

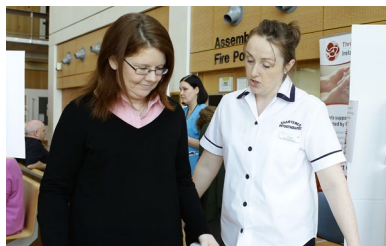


Grúpa Ospidéal Bhaile Átha Cliath Lár Tíre FSS  
Dublin Midlands Hospital Group HSE  
Páirtneoir Acadúil Coláiste na Tríonóide Baile Átha Cliath  
Academic Partner Trinity College Dublin

# DUBLIN MIDLANDS HOSPITAL GROUP

## STRATEGY 2018 - 2023

BUILDING A BETTER HEALTH SERVICE – OUR VISION FOR HOSPITALS



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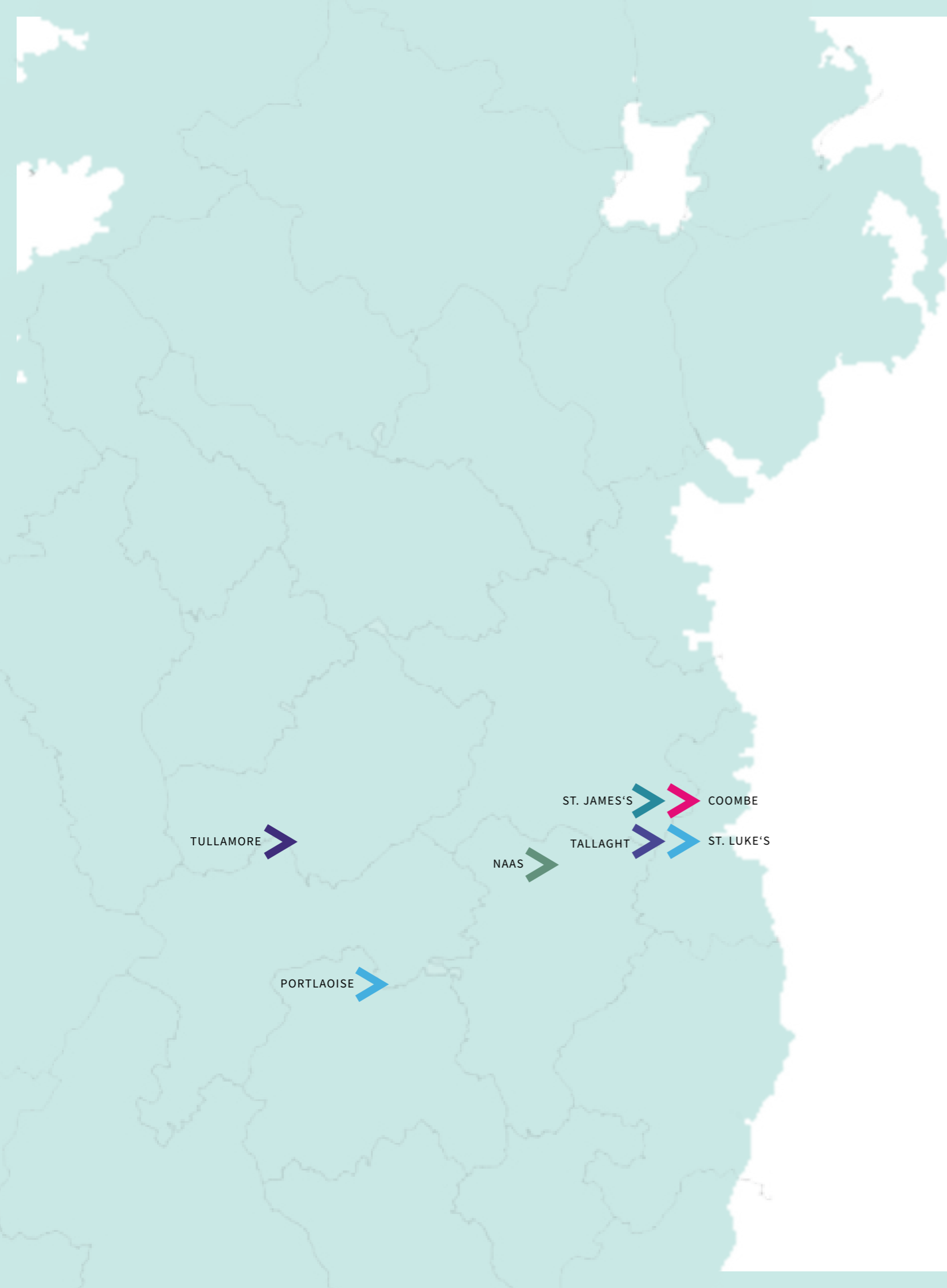
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**The Dublin Midlands Hospital Group:  
Coombe Women and Infants University Hospital;  
Midland Regional Hospital Portlaoise;  
Midland Regional Hospital Tullamore;  
Naas General Hospital;  
St. James's Hospital;  
St. Luke's Radiation Oncology Network;  
Tallaght Hospital.  
Academic Partner: Trinity College Dublin.**

# DUBLIN MIDLANDS HOSPITAL GROUP – AT A GLANCE

POPULATION: 800,000 people  
 WORKFORCE: 11,000 people  
 BUDGET: €1 billion



	Gross Budget Allocation	Staff (Headcount)
<b>Coombe Women and Infants University Hospital:</b>	€67.5m	924
<b>Midland Regional Hospital Portlaoise:</b>	€64.5m	781
<b>Midland Regional Hospital Tullamore:</b>	€107m	1170
<b>Naas General Hospital:</b>	€68m	840
<b>St. James's Hospital:</b>	€425.5m	4277
<b>St. Luke's Radiation Oncology Network:</b>	€46.2m	541
<b>Tallaght Hospital:</b>	€238.8m	2903

The Dublin Midlands Hospital Group has developed a mission, vision and set of values to guide the behaviour of all staff in every aspect of their working lives. They also support the HSE goal of creating a healthier Ireland with a high-quality health service valued by all.

## MISSION

The Dublin Midlands Hospital Group is committed to providing high quality, sustainable health care in the most appropriate healthcare setting.

## VISION

Delivering excellent clinical care through patient centred services and supporting innovation for the benefit of our patients and staff.

## VALUES

- Patient safety first.
- Build trust through openness and transparency.
- Communicate openly and honestly and in a timely and appropriate manner.
- Treat everyone with respect and compassion.
- Empower patients to participate in their care through education and communication.
- In association with Trinity College Dublin, commit to education, research and innovation as an integral component of patient care and staff development.
- Be responsible and accountable for the use of resources in the pursuit of effective delivery of healthcare.

# WELCOME TO THE FIRST STRATEGIC PLAN OF THE DUBLIN MIDLANDS HOSPITAL GROUP.

# STRATEGY 2018 - 2023

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# CEO FOREWORD



I am pleased to present the Dublin Midlands Hospital Group five-year Strategic Plan 2018 to 2023. The publication of this strategy represents a key milestone since the formation of the Group.

The strategy acknowledges the significant work already underway across the seven hospitals, in a very challenging environment, and provides a blueprint of how the Group will continue to deliver the highest quality acute hospital care services in the country and continue to drive change, support innovation, and improve access to services for all patients.

As CEO, I have been leading a substantial body of work to establish the Group governance and accountability frameworks which are now in place. These frameworks will provide the foundation on which we will build our strategic plan. I would like to acknowledge the significant contribution of our first Board Chair, Mr. Frank Dolphin, who was instrumental to this process providing expert guidance, support and a clear vision for the strategic plan.

The establishment of Hospital Groups was one of the most significant reforms of our hospital service for many years and recognised that most Hospital Groups include one or more voluntary hospitals with boards already in existence. Our Hospital Group includes three voluntary hospitals. During my tenure, I have had progressive relationships with the boards of St. James's Hospital, Tallaght Hospital and Coombe Women and Infants University Hospital and would like to acknowledge and thank them for their collaboration and cooperation.

We look forward to the new appointment of the Dublin Midlands Hospital Group Board Chair and Board as recently announced by the Minister for Health. While an important step, the longer-term goal of the transition of our Group to a trust model remains a core objective. We strongly support the trust model because of its capacity to devolve decision-making authority and financial accountability to a regional level, which is closer and more responsive to patient needs. In tandem with the ongoing transformation of health services, we will continue to work to develop services which are person oriented, safe, sustainable and capable of serving all people in the region.

The Dublin Midlands Hospital Group Executive Management Team engaged in a significant consultation process in order to inform the strategic plan. These engagements took place in the context of a national dialogue around the future design and provision of our health system. Contributions from relevant stakeholders, such as hospital management, primary care and core hospital functions representatives (Finance, ICT, HR, Communications) have all informed our thinking and will continue to be an integral part of how we shape and implement our strategy.

This strategic plan has one clear and simple objective – to determine how we can support, sustain and develop our hospitals to deliver high quality care for our patients.

Key considerations for the Group in the period ahead, include:

- Responding to ongoing challenges – demographic, financial, socio-economic and lifestyle;
- Improving access and supporting service delivery;
- Progression towards a trust model.

The key strategic aims identified in this strategy will ensure that:

- We focus on patient safety and improving quality of care;
- We develop and improve clinical pathways between the Group hospitals, which will enhance timely access for our patients to optimal care;
- We develop integrated care pathways with our community partners;
- We actively support innovation, research and education to enhance service delivery.

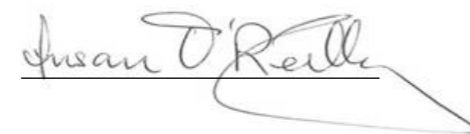
Notwithstanding, this strategy acknowledges the many challenges that currently exist for our hospitals and wider health service. We cannot underestimate the impact of the recent financial crisis on our public services and particularly the impact of the recruitment moratorium. Difficulties attracting and retaining staff continue to impact on how we deliver our services. We want to attract the best people to work in our hospitals and ensure that the services, environment and potential career development is at the forefront of our strategy.

A fundamental deliverable for the Dublin Midlands Hospital Group, as part of this strategy, is access to timely, high quality services in the most appropriate healthcare setting. Care delivered in hospitals is of a very high standard, timely access to both elective and emergency services continues to be a significant challenge due to resource and capacity problems in hospitals and in the community. Increased resources, recruitment and investment in services, must be supported by the HSE and the Department of Health. At Group level, we will continue to push for this expanded investment.

A key enabler to achieve our strategic priorities remains with our people and our patients. Our people, consisting of more than 11,000 staff, are our most valuable asset and we are committed to improving existing conditions and providing exciting opportunities for our workforce to continuously develop and harness their full potential for the delivery of best in class service.

Patient engagement is paramount. The voice of the patient must be listened to. We are committed to creating and fostering an environment where patients inform and shape how we develop and deliver hospital services into the future.

I believe the Strategic Plan 2018 to 2023 will guide us in achieving our aims to deliver safe, high quality acute hospital care and drive change, support innovation, and improve access to services for all patients. I am very pleased with the engagement and contribution that has been afforded to the Group Executive Management Team to develop this strategy. This is the beginning of a new chapter for the Hospital Group and secures the future provision and development of acute and integrated care for our patient population.



**Dr. Susan O'Reilly**  
**MB, BCh, BAO, FRCPC, FRCPI**  
**Chief Executive Officer**  
**Dublin Midlands Hospital Group**



# EXECUTIVE SUMMARY

The Dublin Midlands Hospital Group five-year strategy (2018-2023) provides a roadmap for hospitals for the next five years. The strategy aims to address the challenges being experienced by Group Hospitals including the increasing demand for services, changing care needs, pressure on existing infrastructure and the need to maintain a skilled and committed workforce.

The strategic priorities are informed by our population profile, projected demographic trends and the current capacity and activity across the hospitals. These key statistics will inform how we plan and develop services into the future.

Our strategy recognises the factors that are likely to influence the design and delivery of healthcare services over the next five years and identifies our challenges and opportunities.

The strategic priorities agreed by the Dublin Midlands Hospital Group Executive Management Team follow an extensive consultation with the Management Teams in our hospitals including clinical and nursing leads, HSE national functions, community partners, and Trinity College Dublin Faculty of Health Sciences. The strategy also recognises the need to transform the Dublin Midlands Hospital Group into a better integrated system. This will be carried out while still maintaining a focus on the priorities that will address the future needs of our patients.

## OUR STRATEGIC AIMS HAVE THREE MAJOR COMPLEMENTARY FOCUS AREAS:

1. **Improving access for patients** so they can be seen and treated in the right location by the most appropriate provider;
2. **Expanding services** to respond to growth in demand; and
3. **Working in partnership** to better integrate across hospital and community healthcare services with patient empowerment at the centre.

As a Hospital Group, if we wish to achieve our priorities, then reform of the Group's existing service delivery model is an essential prerequisite. The way, and in some cases the location, in which we deliver particular clinical services must be re-aligned within the Group.

Currently we do not utilise our resources in the most effective way, because our hospitals offer too broad a range of services at multiple locations. Spreading our constrained resources in this way is not in the best interest of patient safety, is not efficient or best practice.

Re-aligning how and where services are provided across our seven hospitals, such as high volume but low complexity services versus lower volume but higher complexity services, will ensure patient treatment is delivered in a more efficient, effective and collaborative way across the Group. The consequence of addressing this issue is that some high complexity services may move from regional hospitals, in particular, emergency care services. However, these hospitals will benefit from the addition of new facilities and a broader scope of services of lesser complexity. Developing the specialist capacity of regional hospitals within the Group such as in the areas of endoscopy, diabetes care, geriatrics or elective surgery will ensure that these hospitals remain vibrant and critical parts of their local healthcare network and improve access and reduce waiting lists across the Hospital Group.

Strategies for Surgical Services, Medicine Services, Women's and Children's Services, Medical Imaging Services, Critical Care Services, Cancer Care Services, Trauma Care are also broadly summarised in this document.

A range of important enablers will support delivery against the Group priorities and will be developed as the next steps to implement this strategy. These include:

- Quality and patient safety improvements;
- Information and communications technology and technological development;
- Workforce strategy to support the attraction and retention of the highest quality of staff across our hospitals;
- Group wide financial planning;
- Enhanced Group communications;
- Appropriate and sustained investment in capital and equipment infrastructure.

The Group Strategy 2018-2023 will be led by the Group Chief Executive, the Executive Management Team, the Group Hospitals' Management Teams and Trinity College Dublin.

## KEY AREAS OF FOCUS AND REFORM FOR THIS STRATEGY INCLUDE:

- Urgent and Emergency Care;
- Elective Care;
- Developing existing and new clinical networks;
- Developing integrated care pathways between Dublin Midlands Hospital Group Hospitals, Community and primary care partners;
- With Trinity College Dublin, supporting education, academic research and innovation;
- Enhancing cooperation and collaboration between Group hospitals.





# KEY STRATEGIC AIMS

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1. To deliver excellent standards of quality and patient safety.
2. To optimise service delivery ensuring patients are treated in the right place, at the right time by the right people.
3. To develop integrated care between Dublin Midlands Hospital Group and its Community and Primary Care partners.
4. To foster education, academic research and innovation.
5. To strengthen co-operation and collaboration between Dublin Midlands Hospital Group Hospitals.



# BACKGROUND

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# NATIONAL HEALTH POLICY

The Irish health service is currently undergoing a period of significant change and improvement as it moves towards a more integrated and patient-centred approach. This section outlines the national policy context in which the Dublin Midlands Hospital Group will operate over the next five years. Particular attention is given to those key policies and reform initiatives that are influencing and currently impacting on how we develop and deliver our services.

## The establishment of Hospital Groups as a transition to Independent Hospital Trusts 2013

This report outlines the reconfiguration of forty-eight acute hospital services and the establishment of seven geographically aligned Hospital Groups, each with its own transparent governance and management framework. Each Group is a single cohesive entity which combines varying models, size and speciality hospitals to maximise the range of services available and to provide an overall hospital system of balance. The report underpins the establishment and organisation of Hospital Groups as component parts of the Irish health system.

## Sláintecare Report 2017

In May 2017, the Oireachtas Committee on the Future of Healthcare published its Sláintecare report. The report proposes a design for the Irish health system over the course of the next ten years. The committee concluded that our healthcare system must be re-orientated to

ensure equitable access to a universal single tier system, and that the vast majority of care takes place in primary and social care settings. This implies a shift away from the hospital-centric model currently in place and a specific focus on the management of chronic disease, the provision of care closer to home, delivery of better value for money and improvements in health promotion and public health. Additional measures will be needed in addressing access to the hospital system, including waiting time guarantees, expanded hospital capacity and the phased elimination of private care in public hospitals.

## Towards 2026: A future direction for Irish healthcare

'Towards 2026' is a policy forum established in 2016 by the Royal College of Physicians of Ireland to provide an opportunity for open dialogue between various healthcare stakeholders on the future direction of hospital care in Ireland. The report presents a future

direction for hospital care and the role of the physician in Ireland based on a consultation process with more than one hundred stakeholders from across the spectrum of the Irish healthcare service including patients, carers, doctors, nurses and midwives, health and social care professionals, General Practitioners (GPs), and healthcare policymakers and managers. A 'hospital without walls' is envisaged where many services currently delivered in hospitals will be delivered in the community, with greater collaboration across hospital, primary care and community care settings.

## National Trauma Networks

In 2015, the Department of Health began a review of the future configuration of national and regional trauma services. The focus of the review is on the examination of trauma care pathways, the establishment of trauma networks, and the designation of major trauma centres based on a projected need for trauma services in Ireland in the coming years.

## The Emergency Department Taskforce Report 2015

The Emergency Department Taskforce report provides a plan that sets out a range of time defined actions to optimise existing hospital and community capacity through developing internal capability and process improvements, and a focus on leadership, governance, planning and oversight. The priority of the Taskforce report is to reduce emergency department overcrowding, more specifically to address delayed discharges and optimise access to existing capacity in hospitals and community and to improve patient flow. The Patient Flow Integrated Care Pathway (ICP) seeks to ensure that people can access the care they need in a timely manner. An essential component of Patient Care ICP is that there

are structures and processes in place to enable effective flow across hospital and community settings. This is a key component of providing safe and high-quality healthcare.

## The National Cancer Strategy 2017- 2026

The National Cancer Strategy 2017- 2026 aims to meet the needs of cancer patients in Ireland for the next decade. The number of cases of cancer is expected to increase over the period of the Cancer Strategy. This is mainly due to an increasing and an aging population - cancer is a disease where the risk increases with age. Rapid advances have been made in cancer diagnostics and treatments. The objective is to ensure that cancer services respond to both the challenges and the opportunities for future development so that care is of a uniformly high quality across the population. The new Cancer Strategy provides direction in developing and implementing policies for the control of cancer. The National Cancer Control Programme (NCCP) was established in 2007. Based on the earlier National Cancer Strategy from 2006, the NCCP has led and implemented radical improvements in cancer care in Ireland.

## Securing the Future of Smaller Hospitals: A Framework for Development. Department of Health 2013

Securing the Future of Smaller Hospitals – a Framework for Development is a policy document published in 2013. The policy recognises the future organisation of acute hospitals as a major policy issue for the Government that ensures hospitals provide care in the right way, at the right location, and in a manner that ensures a safe, high quality service for all. This Framework for Smaller Hospitals defines the role of the smaller hospitals according to the HSE Acute Medicine

Programme as part of the National Clinical Care Programmes. It outlines the need for smaller hospitals and larger hospitals to operate as a single Hospital Group. It defines the need for the smaller hospital to be supported within the Hospital Group in terms of education and training, continuous professional development, the sustainable recruitment of high quality clinical staff and the safe management of deteriorating and complex patients.

#### Creating a Future Together: National Maternity Strategy 2016-2026

‘Creating a Future Together’ reflects the commitment to developing a strategy to implement standard, consistent models for the delivery of a national maternity service that reflects best available evidence and to ensure that all pregnant women have appropriate and informed choices. A series of maternity care pathways are presented that will provide the most appropriate care to women based on an assessment of their needs. In the context of increasingly complex maternity care in Ireland, the strategy proposes an integrated care model that encompasses women and infant centred care, prioritising safety in line with patient safety principles, which delivers care at the lowest level of complexity, yet has the capacity and the ability to provide specialised and complex care, quickly, as required. Continuity of care and the normalisation of the birth process are central to the future of maternity services in Ireland.

#### Strategy for the Design of Integrated Outpatient Services 2016-2020 (HSE)

The Strategy for the Design of Integrated Outpatient Services addresses the diminished access to stand-alone diagnostics, advice, and alternative pathways of care and how this has contributed to an increasing number of patients

being referred to acute hospitals by their GP. The strategy outlines a roadmap for outpatient services whereby standardised referral pathways enable a greater level of care provision within the community setting. Changes to the acute setting and structural change in the formation of Hospital Groups and Community Healthcare Organisations constitute a fundamental reorganisation of the manner in which health services are to be delivered in Ireland in the future.

#### People Strategy 2015-2018 (HSE)

The HSE People Strategy sets out the ambition for people management across the health services. It is grounded in an ethos of valuing the collective capabilities, knowledge, skills, life experiences and motivation of the workforce. The strategy outlines the future role of workforce planning within the HSE and acknowledges the importance of people management in the continuous improvement of health outcomes for patients. It presents the People Strategy Framework that outlines strategic priorities with the ultimate goal of achieving Safer Better Healthcare. Implementation of the People Strategy is led, facilitated and supported by the HSE Human Resources Division.



# UNDERSTANDING OUR CONTEXT

## OPPORTUNITIES

- The government's commitment to health reform provides opportunities to design and deliver services to best meet the needs of our patient population.
- Drive quality, safety and efficiency improvements through clinical networks in partnership with our hospitals.
- Develop clinical networks and align current services.
- Ensure partnership among the community, our patients and clinicians are central to health service planning, design, delivery and evaluation.
- Health Service People Strategy in the Dublin Midlands Hospital Group
- Adopt advances in medicine and new technologies.
- Encourage and facilitate research which focuses on patient outcomes.
- Promote the Group as an employer of choice for highly skilled professionals into the future.
- Work with the National Clinical Care Programmes and the National Cancer Control Programme to develop models of care across the Group.
- Focus on quality improvement, training, staff engagement and career development.
- Develop the Integrated Care Programmes and integrated pathways with community partners for our patients.
- Maximise Group wide capacity to improve patient experience and deliver timely access to appropriate treatment.
- Fully implement the activity based funding model across the Group, particularly in respect of patient level costing.
- Develop longer term budgetary planning to support policy priorities which create certainty for investment decisions and development activities.

## CHALLENGES

- Delay in implementation of Hospital Group legislation.
- The appointment of the new Hospital Group Chairperson and Group Board has not as yet been finalised.
- The model of an administrative board structure rather than a clearly defined board accountability framework does not enable Group regional leadership and governance.
- Insufficient capacity (staff and facilities) to meet acute and elective demand at both hospital and community level.
- Need for appropriate resources to meet service need and areas of growth, e.g. average annual demographically driven cost pressure of approximately 1.8% from 2015 to 2022 reflecting the acceleration in population ageing.
- Need for an appropriate and justifiable increase in the health budget with subsequent allocation to the Dublin Midlands Hospital Group to meet current demand.
- Need for increased data analytics to support detailed health planning.
- Population demographics around life expectancy and chronic illness management will result in increased pressure on our hospitals.
- Ability to attract and recruit staff in the context of an international and national shortage of skilled healthcare workers.
- Rising cost of healthcare and our inability to rapidly adopt and fund new technologies and treatments.
- Adapting, embedding and aligning new funding models.

# ORGANISATIONAL OVERVIEW

Since 2013, a number of national reports have laid the foundation for a major reform of the Irish health service. These reports highlighted the need for redesign in the manner in which current services are provided. The reports focus on better integration between service providers and emphasise the need to move from services delivered across multiple acute hospitals to more appropriate service provision in hospitals, primary and community care. The reports include:

- Future Health: A Strategic Framework for Reform of the Health Service 2012–2015 (November 2012);
- Securing the Future of Smaller Hospitals: A Framework for Development (February 2013);
- The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts (May 2013, Higgins Report);
- Towards 2026 - A future direction for Irish healthcare. A vision for patients, hospitals and doctors (March 2017, Royal College of Physicians of Ireland);
- Report of the Oireachtas Committee on the Future of Healthcare (Sláintecare Report May 2017).

Following the Higgins Report, which was informed by both National and International expertise, seven groupings for acute hospital care in Ireland were formed. Each Hospital Group has an academic partner to support the delivery of evidenced best practice and ongoing education, research and innovation in healthcare.

The Dublin Midlands Hospital Group became operational in 2015 and includes seven hospital sites:

- Coombe Women and Infants University Hospital;
- Midland Regional Hospital Portlaoise;
- Midland Regional Hospital Tullamore;
- Naas General Hospital;
- St. James's Hospital;
- St. Lukes' Radiation Oncology Network.
- Tallaght Hospital;

Trinity College Dublin is the formal academic partner for the Dublin Midlands Hospital Group and has a significant role in developing and enhancing academic excellence in teaching, research and innovation to drive improved health for the population of the Dublin Midlands Hospital Group.

The Group Executive Management Team works in partnership with all hospitals and includes: The Chief Executive Officer, Chief Clinical Director, Chief Operating Officer, Chief Director of Nursing and Midwifery, Chief Financial Officer, and Chief Director of Human Resources. This new governance structure is a first step in the enhancement of high-quality, safe and efficient acute hospital services. The pending appointment of the new Chairperson to the Hospital Group Board and the enacting of new legislation will further enhance the overall governance of the Group. In addition, executive roles for a Group Information Officer and a Group Quality and Patient Safety Officer will be recruited over time.

The focus of the Dublin Midlands Hospital Group since its establishment has been on:

- Delivering and developing high-quality clinical services;
- Achieving consistently high standards of care;
- Provision of consistent access and appropriate level of care;
- Developing and fostering strong leadership;
- In association with Trinity College Dublin and with appropriate governance and funding, to develop a high level of integration between the healthcare agenda and the teaching, training, research and innovation agenda.

# HOSPITAL ACTIVITY

This section summarises key activity within the Dublin Midlands Hospital Group. Hospital activity, in conjunction with demographic changes, as covered in our patient population section, must be used as a basis to determine the future health service needs of our patients.

**“THE PATIENT JOURNEY IS  
CONVENIENT, EFFICIENT,  
CARING AND SAFE”**

Patient contribution, Towards 2026  
A future Direction for Healthcare

IN  
2016,



Our 11,000 staff



Delivered 735,915  
outpatient  
appointments



Treated 198,456 patients  
in our Emergency  
Departments



And delivered  
9,788 babies



With a budget  
of €1,020.2m

# PATIENT POPULATION

The Dublin Midlands Hospital Group population area covers communities from Dublin, Kildare, Laois, and Offaly. The resident population of this area is approximately 800,387 based on 2016 Census information as outlined in Figure 1.

## Population Trends

Demographic data on population sets the context for health and for the planning and delivery of health services. Provisional data from Census 2016 show an overall increase of nearly 4% in the total national population since the last Census in 2011.

Since 2007, the most significant demographic developments have been the rise in population by 7% to a figure of 4.7 million and the growing older population. The population aged 65 and over has increased by a third since 2007.

While numbers of births increased substantially from 2006 to 2009, since 2009 there has been a gradual decrease. This is due in part to a reduction in fertility rates but, more significantly, to the fact that the number of women in the child-bearing age groups have started to decline in recent years. This is a demographic feature which is likely to result in a steady reduction in the number of births over the coming decade.

Population projections produced by the Central Statistics Office indicate that the most dramatic change in the structure of the population in

the coming decades will be the increase in the number of older people. The old population (i.e. those aged 65 years and over) is projected to increase very significantly from its 2011 level of 532,000 to between 850,000 and 860,700 by 2026, and to close to 1.4 million by 2046. The very old population (i.e. those aged 80 years of age and over) is set to rise even more dramatically, increasing from 128,000 in 2011 to between 484,000 and 470,000 in 2046 depending on the scenario chosen (CSO).

Population ageing clearly has major implications for the planning and provision of health services. It is also a measure of success in improving health and extending life expectancy. Life expectancy in Ireland has increased and is above the EU average at 83 years for a woman and 79 years for a man. We are living longer through improvements in lifestyle and advances in medicine, technology and improved models of care (Healthcare in Ireland, Key Trends 2016).

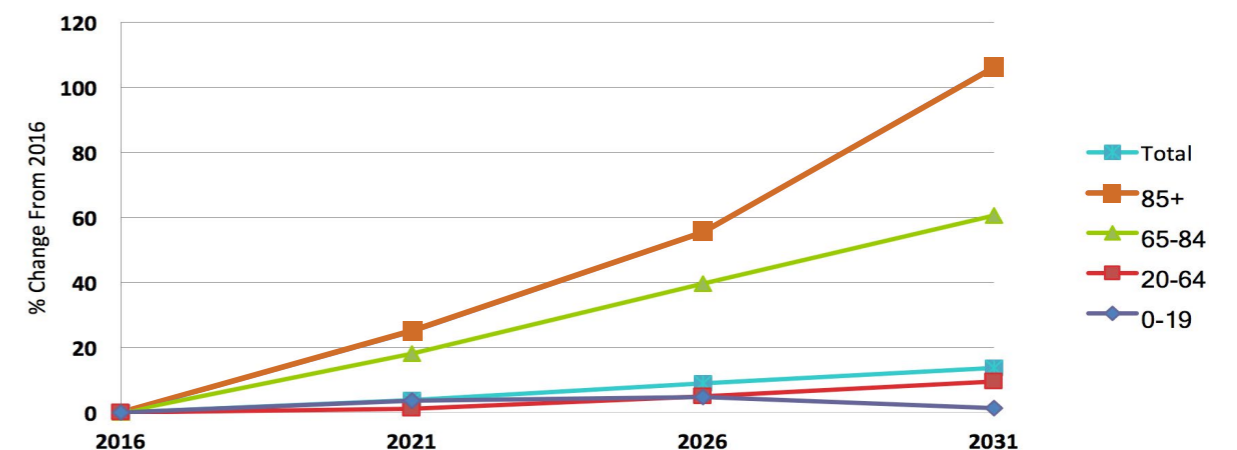
When considering population trends, it is necessary to acknowledge the increased number of older people who will be served by the health system and to ensure appropriate consideration is given to their health needs. To address this and to effectively meet the needs of an older demographic, the Dublin Midlands Hospital Group will need to consider future service design by working with community and primary care partners to support more integrated health planning.

Figure 1: Dublin Midlands Hospital Group population based on provisional Census 2016 data.

Age Group	Relative Proportions	Area		Area Change (since 2011)		Ireland		Ireland Change (since 2011)	
		#	%	#	%	#	%	#	%
Total		800,387	100.0	+35,069	+4.6	4,761,865	100.0	+173,613	+3.8
85+		9,292	1.2	+1,319	+16.5	67,555	1.4	+9,139	+15.6
80-84		11,243	1.4	+1,266	+12.7	81,037	1.7	+10,924	+15.6
75-79		16,021	2.0	+1,701	+11.9	115,467	2.4	+13,431	+13.2
70-74		23,195	2.9	+4,814	+26.2	162,272	3.4	+31,082	+23.7
65-69		32,374	4.0	+7,290	+29.1	211,236	4.4	+37,598	+21.7
60-64		37,422	4.7	+3,367	+9.9	238,856	5.0	+20,070	+9.2
55-59		42,626	5.3	+3,834	+9.9	270,102	5.7	+25,580	+10.5
50-54		47,415	5.9	+3,699	+8.5	299,935	6.3	+25,549	+9.3
45-49		53,274	6.7	+4,681	+9.6	326,110	6.8	+20,925	+6.9
40-44		61,213	7.6	+6,345	+11.6	357,460	7.5	+26,648	+8.1
35-39		70,495	8.8	+6,832	+10.7	389,421	8.2	+25,160	+6.9
30-34		68,663	8.6	-4,115	-5.7	361,975	7.6	-31,970	-8.1
25-29		56,663	7.1	-11,547	-16.9	297,435	6.2	-63,687	-17.6
20-24		47,075	5.9	-4,888	-9.4	273,636	5.7	-23,595	-7.9
15-19		49,495	6.2	+4,403	+9.8	302,816	6.4	+19,797	+7.0
10-14		53,951	6.7	+3,902	+7.8	319,476	6.7	+16,985	+5.6
5-9		61,614	7.7	+6,711	+12.2	355,561	7.5	+34,791	+10.8
0-4		58,248	7.3	-4,545	-7.2	331,515	7.0	-24,814	-7.0
<b>Deprivation level HP index</b>									
Extremely affluent		13,090	1.6			77,802	1.6		
Very affluent		51,251	6.4			310,816	6.5		
Affluent		132,251	16.4			819,257	17.2		
Marginally above average		132,830	16.6			1,277,631	26.8		
Marginally below average		205,523	25.7	n/a	n/a	1,203,652	25.3	n/a	n/a
Disadvantaged		198,823	24.8			712,588	15.0		
Very disadvantaged		127,099	15.9			278,059	5.8		
Extremely disadvantaged		54,770	6.8			82,091	1.7		
		17,001	2.1						

Source: Health Atlas, CSO Census 2016

Figure 2: Percentage change in Dublin Midlands Hospital Group population age groups from 2016 to 2031 (based on provisional data using M2F2 assumption).



Source: Health Atlas, CSO Census 2016



# OUR PATIENTS

There were more than 800,000 patient interactions with our services in 2016. A fundamental characteristic of the Dublin Midlands Hospital Group Strategy is that it is focused on serving the patient by improving access and ensuring the most appropriate care is provided by the right people and in the right location.

In developing the strategy, we acknowledge the need to listen to the needs of patients and learn from their experiences so future care can be improved.

## TOWARDS 2026

We have looked to the expert report, Towards 2026: A Future Direction for Irish Healthcare. It calls for radical change that requires building healthcare around patients. It proposes putting the patient at the centre of how services are designed, organised and delivered. We are committed to supporting our hospitals to deliver quality care which is built around the patient and the philosophy of partnership.

**“I AM A VALUED PERSON,  
NOT JUST AN ILLNESS.  
I AM LISTENED TO”**

Patient contribution, Towards 2026  
A future Direction for Healthcare

## NATIONAL PATIENT EXPERIENCE SURVEY 2017

The National Patient Experience Survey is a nationwide survey which gathered patient feedback regarding their recent stay in a hospital setting. The survey is a partnership between the Health Information and Quality Authority (HIQA), the Health Service Executive and the Department of Health. All adult patients discharged during May 2017 who spent 24 hours or more in a public acute hospital and have a postal address in the Republic of Ireland were asked to complete the survey. 49% of our inpatients responded to this survey and this was on par with the national response rate. The Hospital Group have reviewed the results of the survey and developed improvement plans.

85% of the respondents had a very good or good experience, compared to 15% who reported a poor experience. Hospitals rated very highly in relation to patient privacy, respect, dignity. Most notably, 83% rated having confidence and trust in the staff who were treating them.

The results of the survey provide insight across the spectrum of inpatient care and identifies areas requiring focus across hospitals including; improving experience and waiting times in Emergency Departments, improving information for patients and with families when patients are being discharged; improving hospital food and nutrition and educating patients on medication side effects.

The Dublin Midlands Hospital Group looks forward to taking the very important and worthwhile steps to implementing our improvement plans and will continue to work with HIQA, Department of Health and the wider health services to continue listening, learning and improving our services for patients.



## OUR PATIENTS

### Principles

- Strongly support a culture of honesty and transparency in dealing with patients.
- Patients will be treated with respect and dignity at all times. We must continually strive to achieve these behaviours, model them in all of our interactions and provide educational opportunities to foster these behaviours.
- To address expectations, there needs to be clear communication to patients, carers and other healthcare providers in relation to treatment plans and relevant follow up.
- Where a patient experiences a poor outcome, prompt open disclosure is a mandatory requirement for communication with the patient and/or family.
- Healthcare professionals must partner with their patients to be open about their medical needs and to ensure collaborative, informed decision making.

### Priorities

- Establish a Group Patient Forum with a focus on collaboration and partnership.
- Improve the Group patient feedback processes by enhancing the HSE Your Service Your Say initiative and supporting hospitals to demonstrate improvements with the 'you said we did' patient feedback loop.
- Prioritise advocacy and hospital engagement with patient advocacy organisations.
- Continue to provide multidisciplinary educational programmes which foster openness and confidence in communications between patients and staff, e.g. Caring Behaviour Attitude Skills.

# OUR PEOPLE

Our workforce is the organisation's most valuable asset, and is vital to the delivery of the highest quality clinical services and education. Research will need to evolve to meet future needs of the Dublin Midlands Hospital Group and to support the successful implementation of the strategic aims. We need to value our staff and ensure they champion our values.

## HEALTH SECTOR NATIONAL STAFF SURVEY 2016

The 'Your Opinion Counts' Health Sector National Staff Survey was conducted in 2016. The response rate from the Dublin Midlands Hospital Group staff was 16% (1,774 respondents), which is more than double the response rate of the 2014 Staff Survey. The survey conveyed improved levels of enthusiasm and contentment since 2014 and high levels of staff motivation. It identified focus areas for improvement, including dignity at work, communication, recognition, health and wellbeing, and perceptions of leadership. These are areas that we will prioritise in order to achieve improved staff engagement across all levels of our hospitals. Hospitals are now actively developing plans to address these areas and we will support this by the full implementation of the Group strategy.



## OUR PEOPLE

### Principles

- Strengthen the sense of belonging to the Dublin Midlands Hospital Group among staff across all hospitals.
- Ensure all staff are supported to realise their full potential by strengthening leadership and providing good role models.
- Improve workforce engagement and job satisfaction to improve business performance and reduce the cost of absenteeism.
- Maximise the well-being of our staff and their levels of contribution and engagement. As well as caring for our patients we need to do more to make our staff feel supported.

### Priorities

- Improve our ability to plan for the future through the attraction and retention of a skilled workforce with a focus on roles that are critical to delivering patient care.
- Identify and respond to the training and education needs of our workforce.
- Improve patient safety, experience and outcomes through the provision of excellent education, research and innovation opportunities to our workforce in association with Trinity College Dublin.
- Invest, innovate and plan for the future by providing development opportunities for employees through all stages of their work cycle to meet identified gaps between demand and supply for staff numbers, job roles and skills.
- Identify and retain key skills for the future ensuring a sustainable, flexible and diverse workforce to deliver health services focused on patients and people.
- Develop a robust workforce plan to support delivery of the Dublin Midlands Hospital Group Strategy by constantly re-evaluating the skills and size of the workforce as service provision changes.
- Ensure nursing, midwifery and allied health staff have the opportunity for knowledge development and innovation.



## Trinity College and the Dublin Midlands Hospital Group academic partnership

Trinity College, through its Faculty of Health Sciences and its Schools of Medicine, Nursing and Midwifery, Pharmacy and its related disciplines of Occupational Therapy, Physiotherapy, Radiation Therapy, Human Nutrition and Dietetics envisages the development of a clinical and academic healthcare model that will deliver best patient care. Trinity, in association with its health service partners will inform and participate in the consolidation and integration of existing services and academic strengths of the participating hospitals. It will seek to combine and develop resources that are clinically and academically outstanding so as to become nationally and internationally recognized as a centre of excellence in service provision, education, research and policy development. Healthcare institutions that are active in research and education have better patient outcomes and are better able to recruit and retain the best staff. Trinity will work to establish fit for purpose agreements with individual hospitals within the group to describe our shared vision on education, clinical research and healthcare excellence.

Trinity College, in association with its health partners will work to support the delivery of excellence in health care, incorporating evidenced-based service delivery of the highest quality across all hospitals in the Group. Working together, we can promote and develop:

- The health, social, economic and political benefits deriving from a full partnership to raise considerable intellectual capital and service delivery capacity.
- The provision, organisation, co-ordination and development of education and training of the next generation of healthcare workers in the health sciences within and between its constituent members.
- The provision, organisation, co-ordination and development of high quality research in the health sciences.
- The recruitment and retention of the premier medical, nursing and health care professionals necessary to achieve excellence in healthcare, research and education.



**OUR  
ACADEMIC  
PARTNERSHIP**

## Trinity College Strategic Plan and the Dublin Midlands Hospital Group partnership

Trinity College's Strategic Plan outlines the importance of Life and Health Sciences to its mission with academic outputs defined by SciVal disciplinary classification of 'Medicine' accounting for approximate 40% of all Trinity's academic output. Consistent with Trinity College's Strategic Plan, as the structures of the Dublin Midlands Hospital Group develop and consolidate, Trinity College will advance Life and Health Sciences goals by fully participating in the realisation of an interdisciplinary multi-organisational academic Health Sciences Centre that also meets government plans for the Dublin Midlands Hospital Group and ultimate movement to the planned independent hospital trust model structure.

Establishing an administrative structure that supports this new model will require clear overarching agreements, reporting lines and budgets that support undergraduate, postgraduate and professional education and innovation across all health professions. Clinically relevant research activity and innovation supports excellence in healthcare and the value of this work should also be reflected in the Hospital Group's governance and reporting arrangements.

The Faculty of Health Sciences will appoint a senior clinical academic as a 'hospital liaison' to facilitate interactions with individual hospitals and with the Dublin Midlands Hospital Group. It is envisaged that this position may develop into the Chief Academic Officer position within Dublin Midlands Hospital Group as its structures consolidate.

The Trinity College Strategic Plan also outlines research themes of strength in healthy ageing, population health, management of chronic disease, cancer, medical genomics and clinical and translational research and clinical trials. The co-location of specific research and education facilities on the hospital campuses and the establishment of joint appointments across health sciences will be key enablers for Trinity's education and research missions, particularly in translational therapeutics, clinical research and trials, and population health research. Through its involvement with the Hospital Group structure Trinity aims to promote healthcare excellence, underpinned by research and education, with innovation at its core.



Photo: Donal Murphy



# THE STRATEGY



# STRATEGIC PLANNING PROCESS

The Strategic Plan 2018-2023 is the Dublin Midlands Hospital Group's inaugural strategic plan. The Strategy 2018-2023 has a five-year outlook and describes priorities agreed by the Dublin Midlands Hospital Group Executive Management Team following consultation with the Management Teams in our hospitals including clinical and nursing leads, HSE national functions, community partners, and Trinity College Dublin Faculty of Health Sciences.

This document outlines strategies for meeting demand over the next five years through the expansion of service capacity and the delivery of integrated care working in partnership with other providers.

The next page outlines the process that was undertaken by the Dublin Midlands Hospital Group in developing the five-year strategy.

## Strategic Meetings and Workshops

JUNE 2015	Strategic Planning & Innovation Workshop (with Directors of Nursing and Midwifery, TCD and AIT)
SEPTEMBER 2015	Midland Regional Hospital Tullamore Coombe Women and Infants University Hospital St. James's Hospital
OCTOBER 2015	St. Luke's Radiation Oncology Network National Cancer Control Programme
NOVEMBER 2015	Naas General Hospital Tallaght Hospital Midland Regional Hospital Portlaoise
FEBRUARY 2016	CHOs (7 and 8) and Primary Care Quality Assurance and Verification Department Group Hospital Clinical Directors
MARCH 2016	
JANUARY 2017	Strategic Planning Day Finance Workshop
FEBRUARY 2017	HR Workshop Quality and Patient Safety Workshop
MARCH 2017	ICT Workshop
APRIL 2017	Communications Workshop





# KEY STRATEGIC AIMS

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1. To deliver excellence in standards of quality and patient safety.
2. To optimise service delivery ensuring patients are treated in the right place, at the right time by the right people.
3. To develop integrated care between Dublin Midlands Hospital Group and its Community and Primary Care partners.
4. To foster education, academic research and innovation.
5. To strengthen co-operation and collaboration between Dublin Midlands Hospital Group Hospitals.

# STRATEGIC AIM 1

## To Deliver Excellence in Standards of Quality and Patient Safety

Enhancing quality and patient safety is a system-wide priority for the Dublin Midlands Hospital Group and it drives the planning and delivery of optimal healthcare. We focus on ensuring alignment of planning and accountability structures throughout the services. Our strategic aims are aligned to the HSE core values of care, compassion, trust and learning (HSE Corporate Plan, 2015-2017).

The Quality and Patient Safety (QPS) strategic aims are informed by the HSE and Department of Health policies and strategies, such as the National Standards for Safer Better Healthcare (HIQA, June 2012). These aims also build on the existing work developed in both voluntary and statutory Hospitals.

The QPS strategic aims focus on themes of Quality Assurance and Verification (QAVD) and Quality Improvement (QI). The objective is to enhance patient safety, clinical excellence and best outcomes, and to support improvement in patient experience and staff satisfaction. The Group has prioritised the establishment of a Group Quality Council to drive patient focused best practices for the optimal patient experience. The purpose of the Council is to ensure there is an effective, integrated quality assurance and verification and quality improvement process in place that supports and promotes the safety of patients, service users and staff within the Dublin Midlands Hospital Group.

“RELIABLE, ACCESSIBLE,  
EXCELLENT QUALITY,  
RESPECTFUL, FOCUSED  
ON ME, THE PATIENT”

Patient contribution, Towards 2026  
A future Direction for Healthcare

## Establish the Group Quality Council

- Design the governance model in conjunction with all hospitals which builds on the expertise of our three voluntary hospitals and four statutory hospitals and is representative of senior decision makers and clinical leaders across our services.
- Establish the Quality Council so it can present national and international best practice in QAV and QI and share the learning across hospitals which will drive quality improvements and enhance patient safety.
- The Quality Council recommendations will be prioritised and delivered by the Dublin Midlands Hospital Group CEO and Executive Management Team.
- Introduce a shared platform for quality and patient safety policies, procedures, protocols and guidelines (PPPGs) across hospitals, in line with the new national repository for PPPGs.
- Develop the resources for data analytics and audit capacity.
- Further develop the network of QPS managers so that they can promote sharing of information, expertise and learning, and provide input to the Quality Council.

## Quality Assurance and Verification

- Ensure implementation and compliance with all HIQA Standards, the National Clinical Care Programmes recommendations and recommendations from the Acute Hospitals Division and QAV Division.
- Implement National Clinical Effectiveness Guidelines e.g. Early Warning Scores, Clinical Handover.
- Implement evidence based guidelines, protocols and pathways, e.g. National Cancer Guidelines.
- Ensure the actions as set out in the Healthy Ireland Implementation Plan are prioritised and implemented.
- Incorporate measurement of clinical outcomes to drive improvements in care.
- Audit compliance and performance of our hospitals against national standards, e.g. National Standards for Safer Better healthcare (HIQA, 2012).
- Agree and enhance governance and quality through reporting on quality indicators within hospital and Group level.
- Encourage a culture of openness and transparency.
- Learn from adverse events.
- Develop strategies and provide resources and training to minimise Health Care Associated Infection (HCAI) across the Group.
- Focus on transparency with open reporting and quality and safety measurement and reporting.

## Quality Improvement

- Develop expertise in quality improvement methods to include leading and analysing efficiencies in process flow, micro systems improvements and in operational research (complex macro system improvements) in collaboration with National Quality Improvement Division, Acute Hospitals Divisions, the National Clinical Programmes and Academic Partners.
- Evaluate the knowledge gained from both individual patient and staff experiences in healthcare and local and national surveys e.g. Patient Experience and Staff Engagement surveys. Develop optimal strategies and plans to address essential requirements.
- Develop a culture of quality improvement across the Hospital Group.
- Identify and support core quality and improvement initiatives that impact patient experience and outcome, e.g. the pressure ulcer to zero collaborative project.
- Provide training and development for QPS staff.



## STRATEGIC AIM 2

**To optimise service delivery ensuring patients are treated in the right place, at the right time by the right people**

The Dublin Midlands Hospital Group recognises the importance of putting in place a robust plan for future services as well as maintaining and building our day to day operational activities in order to provide timely access to quality care for our patients.

We will deliver better access for our patients by strong service planning supported by investment, technology and improved infrastructure.

Prioritisation of innovation followed by effective implementation will drive the development and delivery of our service improvements.



## Drive Change and Innovation in the Health System

- Develop plans to deliver high volume, low complexity services and lower volume, high complexity services in a collaborative way across our hospitals with all stakeholders including community partners. Changes will be evidence based and informed by population demographics. They will be aligned with the National Clinical Programme models of care and HIQA Standards for Better Safer Healthcare Standards.
- Develop and implement capital and operational plans to protect elective inpatient and day case services in surgery and endoscopy.
- Invest in relevant teaching, learning and research to drive innovation and change management across all disciplines in collaboration with the HSE, professional bodies and Trinity College Dublin.
- Foster a unity of purpose amongst the staff in the Group hospitals where collaborative working relationships are encouraged and supported.
- Embed a culture and philosophy of continuous high-quality care and outcomes driven by evidence based education, clinical practice and research.

**“I KNOW WHO IS  
LOOKING AFTER MY  
CARE THROUGHOUT  
MY JOURNEY”**

## Service Delivery Priorities

### Urgent and Emergency Care

Prompt and optimum care for patients with serious medical and surgical conditions can only be provided where there are adequate numbers of staff with the essential skills to provide a 24/7 service.

- Urgent and emergency care services will be redesigned to integrate between smaller and larger sites providing the optimum and safest configuration to deliver high quality emergency care.
- We will invest in the recruitment of senior decision makers in the Urgent and Emergency Care Services.
- We will formalise Trauma Networks between Tallaght Hospital, the Midland Regional Hospital Tullamore and St. James's Hospital and align the development with the forthcoming National Trauma Report.
- An ambulance by-pass for trauma patients will be implemented at Naas General Hospital when appropriate.
- We will expand acute floor capacity, principally in Tallaght Hospital and the Midland Regional Hospital Tullamore.
- We will develop a Medical Assessment Unit (MAU) in the Midland Regional Hospital Portlaoise in line with National Clinical Care Programmes Models of Care. In conjunction with the Emergency Medicine Programme, we will develop appropriate streaming of patients for minor injury treatment.
- With the Community Healthcare Organisations (CHOs), we will work with General Practitioners and the Irish College of General Practitioners to provide seamless integrated care.

### Acute Medicine Services

In excess of 80% of patients in our acute hospitals are emergency admissions following presentation at the Emergency Department. Hospitals are under enormous strain as evidenced by the modern barometers of acute hospital care, the number and waiting times of patients on trolleys and the numbers of patients waiting for elective investigations and treatments.

- We will invest in the recruitment of senior decision makers in the Acute Medicine Services.
- We will invest in improving patient flow pathways within hospitals and to communities.
- We will invest in appropriate diagnostic services.
- The Group will work with the Acute Medical Programme to develop Acute Medical Assessment Units (AMAU) and Medical Assessment Units (MAU) where appropriate in our hospitals.
- The Group will develop formal linkages between our Community Healthcare Organisations (CHOs), General Practitioners and our acute hospitals to evaluate and develop best practice for Integrated Care Programmes, inclusive of integrated discharge planning.

“MY CARE IS COORDINATED,  
PERSONALISED AND ENABLING”



### Elective Surgery

One of the major challenges facing the Acute Hospital Service is the delay experienced by patients waiting for elective inpatient and day care surgery, particularly non-cancer surgery. There is considerable scope for treating more patients within the current system by managing the overall surgical pathway and current facilities better. The development of skilled dedicated efficient day care surgery centres is a priority for the Group. The provision of elective inpatient surgery is much more complex. The challenge is a national/international one and the Dublin Midlands Hospital Group will work with the National Programmes, the HSE and Department of Health to improve this area of acute hospital health care.

- We will build our capacity to provide a model of elective surgery in line with the national model of elective surgery.
- We will ensure there are protected day ward and inpatient beds for elective surgery.
- By adopting 'local care pathways', we will ensure that the patient's elective surgical journey is planned, efficient and predictable from start to finish. It will take account of the full range of hospital staff including management, doctors, nurses and allied health staff so we can make the journey as expeditious and as safe as possible, and delivered to the highest clinical standards with the best possible outcome.
- We will extend some of the excellent practices already in place at some of our hospitals, encouraging initiatives that:
  - o Focus on pre-admission assessment clinics;
  - o Extend the utilisation of day of surgery admissions;
  - o Maximise use of day care surgery;
  - o Improve discharge planning;
  - o Protect day ward and inpatient surgical beds; and
  - o Maximise operating theatre capacity and efficiency.

In addition, we need to:

- Extend bed capacity for both inpatient and day case surgical activity;
- Support our hospitals to meet national hospital and specialty targets for the average length of stay of surgical inpatients whether or not they have surgery; and
- Provide support for our hospitals to meet national and international standards.

## Establishment of Clinical Networks

The establishment of clinical networks is a priority for the Group. A clinical network can be defined as a clinical grouping which will provide collaborative advice to the Group and hospitals regarding the optimal clinical pathways/ service delivery for our patients, speciality or system based.

- Networks will align advice with the National Clinical Programmes Models of Care and other evidence-based models, and should consider key elements such as complexity of care, skill mix and staff numbers, and essential infrastructure. Their primary function is to improve patient access to quality care. Their creation is particularly crucial and urgent as we transition from hospital centred to Group centred service delivery. Clinical networks comprise areas of defined care across the Group hospitals and will be specialty or system based, e.g. critical care or cardiac respectively. Clinical networks will comprise representation from medical, nursing and allied health staff specific to these specialties from Group hospitals.

- The remit of the clinical networks will be to consider the scope, location and requirements for optimising services within the Dublin Midlands Hospital Group. Key areas for focus will include, but is not limited to the following:
  - o Alignment with national/international best practices and integration with the National Programmes;
  - o Location of services;
  - o Identification of resource, capacity requirements and allocation; and
  - o Future service planning.
- Recommendations from the clinical networks will be reviewed jointly by the Dublin Midlands Hospital Group and its' hospitals and factored into service planning.
- We intend that the clinical networks will evolve and integrate with the relevant community care partners as they develop in the future.

## Formalise Existing Networks

We will formalise and extend a number of successful projects by voluntary hospital clinical groups using a collegial approach to rationalise and coordinate specialty care across part or all of the Group, e.g. Cancer, Endocrinology, Vascular Surgery, Nephrology, Stroke and Women and Infants Services. Their foundation has been based on clinical collaboration which is their key strength. These networks now need to have formal recognition and structure in order to upscale their advisory role in service design, planning and delivery.

The clinical networks will work within existing clinical governance structures. Networks will be supported by existing human resource and financial planning models established within the Group to best meet the needs of the priorities identified.

### Endocrinology

Subspecialised endocrinology clinical pathways, e.g. pituitary, thyroid and adrenal, are already well established. Diabetes services are widely available and need further investment in capacity and liaison with primary care services in order to cope with the impact of the ageing population and complexity of chronic disease management.

### Nephrology

There is a well-developed network between the major renal centre in Tallaght Hospital, St. James's Hospital and the Midland Regional Hospital Tullamore. The network must develop a plan for further integration to address existing and future demographic demand.

### Cancer

The Group works closely with the National Cancer Control Programme. Care pathways for the management of patients with cancer from electronic referral through diagnostic and treatment guidelines are well established in the Group and nationally. Restructuring of cancer surgery will be in line with the 2017 National 10 Year Strategy for Cancer Control.

- St. James's Hospital is the designated cancer centre for the Dublin Midlands Hospital Group. All relevant cancer surgeries in urology and gastroenterology will be transferred to St. James's Hospital.
- Some non-cancer surgery may have to be transferred from St. James's Hospital to other Group hospitals in order to release the required resources to facilitate this transfer.
- St. Luke's Radiation Oncology Network (SLRON), medical oncologists in St. James's Hospital, Tallaght Hospital and the Midland Regional Hospital Tullamore, cancer surgeons and the relevant allied professional staff will become part of a multi-disciplinary cancer network.

- SLRON provides the entire Dublin and Midlands public radiation oncology service and the national services in sub-specialities such as Total Body Irradiation, Stereotactic Radiation, ocular brachytherapy and Paediatric radiation oncology. In partnership with the NCCP, we will expand capacity on the Beaumont and St James's sites to meet the growth in cancer incidence and prevalence which is expected to almost double by 2040 as a consequence of the aging population.
- The national centre for allogeneic and autologous stem cell transplant (facilities and staff) at St. James's Hospital will be expanded to meet growth in demand for curative cancer therapies.
- The Dublin Midlands Hospital Group will work closely with St. James's Hospital, Trinity College Dublin and the NCCP to develop a capital plan for a Cancer Institute which will provide both comprehensive cancer care and research.

### Women and Infants Services

The priority for developing Women & Infants Services will be to ensure equally excellent outcomes for all women requiring obstetrical or gynaecological care and for all infants.

### Obstetrics and Gynaecology Services

Continue developing the maternity clinical network between the Coombe Women and Infants University Hospital and the Midland Regional Hospital Portlaoise and progress the implementation of the Memorandum of Understanding between the Coombe Women and Infants University Hospital and the Group.

- The Group will work with the National Women and Infants Programme to ensure our patients are receiving the best care, consistent with the National Maternity Strategy.
- Implement universal access to anomaly scans.
- Implement the funded Maternity and Neonatal Clinical Management System in the Midland Regional Hospital Portlaoise and the Coombe Women and Infants University Hospital.
- Develop a community midwifery programme.
- Expand capacity for elective gynaecological services in the Group.

### Paediatric Services

We are working with the Children's Hospital Group to formalise a hub and spoke model between the Midlands and the Children's Hospital Group to care for all common paediatric medical and surgical conditions that do not require referral to the tertiary paediatric centre. We will collaborate with the National Clinical Programme for Paediatrics in implementing relevant models of care.

### Critical Care

Adult critical care provides specialised care for patients whose conditions are life threatening and require comprehensive care and monitoring. While the critical care services across the Group work in a cooperative manner to optimise access there is still a marked deficit in critical care capacity. A major capital investment in development of critical care capacity is a top priority for the Group. We are developing a network to advise in planning the scope and location of services in alignment with the National Programme in Critical Care.

**"I AM NOT AFRAID OF  
GOING TO HOSPITAL"**



## Establish New Clinical Networks

Due to specific urgent service requirements and patient needs, the Dublin Midlands Hospital Group has prioritised a short list of clinical networks which need to be established immediately in order to identify and implement strategies for service improvement. These include:

- Diagnostics;
- Dermatology;
- Endoscopy;
- Trauma; and
- Urology.

As experience and confidence evolves in the rollout of clinical networks, further specialties will be engaged over time.

For these prioritised clinical networks, all hospitals will be requested to nominate network members. Members will be asked to nominate a Chair. The Dublin Midlands Hospital Group Clinical Director and CEO will work with the networks to ensure clarity regarding their role and function in their advisory capacity. The Dublin Midlands Hospital Group will ensure that these clinical networks will have the data, support and communications they require when undertaking their activities.

### Diagnostics

The majority of medical diagnoses and treatment decisions are based on results of diagnostic tests. Rapid access to diagnostics,

whether in hospital or in the community, enables earlier diagnosis, earlier initiation of appropriate therapy, better outcomes and shorter length of hospital stay.

The recent introduction of advanced technologies in diagnostic medicine, specifically in imaging and laboratory medicine, by the HSE greatly enhances national diagnostic services. The National Integrated Medical Imaging System (NIMIS) was rolled-out starting in 2010, the clinical network should advise regarding remote reporting and shared on-call systems. They will evaluate diagnostic imaging capacity and determine requirements for timely service delivery.

The National Medical Laboratory Information System (MedLIS) will be rolled-out across our hospitals.

### Dermatology

In order to focus on improving access timelines, the network is being established to provide advice on a workforce plan and the development of shared services and waiting lists across hospitals.

### Endoscopy

Gastrointestinal endoscopy waiting lists and times are a source of national concern. Due to the magnitude and importance of endoscopy demand a National Endoscopy Lead has been appointed. The Dublin Midlands Hospital Group

endoscopists have selected a Group Lead who has already carried out an analysis of the Group needs and capacity following a review of the five endoscopy sites.

In collaboration with the National Endoscopy Lead, the 2018/19 focus will be on recruiting staff for the Midland Regional Hospital Portlaoise and meeting equipment requirements for St. James's Hospital.

The Hospital Group is prioritising the need for capital funding for Naas Hospital to expand endoscopy and day ward services.

The Group is developing a five-year plan to expand facilities and staffing across all hospitals to fully address demand.

### Trauma

Major trauma is the leading cause of death in people under 44 years of age. The National Office of Clinical Audit (NOCA) established a Major Trauma Audit which showed that in 2014 and 2015, almost a third (30%) of major trauma victims were admitted to hospitals which did not have the resources to treat their injuries necessitating their transfer to other hospitals. In 2015 the then Minister for Health established a Trauma Policy for Ireland Steering Group which presented its draft report "End to End Trauma Care; A Trauma System for Ireland" to the Minister for Health in June 2017.

The Dublin Midlands Hospital Group has held initial consultations with the major stakeholders and is in the process of developing a set of proposals for submission to highlight the strengths of a Tallaght Hospital and St James's Hospital partnership in seeking the major trauma centre designation and the strengths of the hub and spoke models between St James's Hospital, Midlands Regional Hospital Tullamore and Tallaght Hospital for designation as major trauma units.

### Urology

The Group have established a review team to consider models of care for the delivery of urology cancer surgery. A urology network must advise the Group and hospitals on the distribution of services for benign conditions and must collaborate in centralising cancer services in St. James's Hospital. Increased capacity for benign urology services in the Midland Regional Hospital Portlaoise, Midland Regional Hospital Tullamore, Naas General Hospital and Tallaght Hospital are contingent on the recruitment of additional consultants and nurses.

**"EASILY ACCESSIBLE,  
SAFE, QUALITY CARE"**

**Patient contribution, Towards 2026  
A future Direction for Healthcare**

## STRATEGIC AIM 3

### To develop Integrated Care between Dublin Midlands Hospital Group and its Community and Primary Care Partners

The Dublin Midlands Hospital Group will work to determine the integrated care opportunities and priorities for its patients while ensuring alignment with both regional and national service design, emphasising elements such as general practice, primary care, mental health, social and long-term care services, rehabilitation and palliative care. Care pathways should be built around the needs of the patient, not the system. We need to provide care that is joined up from the patient perspective, through the design and implementation of patient-centred, clinically led, evidence-informed integrated models of care. (Towards 2026, RCPI).

Dublin Midland Hospital Group are committed to further developing and formalising processes to extend integrated ways of working with Community Healthcare Organisations and Primary Care partners. The development of integrated care across all services is a long-term programme of improvement and change and will involve people at every level of the health services working together to create improved experiences and outcomes for the people in our care. We recognise that investment in this integrated care is needed to provide capacity for innovation.

### The Dublin Midlands Hospital Group will focus on:

- More systematic management of long term conditions can prevent the need for admissions or attendance to hospital. In partnership with patients, community partners, social care and primary care we will redesign services for people with long term conditions.
- Developing and enabling transfer of information in partnership with the Office of the Chief Information Officer (OCIO), e.g. data and patient records, between the Dublin Midlands Hospital Group hospitals and community care partners.
- Leading the collaborative development of specific patient pathways between the Dublin Midlands Hospital Group Hospitals and Community Healthcare Organisations (including primary care and social care providers) to ensure seamless patient care.
- Enabling remote access to information for staff.
- Providing opportunities within the Group to roll out national clinical programmes models of care.
- Supporting our community partners in their drive to expand long term care and home care capacity.
- Prioritising, devolving and supporting elements of chronic disease management, frail elderly and women and infants' care with their local services.
- Collaborating in joint information and communication technology, education, shared resources and planning.
- Implementing the Healthy Ireland Strategy and working with local Community Healthcare Organisations, we will support and encourage a culture where the population has the opportunity to access preventative services and is enabled to take greater responsibility for their own health.

## STRATEGIC AIM 4

To Foster Education,  
Academic Research  
and Innovation



The Dublin Midlands Hospital Group is committed to partnering with staff, professional colleges and academic institutions, in particular our academic partner, Trinity College Dublin, in facilitating a dynamic education, innovation and research environment. Research funding is largely derived through academic institutions, national and international scientific grants as well as clinical trials per patient funding.

Ensuring barriers to research are overcome and the academic culture is embedded in all of our hospitals is the key collaborative role of the Hospital Group. The establishment of governance, reporting lines and budgets, and the appointment of a joint academic leader for the Group, in collaboration with Trinity College Dublin, is vital to agree the priorities and pursue the opportunities to foster a dynamic, productive environment. Opportunities for research, innovation and teaching attract excellent clinical staff and provide the best patient care environment.

Research opportunities span health services research, qualitative socio-behavioural research, translational laboratory research, clinical trials and drug and technology developments. The role of an innovation hub will be factored into these planning priorities. We have prioritised the following elements in our five-year plan;

- Appoint an Academic Lead jointly with Trinity College Dublin.
- Lead and collaborate on the ongoing evolution and delivery of the education and training of our under-graduate and post-graduate medical, nursing and midwifery, allied health and managerial staff and professionals in partnership with our academic partner Trinity College Dublin and other academic institutions and professional bodies.
- Collaborate with our academic partner, Trinity College Dublin and hospitals within the Group in the support and development of clinical, translational, socio- behavioural and health services research.
- In association with Trinity College Dublin and the Health Innovation Hub Ireland, establish a Group approach and encourage our staff to be more innovative, e.g. process improvement and data analytics. Develop and support innovation expertise across all Hospitals within the Group. Establish Group-wide training and shared learning opportunities for staff. Leverage supports from the National HSE Quality Improvement Division, Health Services Leadership Academy and all academic partners.
- Develop educational and research linkages across hospitals supported by joint academic appointments in appropriate areas.

# STRATEGIC AIM 5

## To Strengthen Co-operation and Collaboration between Dublin Midlands Hospital Group Hospitals



The transition to a trust model remains the core objective of the Dublin Midlands Hospital Group. We strongly support the trust model because of its capacity to devolve decision-making authority and financial accountability to a regional level, which is closer and more responsive to patient needs. A trust model is dependent on the required legislation being approved by Government. We will continue to work on building and strengthening co-operation and collaboration between our hospitals. We have prioritised the following elements in this five-year plan:

- Build on existing collaborative working arrangements and shared clinical services across our hospitals;
- Focus on identifying opportunities, synergies and developing closer working relations;
- Become a test-site for piloting innovative information communication technology systems for clinical and other services;
- Create an environment where opportunities for staff learning and development are optimised;
- Develop a standardised, relevant, effective and timely financial reporting methodology for all hospitals in line with national reporting requirements.
- Utilise Group leverage for contracting and tendering, where appropriate;
- Embed a culture of quality and patient safety through better networking and communications across the Hospital Group. Establish and formalise the Dublin Midlands Hospital Group Quality & Patient Safety, Human Resource, Finance, ICT and Communications networks.
- Share relevant clinical performance data across hospitals;
- Develop a framework for improving clinical and non-clinical communications;
- Develop a common platform for information and data storage;
- Develop a Group website with internal and external capabilities;
- Ensure communication pathways, collaborative structures and processes are developed to facilitate the achievement of strategic goals, e.g. rollout of clinical networks, Group Quality Council, Group website, intranet and newsletters.
- Celebrate and share our hospitals' successes.

# ENABLING ELEMENTS

## Workforce

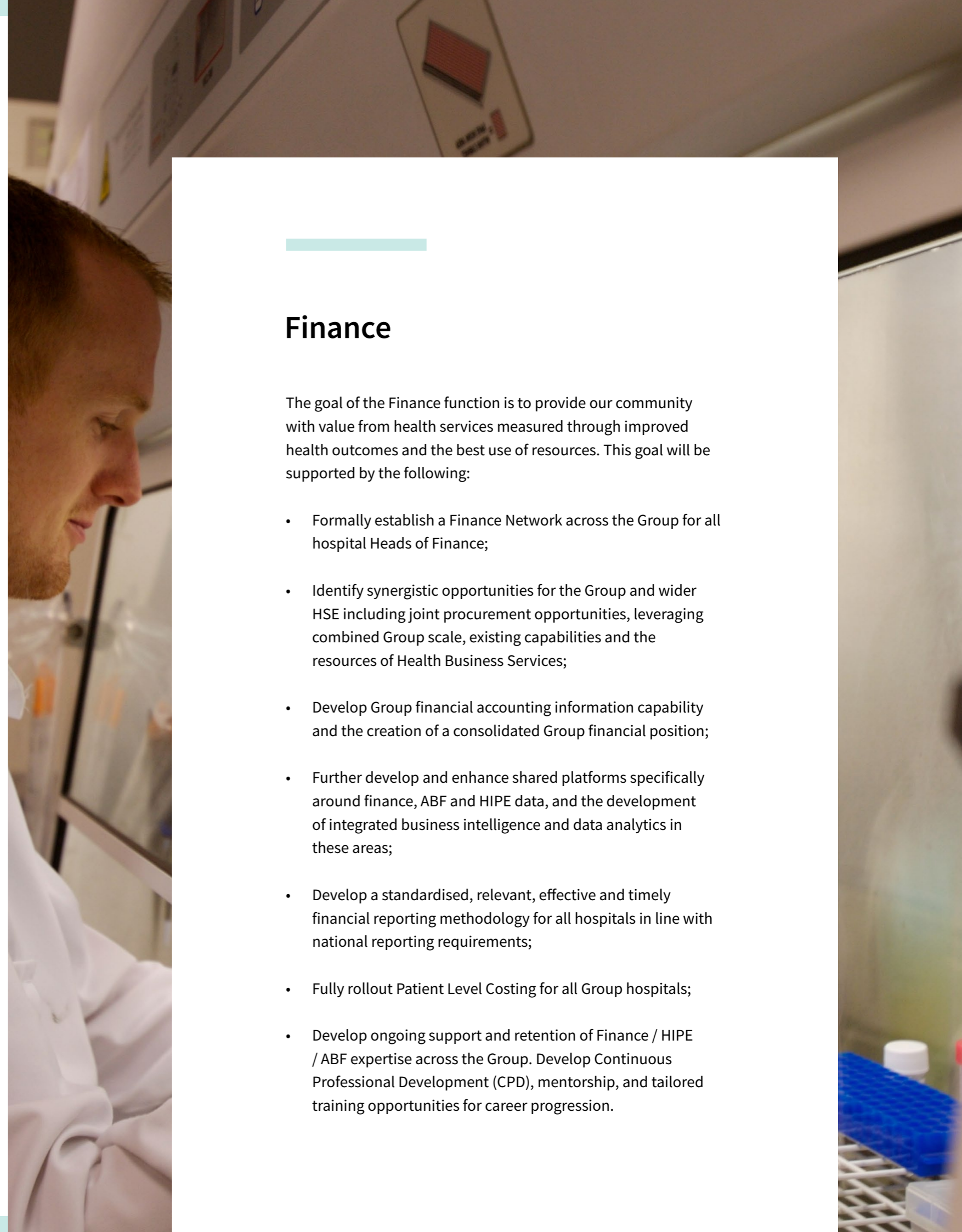
The Dublin Midlands Hospital Group workforce is the organisation's most valuable asset. The goal of our Human Resource function is to sustain and attract a high performing and capable workforce to ensure successful execution of strategic priorities. To achieve this goal the following actions will be implemented:

- Formally establish a HR Network across the Dublin Midlands Hospital Group to share existing HR policies and other relevant experience;
- Develop a HR proposal to support clinical networks through the service planning process;
- Support opportunities for staff rotation across the Dublin Midlands Hospital Group hospitals and the community as identified by the clinical community / training bodies;
- Support the establishment of Group-wide training and shared learning opportunities for staff;
- Continue to collaborate on the retention and recruitment initiatives for staff and explore additional means to actively promote roles in our hospitals;
- Support the change management associated with service reconfiguration;
- Development of workforce capacity to acknowledge the importance of both trainees (post graduate) and permanent staff;
- Develop joint actions as a Group to respond to the HSE Staff Survey.

## Finance

The goal of the Finance function is to provide our community with value from health services measured through improved health outcomes and the best use of resources. This goal will be supported by the following:

- Formally establish a Finance Network across the Group for all hospital Heads of Finance;
- Identify synergistic opportunities for the Group and wider HSE including joint procurement opportunities, leveraging combined Group scale, existing capabilities and the resources of Health Business Services;
- Develop Group financial accounting information capability and the creation of a consolidated Group financial position;
- Further develop and enhance shared platforms specifically around finance, ABF and HIPE data, and the development of integrated business intelligence and data analytics in these areas;
- Develop a standardised, relevant, effective and timely financial reporting methodology for all hospitals in line with national reporting requirements;
- Fully rollout Patient Level Costing for all Group hospitals;
- Develop ongoing support and retention of Finance / HIPE / ABF expertise across the Group. Develop Continuous Professional Development (CPD), mentorship, and tailored training opportunities for career progression.



## Information Communication Technology (ICT)

The Dublin Midlands Hospital Group will support the development of information communication technology systems to enhance the efficient delivery of high quality healthcare through the following:

- Establish the Dublin Midlands Hospital Group ICT Committee with Office of Chief Information Officer (OCIO) representation;
- Develop a strategic and operational ICT plan in collaboration with the OCIO;
- Appoint a Group Lead for E-Health;
- Identify opportunities and commence joint procurement initiatives;
- Agree principles of data sharing and data protection and design governance structure around sharing of data both at Group level and across Group hospitals;
- Further develop business intelligence and data analytics capacity;
- Support Quality and Patient Safety, Clinical, Finance, Human Resources and Communications development projects through ICT;
- Audit the ICT systems in place across the Group;
- Identify priority projects in line with national strategies to develop common platforms to support clinical and business services across the Group.
- Prepare the Group to be in a strong position for ICT initiatives and pilots being rolled-out by the OCIO;
- Develop training programmes for ICT staff across the Group;
- Develop health informatics educational programmes for clinical staff with academic partners;
- Implementation of the maternity clinical information system at the Coombe Women and Infants University Hospital and the Midland Regional Hospital Portlaoise.

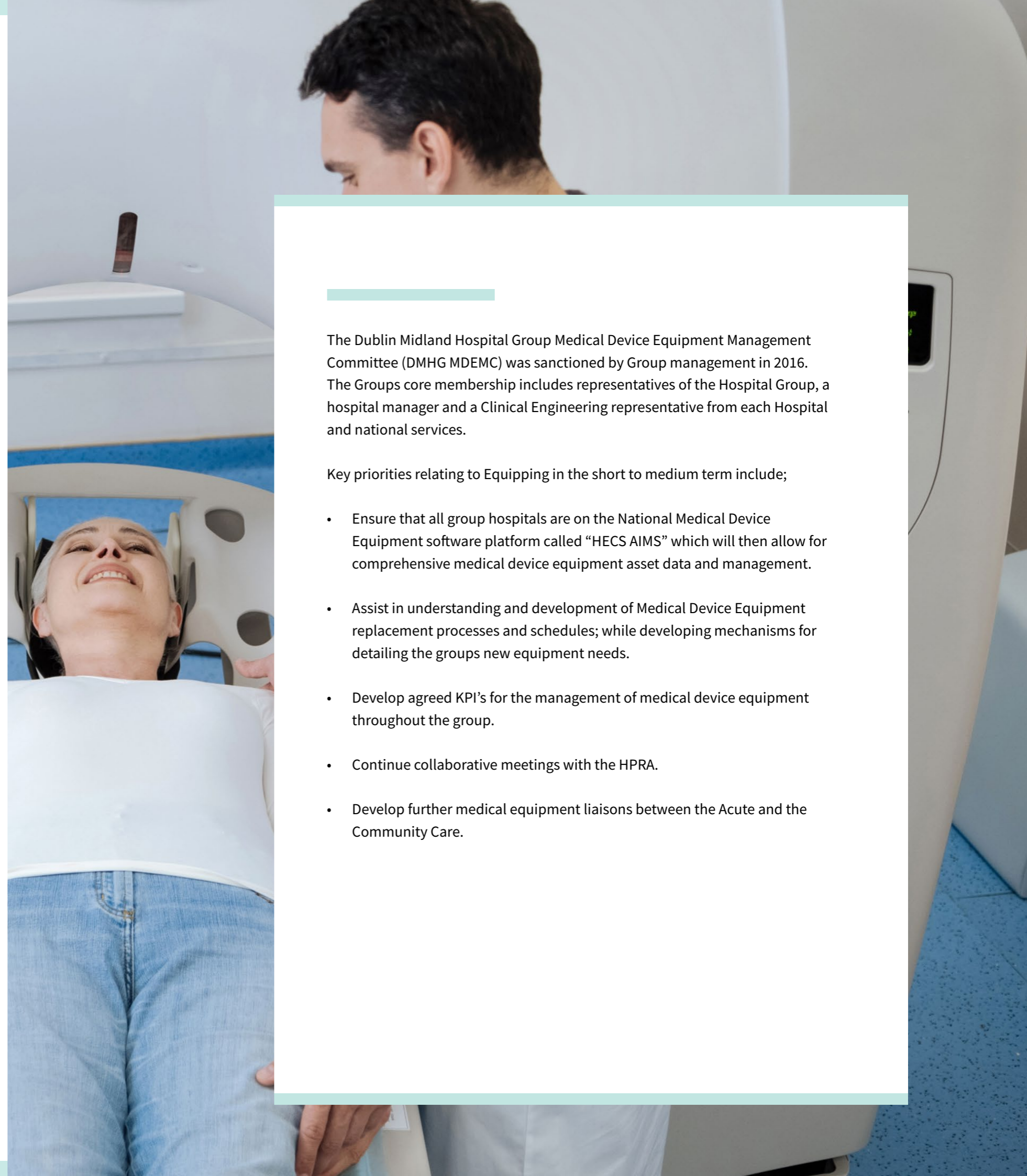
## Communication

- Develop the Group Communications Network in partnership with hospitals;
- Develop a Group operating model for Communications through the Group Communications Network;
- Encourage, support and participate in Group/hospital level projects which improve and promote best practice clinical communications;
- Communicate health education content that proactively encourages informed choice and behavioural change in our population;
- Develop a Group website with internal and external capacity so that people can find and use the services they require;
- Identify communication based training opportunities in partnership with HR and the Quality Division to provide best practice communications learning for our staff;
- Develop the communication expertise, prioritising digital and marketing, to support Group and hospital level requirements;
- Develop an agreed process with HSE National Communications for nationally developed communication campaigns to be adapted for and implemented at Group hospital sites, e.g. Healthy Ireland, National Patient Experience Survey, Winter Planning Initiative, and the Staff Survey;
- Develop common and agreed communications protocols, e.g. media relations, public affairs and consumer affairs.

## Capital and Equipping Projects

We see infrastructural developments as key enablers to deliver on the key strategic aims as set out previously. These include:

- New renal dialysis unit (Tallaght Hospital).
- New critical care unit (Tallaght Hospital).
- New theatres, ward and Neonatal Intensive Care Unit (NICU) refurbishment (Coombe Women and Infants University Hospital).
- Day ward and endoscopy suite (Naas General Hospital).
- Ambulatory care facilities (Midland Regional Hospital Portlaoise).
- Emergency department and ward expansion (Midland Regional Hospital Tullamore).
- Linac machine replacement and Phase II expansion of SLRON in line with National Cancer Control Strategy (St. Luke's Radiation Oncology Network, Beaumont Hospital and St. James's Hospital).
- Strategic clinical priorities for St. James's campus development.
- Strategic planning with St. James's Hospital and Trinity College Dublin to develop a Cancer Institute.
- Endoscopy decontamination upgrade (St. James's Hospital and Midland Regional Hospital Tullamore).



The Dublin Midland Hospital Group Medical Device Equipment Management Committee (DMHG MDEMC) was sanctioned by Group management in 2016. The Groups core membership includes representatives of the Hospital Group, a hospital manager and a Clinical Engineering representative from each Hospital and national services.

Key priorities relating to Equipping in the short to medium term include;

- Ensure that all group hospitals are on the National Medical Device Equipment software platform called “HECS AIMS” which will then allow for comprehensive medical device equipment asset data and management.
- Assist in understanding and development of Medical Device Equipment replacement processes and schedules; while developing mechanisms for detailing the groups new equipment needs.
- Develop agreed KPI's for the management of medical device equipment throughout the group.
- Continue collaborative meetings with the HPRA.
- Develop further medical equipment liaisons between the Acute and the Community Care.

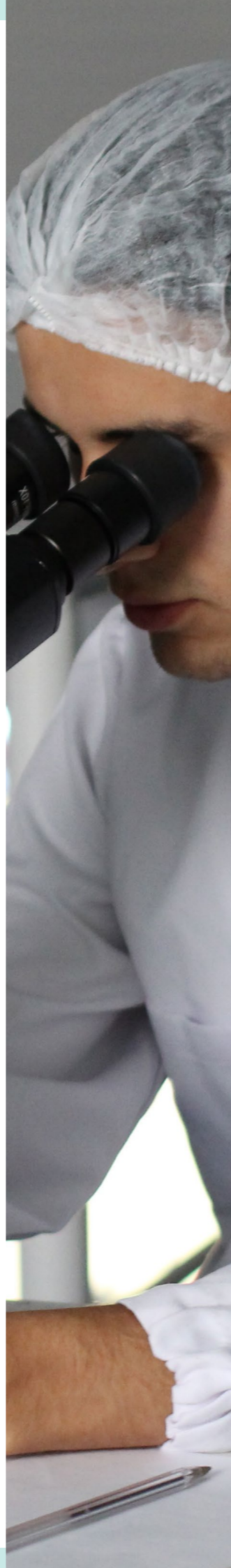
## Programme Management Office

The Dublin Midlands Hospital Group Programme Management Office (PMO) is a key resource jointly funded by the Hospital Group and the HSE Programme for Health Service Improvement. The PMO will support the Group and our hospitals in the implementation planning and roll out of the five-year strategic plan.

The PMO is an essential requirement to successful programme planning and implementation.

The PMO's role is to provide:

- **Methodology:** Act as a central point for the approved project methodology, lessons learned and best practice to enable successful delivery of programme and project work to agreed time, cost and quality requirements.
- Support project governance and health service improvement at a Group and local level on behalf of the Project Sponsor.
- **Integration:** Connect programmes and projects across our hospitals and community partners; identify interdependencies and risks, collate and analyse information and enable integration.
- **Delivery support:** Assist project teams to deliver on an agreed scope of work.
- **Oversight and traceability:** Collate and report programme and project status reports, manage project document including risk registers, schedules, incident logs benefit plan etc. Monitor and review programme and project performance.



## WHAT'S NEXT? STRATEGY IN ACTION

- Assess priorities and achievable timelines for the identified strategies by Group and hospital level Management Team executives and clinicians.
- Develop models of care and business cases for these strategies by clinical networks, hospital management and Community Healthcare Organisations.
- Ensure optimal governance of the implementation of the strategic plan by the incoming board of the Dublin Midlands Hospital Group, the Group hospitals and the HSE.
- Incorporate the strategic priorities into annual operational plans and monitor against milestones and key performance indicators.
- Ensure that Quality and Patient Safety, Workforce Planning, Communications, ICT and Finance enable the roll out of the five-year strategic plan working collaboratively with the Group and hospitals' management.
- Enhance engagement with patients, carers, clinicians, executives, community and partners.
- Implement prioritised strategic programmes and monitor progress against agreed targets and timelines.





# OUR HOSPITALS



## Coombe Women and Infants University Hospital **Dublin 8**



The Coombe Women & Infants University Hospital (CWIUH) Dublin is the largest provider of women and infants healthcare in Ireland, and one of the largest in Europe. It has national, regional and area responsibilities for ensuring the optimal health of mothers, women and infants, looking after almost 10,000 families each year.

Founded in 1826 as a voluntary, non-denominational institution, the Coombe was incorporated by Royal Charter in 1867 and has operated since within the terms of this Charter. Governed by a Board of Guardians and Directors, the Hospital operates the Mastership System, whereby the Master is both Chief Executive and the Lead Consultant Obstetrician and Gynaecologist. The Hospital is a national tertiary referral centre for specialised services including maternal and fetal medicine, neonatology, gynaecology and peri-operative medicine.

As one of the country's leading research and teaching hospitals, it hosts two University Departments of Obstetrics and Gynaecology, the National Cervical Cytology Training Centre and the Hub Centre for Continuing Midwifery Education in the Greater Dublin area. The Research Laboratory in the hospital campus is a leading European Centre for molecular biology research.

With "excellence in the care of women and babies" as its Mission, the Coombe's five-year strategy has been developed to meet the needs of the women and infants that it cares for. This strategy will ensure delivery of healthcare of exceptional quality, matched by cutting-edge research and training, through the staff who take pride in their collective achievements.

The Coombe's vision to be a nationally and internationally-recognised leader in healthcare for women, babies and their families is underpinned by the strong values of women and baby-centred care, excellence in everything they do, respect, pride in what they do, caring and progressive.



"New challenges and opportunities for the Coombe to shape and deliver services that fulfil women and infants' health and social needs, as well as expectations will be a feature of the next five years. We are proud to be part of the Dublin Midlands Hospital Group and to work with them within the context of delivering healthcare of exceptional quality matched by cutting edge research and training, through our staff who take pride in our collective achievements."

Dr Sharon Sheehan  
Master  
Coombe Women & Infants University Hospital

## Midland Regional Hospital Portlaoise Co. Laois

The Midland Regional Hospital Portlaoise (MRHP) provides acute-care hospital services including 24-hour Emergency Department service (ED) and a range of inpatient and outpatient general medical, surgical, obstetrics, gynaecology and paediatric services. It serves a population within the counties of Laois, Kildare, Carlow, Offaly and North Tipperary. MRHP is easily accessed as it is situated off the main national motor way.

The hospital currently operates with 135 inpatient beds, which includes 39 medical beds, 30 surgical beds, 29 obstetric beds and 21 paediatric beds, elective theatres, and day surgery operating through a day hospital with 16 day beds.

As the group regional provider for maternity and gynaecology services in the Midlands, Portlaoise Hospital will continue to build on the strong collaborative relationship that exists with

the Coombe Women & Infants University Hospital. A Director of Clinical Integration has been appointed and additional joint Obstetrics and Gynaecology Consultants have been recruited.

The hospital has recently completed the development of a new Medical Assessment Unit and Day Ward. Once staffed, this development will comprise a 20-bed day ward unit and a 10-bed Medical Assessment Unit expanded

endoscopy capacity including associated services. This development was funded with €7 million capital and additional revenue for medical and nursing staff. The overall development extends to 15,468 sq. ft. An additional €900,000 link corridor to improve patient flow will be built in 2018.

MRHP has a staff headcount of 781. All staff are highly committed to the delivery of high quality service.



“The Hospital is focused on providing the best hospital based care for the population that is safe, yet innovative, caring and efficient. Patients are at the heart of everything we do. Our aim, as part of the Dublin Midlands Hospital Group, is to provide quality services by delivering evidence-informed care; based on teaching and audit whilst supporting staff learning and growth.”

**Michael Knowles**  
General Manager  
Midland Regional Hospital Portlaoise

## Midland Regional Hospital Tullamore Co. Offaly



The Midland Regional Hospital Tullamore (MRHT) provides acute-care hospital services including a 24-hour emergency department and is the regional centre for Orthopaedics, Otolaryngology, Oncology, Haematology, Nephrology and Rheumatology. It is the receiving centre for all trauma activity. The hospital currently operates with 195 inpatient beds. This includes 93 medical beds, 68 surgical beds, elective theatres, trauma theatre 24/7 and day surgery operating through a day hospital with 23 day beds.

MRHT is the largest hospital in the Midlands of Ireland. It serves a population within the four counties of Laois, Offaly, Longford and Westmeath but also receives in growing numbers year on year activity from the counties of Tipperary, Galway, Roscommon, Kildare and other surrounding counties to a lesser extent.

The hospital is a three-storey structure with a floor area of 27,500 square metres and approaching its 10th year in operation. The access to MRHT, situated off the main national motor way, is a major attraction to patients seeking ready access to high quality services.

MRHT has a staff of 1050 WTEs. With this staff complement it is the one of the largest employers in the Midlands and is an essential contributor to the local economy. All staff are highly committed to the delivery of high quality service.

The Midland Regional Hospital Tullamore (MRHT) is now part of the Dublin Midlands Hospital Group and is establishing its role within this wider network. The work of the Hospital Group has enabled the development of elements of service delivery and further opportunities will be sought as the strategic work of the Dublin Midlands Hospital Group unfolds.



“The Midland Regional Hospital Tullamore welcomes a clear strategic vision for the Dublin Midlands Hospital Group and clear commitments for the support and development of acute hospital care in the Midlands. We will continue our work to build upon existing strengths to enhance and complement the range of services available to the population we serve.”

**Orlagh Claffey**  
General Manager  
Midland Regional Hospital Tullamore



## Naas General Hospital

### Co. Kildare



Naas General Hospital

Naas General Hospital is an acute general hospital with a bed complement of 243 providing inpatient general medical, surgical and acute psychiatric services, 24-hour Emergency service and a range of diagnostic and support services to its immediate catchment area of Kildare/West Wicklow serving a population in excess of 220,000.

The hospital is committed to the development of clinical pathways for patients to enhance patient care. The main priorities for future development include:

- Expansion and development of outpatient and day case specialist services including Rheumatology, Dermatology, Haematology, ENT, Urology and Neurology;
- Further development of tertiary Stroke Services for Group partners in Laois/Offaly;
- Development of a new Endoscopy Unit, Day Ward, Oncology, and Physical Medicine Department;

These priorities will strengthen the hospitals capacity to develop and tailor the range of services provided at Naas General Hospital ensuring the patient population have equitable access to the services they require within the Hospital Group.



“Naas General Hospital is committed to providing high quality care for our patients and service users. With the support of the Dublin Midlands Hospital Group, Naas General Hospital continue to develop and tailor the range of services we offer, as we work to ensure that our patients have appropriate and equitable access to the services they require within the hospital group. The Dublin Midlands Hospital Group have been very supportive in achieving key developments for the hospital, and have accelerated our integration with the surrounding hospitals and with our academic partner Trinity College Dublin.”

**Alice Kinsella**  
**General Manager**  
**Naas General Hospital**

## St. James's Hospital Dublin 8



St. James's Hospital occupies a place at the forefront of the Irish health sector. It has a clearly established identity as a hospital serving the acute health needs of our local community, in addition to providing an extensive range of highly specialist services regionally and nationally. We are committed to improving the health outcomes and experiences of patients through the leadership of our staff and by working with our partners in healthcare.

St. James's Hospital is the largest Academic Teaching Hospital in the Republic of Ireland, enjoying strong links with the University of Dublin (Trinity College). With 1,000 beds, more

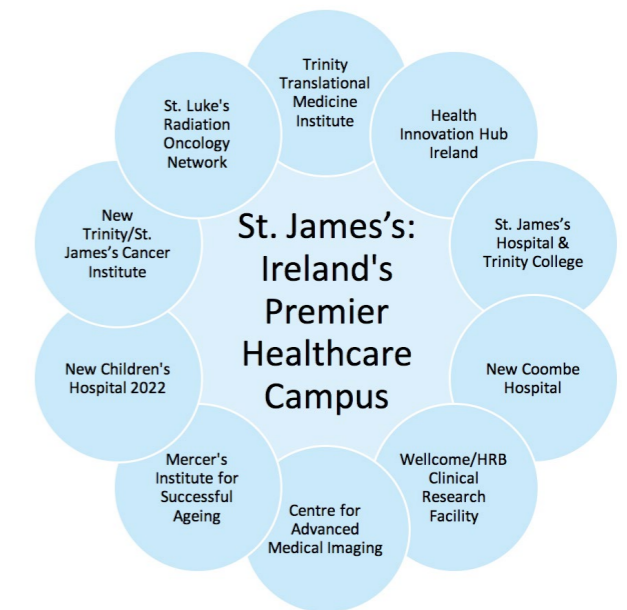
than 3,800 staff and an annual turnover of over €420m, by international standards St. James's is a substantial acute hospital service provider. However, its profile is not related purely to its scale, but to the visibility of its services and expertise on a national level. It occupies a prominent position in the public eye, and is recognised as placing a high emphasis on innovation and excellence of delivery.

St. James's Hospital is one of eight designated national cancer centres in the country. It is the largest in terms of activity, encompassing a number of national cancer care services. It is this unique position that has enhanced

the collaborative commitment of St. James's Hospital and Trinity College Dublin to develop and evolve a comprehensive Cancer Institute dedicated to improving the care and outcomes of patients with cancer.

The campus at St. James's Hospital is an evolving healthcare campus offering a hub of services designed to meet patient's needs. The hospital has several national centres and institutions on its campus including TCD's Health Sciences Building which incorporates schools of Medicine, Dentistry, Occupational Therapy, Speech and Language, Physiotherapy, Nursing, Radiotherapy and Clinical Nutrition studies. St. Luke's Radiation Oncology Network and the Wellcome Trust/HRB Clinical Research Facility are also situated on the site. The hospital welcomes and looks forward to the opening of the National Children's Hospital in 2022, Phase 2 of the St Luke's Radiation

Oncology Centre, and the transfer of the Coombe Women and Infants University Hospital facility to the campus.



**Mr Lorcan Birthistle**  
Chief Executive Officer  
St. James's Hospital

“The vision for St. James's Hospital into the future is to be a leading healthcare organisation, nationally and internationally and to improve health outcomes through collaboration and innovation. To achieve this, in collaboration with the Dublin Midlands Hospital Group, Trinity College Dublin and our Community Healthcare Organisation, we will develop clear models of integrated services and care pathways: strengthen education, research and innovation to support clinical practice and to be an employer of choice in healthcare in Ireland.”

### National

Plastics  
Burns  
Reconstructive Surgery  
Haemophilia Services  
Bone Marrow Transplant  
Maxillo-Facial Surgery  
National Medicines Information Centre  
National Pharmacoeconomics Centre  
National Dementia Information and Development Centre  
National MRSA Reference Laboratory  
National TB Reference Laboratory  
Upper GI Cancer  
National Endoscopy Screening

### Supra-Regional

Genito-Urinary Medicine / Infectious Diseases  
Oesophageal Surgery  
Cardiac Surgery  
Cardiology  
Gastro-Intestinal Medicine  
Clinical Haematology  
Medical Oncology

### Regional

Cardiology  
Respiratory Medicine  
Endocrinology  
ENT  
Gastro-Intestinal Medicine  
Gynaecology  
Genito-Urinary Medicine  
Clinical Haematology  
Rheumatology  
Thoracic Surgery  
Medical Oncology

### Catchment

Major Emergency Unit  
Major Care of the Elderly Centre  
Orthopaedics (Trauma)  
Palliative Care  
Dermatology  
Neurology  
General Medicine  
General Surgery  
Urology

## St. Luke's Radiation Oncology Network

### Co. Dublin



The St. Luke's Radiation Oncology Network (SLRON) provides the largest radiation oncology service in Ireland across three centres in St. Luke's Hospital, Rathgar and on the campuses of St. James's Hospital and Beaumont Hospital. SLRON is dedicated to excellence in patient care, research and education with patients and their families at the centre of everything the service provides. SLRON is committed to providing the most modern radiation oncology service possible. Investments in technology over the last six years have allowed the service to provide access for patients to all forms of modern radiotherapy treatment, including a number of services not previously available within the HSE (such as stereotactic radiotherapy) or in the Republic. In line with the National Plan for Radiation Oncology, SLRON is committed to ongoing development of the service to ensure sufficient capacity for the greater Dublin region.



“The provision of modern cancer care requires sophisticated multidisciplinary teams drawing on an extended spectrum of expertise. We look forward to expanding our collaborative clinical and research projects within the Dublin Midlands Hospital Group to ensure our patients have access to the best possible multidisciplinary care at all stages of their radiotherapy treatment.”

**Dr Orla McArdle**  
**Network Director**  
St Luke's, St James's and Beaumont Oncology



## Tallaght Hospital

### Dublin 24



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

Tallaght Hospital provides access for patients to over 20 medical and surgical specialties, with comprehensive on-site Laboratory and Radiology support services. Currently, there are, 495 adult beds and 67 paediatric beds, 12 theatres and 14 critical care beds in operation. The Hospital has in excess of 420,000 patient attendances a year and has one of the busiest Emergency Department nationally with a catchment population of approximately 450,000 people (80% of which are located in South Dublin and parts of Kildare), and serves approximately 200 General Practitioners in surrounding communities. In addition, Mental Health services operate an on-site inpatient unit under HSE governance structures, with close operational alignment to Tallaght adult services. The Campus is 31 acres in size, with significant future development capacity. We have a diverse and experienced team of staff, employing over 3,000 people from over 40 different countries across the world, and annual gross expenditure is in excess of €0.25bn.

Trinity Health Ireland (THI) collaborative agreement underpins Tallaght Hospital’s valued collaborative relationships with Trinity College Dublin (TCD), St. James’s Hospital, and the Coombe Women and Infants University Hospital. The recent relocation of the Institute of Population Health (TCD) proximal to the Hospital has afforded additional collaborative opportunities. This collaborative approach is also reflected in the Hospital’s Clinical Services Strategy (2016-2018) with a focus on how the Hospital can best contribute as part of the Dublin Midlands Hospital Group and the Children’s Hospital Group (CHG) to improving access for patients to the services they need.

This can be accessed on <http://www.tallaghthospital.ie/About-us/Caring-for-the-Future-Clinical-Services-Strategy-2016-2018.pdf>



“Tallaght Hospital welcomes the Dublin Midlands Hospital Group strategy and the opportunities it presents for improving patient access and the collaborative development of services across the Group”

**Mr. David Slevin**  
CEO  
Tallaght Hospital



<b>Tallaght Hospital</b>	Cardiology
<b>Speciality Services:</b>	Endocrinology
Gastroenterology	Respiratory Medicine
Trauma Orthopaedics	General Medicine
Elective Orthopaedics	Haematology
General Surgery	Oncology
Gastrointestinal Surgery	Rheumatology
Urology	Neurology
Vascular Surgery	Neurophysiology
ENT	Nephrology
Gynaecology	Geriatric Medicine
Anaesthetics	Stroke Medicine
Intensive Care	Dermatology
Pain Management	Psychiatry
Emergency Medicine	Palliative Medicine



# APPENDICES

## HOSPITAL ACTIVITY

Births	2015	2016	Change	2017 YTD (Jun)
Coombe Women and Infants	8,405	8,303	-1.21%	3,938
MRH Portlaoise	1,606	1,485	-7.53%	750
<b>DMHG</b>	<b>10,011</b>	<b>9,788</b>	<b>-2.23%</b>	<b>4,688</b>

Emergency Presentations	2015	2016	Change	2017 YTD (Jun)
St James's Hospital	46,890	47,990	2.35%	24,209
Tallaght Hospital	45,390	49,512	8.69%	24,696
Naas General Hospital	27,089	28,450	5.02%	14,755
MRH Portlaoise	38,968	39,222	0.65%	19,545
MRH Tullamore	32,031	33,282	3.9%	16,599
<b>DMHG</b>	<b>190,368</b>	<b>198,456</b>	<b>4.16%</b>	<b>99,804</b>

Emergency Inpatient Discharges	2015	2016 (ABF)	2017 YTD (Jun)
St James's Hospital	18,237	17,966	7,594
Tallaght Hospital	14,780	15,717	8,226
Naas General Hospital	9,152	8,947	3,553
MRH Portlaoise	7,338	6,603	3,865
MRH Tullamore	8,786	9,651	3,740
Coombe Women and Infants	1,340	1,298	464
<b>DMHG</b>	<b>59,663</b>	<b>59,182</b>	<b>27,442</b>

Inpatient Discharges	2015	2016 (ABF)	2017 YTD (Jun)
St James's Hospital	23,216	21,265	11,635
Tallaght Hospital	17,725	18,294	9,608
Naas General Hospital	9,795	8,746	4,706
MRH Portlaoise	12,793	10,896	7,366
MRH Tullamore	11,353	11,296	5,711
Coombe Women and Infants	19,150	17,848	9,158
<b>DMHG</b>	<b>94,032</b>	<b>88,345</b>	<b>48,184</b>

Daycase Discharges				
	2015	2016 (ABF)	Change	2017 YTD (Jun)
St James's Hospital	47,347	46,389	-2.02%	7,594
Tallaght Hospital	43,825	44,182	0.81%	21,591
Naas General Hospital	7,750	7,592	-2.04%	3,553
MRH Portlaoise	6,220	5,729	-7.89%	3,865
MRH Tullamore	33,620	31,845	-5.28%	3,740
Coombe Women and Infants	8,365	7,958	-4.87%	464
<b>DMHG</b>	<b>147,127</b>	<b>143,695</b>	<b>-4.32%</b>	<b>40,807</b>

Outpatient Attendances				
	2015	2016 (ABF)	Change	2017 YTD (May)
St James's Hospital	200,637	202,528	0.94%	105,089
Tallaght Hospital	254,691	254,049	-0.25%	107,270
Naas General Hospital	52,130	53,528	2.68%	25,541
MRH Portlaoise	40,208	40,205	0%	20,798
MRH Tullamore	70,090	69,831	-0.37%	35,769
Coombe Women and Infants	116,441	115,774	-0.57%	58,249
<b>DMHG</b>	<b>734,197</b>	<b>735,915</b>	<b>0.14%</b>	<b>352,716</b>

# VALUES

Core Values of the HSE (HSE Corporate Plan 2015)

## CARE

- We will provide care that is of the highest quality
- We will deliver evidence based best practice
- We will listen to the views and opinions of our patients and service users and consider them in how we plan and deliver our services.

## COMPASSION

- We will show respect, kindness, consideration and empathy in our communication and interaction with people
- We will be courteous and open in our communication with people and recognise their fundamental worth
- We will provide services with the dignity and demonstrate professionalism at all times.

## TRUST

- We will provide services in which people have trust and confidence
- We will be open and transparent in how we provide services
- We will show honesty, integrity, consistency and accountability in decisions and actions

## LEARNING

- We will foster learning, innovation and creativity
- We will support and encourage our workforce to achieve their full potential
- We will acknowledge when something is wrong, apologise for it, take corrective action and learn from it

We will try to live our values every day and will continue to develop them over the course of the plan.



# QUALITY FRAMEWORKS



HIQA National Standards for Safer Better Healthcare HIQA 2012

# QUALITY ASSURANCE AND VERIFICATION DIVISION

The core strategic priorities for the Quality Assurance and Verification Division are as follows:



The aim of these priorities is to ensure that we as an organisation embrace the core health service values of Care, Compassion, Trust and Learning.





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## Contact

### Address

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Bridgewater House,  
Bridgewater Business Centre,  
Conyngham Road,  
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