasingly growing and ageing status of Ireland’s population. According to the CSO’s ‘Census of Population 2016’, the number of people over 65 years in Ireland has risen by 19.1% since 2011. The figure for UL Hospitals Group catchment region was 18.4% according to the Health Atlas Finder compilation. The number of older people (65 years and over) will double in the Mid-West between now and 2031. The significant demographic shifts brought about by an aging population will further challenge our current services, including the ED and patient flow processes. Correspondingly, it follows that existing service delivery models will be unsustainable in supporting UL Hospitals Group to prepare for these rising patient volumes.
Census data: Mid-West versus National

**Population**

<table>
<thead>
<tr>
<th>Population (% of National)</th>
<th>MW*</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>385,172 (8.09%)</td>
<td>4,761,865</td>
</tr>
<tr>
<td>Population under 18 (% of National)</td>
<td>96,425 (8.10%)</td>
<td>1,190,502</td>
</tr>
<tr>
<td>Population Over 65 (% of National)</td>
<td>56,539 (7.57%)</td>
<td>637,567</td>
</tr>
<tr>
<td>Population Over 85 (% of National)</td>
<td>5,782 (8.56%)</td>
<td>67,555</td>
</tr>
<tr>
<td>Projected Decline in Birth Rate (2011-2031)</td>
<td>28%</td>
<td>26%</td>
</tr>
</tbody>
</table>

**Residency**

<table>
<thead>
<tr>
<th></th>
<th>MW</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Irish</td>
<td>86%</td>
<td>82%</td>
</tr>
<tr>
<td>White Irish Traveller</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Other White</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>Black or Black Irish</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Asian or Asian Irish</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Not stated</td>
<td>2%</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Employment**

<table>
<thead>
<tr>
<th></th>
<th>MW</th>
<th>Nat.</th>
</tr>
</thead>
<tbody>
<tr>
<td>At work</td>
<td>51%</td>
<td>53%</td>
</tr>
<tr>
<td>Looking for first regular job</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Unemployed having lost or given up previous job</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Student</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>Looking after home/family</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Retired</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Unable to work due to permanent sickness or disability</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Please note that while the population profile provided above refers to the precise catchment area of the Hospital Group, all other indicators are representative of the Mid-West Regional Authority Area as defined for the purposes of Small Area Population Statistics 2016 as part of Census 2016. Tipperary North and Tipperary South are amalgamated as part of this Census 2016 release.
### Education

<table>
<thead>
<tr>
<th>Education Category</th>
<th>MW</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where education ceased under 15 years of age</td>
<td>5.80%</td>
<td>5.95%</td>
</tr>
<tr>
<td>With no formal Education</td>
<td>1.68%</td>
<td>1.69%</td>
</tr>
<tr>
<td>Primary Education Completed</td>
<td>11.23%</td>
<td>10.79%</td>
</tr>
<tr>
<td>Upper Secondary Education Completed</td>
<td>20.22%</td>
<td>18.52%</td>
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</tbody>
</table>

### Health

<table>
<thead>
<tr>
<th>Health Category</th>
<th>MW</th>
<th>National</th>
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</thead>
<tbody>
<tr>
<td>Persons with a Disability</td>
<td>68,190</td>
<td>643,131</td>
</tr>
<tr>
<td>Population by General Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very good</td>
<td>57.52%</td>
<td>59.38%</td>
</tr>
<tr>
<td>Good</td>
<td>29.11%</td>
<td>27.65%</td>
</tr>
<tr>
<td>Fair</td>
<td>8.74%</td>
<td>8.04%</td>
</tr>
<tr>
<td>Bad</td>
<td>1.46%</td>
<td>1.32%</td>
</tr>
</tbody>
</table>

### Infrastructure

<table>
<thead>
<tr>
<th>Infrastructure Category</th>
<th>MW</th>
<th>Nat.</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Households with at least one motor car</td>
<td>83.64%</td>
<td>81.86%</td>
</tr>
<tr>
<td>% of households with a personal computer</td>
<td>64.90%</td>
<td>68.36%</td>
</tr>
<tr>
<td>% of households with internet access</td>
<td>73.91%</td>
<td>78.45%</td>
</tr>
</tbody>
</table>
Increasingly complex, chronic and co-morbidity patient presentation

In tandem with the nation’s growth in population comes a ripple of interconnected health and social implications. In line with national trends, UL Hospitals Group will be faced with a rising epidemiology of chronic conditions (cardiovascular disease, stroke, diabetes and respiratory disease). Some distinctive clinical considerations of the catchment areas can now be brought to the fore.

Death rates for heart disease and stroke across Limerick, Clare and particularly Tipperary are higher than the state average. It follows that these regions also have higher than average discharge rates for patients with cardiovascular or respiratory disease. In comparison to state figures, the Mid-West has a higher number of people who are overweight (37% versus 35%) and obese (21% versus 18%). It has also been demonstrated nationally that body mass index, cholesterol and blood pressure increase as a function of lower income socio-economic status. In terms of cancer, the CSO 2016 data indicates that Tipperary North has the highest national rate of colorectal and prostate cancer and that County Clare has the highest incidence of breast cancer.

Interconnected socio-economic variables

Socioeconomic status, whether assessed by income, education, or occupation, is linked to a wide range of health problems, including low birthweight, cardiovascular disease, hypertension, arthritis, diabetes, and cancer. Lower socioeconomic status is associated with higher mortality. The HSE 2015 Health Profile indicated that Limerick City was the most deprived local authority area nationally with 36.8% of its population either very disadvantaged or disadvantaged. In contrast, Limerick County and Clare were the 8th and 13th most affluent areas nationally at the same point. Limerick City also has higher numbers of lone parent households at 13.7% (versus national average 10.9%).

Eurostat data highlights that Ireland has one of the highest proportions of people living in rural areas among EU states. This presents challenges when designing and delivering acute hospital services. UL Hospitals Group catchment area is predominantly rural, with one large urban centre. Limerick is the third most populated city in Ireland with a population in excess of 94,000 persons. Ennis is the largest town in the entire Munster province with a population in excess of 25,000.

Self perceived health status in the Mid-West, as per Census 2016, aligns with national trends across all levels. Over 86% of the population consider their health status to be either ‘good’ or ‘very good’.

The Mid-West continues to have higher rates of mild to moderate depression than national figures. According to the Mid-West Suicide Prevention Action Plan, 2017 – 2020, drug overdose is the most common self-harm method and alcohol is reportedly involved in up to 45% of self-harm cases presenting at ED. Limerick City, Clare and North Tipperary also have above national average rates of suicide per 100,000 population.

Mothers within the Mid-West have a lower than average breast feeding rate (HSE 2015 Health Profile). Additionally, Limerick City also has nearly double the national birth rate to mothers under the age of 20 (24.1 versus national average of 12.3).
2.3 Key Drivers for UL Hospitals Group Strategic Plan
Adopting national guidance within UL Hospitals Group strategic planning process

In addition to the Hospital Group’s need to identify and respond to the needs and preferences of the local population: it is pertinent for the Group to consider and incorporate the direction and guidance arising from national governmental or regulatory entities.

Some of Ireland’s key publications, commencing with those with a broader health service delivery lens to those focussed on more distinct operations or patient groups, will now be detailed with respect to their ramifications for UL Hospitals Group.

Key systems level policies

A series of foundational reports have triggered major reform, particularly in a structural sense, within the Irish health system. In 2012, the Future Health: A Strategic Framework for Reform of the Health Service 2012–2015 outlined a series of healthcare reforms within the larger Programme for Government agenda.

Linked to the above, two key reports have been published with specific implications for the roll out of hospital groups and their associated clinical transformation agendas. In February 2013, the Securing the Future of Smaller Hospitals: A Framework for Development called on UL Hospitals Group to reconfigure its Model 2 hospital services in line with the stated guidance.

Relatedly, the Group sought alignment with the classification laid out within the Report of the Acute Medicine Programme (2010) regarding the appropriate range of acute care services to be provided at each site.

In May 2013, the “Higgins Report” was released with the official title of The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts. This report led to the establishment of Ireland’s six Hospital Groups, with the scene then set for the establishment of UL Hospitals Group.

National Clinical and Integrated Care Programmes

In tandem with the advancement of the HSE Strategic Reform Programme, UL Hospitals Group is guided by the delivery models and pathways set out by the National Clinical Programmes. These programmes have since evolved as Integrated Care Programmes which aim to progress enhanced forms of integration involving health and social care services.

UL Hospitals Group is uniquely placed to capitalise on its coterminosity with the Mid-West Community Healthcare catchment area.

National Standards for Safer Better Healthcare (NSSBH)

The NSSBH (2012) present a continuous improvement framework to support the delivery of high-quality and safe healthcare. Each standard included describes the outcome required to contribute to quality and safety of healthcare. The overarching goal is to create a culture of quality and safety so as to ensure that a patient / service centred approach is adopted consistently. This strategy aims to reinforce the commitment of UL Hospital’s Group to such a culture.

Patient Specific policies

Core national strategies guiding the design and delivery of services for particular patient groups are outlined in summary below. It is envisaged that the below will influence future clinical transformation programmes progressed by UL Hospitals Group.

National Cancer Strategy 2017–2026

The 2017 NCS reflects an ambitious ten year plan to advance cancer prevention, to enhance early diagnosis, to provide excellent care and to maximise patients life throughout all stages of intervention. The recommendations are crucial to UL Hospitals Group as it builds upon its NCCP status as one of the country’s eight designated Cancer Centres.
National Maternity Strategy 2016-2026
This Strategy posits the future of maternity and neonatal care in Ireland with a view to supporting women and families to have a choice in the pregnancy and childbirth processes. It is focussed on improving and standardising care across maternity services and to adopt a Health and Wellbeing agenda for women and infants.

This vision has been wholly embraced by UL Hospitals Group, particularly as advocates for a relocation of its maternity hospital on-site at UHL. This transition will support the Group to provide team-based care, improve midwifery services and enhance care for high-risk, complex pregnancies.

A National Model of Care for Paediatric Healthcare Services in Ireland 2015
This model sets out the service delivery stipulations for provision at both the new children’s hospital as well as its supporting satellite, regional and local centres in terms of paediatric healthcare. The Children’s Ark Unit at UHL will represent a regional centre or “spoke” to support children in accessing appropriate clinical care as close home as possible.

UL Hospitals Group is keen to support the successful implementation of this national model of care and ensure that the Mid-West spoke is a strong contributor to the overall national network from service delivery, research, training and innovation perspectives.

National Cardiovascular Health Policy 2010-2019
This policy framework provides guidance on the management of cardiovascular conditions including stroke. Its series of recommendations consider acute care delivery as well as rehabilitative services.

National Trauma Network
UL Hospitals Group looks forward to the publication and implementation of the recommendations formed by the National Trauma Steering Group. The Hospital Group will support the future trauma care network and apply the learning and experience from previous clinical transformation programmes.

Key service level policies
Outlined below are some of the key national strategies of significance to the future strategic direction and intent of UL Hospitals Group.

HSE People Strategy 2015-2018
This guidance has been developed in the context of the wider healthcare reform and with recognition of the fact that staff play one of the single most important roles in support health services to overcome challenge and to deliver excellent care.

HSE Performance and Accountability Framework 2017
UL Hospital Group operations are in many ways conditioned by the requirement to be accountable for its performance across the following four areas:

- Access
- Finance
- People

UL Hospitals Group must engage with formal Performance Agreements, alongside an Escalation and Intervention Framework, in endeavouring to deliver against priorities and targets set out in the National Service Plan and in the Hospital Group CEO Performance Agreement.

eHealth Ireland
One of the most transformative factors in the healthcare industry resides in the capability and potential offered by health technology. Within Ireland, the 2015 Knowledge & Information Strategy focusses on five key areas including patient engagement processes, clinical care supports, Electronic Health Records (EHR), integration capabilities and support systems. Core pillars expected to receive focus in upcoming eHealth Ireland publications are as follows:

- Reliable and Consistent
- Care & Compassion
- Connectedness & Accessibility
- Learning and Development
UL Hospitals Group is rigorously embedding these principles to enable health reform in an innovative, resourceful way. Given its central importance, Digital Health has been established as a core Strategic Priority for the Group. The objectives within capture the organisation’s intent to drive local ICT projects whilst maintaining alignment with the national eHealth agenda. Objectives will be coupled with corresponding investment in training and change management.

**Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025**

Healthy Ireland (HI) is centred on collaboration and coordination between the health sector and other public and private service providers so as to engender improved population health within local communities. Implementation of this Strategy is crucial if UL Hospitals Group is to address pressures spurring from its ageing population and rising chronic disease prevalence.

UL Hospitals Group is fully committed to a partnership approach as can be noted in its multiple formal and informal alliances.

**HSE Programme for Health Service Improvement**

The Programme for Health Service Improvement was established to support the building of a better health service for the population of Ireland.

A key objective of the programme is to design a more integrated and joined-up service, that is offered in a safe, timely, and efficient way, as close to home as possible. Areas of focus include: creating an empowered and accountable health delivery system, designing models of care which are patient-centred, evidence-based and clinically led across the whole service, fostering an environment that supports research and education, and transforming the key support functions of Human Resources, Information and Communication Technology, Finance and Health Business Services.

**Values in Action**

Values in Action is a behaviour and cultural change initiative to bring HSE values to life in how we engage with each other and with patients in the health services. UL Hospitals Group has supported this initiative from the outset and has championed the values of care, compassion, trust and learning. People & Culture has been identified as a key enabling factors for this strategic plan. Priorities and objectives within this strategy have all been included with the corresponding requirements from a patient, staff and cultural perspective at the forefront of considerations.

**Sláintecare Report**

UL Hospitals Group welcomed the opportunity to contribute to the development of the Sláintecare Report developed by the Oireachtas Committee on the Future of Healthcare. This report comprises a series of long term health care and policy proposals for Ireland. UL Hospitals Group looks forward to the further development of proposals and will continue to contribute as appropriate. UL Hospitals Group supports the long term vision to deliver care in the appropriate setting given the clinical requirements and preferences of a given patient or service user.

For UL Hospitals Group, adoption of this report’s direction would trigger renewed strategic focus on many aspects of hospital care including inpatient waiting times, access to diagnostics, new workforce models, mental health services and health technology.
International Guidance

As part of this strategic planning process, UL Hospitals Group has actively scanned the international healthcare landscape so as to derive insights which can be applied to its future strategic intent and the associated delivery of services. The Group also recognises the role of various international leaders in setting best practice guidance, supporting continuous professional development, fostering innovation, and in sharing clinical research.

UL Hospitals Group has looked upon multiple comparator organisations throughout its strategic planning. As a sample of the sites considered, Salford Royal NHS Foundation Trust was considered from a digital health perspective, St Vincent’s Darlinghurst in Sydney supported the consideration of future ambulatory care models, and integrated care was informed by practice in Canterbury District Health Board (NZ), NHS Tayside and Alberta (CAN).
3. Strategic Vision and Framework
Introducing the associated layers of UL Hospitals Group Strategic Plan

This 2018 – 2022 strategy is structured around a two-layered Strategic Framework. Layer one outlines the strategic priorities. Layer two introduces a number of enabling factors.

Central to this framework are four Strategic Priorities through which UL Hospitals Group wishes to enact reform, progression and leadership. The decision on the Hospital Group’s priorities emerged on the back of a review of international healthcare strategies, trends and developments alongside consideration towards a blend of perspectives across different levels, roles and divisions of UL Hospitals Group workforce.

The selected Strategic Priorities are as follows:

- Clinical Transformation
- Digital Health
- Research, Education & Innovation
- Collaboration & Alliances

All four of these priorities are of equal importance and should not be viewed or actioned on in isolation. Rather, the four priorities will operate as part of a collaborative, interconnected and mutually-reinforcing synergy.

The key interdependencies and connections that exist between these strategic priorities are made explicit later in the document (see Section 4.3).

The four Strategic Priorities are supplemented and supported by three Enabling Factors as follows:

- People & Culture
- Operational Excellence
- Financial Sustainability

Finally, and linked to the three enabling factors above, ensuring we have fit-for-purpose governance structures to support the successful implementation of this strategic plan is acknowledged as a further overarching enabler. This will help to bind the six sites of UL Hospitals Group to operate as a “single hospital”. It will also bolster the external relationships held by UL Hospitals Group with other public or private partners.

UL Hospitals Group Strategic Framework is depicted overleaf.
“Be a valued, trusted and leading provider of excellence in healthcare which is patient-centred, clinically-integrated, team-based and research-driven”

**OUR VISION**

**STRATEGIC PRIORITIES**

- Clinical Transformation
- Education, Research & Innovation
- Digital Health
- Collaboration & Alliances

**ENABLERS**

- People & Culture
- Operational Excellence
- Financial Sustainability

**GOVERNANCE**
4. Strategic Priorities

4.1 Strategic Priorities - Overview
4.2 Strategic Priorities and Objectives
4.3 Strategic Priority Interdependencies and Connections
4.3 Key Enablers
4.4 Governance
4.1 Strategic Priorities
- Overview
Strategic Priority Overview

Strategic Priority 1: Clinical Transformation
Optimising our resources and capabilities, building on our strengths, and adopting proactive and innovative approaches to meet the needs of the population we serve

Our achievements by 2022

UL Hospitals Group is operating as one entity across all clinical sites. The Transformation Programme has distributed clinical activity across sites to optimise the use of available resources, capacity and expertise. Speed of access to high quality, safe care has served as a core consideration and has been prioritised. Services have been designed and resourced with the existing and future needs of the catchment area to the fore.

New innovative and evidence-based models of care are designed and piloted. The Hospital Group is a recognised leader both nationally and internationally in terms of integrated care. Services are planned, resourced and delivered on a collaborative basis to enable patients and populations to receive care when needed in a clinically appropriate setting.

UL Hospitals Group significantly contributes on an ongoing basis to national policy initiatives in acute care transformation and integrated care models. Leveraging the focus on integrated care, UL Hospitals Group has championed patient-centred care and hospital avoidance specifically in the area of services for older people. The Hospital Group is acknowledged as an exemplar site in terms of medical and surgical care delivery models / networks and integrated care.

Strategic Objectives

| A.1 | Consolidate, expand and redesign the scale, specialisation and academic excellence of clinical services across Hospital Group sites |
| A.2 | Progress enhanced forms and levels of integration between hospital and community services |
| A.3 | Become an exemplar site for clinical transformation with a specific service delivery and research focus on: |
|     | • Models of integrated care (hospital and primary care / community-based services) |
|     | • Delivering accessible, timely and safe care across a Hospital Group (Model 4, Model 2, Specialist Hospitals) |
|     | • Clinical scalability and financial sustainability |
The successful delivery of the Group’s first digital strategy has established UL Hospitals Group as a digital leader in Ireland. The implementation of both national and locally customised systems in areas such as laboratory, maternity care, and acute medicine is enabling clinicians to make more informed care decisions across all elements of the care continuum. Planning and preparation for the adoption of the national EHR system continues as UL Hospitals Group affirms its status as a “paper-light” hospital group.

In tandem with the development of new integrated care pathways, digital systems are supporting the capture and analysis of a developing evidence base. Research, enabled by this data, has resulted in multiple publications and enhanced training programmes for our clinical staff.

Our operational processes have been greatly advanced through the implementation and enhancement of a number of finance, human resources and administrative systems. This has enabled us to streamline our business, enhancing efficiency and communication. The use of population health data has allowed us to develop pathways that deliver preventative care closer to peoples homes. This further supports the group-wide focus on enabling our integrated care agenda. The UL Hospitals Group Command Centre manages day-to-day patient flow across the organisation, and supports the Hospital Group to operate as one across all clinical sites.

Strategic Objectives

B.1 Develop UL Hospitals Group capability, capacity and culture to support the implementation of state-of-the-art digital systems

B.2 Develop our data architecture and analytics function to support the development of evidence-based practice and data-driven care

B.3 Extend our technological infrastructure to support patient care, safety and operational effectiveness
Our achievements by 2022

The UL Academic Health Science Centre (AHSC) provides the fulcrum from which all education, research and innovation activities are planned, coordinated and executed. The Centre is now supporting UL Hospitals Group to drive improvements in the health and well-being of the patients and populations we serve by ensuring that research discoveries convert to medical advances, and new therapies / techniques as rapidly as possible. UL Hospitals Group is also accelerating innovation and healthcare improvements through the alignment of our research and education commitments.

The UL AHSC provides an umbrella structure for a limited number of key strategic subdivisions such as the Centre for Integrated Care & Age-Related Disease and the Centre for Robotic Assisted Surgery. It also supports and governs the Incubator & Innovation Centre (See Strategic Priority 4). The UL AHSC has also, through the HRI, built significantly on our Health Services Delivery research theme.

UL Hospitals Group has and is successfully supporting the translation of research into new national healthcare policies. It is recognised by the HSE, HRB and other national stakeholders for its competencies and track-record in this regard.

UL Hospitals Group is also a central partner to the strategic development of the Limerick City Healthcare & Life Sciences campus.
Strategic Priority 4: Collaboration & Alliances
Adopt a proactive and strategic approach to collaboration. Together with our strategic partners, we’ll achieve more.

Our achievements by 2022

UL Hospitals Group has identified, prioritised and progressed a range of partnerships traversing service delivery, technology, education, research and innovation objectives. The Hospital Group is a central and lead partner within a cross-agency collaboration of public services in the Mid-West. This has facilitated new forms of cooperation between service providers to progress shared aims in terms of the health and well-being of the population served.

The Hospital Group has promoted and embedded the concept of co-production into day-to-day work. UL Hospitals Group promotes a ‘patients as partners’ approach to decision-making in areas such as service design and delivery.

Stemming from our focus on innovation and the overarching aims of the UL AHSC, we are leveraging relationships with an extended community of industry partners to enhance service provision for our patients and populations. The Incubator & Innovation Centre has successfully facilitated a range of technology design, transfer and commercialisation projects. These partnerships, and the interdisciplinary synergies that emerge from them, are presenting numerous positive benefits for Limerick City and the Mid-West region in general.

The Hospital Group has formal partnerships in place with other public and private service providers to support our objectives in terms of timely access to safe, high-quality care.

Strategic Objectives

D.1 Lead the design and establishment of a Public Services Working Together for the Midwest Programme to progress the development of a strategy for an integrated and structured approach to public service delivery and collaboration in the region

D.2 Progress strategic partnerships with service providers to enhance patient access to high quality service provision

D.3 Progress strategic partnerships with local, national and international partners to advance research, development and innovation objectives
4.2 Strategic Priorities and Objectives

A. Clinical Transformation
B. Digital Health
C. Research, Education and Innovation
D. Collaboration and Alliances
A. Clinical Transformation
Priority 1: Clinical Transformation

A.1 Consolidate, expand and redesign the scale, specialisation and academic excellence of clinical services across Hospital Group sites

- Develop a ten-year Clinical Services Strategy for the Hospital Group with consideration of all current and future specialties managed by the Group
  - Consider the design of future service provision models for medical and surgical activity to drive the clinical transformation of UL Hospitals Group with consideration of:
    - The existing and future needs of catchment area residents and the UL Hospitals Group commitment to patient-centred care
    - Guidance criteria / recommendations on the reorganisation of clinical services (referencing minimum volume / volume-outcome relationships, access, workforce and sustainable clinical rotas, co-dependencies, etc.)
    - The application of hub and spoke networks for medical and surgical specialties
    - Access to clinical support services with a particular focus on diagnostics and therapeutic intervention as part of the integrated acute care pathway
    - The designation of particular care categories, specialties, and/or activities to specific sites for group-wide provision
    - The optimisation and sustainability of all Hospital Group sites and associated infrastructure with patient safety and outcomes serving as the key consideration
    - The ongoing transition of activity from inpatient to day case to ambulatory care settings
    - UL Hospitals Group focus on integrated care and hospital avoidance
    - UL Hospitals Group commitment to digital health
    - The role and involvement of other national Hospital Groups in supporting care pathways and patient transfers
    - Drivers and implications associated with Activity-based Funding (ABF)
    - Relevant national policy initiatives and opportunities for coordination with other Hospital Groups

- Develop a Hospital Group Masterplan to sequence and structure the required capital development of group-wide infrastructure based on agreed clinical transformation objectives

- Develop a group-wide workforce plan taking full account of the above ten-year Clinical Services Strategy and the proposed investment sequence as detailed within the group masterplan

- Supplement the Clinical Services Strategy with a comprehensive communications approach aimed at staff, service users and the general population
  - This should incorporate the use of all relevant and accessible communication channels including town hall / road show events, UL Hospitals Group website and other digital / social media vehicles

- Establish a Clinical Transformation Unit within the ULHG Programme Management Office (PMO) to provide dedicated support regarding the design and implementation of the group-wide Clinical Services Strategy
  - This unit will oversee a change management approach to support the overall clinical transformation agenda progressed by UL Hospitals Group
  - The unit will work closely with the HR Directorate to build organisational capacity for change from the ground up by investing in the training and development of our staff
  - The UL Hospitals Group Operational Improvement Programme (see Enabling Factor II - Operational Excellence) will also be supported by the Clinical Transformation Unit
• Complete the establishment of regional networks for laboratory and radiology services as part of an overarching modernisation programme

• Progress the capital development process to secure additional / replacement inpatient capacity at UHL

• Support the National Model of Care for Paediatric Healthcare Services in Ireland as one of the primary regional spokes to the new children’s hospital. This will involve the:
  - Design and consolidation of existing bi-directional patient pathways with the new children’s hospital and our integrated care partners
  - Delivery of an enhanced paediatric cardiology service delivery model that incorporates screening / diagnostics and on-going post-procedure reviews
  - Extension of the existing oncology shared care models
  - Strengthening of key specialties through capital development and staff recruitment
  - Development of a Paediatric Surgery Centre
  - Further roll-out of the Rapid Access Clinic and virtual clinics to reinforce our commitment to integrated care
  - Development of our focus on and commitment to research and innovation through our academic partner and the new children’s hospital

• Oversee the relocation of the Maternity Hospital with due consideration of the implications and possibilities that will present for the University Hospital Limerick campus
  - Capitalise on opportunities to develop our service model for Maternal & Child Health as the combination of neonatal, paediatric, gynaecology, obstetrics and maternity services continues to be integrated and progressed at UHL

• Support the successful implementation of the 2017 National Cancer Strategy with appropriate focus on prevention, diagnosis, care delivery and approaches to maximise quality of life

• Using the Command Centre infrastructure and expertise (see Priority 2), develop and introduce a group-wide capacity planning programme
  - This should leverage available hospital activity (inpatient and outpatient) and bed-occupancy data to predict future acute demand across the Group for an agreed timescale
  - Forecasts should be used to inform operational decision-making and workforce allocation
• Develop a joint three year strategy with HSE Mid-West Community Healthcare to prioritise and progress integrated care structures, processes and programmes
  - Consider and appraise new service delivery options to enable the provision of an integrated care approach
  - Determine the key enablers (e.g. technology, workforce, training and development, new service model design / development) to enable the successful implementation of the strategy and quantify the level of investment associated with this three-year commitment
  - This strategy should introduce a range of integrated care delivery models and service objectives, a sample of which is detailed below

• Develop on the existing governance and operational planning structures to support the implementation of the above three-year strategy
  - Introduce a joint operational planning process (involving ULHG, Mid-West Community Healthcare and other relevant partners) and forum to formally plan and implement integrated care programmes
  - Progress the introduction of shared staffing and innovative resource models
  - Establish a proactive integrated care and case management approach that identifies patients with specific needs and aligns the relevant integrated care supports to these (e.g. patients with complex needs at elevated levels of risk of emergency admission to hospital or residential care)

• Design and implement new delivery models, processes and pathways to facilitate the application of new integrated care programmes in key priority areas such as chronic disease management, older / frail persons, children and maternity services
  - Oversee the design and implementation of pathways integrated across settings and providers to facilitate service provision across the care continuum – from specialist to low level support
  - Design and introduce support / services to enable people to live in their home environment longer insofar as is possible, safe and desired (by the person)
  - Progress the development of hospital avoidance pathways and protocols through close collaboration with our community and social care partners
  - Explore and appraise options regarding the sequenced extension of remit to our Community Intervention Teams
  - Increase the proportion of care provided at home or close to home through integrated community care models supported by flexible inreach / outreach services, Early Supported Discharge (ESD) programmes, reablement, and other assisted-living services as appropriate
  - Incorporate a defined focus on prevention and lifestyle changes within integrated care programmes – optimising patient contact to maximise impact on all patient cohorts from infants to older persons

A.2 Progress enhanced forms and levels of integration between hospital and community services

Priority 1: Clinical Transformation
A.2 Progress enhanced forms and levels of integration between hospital and community services

- Promote independence and resilience through effective use of assistive technology
  - Maximise opportunities for integrated; teleconsultation, tele-health and tele-care in a range of settings
  - Adopt a coordinated and multi-agency approach to the planning and allocation of telehealthcare for long term conditions
  - (Please refer to Strategic Priority 2 for further details)

- In consultation with the region’s GP representatives, support the assimilation of a GP-led Urgent Care Centre, located on-site at Dooradoyle, into UL Hospitals Group acute medicine pathways and processes

- In collaboration with the HR Directorate, adopt a proactive and integrated approach to workforce development and planning to prepare our health and social care teams to deliver integrated care programmes and meet the future needs presented by the catchment area
  - Design and implement a staff engagement and continuous quality improvement programme in collaboration with our Mid-West Community Healthcare partners
  - This will focus on securing and maintaining staff buy-in but also equip the workforce to develop new capabilities in service delivery innovation and service improvement
Priority 1: Clinical Transformation

A.3 Become an exemplar site for clinical transformation

- Become recognised as an exemplar site for clinical transformation with a specific service delivery and research focus on:
  - Models of integrated care
    - Providing a care continuum for the evolving needs of our local population
    - Bridging the gap between health and social care (with particular reference to patient cohorts where socio-demographic and socio-economic factors have a significant adverse effect on health outcomes and health status)
  - Team-based working
  - Case management and care co-ordination
  - Hospital avoidance
  - Surgical and medical models of care within a Hospital Group context
    - Optimisation of group capabilities, assets, and associated resources
    - Design and implementation of innovative service delivery models, with a specific focus on ambulatory care (incorporating outpatient and day-case activity)
- Delivering accessible, timely and safe care across a Hospital Group
  - Service improvement initiatives concentrated on quality, safety and continuity of care between settings and across mixed urban-rural divisions
  - Reducing length of stay in hospital
  - Improving patient experience
- Clinical scalability and financial sustainability
  - Future proofing the Hospital Group
  - System efficiency
- Lead the pilot design, implementation and appraisal of national service improvement initiatives stemming from (1) national clinical programmes and integrated care programmes and (2) international developments of relevance to the Irish healthcare landscape
  - Introduce new tools for testing locally within agreed key priority areas (e.g. older persons, chronic disease prevention and management, children, and maternity)
  - Share experience, expertise and examples of good practice in improving care for specific population groups and patient cohorts
  - Apply the concept of co-production to the design of service improvement initiatives as a means to drive person-centred care and patient engagement
  - Contribute further to the Irish / international evidence-base to support new models of care and service improvement initiatives
  - Collaborate with other national and international improvement programmes and innovators
Figure 0.1 High-level Service Delivery Model
Priority 1: Clinical Transformation

Figure 0.2 Hospital Network Configuration

Network Characteristics
- Clinical Care Model
- Patient Experience
- Healthcare Efficiency
- Community Engagement
- Financial Sustainability
- Mid-West Community Healthcare Group

High-level Operating Principles
1. Integrated care - close to home, as appropriate, depending on the clinical needs of the patient
2. Service delivery as close to home as possible
3. Where clinically appropriate, ambulatory care is provided
4. Centralised coordination of service delivery, training, education and research
5. Service delivery minimised where appropriate, with integrated service delivery, training and research

Integrated Care
- Model 1
- Model 2 Voluntary
- Model 2 Statutory
- Model 4 Statutory
- Model 3

Other Hospital Groups
- Private Sector Partners
- National Specialty Hospitals
- Other Hospitals

Figure 0.2 Hospital Network Configuration
Figure 0.3 Integrated Care Delivery Model

Acute and Clinical care

- Ambulance services
- GP-led Clinic
- University Maternity Hospital Limerick

Preventative and post-acute care

- Insource / Outreach delivery
- Nursing / Midwifery Outreach
- Community Pharmacy
- Community Hospitals (Model 1)
- Public/Private Residential & LTC settings

Integrated Services Network

- Joint planning and resourcing
- Shared care planning
- Integrated patient flow pathways
- Information management

Processes

- General Practitioners
- Specialist
- Emergency services
- ED & ICU

Structures

- Unscheduled (urgent)
- Unscheduled (emergency)
- Scheduled care
- OPD / Specialist Clinics
- Elective Surgery
- Diagnostics

Home Care and Independent Living

- Home Care and Independent Living Services
- Commercial services / initiatives
- Assisted Living / Home-in-the-Hospital Services
- Telehealth consultations / reviews
- Self care / monitoring + wearables

Community Wellness and Participation Services

- Public Services Working Together
- Voluntary / NFP Services

Clinical

Home
B. Digital Health
Priority 2: Digital Health

B.1 Develop UL Hospitals Group capability, capacity and culture to support the implementation of state-of-the-art digital systems

- Establish a group wide digital health strategy that aligns with the eHealth Ireland Knowledge and Information Plan and national strategy
  - Embody leading approaches for realising digital ways of working across the Group within this strategy
  - Plan and implement major systems to support clinical and clinical support functions (e.g. in areas such as laboratory, oncology, maternity, and neonatology, and acute medicine)

- Undertake an enterprise-wide digital maturity assessment, with consideration towards available national tools / criteria, to inform capital investment requirements and ultimately work towards agreed forms of certification such as HIMSS/JCI

- Define the Operating Model for delivery of longer term objectives associated with UL Hospitals Group Strategic Plan
  - Develop structures to provide clinical leadership for system design and improvement as an extension of the HSE National CCIO

- In collaboration with the HR Directorate, lead a process to embed digital ways of working across the Hospital Group
  - Develop the digital skills and competencies of our internal workforce to build digital capability through education, support and engagement programmes

- Develop the capacity of the ICT teams to provide industry standard customer service, drive new technologies, and lead infrastructural reform

- Identify high-value use cases to pilot and deliver early wins (e.g. through the analysis of attendance patterns, patient flow records, patient outcomes and other data collection advancements)

- Enact a ULHG Partnership Framework (see D3) to support the progression of partnership opportunities

- Continue to support start-ups and to strengthen other partnerships in order to progress and pilot cutting-edge technology within UL Hospitals Group
Priority 2: Digital Health

B.2 Develop our data architecture and analytics function to support the development of evidence-based practice and data-driven care

- Define a strategy & roadmap explicitly linking technology infrastructure plans to analytics opportunities

- Develop the capacity of the Business Intelligence team to facilitate research and support the UL AHSC

- Develop the capacity of the Business Intelligence and Clinical Coding teams to support new technology and our digital health agenda

- Work to rationalise legacy systems to enable the organisation to exchange, aggregate, contextualise and analyse key enterprise event and patient activity data in real time

- Enable research through the development of an Enterprise Data Architecture for UL Hospitals Group in conjunction with OoCIO Enterprise Architecture and Design Authority

- Develop systems to capture, integrate and share patient feedback and data
  - The use of mobile devices and/or wearables should be considered as a means to support this

- Establish a cross-agency forum (with identified partners) to progress the collation and analysis of population health data for the Mid-West
Extend our technological infrastructure to support patient care, safety and operational effectiveness

- Enhance existing ICT Infrastructure to support the Groups’ plans for the expansion of information, operational, medical, clinical and research technology

- Move toward a Real-Time Healthcare System (RTHS) by aligning critical software systems and technologies to achieve tangible results in managing and delivering healthcare

- Establish a Hospital Group Command Centre that uses real time data analytics to optimise patient flow across all UL Hospitals Group sites and support efficient and intelligent operations
  - Develop Real-Time Health System capabilities to support the Hospital Group Command Centre through increased visibility into operations, patients, resources, and analytics
  - Establish digital processes for a Hospital Group Command Centre that uses real time data analytics to optimise patient flow across sites, to support intelligent operations and to generate process efficiencies

- Implement processes to support patients in being active participants in their own healthcare planning
  - Incorporate advancements in intelligent scheduling, patient documentation and shared decision-making support as part of this initiative

- Establish an asset management system to optimise utilisation of clinical and non-clinical assets across UL Hospitals Group

- Implement a Cloud-First policy through the use of Platform or Software as a Service (PaaS/SaaS) aligned with EHealth Ireland Strategy
  - Prioritise secure cloud technologies and mobility solutions to enhance the operational flexibility and efficiency of clinical staff as they move throughout sites in UL Hospitals Group and provide integrated care in the community

- Implement Clinical Care & Collaboration (CC&C) platforms to assist in optimising care quality, care transitions, clinical workflows, patient experience, patient safety, patient throughput and response times

- Adopt a coordinated and multi-agency approach to the planning and adoption of telemedicine and virtual care for long term conditions
C. Research, Education and Innovation
Priority 3: Research, Education and Innovation

C.1 Co-lead the strategic development of the UL Academic Health Science Centre (AHSC) with the University of Limerick

- Construct a three year AHSC Strategic Plan around the following sub-divisions:
  - UL health research structures (e.g. the Health Research Institute and/or future variations of this) with consideration to the expected expansion and in supporting the UL AHSC
  - Healthcare Incubator & Innovation Centre
  - Centre for Integrated Care & Age-Related Disease
  - Centre for Robotic Assisted Surgery

- Develop a design framework and delivery model for the UL AHSC based on the above strategy and to include:
  - The integration of research, education and patient care
  - Multidisciplinary involvement and ongoing participation from a clinical perspective to involve: medical, nursing, health and social care professionals, and other clinical support functions
  - The integration of clinical, research, education and administrative / managerial communities
  - The UL AHSC approach to align with and enable partner (UL, ULHG, others tbc) objectives to be implemented
  - The UL AHSC contribution to growth and development of (1) partner organisations, (2) the local economy, and (3) the Irish healthcare landscape
  - Options regarding the optimisation of existing / available academic infrastructure (e.g. the CERC Building)
  - A Technology Transfer Office within the UL AHSC to continuously identify, pursue and oversee opportunities for the commercialisation of academic or innovation pursuits

- Develop the Target Operating Model for the UL AHSC with AHSC partners
  - This will provide a detailed representation of how the UL AHSC will be organised, structured and resourced
  - The model will outline requirements from a people, process and technology perspective to progress agreed objectives
  - The Operating Model should incorporate consideration of future Clinical Academic Directorates (CADs) to support UL AHSC objectives

- Agree the short, medium and longer term objectives and areas of focus (e.g. work programmes) for the UL AHSC
  - This should involve the translation of the UL AHSC Strategy into time-based operational plans

- Identify the priorities underlying the UL AHSC research agenda
  - Develop a UL AHSC Research Strategy which engages all members of the multidisciplinary team and those in clinical support / leadership roles

- Consider options to progress our focus on data analytics and big data in collaboration with relevant existing UL research centres and departments

- Identify and prioritise key strategic partnerships to progress UL AHSC objectives

- Design and implement a UL AHSC communications approach to facilitate a shared and balanced role across all partner organisations
In collaboration with our primary academic partner, consider and appraise options regarding initial level of involvement in terms of the development and future functioning of the HLS Campus
- Agree overarching objectives regarding UL Hospitals Group and the UL AHSC in terms of the future campus

In collaboration with HLS partners, contribute to the development of the vision and strategy for the HLS Campus

Support the development of the vision for Limerick City HLS Campus through consideration of relevant international models

Optimise existing and future key strategic relationships with relevant ULHG partners and stakeholders to progress the development of the HLS Campus
C.3 Provide national leadership in integrated care and robotic assisted surgery across education, research and clinical practice

• Establish the Centre for Integrated Care & Age-Related Disease to promote and deliver the seamless provision of care and research across the acute hospital and community interface. The Centre will focus on supporting research and service delivery innovation in specific areas including: integrated care, chronic disease management, and ageing and age-related diseases.

• It is proposed that the Centre will focus initially on a limited number of conditions or diseases of particular relevance to the catchment area (taking into account the unique sociodemographic and socioeconomic profile of the region) and/or the clinical transformation programme being progressed by the Hospital Group. Areas of focus may include diabetes care / management, cardiovascular health, and potentially specific forms / types of cancer.

• A particular focus of the Centre will also be to progress research in the area of innovative funding models for application within an integrated care context.

• The research agenda of the Centre will align with and support the HRI focus on health services delivery research.

• The centre will incorporate two distinct pillars as follows:

  - **Research Division**
    • The Research Division will encompass a strong interdisciplinary focus with a primary emphasis on translational research. The Division will involve the establishment of specific research units, each managing a dedicated theme while contributing to the shared group-wide research agenda

  - **Clinical Care Division**
    • This will incorporate the manpower and infrastructural requirements to facilitate the delivery of clinical care as informed by the centre’s research ethos

• Design and introduce a governance and operational framework to support the day-to-day functioning of the centre
Priority 3: Research, Education and Innovation

C.3  Provide national leadership in integrated care and robotic assisted surgery across education, research and clinical practice

- **Service provision**: Design a service provision model to facilitate the consolidation and expansion of the ULHG Robotic Assisted Surgery Programme. This should include:
  - Service Delivery Model
  - Referral pathways and service model protocols and processes
  - Patient education approach
  - Resourcing and capital developments / requirements
  - Funding Model

- **Academia**: Design and establish the required structures and processes to support the following:
  - Education & Training Programme
  - Research Programme
  - UL AHSC Healthcare Incubation & Innovation Centre with a focus on optimising opportunities in areas such as analytics, Artificial Intelligence (AI) and Virtual Reality (VR) within a RAS context

- **Governance**: Develop a governance framework to include the following:
  - Target Operating Model
  - UL Hospitals Group (Corporate / Clinical governance)
  - National Programme (and associated partnerships)
  - International Partnerships
  - Intellectual property, licencing, technology transfer, and commercialisation
Figure 0.4 Academic Health Science Centre Delivery Model

[Diagram showing the delivery model of an academic health science centre, with various components such as Research Partners, Health Service Executive, Department of Health, and departments within UL Hospitals.]

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Figure 0.6 Robotic Assisted Surgery Programme
D. Collaboration and Alliances
D.1 Lead the design and establishment of a Public Services Working Together for the Midwest Programme to progress the development of a strategy for an integrated and structured approach to public service delivery and collaboration in the region

- Drive the above strategic planning process to ensure an overarching focus on improving the health and wellbeing of the local population whilst embracing and leveraging existing and pending initiatives including Limerick 2030, Ireland 2040 National Planning Framework, Limerick Regeneration Framework, Limerick Digital Strategy, Age Friendly Limerick, and other relevant social inclusion programmes

- In collaboration with the HSE, establish a forum of strategic partners to progress the development and application of a population health based approach for the Mid-West

- Support the implementation of Healthy Ireland through collaboration with public service partners to proactively inform and encourage the population of the mid-west to make positive lifestyle changes with an emphasis on tackling obesity and smoking

- Secure ongoing public and service user engagement to assist the development and evaluation of services that target the improved health and wellbeing of the local population. UL Hospitals Group will lead this process in collaboration with and/or consideration of:
  - UL Hospitals Group Patient and Publication Participation Strategy
  - UL Hospitals Group Patient Advocacy Liaison Service (PALS)
  - Our integrated care agenda with the Mid-West Community Healthcare and other partners
  - UL Hospitals Group Patient Council
  - Local authority / public service collaborations (e.g. “Team of Teams” communications initiative)
  - The National Patient Experience Survey (and further evolutions of this)

- Other relevant initiatives progressed by the National Patient Safety Office

Engagement using these forums ensures that UL Hospitals Group communicates with patients and the community on an ongoing, efficient, clear and open manner.

- Leverage the UL Hospitals Group Mentorship Programme (see People & Culture enabler) in collaboration with public service partners to progress our commitment to the creation of employment and workforce development opportunities for the wider community and for those from more rural or socially-disadvantaged backgrounds

Priority 4:
Collaboration and Alliances

- Other relevant initiatives progressed by the National Patient Safety Office

Engagement using these forums ensures that UL Hospitals Group communicates with patients and the community on an ongoing, efficient, clear and open manner.
Priority 4: Collaboration and Alliances

D.2 Progress strategic partnerships with service providers to enhance patient access to high quality service provision

• Conduct an options appraisal process to identify and prioritise potential clinical and non-clinical services for insourcing / outsourcing purposes
  - Supplement the above with the identification of associated potential partners
  - Enact UL Hospitals Group Partnership Framework (see D3 overleaf) to support the progression the partnership opportunities

• Design and implement the necessary processes and protocols with agreed partner service providers to ensure business continuity and the seamless transition of activities

• Elevate and consolidate the commitment of UL Hospitals Group to integrated care through the prioritisation of partnerships with service providers from the community care landscape

• Develop and / or formalise working partnerships and alliances with other Hospital Groups to support our drive to deliver clinical, clinical support and non-clinical services efficiently and to a consistently high quality standard
• Support the successful implementation of UL Hospitals Group Patient & Publication Participation Strategy through the introduction of time-based implementation schedules and the allocation of implementation responsibilities

• Develop a UL Hospitals Group Framework to facilitate the identification, appraisal, pursuit and formalisation of partnership opportunities (aligned to the strategic intent of the Hospital Group)

• Establish preferred-partner and/or other forms of strategic partnerships with organisations in key relevant strategic areas such as: pharmaceutical, medtech and eHealth / technology sectors

• Establish a Healthcare Incubator & Innovation Centre as a joint venture between UL Hospitals Group and private sector partners. This centre will have the objective of supporting UL Hospitals Group commitment to translational research while also stimulating the growth of successful healthcare technology companies
  - This should build upon and align with existing platforms progressed by UL Hospitals Group (e.g. Robotic Assisted Surgery Programme), our academic partners (e.g. the UL Nexus Innovation Centre) and the Health Service Executive (e.g. Health Innovation Hub Ireland)
  - The Centre will optimise the capability, capacity and level of innovation demonstrated by UL Hospitals Group from a service delivery perspective
  - As a component part of the UL AHSC it will be closely aligned with other AHSC pillars including the Centre for Integrated Care & Age-Related Disease and the Centre for Robotic Assisted Surgery

• Develop and extend further the relationship with a hospital(s) and/or health system(s) in a developing country to support our commitment to research, training, innovation and service delivery
  - Design a health services delivery research programme with partner organisations based on the above
4.3 Strategic Priority Interdependencies and Connections
UL Hospitals Group recognises that the aforementioned objectives are to be pursued in the context of evolving national policy and an array of competing demands for resources, infrastructure and investment. In addition, opportunities outside the scope of this strategy will present during the period 2018 – 2022. The Group must be suitably nimble and agile to take advantage of such opportunities where these align with the overall strategic intent of the organisation.

A subset of the interdependencies and connections which exist between the aforementioned objectives is depicted on the diagram overleaf. The diagram aims to illustrate the relationship between our four strategic priorities, the objectives associated with each priority, and the connections that exist between the various layers of this strategic plan. As a by-product, it also serves as a clear reminder of the complex landscape that UL Hospitals Group operates within where both opportunities and challenges present on an ongoing basis.

As such, progression with certain listed strategic objectives will pave the way for others to follow, and/or support the successful implementation of another related objective on a concurrent basis. Relatedly, an awareness of such interrelationships can highlight those initiatives which are particularly effective in generating value, achieving efficiencies and optimising our implementation efforts.

In any case, the importance of team-working, multi-disciplinary teams and cross-industry collaboration is reinforced for UL Hospitals Group in realising and succeeding with this 2018 - 2022 strategic plan.
4.4 Key Enablers

E. People and Culture
F. Operational Excellence
G. Financial Sustainability
E. People and Culture
UL Hospitals Group will enable the group-wide realisation the HSE Values in Action programme – centred on care, compassion, trust and learning – across each its hospitals and all levels of staff. The Hospital Group is committed to ensuring that all hospital sites are equipped to engage, develop and value our workforce on an ongoing basis. Our ability to deliver the best possible care and services to the people of the mid-west is dependent on this. UL Hospitals Group commitment to these conventions is embodied in the organisation’s tagline, “working together, caring for you”.

Our approach to People & Culture will be considered in the context of the HSE People Strategy and the existing, plus future iterations of the, HSE Corporate Plan, ‘Building a High Quality Health Service for a Healthier Ireland’. ULHG will also launch a People Strategy for the Group in 2018.

Our values will be realised through UL Hospitals Group commitment to the following:

• Provision of care which is high-quality, evidence-based and outcome-driven
• Establishment of processes to source, capture and respond to the views, opinions and feedback of staff and patients
• Investment in research, learning and the innovation agenda of the Hospital Group in collaboration with UL and other partners
• Implementation of a comprehensive communications strategy to ensure that staff, patients / service users and other relevant external stakeholders are kept informed of Hospital Group developments
• Adherence to a strong system of governance, accountability and quality assurance
• Become of employer of choice within a Hospital Group and geographic context

Overarching Priorities:

1. Demonstrate excellence and innovation regarding the successful recruitment and retention of UL Hospital Group staff
2. Provide the platform for staff to flourish in their chosen field
3. Create the leaders of tomorrow across relevant clinical and clinical support fields
4. Drive change from the front line through empowering staff to adapt, lead and innovate
5. Foster effective and group-wide staff engagement and communication
6. Live our values and exhibit pride in UL Hospitals Group. Our culture and values will be reflected at every point and through all forms of interaction between staff and service users / patients
7. Consistently deliver service excellence from the HR function through our people, processes and technology
8. Align with and support the implementation of the HSE People Strategy and other associated national policies and initiatives
### Enabling Factor 1: People and Culture

**Key Actions & Initiatives:**

As an enabler to this 2018 – 2022 ULHG Strategic Plan, the following will be led and/or progressed by the HR Function to support the achievement of our strategic priorities:

<table>
<thead>
<tr>
<th>Clinical Transformation</th>
<th>Digital Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lead a proactive and integrated approach to workforce planning and development in response to our clinical transformation ambitions</td>
<td>• Equip our workforce with the skills and competencies to embrace the shift to digital across the Group</td>
</tr>
<tr>
<td>• Adopt new workforce models to facilitate fluidity of staff movement, shared resourcing, and the introduction of reconfigured roles to support our commitment to integrated care</td>
<td>• Lead the process to embed digital ways of working across the Group</td>
</tr>
<tr>
<td>• Oversee a programme to consolidate and embed further our directorate structures</td>
<td>• Support the coordinated expansion of the Information, Planning &amp; Performance Division in response to our Digital Health agenda</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education, Research &amp; Innovation</th>
<th>Collaboration &amp; Alliances</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Support the organisation to successfully shift the organisational culture to one that prioritises and encourages innovation</td>
<td>• Support the Hospital Group to promote a culture of openness and intent regarding collaboration with external partners</td>
</tr>
<tr>
<td>• Oversee the design and implementation of a group-wide Programme focussed on empowering staff to innovate</td>
<td>• Direct the Hospital Group in terms of the pursuit and optimisation of forms of collaboration and alliances</td>
</tr>
<tr>
<td>• Support the transitioning of our identity from a service delivery organisation to one with a tripartite mandate involving (1) service delivery, (2) research and (3) education</td>
<td>• Lead the design and introduction of a ULHG Mentorship Programme with specific target audiences prioritised</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operational Excellence</th>
<th>Financial Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Equip our workforce with the skills and competencies to apply methodologies and techniques associated with operational excellence in a hospital environment</td>
<td>• Support the Finance function from a workforce planning and development perspective to attain and incorporate the required expertise / capacity to meet the requirements presented by this strategy</td>
</tr>
<tr>
<td>• Support ULHG to consistently embed a dual focus of (1) patient centredness and (2) operational efficiency in the group-wide drive for operational excellence</td>
<td>• Facilitate the evolution of the finance function to engage more productively with the clinical community</td>
</tr>
</tbody>
</table>
F. Operational Excellence
UL Hospital Group will continue to prioritise our focus on operational excellence traversing clinical, clinical support and non-clinical services. Our drive for operational excellence is three-fold: (1) improve the quality of service delivered, (2) prioritise the provision of patient (and customer) centred services, and (3) improve the efficiency of operational efforts.

UL Hospital Group has built up significant internal capability from initiatives such as the Leading Enhanced Access & Flow (LEAF) Programme and will leverage and build upon this expertise on a group-wide basis over the lifetime of this strategic plan. The Hospital Group considers our focus on operational excellence as an essential ingredient to the creation of a continuous improvement culture within and across UL Hospital Group.

Key Actions and Initiatives:

- Design and implement a group-wide operational improvement programme based on the pilot LEAF Programme
  - This should initially include all six sites and incorporate improvement modules across clinical, clinical support and non-clinical services. Further extensions of the Programme to support integrated care objectives should be considered in due course
  - The Programme will be data-driven and evidence-based
  - It must be accompanied by an appropriately tailored change management programme
  - An overarching objective of the programme must be to improve patient and staff experience whilst in parallel achieving improved patient outcomes
  - It is envisaged that the operational improvement programme will necessitate the design and implementation of new service delivery models

- Collaborate with the HR Directorate to assess the workforce and expertise / skill-mix required internally to support the above

- Design and implement a programme to assist UL Hospital Group to build a culture of continuous improvement and an agile mindset across the Group
  - The programme should also uphold UL Hospitals Group’s commitment to provide care of the highest possible standards in terms of hygiene, safety and overall quality
F.1 UL Hospital Group will ensure that its current and future resources, processes, systems, technology and infrastructure are managed in an appropriate, purposeful and optimal way

- Consider the UL Hospital Group organisational structure and revise as necessary in order to ensure the prioritisation, resourcing, and successful implementation of continuous operational improvement commitments

- Conduct a group-wide review of existing systems to support corporate and administrative functions (e.g. HR, Finance, Administration)
  - All systems will be enabled and supported by equally fit-for-purpose (and suitably standardised) management protocols, processes and procedures

- Agree a group-wide blueprint for the upgrading of existing / legacy systems

- Introduce an e-rostering system and approach for selected clinical and clinical support staff

- Develop and implement a UL Hospital Group Command Centre to drive operational excellence in clinical and non-clinical settings
  - The Command Centre will be enabled and supported by existing and future revised digital processes / systems as outlined within the Digital Health strategic priority
  - The centre will also be integrated with equivalent infrastructure in other partner organisations and Hospital Groups
G. Financial Sustainability
Key Actions and Initiatives:

- Develop a Financial Sustainability Plan to achieve and maintain a balanced Income & Expenditure Account on a group-wide basis during the course of this strategic planning cycle
  - Determine and apply the required financial controls to maintain adherence to the above
- Introduce and oversee a rolling Cost Improvement Programme to respond to forecasted gaps stemming from the I&E account
  - Areas of focus and associated targets will be approved by the Board and cascaded through the UL Hospital Group Directorate structure
- Leverage the Hospital Group commitment to the National Activity Based Funding (ABF) Programme to advance the introduction of a group-wide approach to Service Line Reporting and Analysis
  - Utilise the Programme to offer a proactive decision-support service embedded in a patient level costing approach undertaken in collaboration with UL Hospital Group clinicians
  - Utilise the Programme to advance the capability of the Group in terms of overall asset and resource optimisation
  - Integrate the management of ABF into UL Hospital Group performance management processes
- Introduce and resource a group-wide component of the Finance function to support and oversee the development / appraisal of investment proposals against strategic framework and financial requirements
- Progress the development of pricing and reimbursement frameworks to support the commitment of the Hospital Group to the following clinical transformation components:
  - Transformation of the role of Model 2 / Specialist Hospitals
  - Integrated care
  - Ambulatory care with a particular emphasis on continuing the transition from inpatient to day-care activity
- Introduce and oversee a staged sequence to the development / procurement of finance systems to support the progression of the Hospital Group towards ‘Digital Hospital’ status
- In collaboration with service partners, implement a financial planning and management function to support integrated care commitments and facilitate a structured approach to joint budgeting and resourcing
- Continue to support the HSE Finance Reform Programme in terms of people, processes and technology
- Support the Hospital Group to identify, appraise and progress new streams of income traversing our tripartite focus incorporating service delivery, training / education, and research / innovation
- Apply a consistent and suitably comprehensive Value for Money (VfM) lens to all strategic and key operational investments throughout the lifecycle of this Strategic Plan
- Review and appraise the potential use of innovative and alternative financing models to support the group-wide Capital Development Plan
- Optimise the application of the HSE Performance Accountability Framework to support finance function objectives and internal accountability processes.

G.1 UL Hospital Group will utilise its resources in a financially viable and sustainable manner when delivering on its organisational commitments
4.5 Governance
Key Actions and Initiatives:

- Furnish the Board and Executive Team with the appropriate tools and processes to assist members to drive comprehensive, sustainable and patient-centred healthcare decision-making

- Following the principle of earned autonomy, UL Hospital Group will develop and extend the role of the Hospital Group Board through alignment with national policy direction regarding the governance of Hospital Groups in Ireland

- UL Hospital Group will provide the platform, and all necessary supports, for the effective utilisation and optimisation of a Hospital Group Board

- In line with the integrated care objectives of the Hospital Group, UL Hospital Group will secure representation (advisory role capacity) on the Mid-West Community Healthcare governance structures and will reciprocate such with this organisation

- UL Hospital Group will prepare for the successful implementation of a future national healthcare licensing system

- In line with the future extended focus of UL Hospital Group on external partnerships and alliances, the Hospital Group will ensure all such developments are established and operated using suitably formalised agreements and contractual relationships (as appropriate)

- Maintain and expand (as necessary) safeguards to ensure that all personal data is processed in accordance with the Health Identifiers Act, the Data Protection Acts, the GDPR (when effective) and all other statutory and legal obligations

- Review and enhance (as necessary) the mechanisms in place to support the effective operation of the UL Hospital Group Directorate structure (with particular emphasis on supporting the translation of this strategic plan to the operational planning cycle of the individual Directorates)

- Consider the appropriateness of the existing organisational structure and resources dedicated to the successful implementation of the 2018 – 2022 Strategic Plan
  - This should involve specific consideration regarding the role and responsibilities associated with the ULHGF Programme Management Office (PMO)

- Maintain and expand the existing group-wide Quality and Safety Management System
  - This must be underpinned by standardised key quality and patient safety processes and should incorporate the use of a group-wide Quality Management Information System

- In partnership with our primary academic partner, agree and implement a governance structure to deliver on the strategic intent of the UL AHSC
  - Agree the key short / medium / long term objectives of the CAO role in collaboration with our primary academic partner
5. Implementation
A platform to succeed

This document is accompanied by a comprehensive implementation plan. The plan details the precise actions required to progress all four strategic priorities. All actions are assigned to a particular individual or team for progression within a proposed start and finish timeframe. The implementation plan also identifies co-dependencies across the entire strategic framework that underpins this 2018 – 2022 corporate strategy.

Overleaf is a high-level depiction of the implementation roadmap. This selects many of the core commitments associated with this strategy and highlights the sequencing and phasing of such over the five-year implementation period.

The Group CEO has ultimate responsibility for the implementation of the strategy. Day-to-day implementation and oversight responsibility rests with the Head of Strategy. The Head of Strategy will be supported by work-stream leads and project sponsors to ensure that commitments are delivered on time and according to agreed resources.

UL Hospitals Group Programme Management Office (PMO) has dedicated capacity to support implementation objectives and will work closely on an on-going basis with the aforementioned work-stream leads, project sponsors and the Head of Strategy. Although case-by-case judgement will be exercised, it is agreed that those leading projects would ideally possess a pre-requisite project management qualification / background.

Additionally, UL Hospitals Group will apply an Accountability Framework to ensure that the principles underpinning collective responsibility are applied to successfully implement this strategy. Successful implementation will be dependent on all stakeholders collaborating effectively and delivering according to agreed timeframes and resources allocated.

The PMO

The role of the PMO will involve:

- Facilitating the completion of project plans to accompany all work-streams
- Introducing PMO methods and tools
- Providing project management training re methods / tools to key relevant staff
- Ensuring that resource management and appropriate governance structures are in place for each project
- Designing and applying resources to facilitate reusability and traceability requirements

Review and Refresh

Implementation progress will be reported on an ongoing and consistent basis to the Executive Team and the Board. Section 5.2 provides a scorecard detailing the target outcomes and measures to support recurring progress reviews.

In addition, an annual deep dive review will be conducted by UL Hospitals Group. This will review implementation progress and apply a focused lens on successes and slippages. The objective of this deep dive will be to ensure that implementation plans remain challenging but feasible throughout the five-year period 2018 – 2022.
5.1 High-level Implementation Roadmap
High-level Implementation Roadmap
5.2 Monitoring the Implementation Process
<table>
<thead>
<tr>
<th>Strategic Priorities (And associated objectives)</th>
<th>Outcomes</th>
<th>2.5 Year Targets</th>
<th>5 Year Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Clinical Transformation</strong></td>
<td>We consistently treat and care for people in an accessible and safe environment whilst protecting them from avoidable harm. Integrated care enables us to put the patient at the centre of everything we do. Service users have a positive experience of care.</td>
<td>- 90% of Emergency Department attendees are discharged/admitted within 6 hours of registration,</td>
<td>- 100% of Emergency Department attendees are discharged/admitted within 6 hours of registration,</td>
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<tr>
<td></td>
<td></td>
<td>- 80% of routine outpatient appointments received within 6 months and urgent cases seen within 2 weeks.</td>
<td>- 100% of routine outpatient appointments received within 6 months and urgent cases seen within 2 weeks.</td>
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<td></td>
<td></td>
<td>- Year on year improvements recorded through the National Patient Experience Survey.</td>
<td>- Year on year improvements recorded through the National Patient Experience Survey.</td>
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<tr>
<td></td>
<td>• Enable the right care in a predictable and responsive manner.</td>
<td>- Integrated Patient Information Management System (iPIMS) used by service providers in a select number of community services</td>
<td>- Implementation of Medical Laboratory Information System (MedLIS)</td>
</tr>
<tr>
<td></td>
<td>• Ensure we optimise the use of resources.</td>
<td>- Digital Maturity Assessment: 10% Improvement on baselines.</td>
<td>- Multiple patient care systems in place spanning both hospital and community settings.</td>
</tr>
<tr>
<td></td>
<td>• Enable a learning culture and support our research.</td>
<td>- Data Architecture and Self Service Reporting in place.</td>
<td>- Digital Maturity Assessment: 20% Improvement on baselines.</td>
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<td></td>
<td></td>
<td>- Real-time Healthcare System enabled by accurate and timely data entry.</td>
<td>- Public bodies and partners engaged in population health data analytics.</td>
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<td></td>
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<td></td>
<td>- Innovative technologies provide real-time data to the data warehouse improving efficiencies and flow.</td>
</tr>
<tr>
<td><strong>3. Research, Education &amp; Innovation</strong></td>
<td>We attract and retain the best and brightest. We are successfully translating our research into medical practice and meaningful health outcomes.</td>
<td>- Formalisation of shared governance structures with UL to initiate the establishment of the AHSC sub-divisions.</td>
<td>- All proposed AHSC structures established and functioning.</td>
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<td></td>
<td>- 25% baseline increase in the level of funding and revenue achieved from research activities.</td>
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<td>- Establishment of technology transfer approach and associated structures.</td>
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<tr>
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<td></td>
<td>- 50% baseline increase in the level of funding and revenue achieved from research activities.</td>
</tr>
<tr>
<td><strong>4. Collaboration &amp; Alliances</strong></td>
<td>Public services are working together to achieve a healthier Mid-West. A broad range and depth of strategic partnerships are supporting us to achieve our strategic goals.</td>
<td>- Mid-West joint planning structures / campaigns established and operational. Clinical Transformation objectives are being progressed in collaboration with strategic partners.</td>
<td>- Public Services Working Together Initiative is operational across the Mid-West.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Year on year increases in the number of industry collaborations/partnerships.</td>
<td>- All four strategic priorities are supported and enhanced through strategic collaborations and/or alliances.</td>
</tr>
</tbody>
</table>
6. Appendices
Appendix 1
Strategic Planning Approach
Appendix 1: Strategic Planning Approach

UL Hospitals Group strategic planning process involved consultation with a range of individuals in order to generate and reflect a multifaceted set of perspectives in progressing the future vision of the Hospital Group. The names of the staff members and external stakeholders that were consulted with are specified later in this Appendix.

UL Hospitals Group Strategic Plan was developed over the course of five stages. These stages involved a series of working sessions with the Strategy Team in order to identify and prioritise the Strategic Priorities which would direct the organisation’s activities from 2018 to 2022 and beyond. The Corporate Strategy Team engaged in research, collaboration and deliberation so as to refine the initiatives and actions which would enable the realisation of these priorities. Thereafter, the process was focussed on completing high-level planning around the capabilities, systems, models and implementation steps needed to realise the strategy.

Throughout the strategy development, the team engaged in the ongoing review, refinement and sign-off of the various project outputs. Weekly status meetings were conducted to support the resolution of any arising queries or challenges. A Project Steering Committee was established to support, oversee and direct the completion of the Strategic Plan as it passed through its multiple iterations. Committee meetings enabled components of the Strategic Plan to be approved and provided a platform for liaison with UL Hospitals Group Board of Directors.

The five stages of the UL Hospitals Group strategic planning process
The Corporate Strategy Team was led by Ms Suzanne Dunne, Head of Strategy at UL Hospitals Group. The full membership of this team is detailed in the following table.

Please note that Ms Mairead Cowan deputised on behalf of Ms Margaret Gleeson for a limited number of strategy development meetings. In addition, Dr Gerry Burke deputised for Prof Paul Burke as necessary.

Mr John Killowry, Chairperson of the Patient Council, also attended sessions to support the team in maintaining a patient-centred focus throughout the strategic planning process. The members of UL Hospitals Group Steering Committee for the Strategic Plan are tabled below.

Contributions from members of the above teams were of paramount importance to the development of UL Hospitals Group Strategic Plan 2018-2022.
The following list indicates those individuals who were consulted with between July to October 2017 in relation to the UL Hospitals Group strategy.

**Internal Stakeholders:**

<table>
<thead>
<tr>
<th>TITLE</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breda Duggan</td>
<td>PMO</td>
</tr>
<tr>
<td>Brian McKeon</td>
<td>Group Director of Informatics, Planning &amp; Performance</td>
</tr>
<tr>
<td>Calvin Coffey</td>
<td>Professor of Surgery, UL Graduate Entry Medical School University of Limerick Colorectal Surgeon Clinical lead for the Robotic Surgery Programme, UHL</td>
</tr>
<tr>
<td>Colette Cowan</td>
<td>Chief Executive Officer (CEO)</td>
</tr>
<tr>
<td>Colin Pierce</td>
<td>Consultant Colorectal / General Surgeon</td>
</tr>
<tr>
<td>Declan Lyons</td>
<td>Consultant in Geriatric Medicine Clinical Director, Medicine</td>
</tr>
<tr>
<td>Deirdre Mullins</td>
<td>PMO Portfolio Lead</td>
</tr>
<tr>
<td>Denis O’Keeffe</td>
<td>Consultant Haematologist Clinical Director, Diagnostics</td>
</tr>
<tr>
<td>Elaine Connolly</td>
<td>Communications Manager</td>
</tr>
<tr>
<td>Gerry Burke</td>
<td>Consultant Obstetrician and Gynaecologist Clinical Director, Maternal &amp; Child Health Directorate</td>
</tr>
<tr>
<td>Graham Knowles</td>
<td>Hospital Group Board Member</td>
</tr>
<tr>
<td>John Cowhey</td>
<td>Group Head of Compliance &amp; Audit</td>
</tr>
<tr>
<td>Josephine Hynes</td>
<td>Director of Human Resources</td>
</tr>
<tr>
<td>Margaret Gleeson</td>
<td>Chief Director of Nursing and Midwifery</td>
</tr>
<tr>
<td>Margaret Quigley</td>
<td>Director of Midwifery</td>
</tr>
<tr>
<td>Michael Mahony</td>
<td>Consultant Paediatrician</td>
</tr>
<tr>
<td>Niamh O’Grady</td>
<td>General Manager, Operational Services Directorate</td>
</tr>
<tr>
<td>Noreen Spillane</td>
<td>Chief Operating Officer (COO)</td>
</tr>
<tr>
<td>Paul Burke</td>
<td>Consultant General and Vascular Surgeon Chief Clinical Director (CCD)</td>
</tr>
<tr>
<td>Raj Gupta</td>
<td>Consultant Medical Oncologist</td>
</tr>
<tr>
<td>Siobhan Gallagher</td>
<td>Consultant Paediatrician</td>
</tr>
<tr>
<td>Subhasis Giri</td>
<td>Head of Urology Department Consultant Urologist</td>
</tr>
<tr>
<td>Suzanne Dunne</td>
<td>Head of Strategy</td>
</tr>
</tbody>
</table>

Please note that participants for consultation were selected on the basis of the corporate strategy focus and on account of specific information requirements associated with the identified strategic priorities.
## Appendix 1: Strategic Planning Approach

### External Stakeholders:

<table>
<thead>
<tr>
<th>TITLE</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin Stack</td>
<td>Foundation Chair of Medicine, UL Graduate Entry Medical School and Director of the Health Research Institute, University of Limerick Consultant Nephrologist at UHL</td>
</tr>
<tr>
<td>Bernard Gloster</td>
<td>Area Manager, Mid-West Community Healthcare, HSE</td>
</tr>
<tr>
<td>Des Leddin</td>
<td>Adjunct Clinical Professor, UL Graduate Entry Medical School, UL</td>
</tr>
<tr>
<td>Desmond Fitzgerald</td>
<td>President, University of Limerick</td>
</tr>
<tr>
<td>Eileen Humphrey</td>
<td>Social Directorate, Limerick City &amp; County Council</td>
</tr>
<tr>
<td>Joe Ryan</td>
<td>Acting Head, Strategic Reform Group, HSE</td>
</tr>
<tr>
<td>John Killowry</td>
<td>Chairperson, Patient Council</td>
</tr>
<tr>
<td>Liam Woods</td>
<td>National Director, Acute Services, HSE</td>
</tr>
<tr>
<td>Maria Woods</td>
<td>Senior Planner, Limerick City &amp; County Council</td>
</tr>
<tr>
<td>Vincent Murray</td>
<td>Senior Engineer, Limerick City &amp; County Council</td>
</tr>
</tbody>
</table>

Please note that participants for consultation were selected on the basis of the corporate strategy focus and on account of specific information requirements associated with the identified strategic priorities.
Appendix 2  
Glossary
### Glossary

<table>
<thead>
<tr>
<th>TERM</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABF</td>
<td>Activity Based Funding</td>
</tr>
<tr>
<td>AMU</td>
<td>Acute Medical Unit</td>
</tr>
<tr>
<td>AHSC</td>
<td>Academic Health Science Centre</td>
</tr>
<tr>
<td>CAO</td>
<td>Chief Academic Officer</td>
</tr>
<tr>
<td>CCIO</td>
<td>Council of Clinical Information Officers, HSE</td>
</tr>
<tr>
<td>CERC</td>
<td>Clinical Education and Research Centre</td>
</tr>
<tr>
<td>CIT</td>
<td>Community Intervention Team</td>
</tr>
<tr>
<td>CSO</td>
<td>Central Statistics Office</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>Enterprise Architecture</td>
<td>Conceptual blueprint which defines the structure and operation of an organisation</td>
</tr>
<tr>
<td>ESD</td>
<td>Early Supported Discharge</td>
</tr>
<tr>
<td>GDPR</td>
<td>General Data Protection Regulation</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HG</td>
<td>Hospital Group</td>
</tr>
<tr>
<td>HIMSS</td>
<td>Healthcare Information and Management Systems Society</td>
</tr>
<tr>
<td>HLS Campus</td>
<td>Healthcare &amp; Life Sciences</td>
</tr>
<tr>
<td>HR</td>
<td>Human Resources</td>
</tr>
<tr>
<td>HRB</td>
<td>Health Research Board</td>
</tr>
<tr>
<td>HSE</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and Communications Technology</td>
</tr>
<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
</tr>
<tr>
<td>I&amp;E</td>
<td>Income &amp; Expenditure</td>
</tr>
<tr>
<td>IT</td>
<td>Information technology</td>
</tr>
<tr>
<td>IU (formerly LIU)</td>
<td>Injury Unit (formerly Local Injury Unit)</td>
</tr>
<tr>
<td>JCI</td>
<td>Joint Commission International</td>
</tr>
<tr>
<td>KBS</td>
<td>Kemmy Business School, University of Limerick</td>
</tr>
<tr>
<td>LEAF</td>
<td>Leading Enhanced Access &amp; Flow Programme</td>
</tr>
<tr>
<td>MAU</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service, UK</td>
</tr>
<tr>
<td>NSSBH</td>
<td>National Standards for Safer Better Healthcare, standards set by the Health Information and Quality Authority</td>
</tr>
<tr>
<td>OoCIO</td>
<td>Office of the Chief Information Officer</td>
</tr>
<tr>
<td>Operating Model</td>
<td>The operational design which enables the delivery of a strategy</td>
</tr>
<tr>
<td>PaaS</td>
<td>Platform as a Service</td>
</tr>
<tr>
<td>PMO</td>
<td>Project Management Office</td>
</tr>
<tr>
<td>PPC</td>
<td>Primary Percutaneous Coronary Intervention</td>
</tr>
<tr>
<td>R&amp;D</td>
<td>Research &amp; Development</td>
</tr>
<tr>
<td>RAS</td>
<td>Robotic Assisted surgery</td>
</tr>
<tr>
<td>SaaS</td>
<td>Software as a Service</td>
</tr>
<tr>
<td>SFI</td>
<td>Science Foundation Ireland</td>
</tr>
<tr>
<td>ShannonDoc</td>
<td>GP Out of Hours Service</td>
</tr>
<tr>
<td>Tele-health</td>
<td>The use of technology to support remote monitoring, patient education, public health and health administration processes.</td>
</tr>
<tr>
<td>UHL</td>
<td>University Hospital Limerick</td>
</tr>
<tr>
<td>UL GEMS</td>
<td>Graduate Entry Medical School, University of Limerick</td>
</tr>
<tr>
<td>UL Hospitals Group PALS</td>
<td>UL Hospitals Group Patient Advisory Liaison Service</td>
</tr>
<tr>
<td>ULHG</td>
<td>UL Hospitals Group</td>
</tr>
<tr>
<td>UMHL</td>
<td>University Maternity Hospital Limerick</td>
</tr>
<tr>
<td>UCC</td>
<td>Urgent Care Centre</td>
</tr>
<tr>
<td>VfM</td>
<td>Value for Money</td>
</tr>
<tr>
<td>VR</td>
<td>Virtual Reality</td>
</tr>
</tbody>
</table>

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Our Hospitals:

University Hospital Limerick
Dooradoyle
Limerick
V94 F858
t: 061 301111

University Maternity Hospital Limerick
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Croom Orthopaedic Hospital
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