Regional Update

HSE Dublin and Midlands

29th October 2025

FSS Bhaile Átha Cliath agus Lár na Tíre
HSE Dublin and Midlands

Agenda

- Opening Remarks from REO
  - Regional Leadership Introductions
- Spotlight Session:
  - Clinical Governance - Medical
  - Clinical Governance - Nursing & Midwifery
  - Planning and Performance
- Introduction to Strategy Planning
- Q&A Session

Opening Remarks from REO

Serving 1,077,639 people – through 4 IHA's

With a Budget of circa €4Billion

Providing employment for 31k people

Key Principles

- Stability
- Sustainability
- Growth

1. an unwavering commitment to providing safe, high-quality care
2. a commitment to effective, efficient, high-quality performance
3. behaviours characterised by support, compassion and inclusion for all patients and staff
4. ways of working that focus on continuous learning, quality improvement and innovation
5. enthusiastic co-operation, teamworking and support within and across boundaries

Regional Objectives

"Healthcare delivered at the lowest appropriate level of complexity through a health service that is well organised and managed to enable comprehensive care pathways that patients can easily access and service providers can easily deliver. This is a service in which communication and information support positive decision-making, governance and accountability; where patients' needs come first in driving safety, quality and the coordination of care." Definition of integrated care included in Sláintecare Report (May 2017) the Committee on the Future of Healthcare

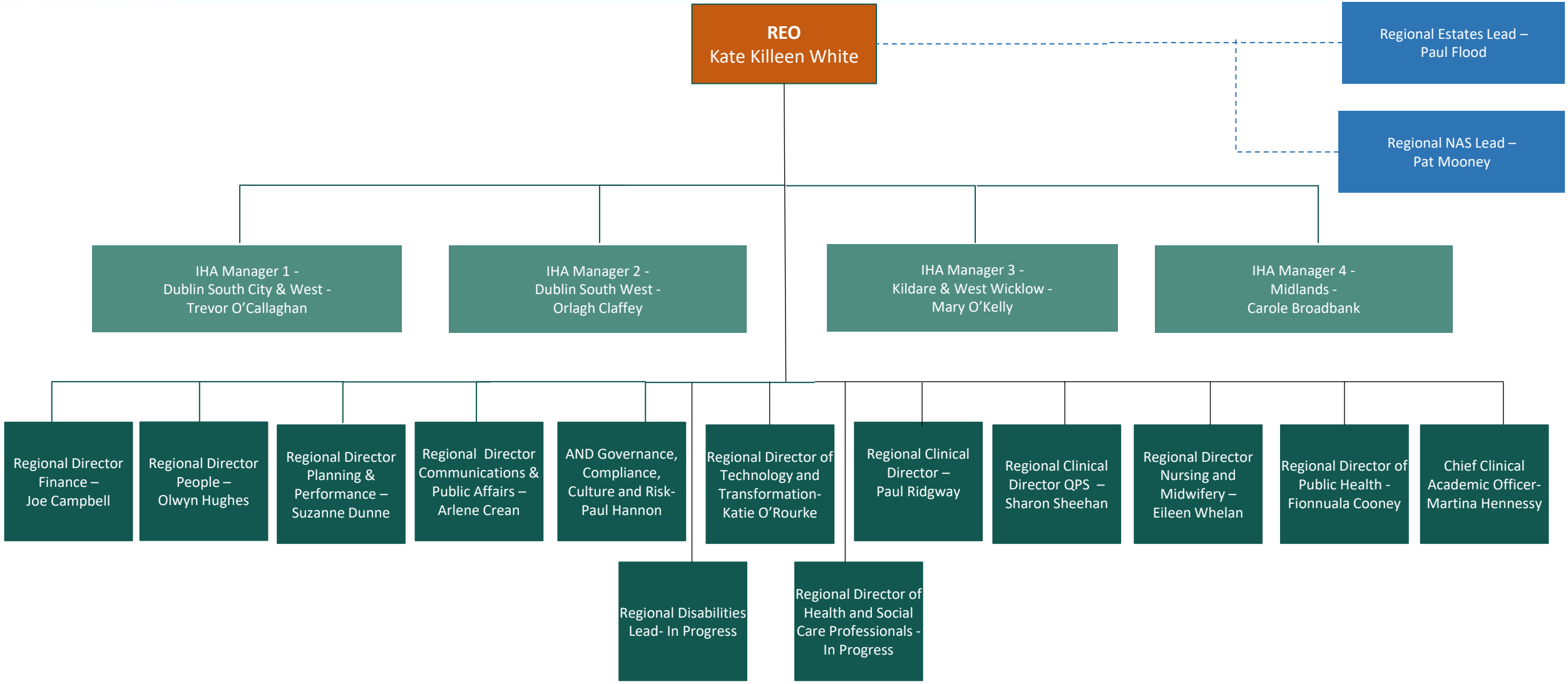
- Aligns and integrates hospital based and community services so that we delivered more, joined up and integrated services right across the region and really important to that was the.
- Recognition that we needed to clarify and strengthen cooperate and clinical governance and accountabilities at all levels and I'll talk a little bit more about that as we progress.
- To drive forward with the population based approach to service planning and a population based approach which serves to and aims to address health inequalities where they exist.
- Improving equitable and regional investment and balance national consistency with appropriate local autonomy to maintain consistent quality of care across the country.
- The overarching objective of the regions was to run an efficient and highly productive health service within each of the regions.

It is a collective objective and will take combined regional effort to…..

Deliver true regional integration

Introductions to new RLT members

HSE Dublin & Midlands - RLT

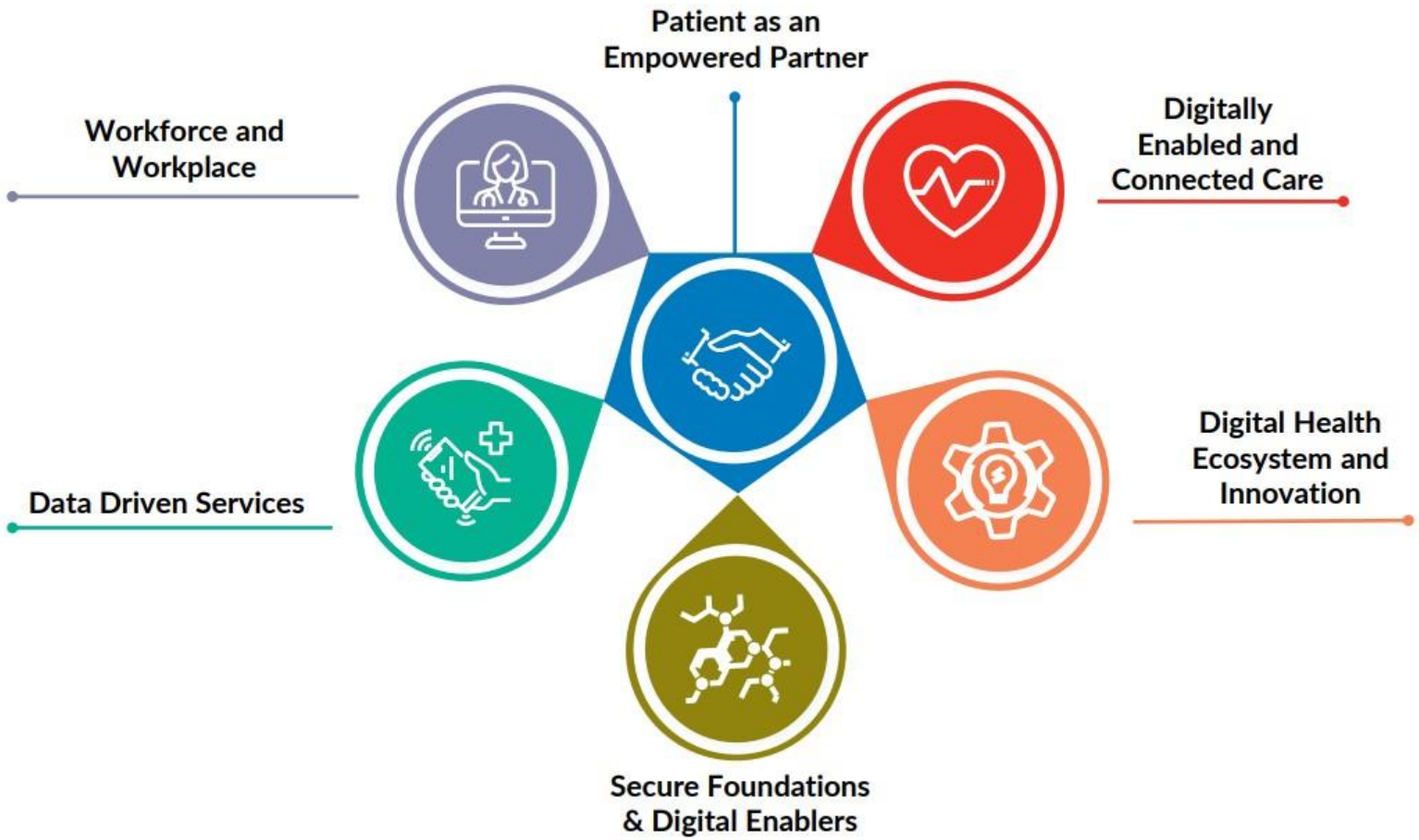


Regional Director Technology & Transformation

Katie O'Rourke

Contact me:
Regional Director Technology & Transformation
RDoTT.DML@hse.ie.

Regional Director of Technology & Transformation
Katie O'Rourke



Regional Director People

Olwyn Hughes

Contact me:
Regional Director of People
RDOP.DML@hse.ie

Future HR structure

Principles and Pillars

- **Integrated governance** will apply to the regional HR functions – i.e. one HR function for statutory services, one team under the single governance of the RDOP with strong working relationships to the Section 38 providers and with decision making at appropriate levels.
- **A Senior HR Operations Manager** will co-ordinate and deliver HR services for IHA leads.

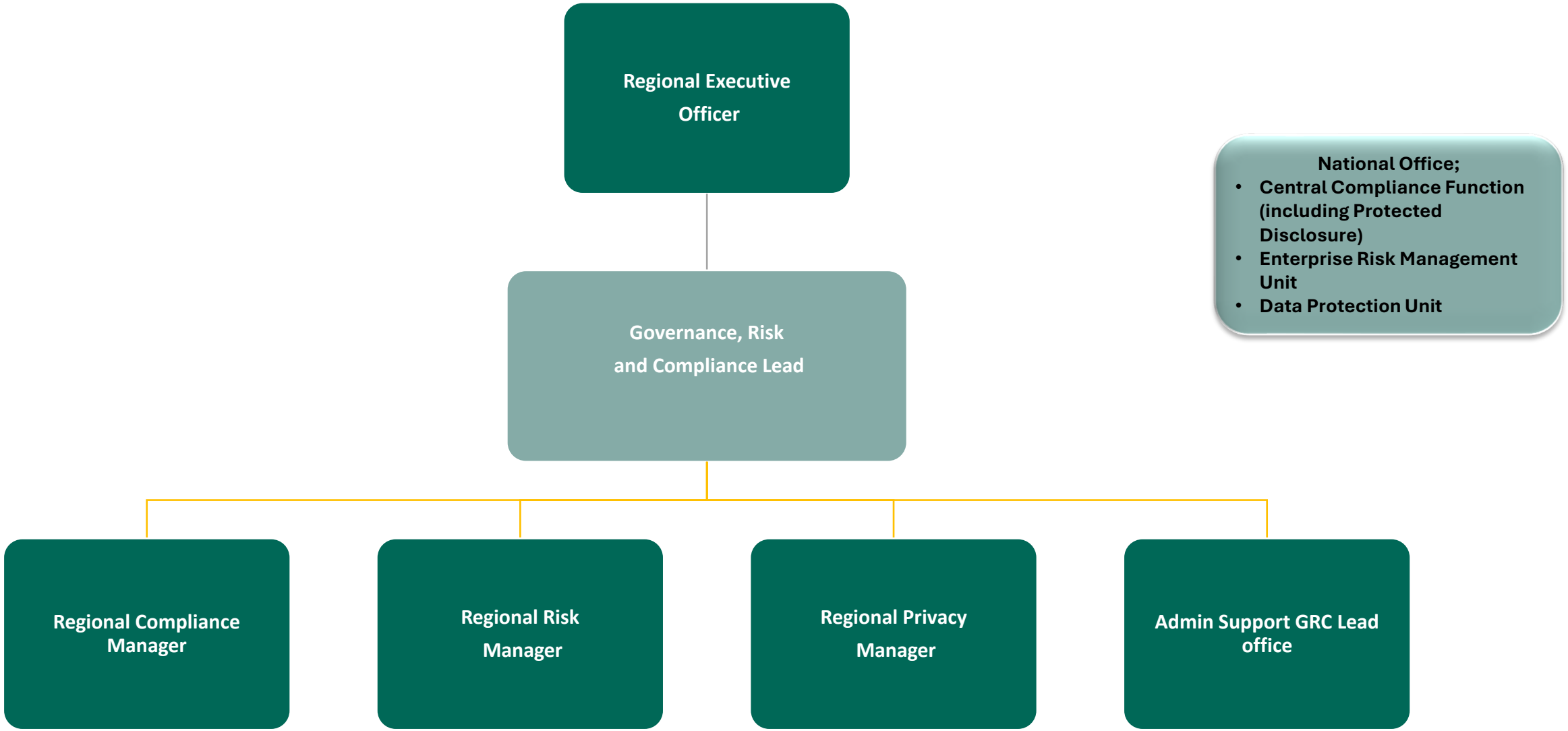
- **6 Regional HR Functions/Pillars** will be established – centralising core HR activities: Employees Relations, Regional workforce Data and ICT systems and governance, recruitment and resourcing, Medical Workforce, learning & Development, Organisational Health (Staff health and wellbeing).

Regional Director Governance, Compliance & Risk

Paul Hannon

Contact me:
Regional Director Governance,
Compliance and Risk
Paul.Hannon@hse.ie

Regional Governance, Risk and Compliance Function



Regional Patient & Service User Engagement Lead

Mairead Holland

Contact me:
Regional Patient and Service User Engagement Lead
PSUE.DublinMidlands@hse.ie

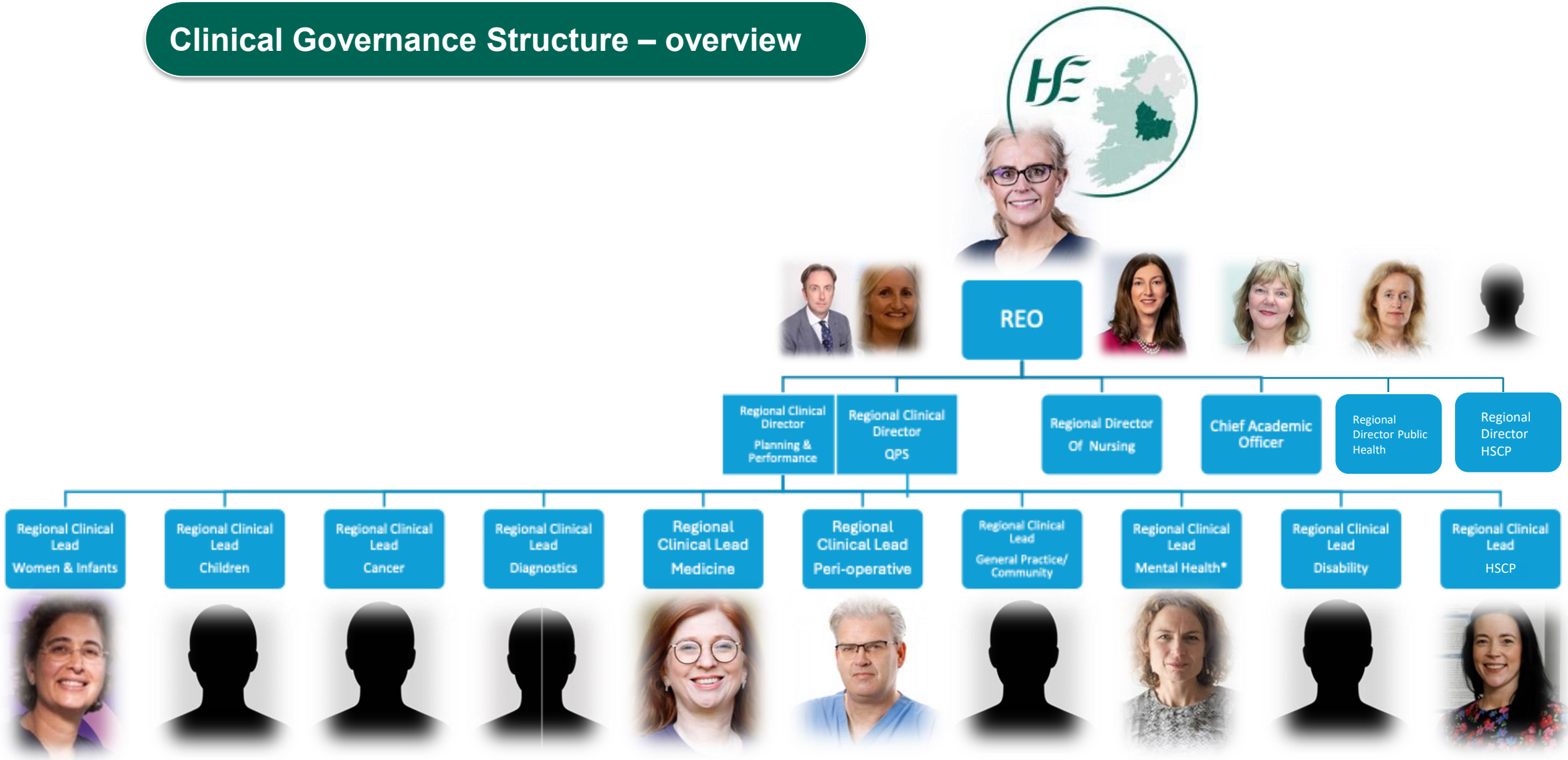
Spotlight Session:

- Clinical Governance – Medical

Professor Paul Ridgway

Clinical Governance- Medical

Clinical Governance Structure – overview

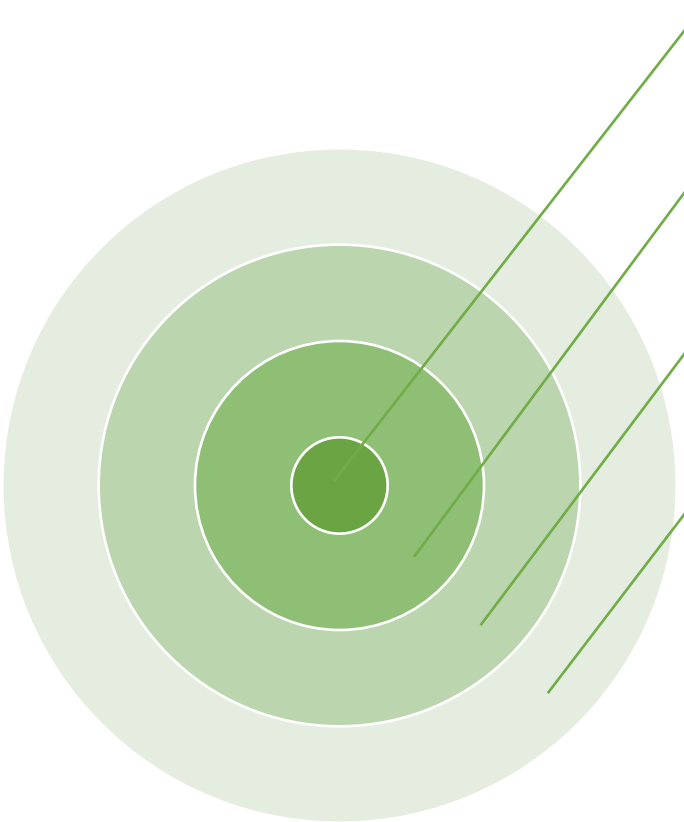


Spotlight Session:

Clinical Governance
Nursing and Midwifery

Eileen Whelan
- Regional Director of Nursing & Midwifery
- Adjunct Professor of Nursing & Midwifery, TCD
- RGN. PG Dip. MBA. FFNMRCSI, Fellow SPSP.

Purpose/North Star



Patient/Service User

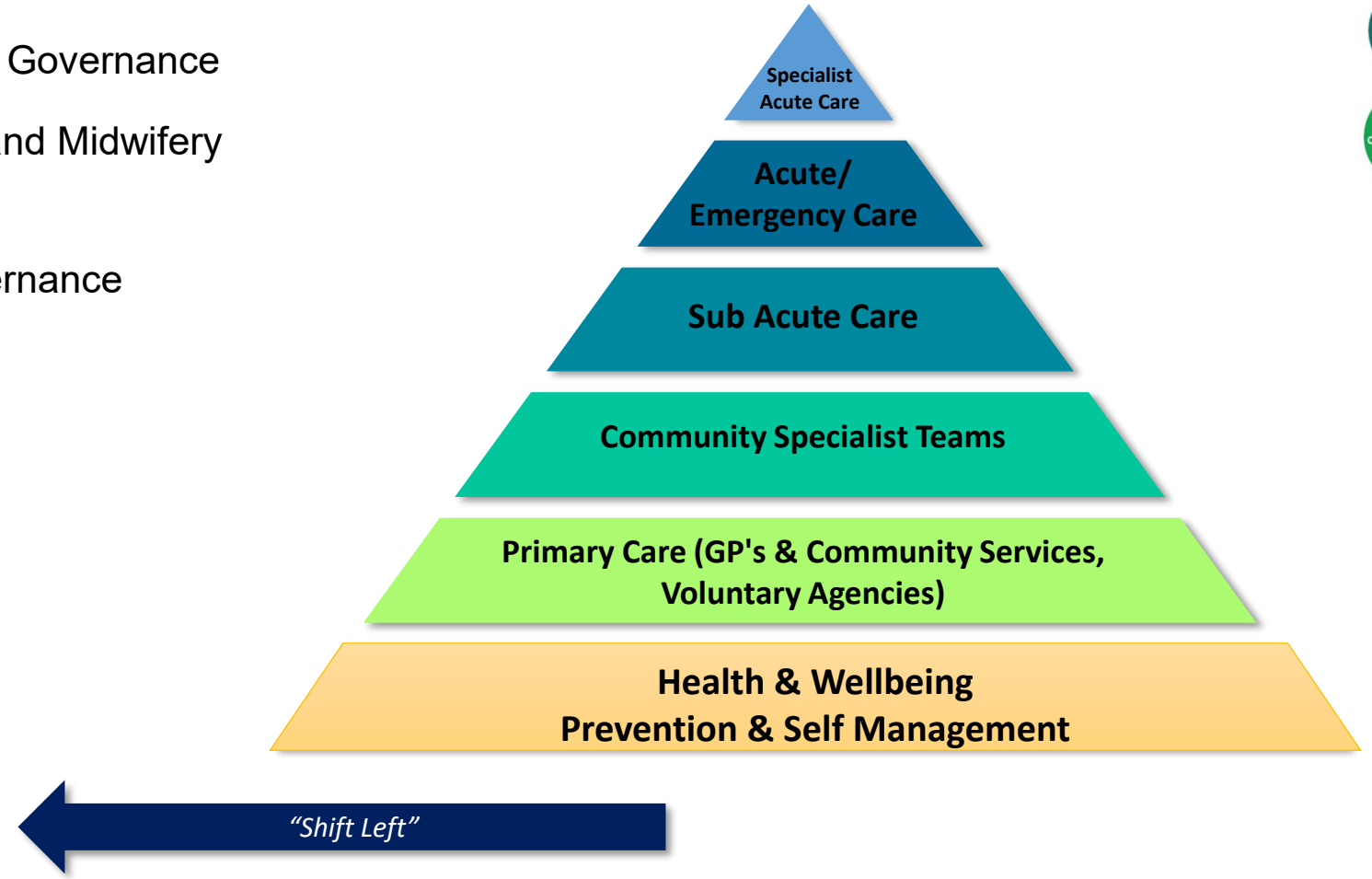
Population based health

Improve ease of access

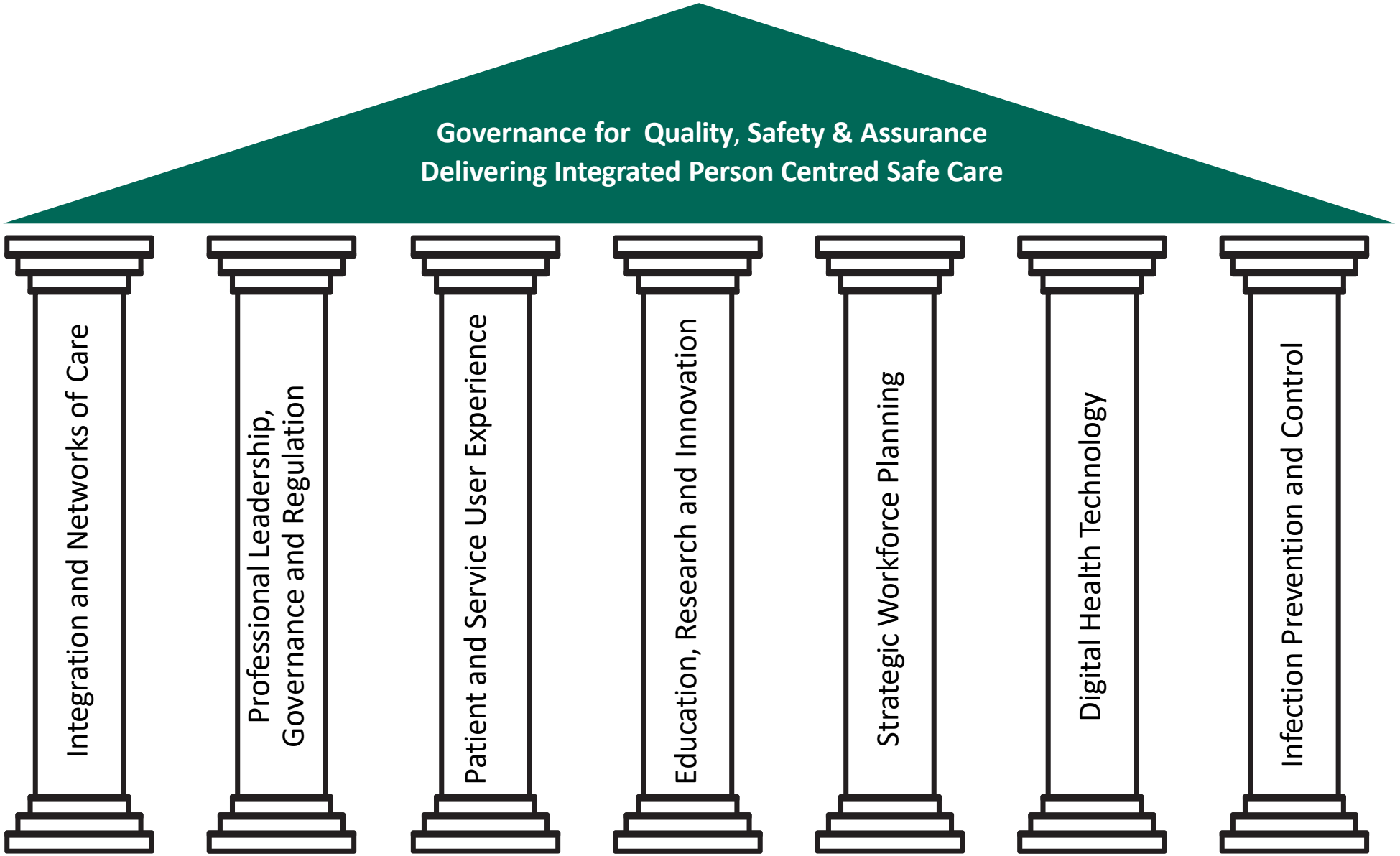
Improve equity of access

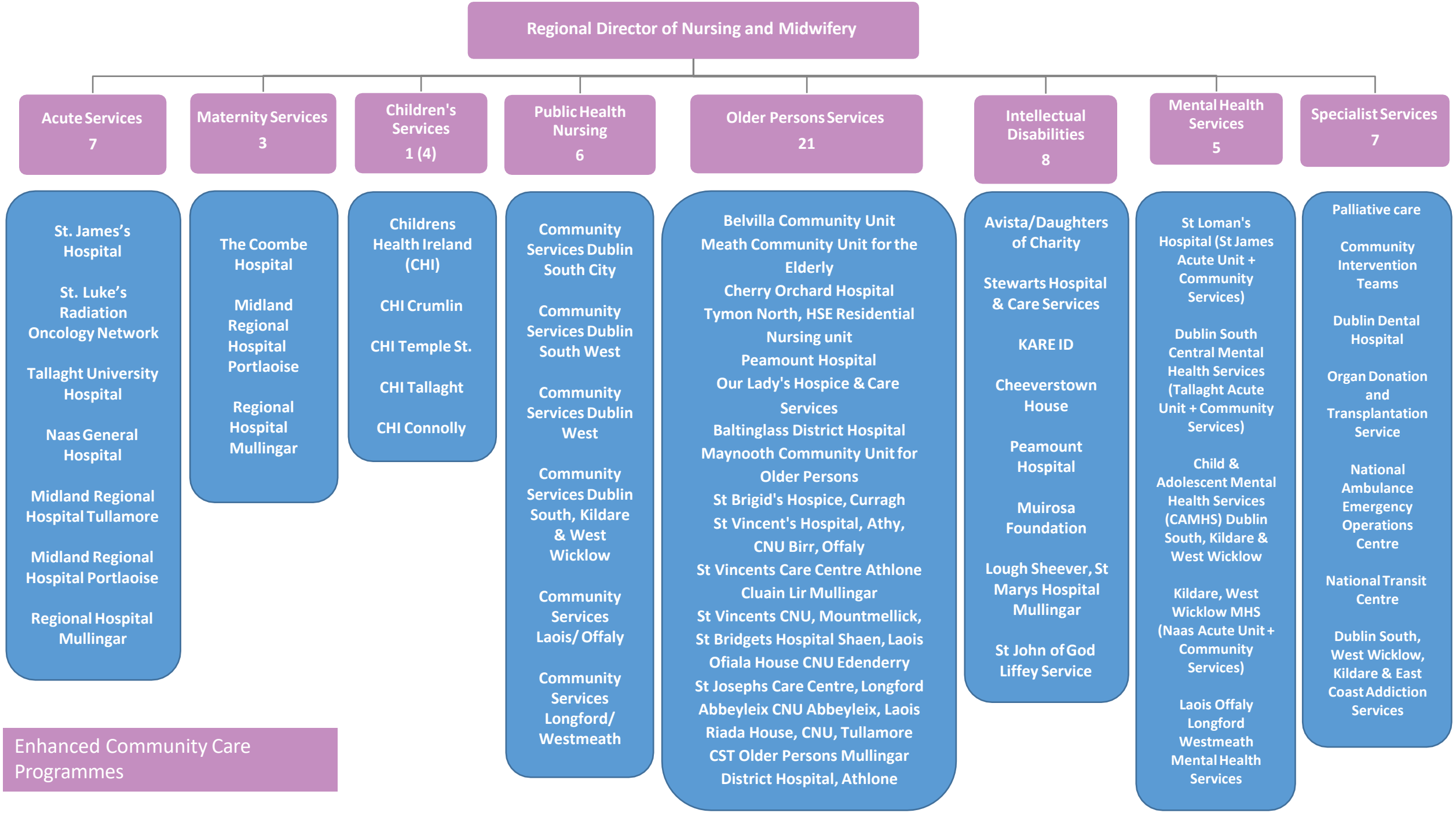
My Role

- Clinical and Corporate Governance
- Professional Nursing and Midwifery Governance
- Interprofessional Governance
  - Teams
  - Clear accountability
  - Authority
  - Responsibility



Regional Director of Nursing and Midwifery - Seven Pillars





* Plus 64 Private Facilities. Older persons Services

Regional Director of Nursing and Midwifery Governance Structure – Regional Nursing Leads

REO

Regional Director of Nursing & Midwifery

Regional Clinical Director Planning & Performance

Regional Clinical Director QPS

Regional Director of Public Health

Regional Clinical Academic Officer

Regional Nursing Network Lead Peri-Operative

Regional Nursing Network Lead Medicine

Regional Nursing Network Lead Older Persons

Regional Childrens Nursing Network Lead

Regional Nursing & Midwifery Network Lead Women & Infants

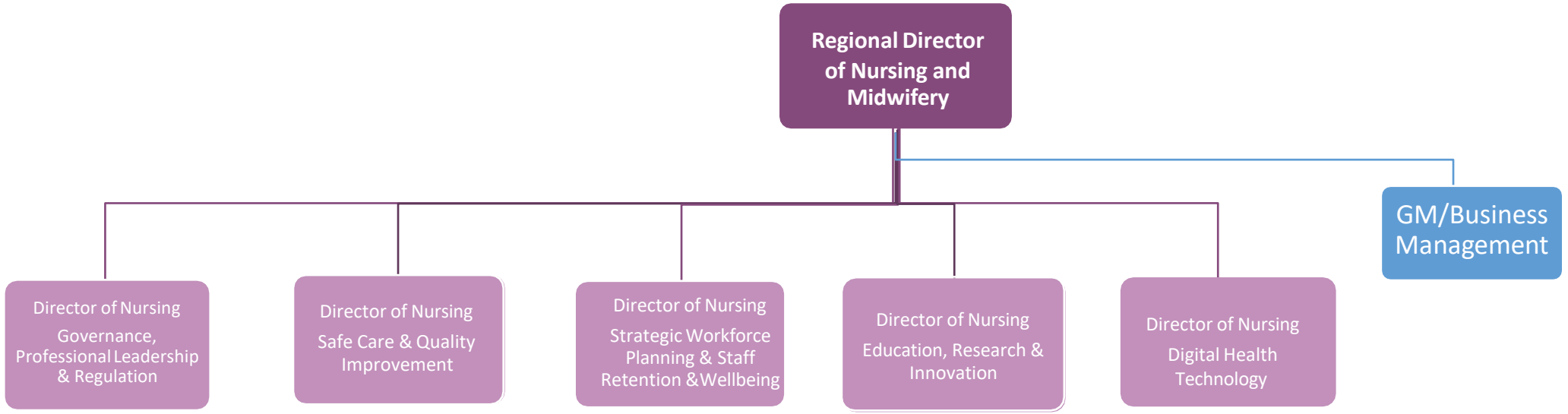
Regional Nursing Network Lead Mental Health

Regional Nursing Network Lead Public Health

Regional Nursing Network Lead Advanced Practice

Regional Nursing Network Lead Disability

Regional Director of Nursing and Midwifery Governance Structure – Directors of Nursing



*Directors of Nursing aligned to IHA's

Assistant Director of Nursing
IPC

Assistant Director of Nursing
Patient & Service User Experience

Regional Nursing and Midwifery Workforce

Dublin and Midlands Region

Nursing & Midwifery: 10,357

Patient & Client Care: 6,229

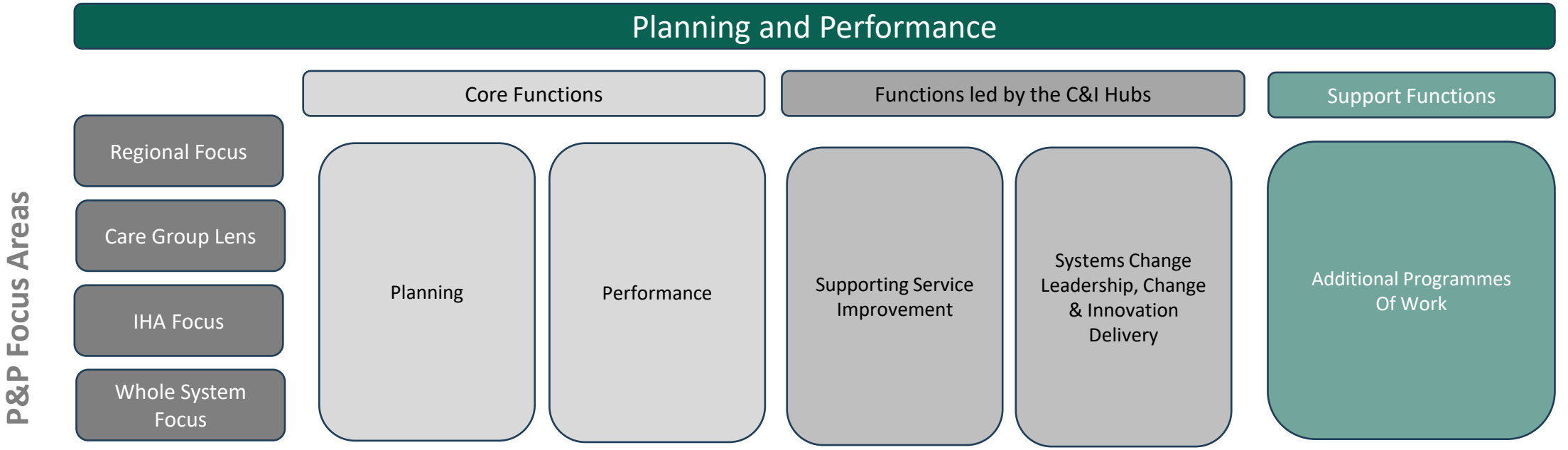
53.4% of total staff in the region

Spotlight Session:

Planning and Performance

Suzanne Dunne, Regional Director
Planning and Performance

Planning and Performance



Regional EMT

- Regional Disability Lead
- Executive Nurse/ Midwife
- Clinical Director
- Population & Public Health
- REO
- IHA Managers
- Finance
- People
- Comms & Public Affairs
- Tech & Transformation
- Governance, Compliance, Culture and Risk

- Estates
- NAS

Planning and Performance is a core responsibility of all EMT members. The Regional Director of Planning and Performance and their team will oversee and coordinate the function, working in partnership with RLT members.

Planning and Performance

The Regional P&P function is accountable for two core areas: Planning and Performance - these are the key focus of the function. A joint planning and performance process between Regional P&P and ND P&P is operational and in place

Planning

Areas of activity include, but are not limited to:

- Strategic planning
- Contributing to:
  - National Service Plan (NSP)
  - HSE Corporate Plan
- Lead the coordination of regional operation planning / regional plans
- Contributing to strategic workforce planning
- Population-based planning
- Strategy formulation and implementation

Performance

Areas of activity include, but are not limited to:

- Performance monitoring- *Community & Acute*
- Data analytics planning
- KPIs and outcome measures
- Identify, assess and coordinate, in collaboration with accountable stakeholders, variances in performance and required responses
- Monitoring of service improvement efforts
- Key areas of performance focus to year end are 5/7 and POCC impact on services
- Regional level performance, areas of focus UEC, OPD, Primary Care Therapies

Introduction to Strategy Planning – Suzanne Dunne

Dublin & Midlands Health Region Strategy 2026-2030

Context

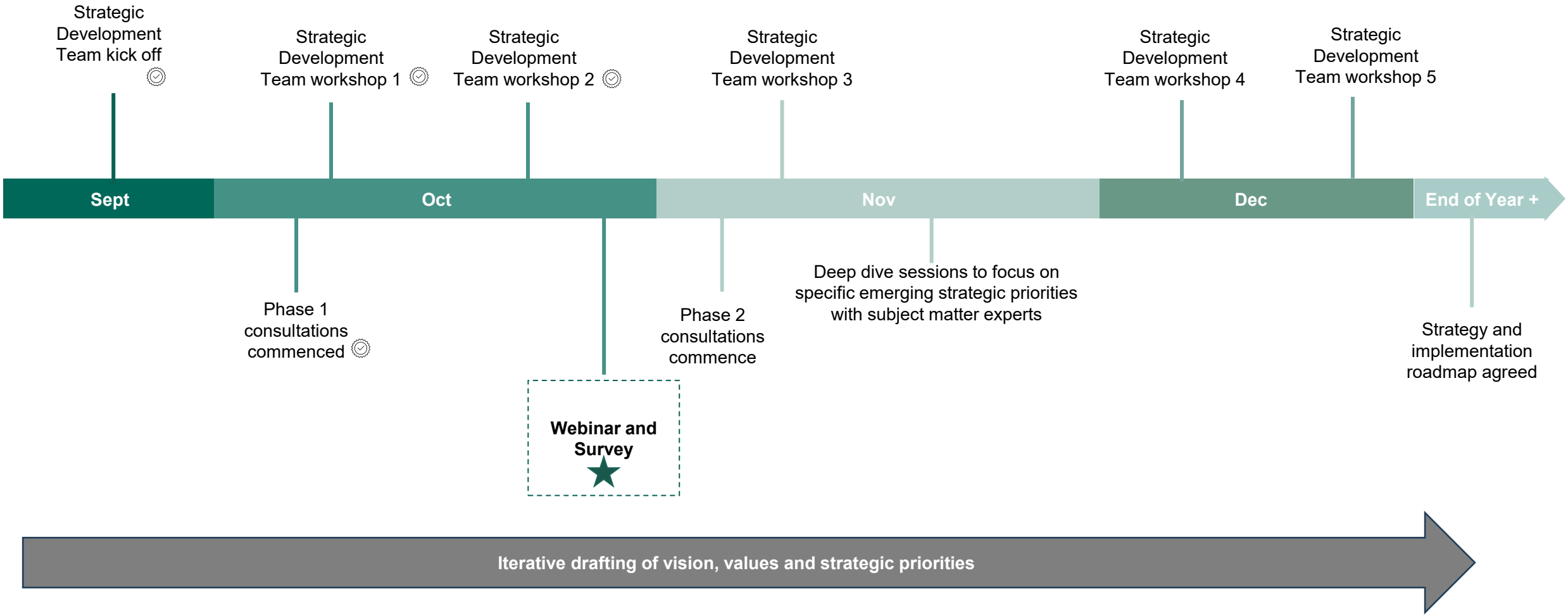
- The first strategy for the Dublin and Midlands Health Region for 2026–2030 is being developed
- It will guide how health and social care services are planned and delivered across our diverse region
- The strategy will act as the primary blueprint for the Region’s strategic development, grounded in assessed population needs
- It will define a strategic framework and enable cross-sectoral collaboration at both regional and national levels
- Extensive stakeholder engagement is ongoing to understand and shape the region’s strategic priorities
- A Steering Group has been established to oversee the development of this strategy

High level Overview of Strategy Development Activities

The development of this Strategy is benefitting from significant engagement with a diverse range of stakeholder groups. The below captures some of the activities contributing to this strategy at this point in time. Stakeholder engagement will continue into 2026 with the implementation of the Strategy.

- 30+ individual consultations with senior regional and national leadership
- 5 Focus Groups
- 70+ national and regional strategy and policy documents reviewed
- 5 Workshops with the Strategy Development Team
- 3-4 Deep Dive Sessions on key topics with Subject Matter Experts
- Review of international best practice
- Analysis of available regional data and demographic information
- Service provider survey to hear about the improvements you believe should take place across service areas and why these are required.

Timeline


Strategic Development Team kick off
Strategic Development Team workshop 1
Strategic Development Team workshop 2
Strategic Development Team workshop 3
Strategic Development Team workshop 4
Strategic Development Team workshop 5
Sept
Oct
Nov
Dec
End of Year +
Phase 1 consultations commenced
Webinar and Survey
Phase 2 consultations commence
Deep dive sessions to focus on specific emerging strategic priorities with subject matter experts
Strategy and implementation roadmap agreed
Iterative drafting of vision, values and strategic priorities

Strategic Landscape

The following provides an overview of the main themes reflected in national policy and regional provider strategies that will inform the Region's strategic planning and delivery:

- Integrated, Person-Centred Care
- Prevention and Early Intervention
- Workforce Development and Wellbeing
- Digital Transformation and Data-Driven Planning
- Quality, Safety and Regulation
- System Learning, Innovation and Research
- Sustainability and Climate Action
- Cross-Sector Collaboration and Partnerships
- Health Equity, Inclusion and Human Rights
- Governance and Accountability

Information Webinar Content: Survey

Purpose

To build healthy communities and improve access to health and social care services in our region. When care is needed, it should be timely, joined-up, and of high quality.

To continue to foster a culture of care, compassion, trust and learning; listening to staff and building change readiness.

To focus on ongoing improvement, working well with partners, clear communication, sustainability, and wise use of resources.

Get involved

- Please get involved, your ideas are hugely valuable in shaping the strategy and understanding your needs
- We want to hear about the improvements you believe should take place across service areas and why these are required
- Please scan the QR code on screen to access the anonymous survey
- The survey closes on Tuesday 4th of November

https://surveys.hse.ie/s/ServiceProviderSurvey/

Update ISD – Implementation Phase

Future State ISD Model

Key features of the Approved Model

Population Focus

Geographic approach through integrated management of high-volume "CHN+" community team services across a cluster of CHN geographies to meet the needs of the local population.

Specialist & Regulated Services

Management of specialist and regulated services grouped and delivered across the IHA to streamline "like" activity, draw on existing expertise, and protect parts of the current structure that work well.

Flat Structure

Number of management layers minimised to keep decision-making close to the service user / patient. Roles reporting to IHA Managers vary in grade proportionate to the level of responsibility.

Networks of Care

Networks of Care driving a service user / patient-centred approach, quality and safety, and integrated clinical leadership across services and care settings in the IHA and wider Region.

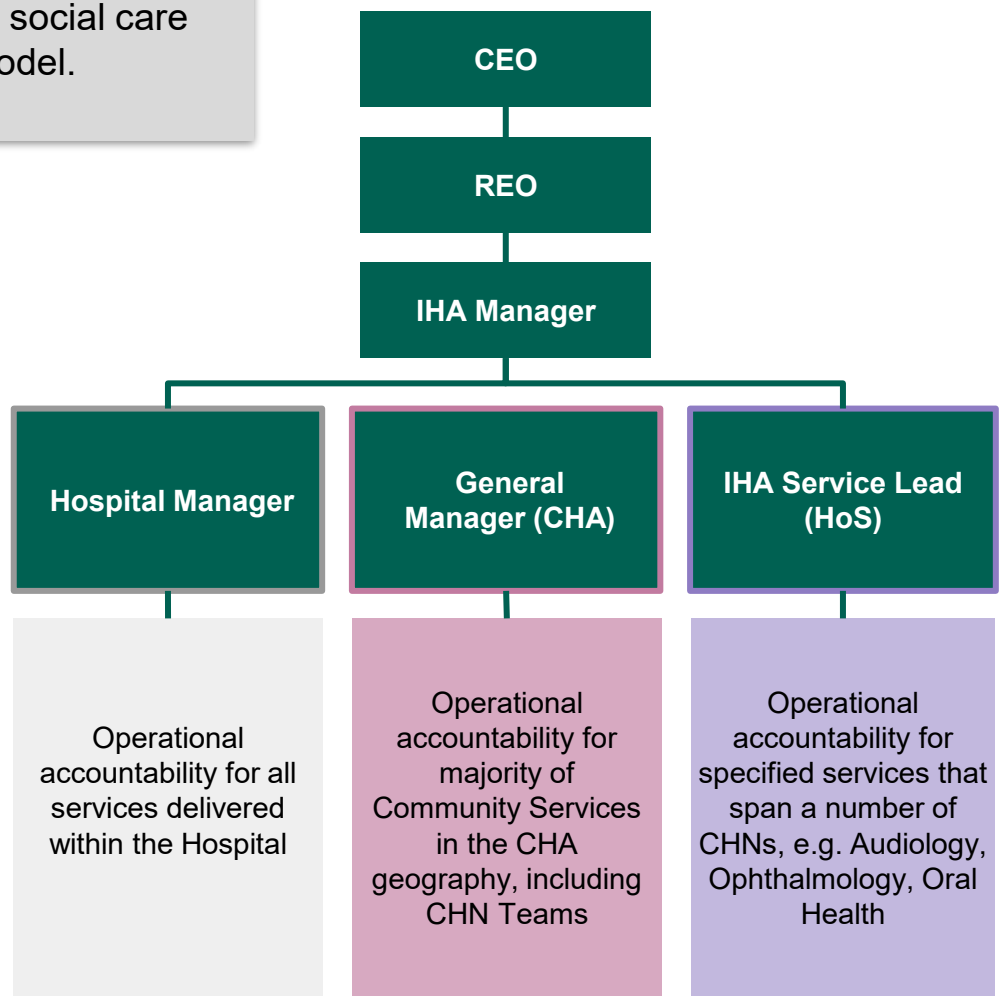
ISD Model – Operational Governance and Accountability

In the approved ISD model, the primary governance and accountability for all health & social care services, sits with the IHA Manager based on a geographic and population-focused model.

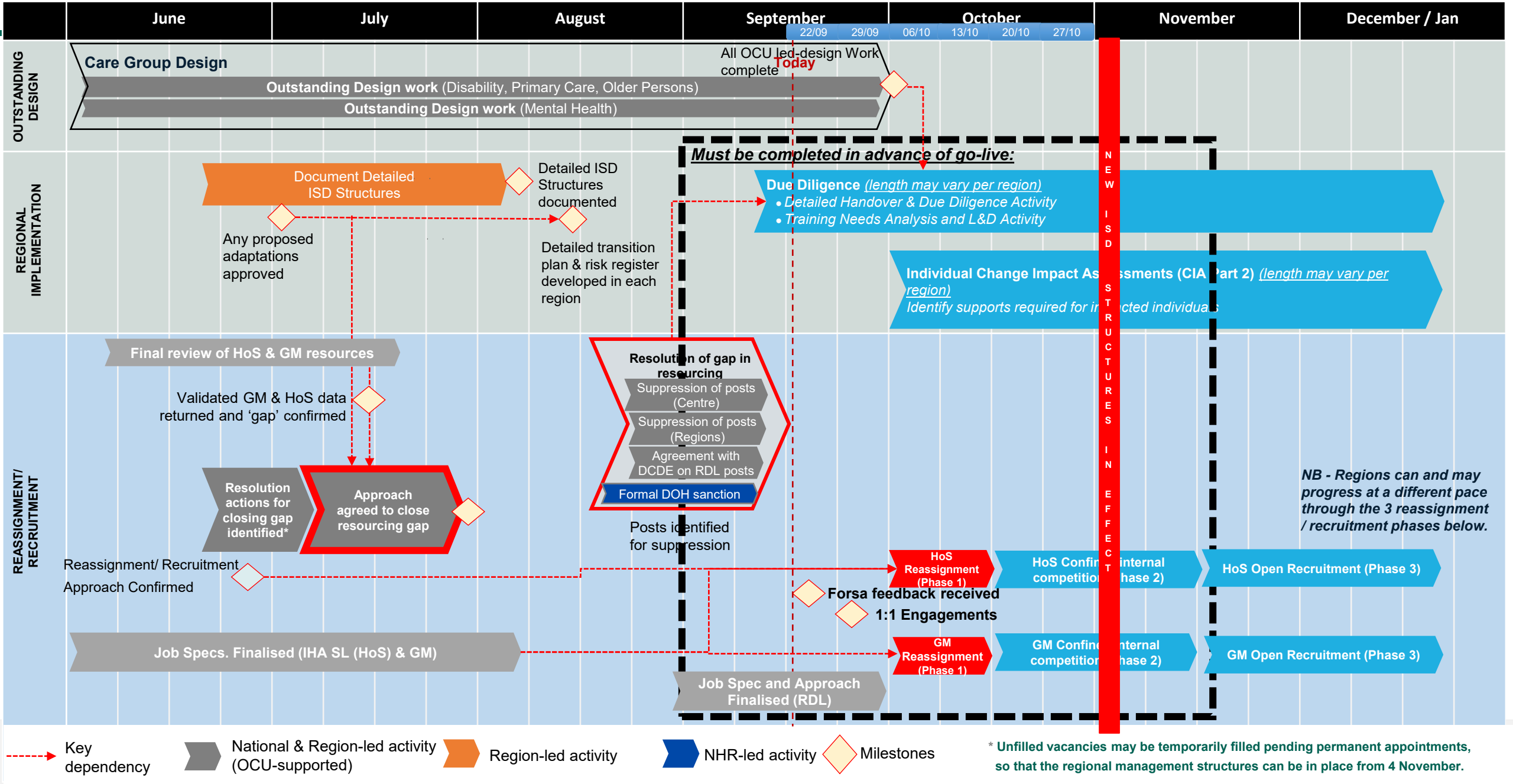
<u>Operational Accountability & Reporting to the IHA Manager:</u>

- **Within the approved IHA structure, General Managers (GMs) and Heads of Service (HoS) in each IHA will report to the IHA Manager.**
- **GMs will have operational accountability for all Community Healthcare Area (CHA) services in existing 'CHN' geography.**
- **HoS will have operational accountability for defined IHA services aligned with regionally agreed portfolios.**

- Resourcing of both roles is deemed as an essential enabler to the successful implementation of the new Integrated Service Delivery (ISD) Model and is being prioritised by the Dublin and Midlands Region.

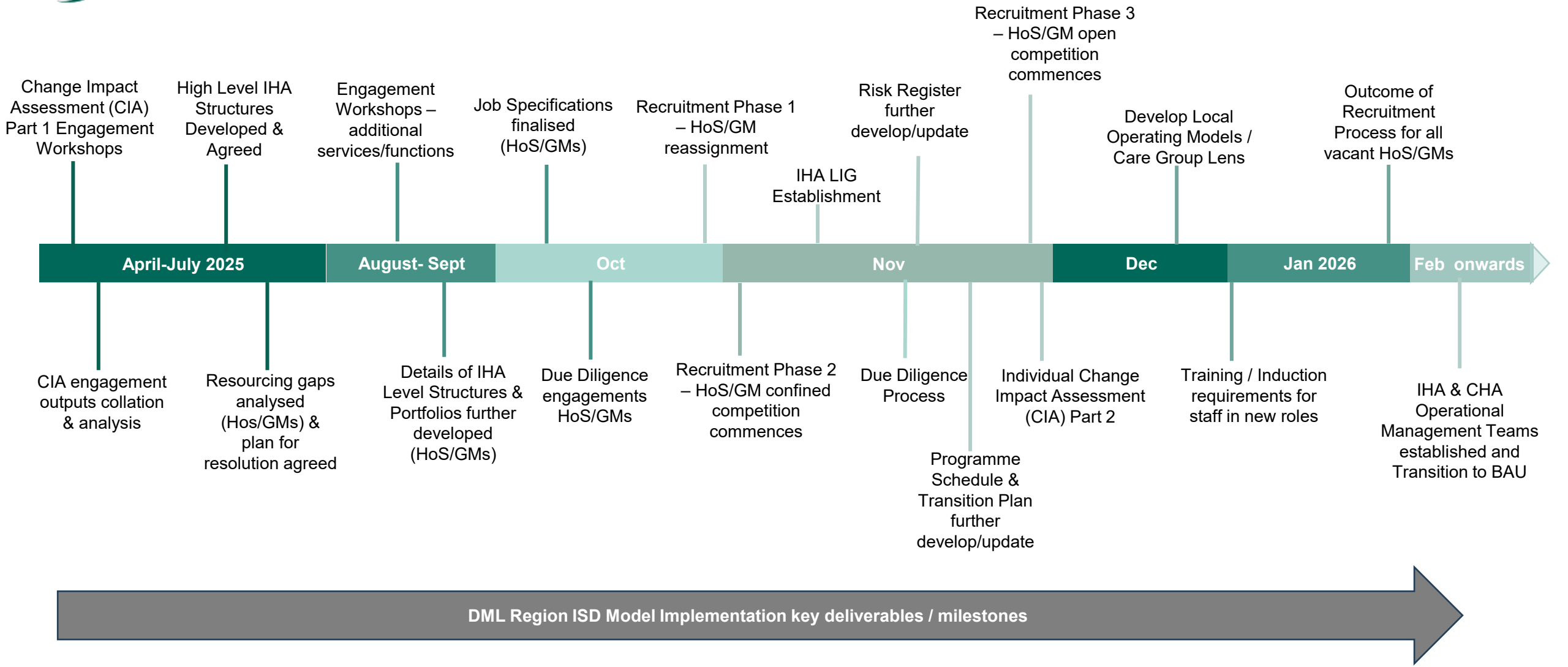


ISD and HR High-Level Implementation Plan for Regions



* Unfilled vacancies may be temporarily filled pending permanent appointments, so that the regional management structures can be in place from 4 November.

Timeline – ISD Model Implementation



Engagements

October 2024 – November 2025

11 Regional Level Engagements

- First all staff briefing 07/03/2025.
- Meeting attendees included members of the RLT, Heads of Service, Hospital Managers

8 Regional Workshops for Care Groups and Enabling Functions with stakeholders

- Regional Change Impact Assessment specific workshops with stakeholders of all Care Groups have taken place. Further engagement workshops planned
- Workshops with stakeholders for enabling functions have commenced.

50 IHA Level Engagements (Formal & Informal)

- Meeting attendees included IHA Leads, Heads of Service and General Managers
- Planning and communication about the transition change

Next Steps for engagement

- Through Local Implementation Groups (LIGs)
- Wider stakeholder involvement and co design of sub IHA structures

What Change is happening next?

HoS and GMs roles in the community services are transitioning from the legacy model of 'Care Group' portfolios and service delivery models to the future state Integrated Service Delivery 'ISD' portfolios. They will hold accountability for assigned IHA or CHA services across multiple care groups in a geography, including specialist and regulated services.

Hospital and Community Managers will be required to work in an integrated manner under the IHA Managers and new IHA Structures.

Implementation to commence 4th November 2025.

Next Steps

The following provides an overview of the key next steps

Recruitment - Following recent finalising of the job specs for HoS / GM roles, critical to progress the redeployment / reassignment and recruitment process within the Region.
Care Group Lens – Design Work & Operating Models i.e. Mental Health. (National Dependency)
LIGs - Establishment of LIGs at IHA Level.

- Portfolios - Finalising of the ISD IHA Portfolios and sub-IHA level structures and service mapping
- Due Diligence - Due Diligence Process to ensure safe handover.
- Regional Transition Plan & Risk Register development & finalising (once the above have been delivered) – C&I and QPS.
- Further Workshop Engagements – Enabling/Support Functions (HR/Finance/QPS); Social Inclusion; Mental Health.
- Design of the sub-structures below HoS / GM at IHA level - analysis required from a HR perspective in terms of what's in place, location, gaps etc. and proposal on the 'to-be'.

Local Implementation Groups (LIGs)

- **Local Implementation Groups (LIGs)** will support the rollout of the new Integrated Service Delivery model & the standing up of new governance structures at IHA level .
- They will be established in each IHA for a defined period e.g. 6-9 months to support the transition activities of each IHA.
- LIG objectives include – implementation of the ISD Model locally - transitioning from 'Care Group' portfolios to agreed 'ISD' portfolios; prioritisation of local workstreams, resource allocation, identification and escalation of risks, challenges, and enablers to ensure successful ISD model implementation.
- Core LIG membership will include: IHA Managers, Heads of Service, General Managers, Representatives from the acute hospital setting, QSSI/QPS, Finance, HR, Estates, Change and Innovation.
- Meeting frequency and duration will be agreed locally by each LIG.
- ToR drafted by Change and Innovation for consideration.

Q&A Session

Thank you !

- **Webinar recording will be shared and email to all staff will issue Thursday.**
- **If you want to sign up to our mailing lists email media.dubmidlands@hse.ie**

Please complete the strategy survey – follow QR code/link https://surveys.hse.ie/s/ServiceProviderSurvey/