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MESSAGE FROM THE BOARD CHAIRMAN AND
CHIEF EXECUTIVE OFFICER, UL HOSPITALS

The production of a strategic plan is a significant undertaking for any organisation, as it clarifies its vision, values and mission. It also sets targets and indicates what must be done to achieve them. Having a robust plan is all the more important when the enterprise is new or undergoing transformation. At such a crucial time, an organisation must not only know what it intends to do and how to do it, but must also communicate this to others. With these thoughts in mind, we introduce the first Strategic Plan for UL Hospitals, to cover the period from 2014 to 2016.

This plan signals the start of an exciting journey for UL Hospitals, with the ultimate aim of providing the best possible patient care across all clinical sites. Our clear vision is for UL Hospitals to be among the top three Irish hospitals by 2018. Judgement on whether or not we have realised our vision by 2018 will be made by those we serve.

We acknowledge the many significant difficulties involved in developing and improving services during tough economic times. In spite of these, we hereby state our commitment to transforming the delivery of hospital services for our community during the years ahead. UL Hospitals was one of the first new hospital groups to be established in Ireland, in 2012, and we have already made significant progress. Patient access to our services has improved, with the development of medical and surgical assessment units. We have improved our treatment of patients with cancer, with cardiovascular disease and those who are elderly. A new governance structure with an interim Hospitals Board and devolved authority to four Clinical Directorates across six sites is a huge advance. We continue to upgrade our physical infrastructure with a magnificent new Critical Care Block at UHL and with additional facilities on the way, to include new operating theatres, specialty therapy facilities, extra ward accommodation, a new Emergency Department and a Clinical Education & Research Centre in partnership with the University of Limerick.

A strategic plan helps us to focus on the priority areas that most need attention and that are likely to provide the greatest dividend to standards of clinical care. The creation of a single hospital across multiple sites, the implementation of national standards for safer better healthcare, the improvement of our ICT
systems and the development of education and research have rightly been identified as the key areas on which we will focus. It is confidently expected that progress in these areas will lead to substantial improvements in other areas that are not singled out for specific attention in this plan.

Having a map, a destination and a plan is just the first step in our journey. While the Plan identifies 64 specific actions that we will take to achieve our strategic priorities, our success will depend on the extent to which each and every employee at UL Hospitals embraces the plan and becomes part of its implementation.

The purpose of our work is to care for, to treat and, when possible, to cure our patients and to do so in the most caring, respectful and professional way possible. This Strategic Plan will guide us over the next three years as we grow and improve UL Hospitals for our patients and prepare for the attainment of Trust status. It will be our reference for everything we undertake during the next three years.

Professor Niall O’Higgins
Chairman
UL Hospitals Interim Board

Ms Ann Doherty
CEO
UL Hospitals
EXECUTIVE SUMMARY

The 2013 Higgins Report – The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts – recommended that, within one year of establishment, all newly formed hospital groups should develop a Strategic Plan. UL Hospitals (comprising six acute clinical sites in Limerick, Clare and North Tipperary) began the process of developing its Strategic Plan in July 2013 with a view to having this ready for implementation by early 2014. The UL Hospitals’ Strategic Plan will cover a three-year period, 2014–2016.

The Plan contains statements of mission, vision and values for UL Hospitals. These statements were developed through a process of consultation with all UL Hospitals employees, with the Hospitals Executive Management Team and with the Hospitals Board.

The Strategic Plan also contains four strategic priorities on which we will all focus over the next three years. These relate to:

- The development of a functioning single hospital across multiple sites
- The provision of a quality, safe and efficient service
- The development of our ICT systems
- The promotion of clinical education and research in association with the University of Limerick

We will deliver on these four strategic priorities through the 64 specific actions (classified under 18 headings) which are itemised in this document. These strategic priorities and the associated action plan have also been developed through a continuing process of consultation with all staff as the plan evolved. They have been approved by the UL Hospitals Board.

The UL Executive Management Team will provide leadership in the implementation of the Strategic Plan and, in this regard, the role of the Clinical Directorates will be crucial. The UL Hospitals Board will be responsible for monitoring progress with its implementation. However, the success of the Plan will ultimately depend on the extent to which it is embraced by all staff at UL Hospitals.
STRATEGIC PLAN: AIMS AND BACKGROUND

Aims of the Strategic Plan

The aims of this Strategic Plan are to generate a united view on the role of UL Hospitals in the Irish health service, to decide on the priority issues on which to focus over the next three years, to set ourselves specific targets and to plan a strategy for reaching these targets. As a preliminary step, we need to describe our mission, and the vision and values that underpin our daily activities as we progress to attain our goals. This Plan represents the aspirations of the staff at UL Hospitals in serving and interacting with the wider community in the Mid-West region between the years 2014 and 2016. The Strategic Plan will be complemented by annual UL Hospitals Service Plans, which will demonstrate how the strategic goals are to be achieved year on year. In adhering to its Strategic Plan and annual Service Plans, it is expected that UL Hospitals will be well placed to assume trust status by the end of 2016.

Background to the Strategic Plan

Three recent government reports have laid the foundation for a major reform of the Irish health service and particularly of the country’s acute hospitals. These are: Future Health: A Strategic Framework for Reform of the Health Service 2012–2015, published in November 2012; Securing the Future of Smaller Hospitals: A Framework for Development, published in February 2013; and The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts (the Higgins Report), published in May 2013. The implementation of the Higgins Report has resulted in each acute Irish hospital being placed in one of six groupings, each of which is affiliated to an academic institution.

The Report of the National Acute Medicine Programme (2010) classifies all acute hospitals under four generic models that describe in precise detail what services may safely be provided at each site. The models are:

Model 1 (community/district hospital)

Model 2 (ambulatory care, diagnostics, selected medical in-patients, medical assessment and local injuries unit)

Model 2S (as for Model 2 plus intermediate elective surgery)
Model 3 (undifferentiated acute medical and surgical patients, emergency department and intensive care)

Model 4 (University Teaching Hospital – as for Model 3 plus tertiary referral and higher-level intensive care)

Specialty Hospital (stand-alone maternity, orthopaedic or other specialty hospital)

Six clinical sites in Limerick, Clare and North Tipperary have been grouped together under the collective name of UL Hospitals, which comprise: University Hospital Limerick (Model 4); University Maternity Hospital, Limerick (Specialty Hospital); St John’s Hospital, Limerick (Model 2S); Croom Orthopaedic Hospital (Specialty Hospital); Nenagh Hospital (Model 2); and Ennis Hospital (Model 2). Uniquely, there is no Model 3 hospital within UL Hospitals.

The Higgins Report envisions that each of the country’s six hospital groups will in time achieve Independent Hospital Trust status. The future National Children’s Hospital in Dublin will become a seventh trust. As a condition of achieving trust status, each organisation will be obliged to demonstrate that it provides:

- High-quality clinical services.
- Consistently high standards of care.
- Consistent access to care.
- Strong leadership.
- A high level of integration between the healthcare agenda and the teaching, training, research and innovation agenda.

Once attained, trust status will provide a hospital group with significant autonomy in the provision of acute hospital services to the population that it serves.

Prior to, but in keeping with, the recommendations of the Higgins Report, 2013 saw the establishment of a governance structure for UL Hospitals, comprising a Hospitals Board, a Chief Executive Officer and an Executive Management Team. UL Hospitals is managed by a single executive operating across five sites and in close collaboration with St John’s Hospital, which is a voluntary hospital with its own governance structure. A clinical directorate structure has been established,
with the appointment of a Chief Clinical Director and of four Clinical Directors responsible, respectively, for Diagnostics, Maternal & Child Health, Medicine and Perioperative Care (see Figure 1). The directorates operate across UL Hospitals’ six sites. This new governance structure is just the first step in the establishment of high-quality, safe and efficient acute hospital services that will primarily address the existing and future needs of the people of Limerick, Clare and North Tipperary.

UL Hospitals serves a population of some 400,000 people and its clinical sites collectively provide about 750 acute hospital beds, delivering a comprehensive range of acute in-patient and ambulatory care services. The range and the level of sophistication of the services provided has improved significantly in recent years. UHL is one of the eight cancer centres of the HSE National Cancer Control Programme (NCCP) and UHL now offers Percutaneous Coronary Intervention (PCI) on a 24/7 basis and stroke thrombolysis on a 24/7 basis. The specialist and sub-specialist services provided at UL Hospitals are excellent and on a par...
with the country’s best; e.g. results and outcomes following laparoscopic appendicectomy and PCI for myocardial infarction/heart attack. The University of Limerick as UL Hospitals’ academic partner plays a significant role in developing and enhancing academic excellence in teaching and research across institutions. However, UL Hospitals’ greatest asset is undoubtedly its 3,000-strong dedicated and highly professional workforce.

In developing its acute hospital services, this region has many advantages. Each of the six constituent clinical sites has a proud history (see Figure 2), has a track record of effectively meeting the needs of its particular population and has considerable local community support. The six hospitals were previously grouped together under the old Mid-Western Health Board structure, so the notion of an alliance of clinical sites is nothing new in this region. Road networks have improved to such an extent that all of the clinical sites are now within relatively easy reach of one other, facilitating patient and staff flow so as to ensure that appropriate and safe care is provided to the right patients at the appropriate site.

However, UL Hospitals also faces formidable challenges in building a single cohesive unit from six previously autonomous facilities. In the past, the different sites within UL Hospitals were obliged to compete with one another for limited resources and this has hindered their ability to cooperate as a single cohesive unit. Clinical, technical and administrative services have long been replicated on each of the sites, leading to inefficiency and waste. Despite some new buildings, much
of the existing fabric of the clinical sites across UL Hospitals remains poor and unsuited to modern clinical care, as well as being unacceptable to patients/service users. Demographic changes (e.g. an ageing population), ensuring equity of access to health services and rising expectations of healthcare pose additional challenges at a time of prolonged economic recession and a reduction in the funding available to all Irish public hospitals.

Clearly, the manner in which UL Hospitals deals with these challenges will have a profound impact on the health of the people of Limerick, Clare and North Tipperary in the years to come. Ireland is no stranger to challenges and the need for people to work together at times of adversity is well stated in the seanfhocal (proverb) ‘Ní neart go cur le chéile’ (‘There is no strength without unity’). In short, all with a vested interest in the quality of acute hospital services within UL Hospitals now need to work together so that we can realise our vision of being ranked among the top three Irish university hospitals by 2018.
STATEMENTS OF MISSION, VISION AND VALUES

The Strategic Plan of any organisation needs to reflect that organisation’s mission, vision and values.

- An organisation’s **mission** is a broad, general statement of its reason for existence.
- The **vision** describes the goal to which the organisation aspires.
- The **values** underpin and support the organisation’s vision and mission. They are a set of beliefs and principles that guide the organisation’s work. They define the ‘culture’ of the organisation and reflect its ethos and philosophy. Our values govern our attitudes and behaviour towards all of those with whom we have professional contact.

Statements of mission, vision and values for UL Hospitals were drafted by a working group* convened by the CEO and then circulated to all UL Hospitals staff. They were modified in the light of feedback received and have subsequently been approved by the CEO, by the UL Hospitals Executive Management Team and by the UL Hospitals Board. The statements are as follows:

**Mission Statement**

“All of the staff of this hospital will work together in a respectful, caring and professional way to deliver the best possible patient experience in a safe and clean environment and in the most effective and efficient way possible. We are committed to achieving this each and every day.”

* The working group comprised Professor Paul Finucane (Chair), Mr Liam Casey, Ms Breda Duggan, Ms Suzanne Dunne, Professor Pierce Grace and Ms Noreen Spillane.
Statement of Vision

“To be ranked among the top three Irish university hospitals by 2018.”

- To treat each patient as we would wish to be treated ourselves
- To provide safe, quality, excellent clinical services equitably
- To foster a culture of continuous improvement in our work
- To deal expeditiously with each patient presenting as an emergency
- To incorporate education and research into everything we do
- To use our resources efficiently and in harmony with the environment
- To make our hospital a place in which we take pride and where people like coming to work

Statement of Values

“Caring, Courteous and Professional”
A number of possible strategic priorities were drafted by the working group convened by the CEO. These were subsequently circulated to all UL Hospitals staff and were modified in the light of feedback received. They were subsequently approved by the CEO, by the UL Hospitals Executive Management Team and by the UL Hospitals Board. The four strategic priorities are as follows:

**Strategic Priority A**
To develop a functioning single hospital across multiple sites and implement a development plan for new and existing physical facilities to ensure a better patient experience across UL Hospitals.

**Strategic Priority B**
To achieve a well-governed, quality, safe, efficient service; support a common understanding of healthcare quality amongst stakeholders; and promote the health and wellbeing of our staff.

**Strategic Priority C**
To develop our ICT systems to significantly enhance the efficient delivery of high-quality healthcare.

**Strategic Priority D**
In collaboration with our academic partner, the University of Limerick, to promote clinical education and research within all disciplines and across UL Hospitals such that we become a major national centre for education and research.
“To develop a functioning single hospital across multiple sites and implement a development plan for new and existing physical facilities to ensure a better patient experience across UL Hospitals.”

Rationale

In Ireland, as in comparable countries, rapid and profound changes in demography, in the patterns of disease, in the use of technology and in societal expectations mean that, as health providers, we are obliged to radically reorganise the way in which we work. Acute hospitals, and particularly those clustered in a single geographical area, must work together to extend their range of services, use their resources appropriately and maximise their efficiency. This notion formed the basis for the 2013 Higgins Report, which brings together the six public hospitals in the Mid-West region under the UL Hospitals umbrella.

Whatever the context, the process of bringing together previously autonomous and long-established institutions is never likely to be easy. Each will have a proud history, a tradition and a unique way of working that need to be respected. Change is inevitable and is most likely to succeed when all concerned understand the need for change, appreciate the vast potential of UL Hospitals and work together to realise this potential. Placing a strong emphasis on the current and future needs of our patients/service users at all times will keep us pointed in the right direction.

The three-year period from 2014 to 2016 will be absolutely crucial in determining the future of UL Hospitals, and the importance of this strategic priority simply cannot be overstated.

The details of the actions for delivering on Strategic Priority A are contained on pages 16–18.
To achieve a well-governed, quality, safe, efficient service; support a common understanding of healthcare quality amongst stakeholders; and promote the health and wellbeing of our staff.

**Rationale**

The rationale for Strategic Priority B comes from the document *National Standards for Safer Better Healthcare*, which was published by the Health Information and Quality Authority (HIQA) in June 2012. In essence, this document draws attention to the global drive to improve standards in the delivery of healthcare and spells out the manner in which institutions within Ireland must respond. Section 1.7 of the *National Standards for Safer Better Healthcare* identifies the following eight themes which should underpin the delivery of safer, better healthcare:

1. **Person-centred care and support**
2. **Effective care and support**
3. **Safe care and support**
4. **Better health and wellbeing**
5. **Leadership, governance and management**
6. **Workforce**
7. **Use of resources**
8. **Use of information**

We will use these eight themes to deliver on Strategic Priority B. The details of the actions for delivering on Strategic Priority B are contained on pages 18–20.
“To develop our ICT systems to significantly enhance the efficient delivery of high-quality healthcare.”

**Rationale**

The delivery of modern, safe, high-quality and efficient healthcare is critically dependent on the provision of high-quality information and communications technology (ICT). Paradoxically, while Ireland has consistently been at the forefront of global developments in the design and manufacture of ICT over recent decades, its public sector has lagged behind in terms of its application of ICT. The health sector provides a good example of this and the lack of a coordinated national plan and investment in ICT continues to hinder the country-wide delivery of optimal healthcare.

While the development of health-related ICT systems is clearly a national issue, there is much that can be done to enhance the provision and use of ICT at local and regional levels. UL Hospitals is ideally placed to play a key national role in piloting the application of ICT in enhancing service provision. An investment in good IT systems can generate efficiencies such that the cost savings can be reinvested in other ICT initiatives.

UL Hospitals fully accepts that, over time, all ICT hospital systems must adhere to the information system standards to facilitate the exchange of operational and management information, locally, nationally and internationally. We look forward to the day when the use of electronic patient records and nationally standardised and paperless medical charts is standard practice within UL Hospitals.

The details of the actions for delivering on Strategic Priority C are contained on page 21.
“In collaboration with our academic partner, the University of Limerick, to promote clinical education and research within all disciplines and across all sites within UL Hospitals such that we become a major national centre for education and research.”

Rationale

A number of recent reports (e.g. 2013 Higgins Report; 2006 Fottrell Report; 2006 Buttimer Report; Reports of the Advisory Council for Science, Technology & Innovation) have called for a higher level of integration of healthcare delivery, education, research and innovation. There are many reasons as to why an emphasis on education, research and innovation leads to better healthcare, including the following:

- The presence on clinical sites of undergraduate and postgraduate students from different clinical disciplines brings about a ‘community of learners’ with greater individual and collective knowledge, skills and attitudes. This directly enhances the quality of patient care.

- An academic focus encourages innovation – the drive to do new things and/or to do existing things in a better way. This also directly impacts on the quality of patient care.

- The growth of the internal and external reputation of the institution makes it more attractive to patients/service users and makes it easier to recruit and retain high-quality staff.

- Morale improves when staff members perceive that they work in a well-performing and reputable institution. This inevitably impacts on the quality of patient care.

- Participation in clinical research leads to direct benefits to patients/service users in terms of health outcomes.
• Academic activity (both education and research) generates income and contributes to the economic growth of the region and the nation.

• Education, research and innovation lead to improved efficiency in the delivery of healthcare and to reductions in the cost of healthcare and/or the ability to divert funding to other priority areas of health need.

• Academic activity can contribute to the delivery of healthcare internationally.

Health Sciences in the region served by UL Hospitals have evolved at an extraordinary rate in recent years, with the introduction of degree courses in Nursing & Midwifery, Clinical Therapies and Medicine at UL. Undergraduate students on these courses now receive much of their clinical training at UL Hospitals and this has greatly enhanced the academic role of each of its constituent clinical sites. There have also been a significant number of joint academic staff appointments involving UL and UL Hospitals.

In parallel with its educational activities in the Health Sciences, UL has developed a number of health-related research centres and is about to establish a Health Research Institute. Work is under way on the construction of a Clinical Education & Research Centre (CERC) on the UHL site, and a Clinical Research Support Unit (CRSU) has recently been established as a collaborative venture between UL Hospitals and UL. Other third-level facilities in the Mid-West (e.g. LIT) and beyond (e.g. in Dublin, Galway and Cork) also have some involvement in the academic activities of UL Hospitals.

The details of the actions for delivering on Strategic Priority D are contained on pages 22–23.
THE NEXT STEPS

Implementation, Monitoring and Review

For any organisation, the ultimate value of a strategic plan depends on the manner in which it is rolled out, monitored, evaluated and amended. The individual annual Service Plans for UL Hospitals for 2014, 2015 and 2016 will result in the translation of the Strategic Plan and its associated actions into specific targets to be achieved each year. The Executive Management Team will manage the achievement of the specific targets, while the UL Hospitals Board will continually monitor progress to ensure that targets are met in a timely manner and in accordance with the Strategic Plan. The progress made in implementing this Plan will serve to inform the development of future strategic plans for 2017–2019 and beyond.

No plan is ever perfect and it is inevitable that, in the light of experience, this current plan will need some modifications. In all of this, the UL Hospitals’ Executive Management Team and its Clinical Directorates have a vital role to play in providing vision and leadership. While acknowledging the leadership role of the Hospitals’ Executive, Directorates and Board in the implementation of the Strategic Plan, its ultimate success or failure lies mainly with the Hospitals’ employees. The extent to which each and every one of us commits to the Plan over the next three years will determine our collective ability to live up to our statements of mission, vision and values.

In his 1963 speech to the Joint Houses of the Oireachtas, President John F. Kennedy referred to:

the remarkable combination of hope, confidence and imagination that is needed more than ever today. The problems of the world cannot possibly be solved by sceptics or cynics whose horizons are limited by the obvious realities. We need [people] who can dream of things that never were, and ask why not.

Fifty years on, these words might still inspire us as we strive to build a better UL Hospitals for those whom we serve.
**Actions to Implement Strategic Priority A**

To develop a functioning single hospital across multiple sites and implement a development plan for new and existing physical facilities to ensure a better patient experience across UL Hospitals.

At UL Hospitals, we will deliver on Strategic Priority A in the following way:

**A1. Expansion of Clinical Directorates and rationalisation of existing services**

- We will develop and broaden the directorate structure to ensure that the clinical sites function cohesively.
- In consultation with our patients/service users, we will clearly define the purpose, role and function of each clinical site, including the identification of the services provided at each site and their development to their full potential.
- Our services will be balanced to achieve optimal use of our Model 4 and Model 2 hospitals.
- In rationalising existing services and in developing future services, we will ensure that the current and future needs of our patients/service users are prioritised at all times.
- We will develop a Memorandum of Understanding with St John’s Hospital, Limerick to define more precisely the relationship with St John’s Hospital as a Model 2S Hospital, having cognisance of the ethos and separate governance of St John’s as a voluntary hospital.

**A2. Enhancing communication across the different sites within UL Hospitals**

- We will enhance communication from Ward to Board across all clinical sites by consulting with relevant stakeholders about key issues.
- We will continue to develop and use the ‘Huddle’ – a daily operational briefing across all sites – to identify potential risk and enhance patient flow and transparency.
- We will encourage our staff to develop and display the ‘good news’ stories that are frequently experienced by our patients/service users. We will do this through such forums as the ULH Newsletter and other publications.
A3. Deployment, rotation and training of staff

- Under the terms of the Public Service Agreement (Haddington Road), we will align all staff into Clinical Directorates within UL Hospitals.
- We will clarify the role of all staff within their directorates and will rotate staff within their teams across multiple sites.
- We will identify and rectify any skills deficits or training requirements to support the rotation of staff.
- We will develop strategies to encourage succession planning across UL Hospitals.

A4. Development plan for physical facilities

- We will create and publicise an overall plan for the development of future physical facilities at all clinical sites within UL Hospitals.
- We will prioritise the relocation of the University Maternity Hospital to the UHL site.
- We will complete a number of major building projects, including:
  - fitting-out of the new Critical Care Block at UHL;
  - a new Emergency Department at UHL;
  - a new Renal Dialysis Unit at UHL (funded by the Mid-Western Hospitals Development Trust);
  - a new Breast, Dermatology, Acute Stroke and Cystic Fibrosis in-patient and out-patient block at UHL (jointly funded by the Parkinson’s Association of Ireland – Mid-West Branch; TLC4CF – Mid-West Branch of Cystic Fibrosis Association; and Mid-Western Hospitals Development Trust);
  - a new Ward Block comprising 96 single rooms at UHL;
  - a Clinical Education & Research Centre (co-funded with UL) at UHL;
  - the provision of two new surgical theatres, a Pre-Operative Assessment Facility, a Minor Procedure Room and a Sterile Services Department at Nenagh Hospital; and
  - the relocation of Pharmacy, Physiotherapy, Local Injuries Unit and Medical Assessment Unit to improve accommodation at Ennis Hospital.
- We will progress some other major building projects including:
  - the construction of a new Radiology Department at UHL;
  - the construction of a new suite of Theatre facilities at UHL, to serve Trauma & Orthopaedic services in particular;
the addition of 250 car-parking spaces at UHL; and
the construction of new in-patient accommodation at Nenagh Hospital.

• We will develop a transport master plan for the UHL campus and a mobility management plan for all UHL site users.
• We will maintain existing buildings and other infrastructure at UL Hospitals.
• We will work towards minimising our energy consumption across all clinical sites.
• We will work with the Mid-Western Hospitals Development Trust and other philanthropists to identify projects that will further enhance our physical facilities and services.

**Actions to Implement Strategic Priority B**

To achieve a well-governed, quality, safe, efficient service; support a common understanding of healthcare quality amongst stakeholders; and promote the health and wellbeing of our staff.

At UL Hospitals, we will deliver on Strategic Priority B in the following way:

**B1. Person-centred care and support**

• We will involve patients/service users in the planning and design of healthcare services in our hospitals.
• We will take the preferences and views of patients/service users into account as we develop and deliver these services.
• We will seek regular feedback from patients/service users about their experience of our service and we will use this feedback to improve the quality and safety of the services that we provide.
• While mindful of the needs of all patients/service users, we will take account of the particular needs of individuals and specific groups when planning and delivering care.
• When a patient/service user moves between services, we will share all relevant information, to ensure that we deliver the best possible care, while respecting the individual’s privacy.
B2. Effective care

- We will all work together to ensure that patients/service users receive the best possible care at all times.
- We will ensure that patients/service users receive safe and coordinated care when they:
  - receive care from more than one healthcare professional;
  - move between different services, such as general practice and hospitals; and
  - move within or between hospital sites and other services.
- We will respect privacy and confidentiality when sharing information about patients/service users.
- When care is transferred between services, we will provide the necessary information to patients/service users to allow them to understand what is happening.

B3. Safe care and support

- We will place a high value on quality and safety and this will be apparent in our work.
- We will work together to make sure that the service we deliver is safe and of high quality.
- We will support patients/service users and others in raising their concerns about the quality and safety of our services.

B4. Better health and wellbeing

- We will provide advice, information and support to encourage patients/service users to adopt healthier lifestyles so as to improve their health and wellbeing.
- We will provide opportunities for patients/service users to participate in programmes to improve their health and wellbeing.
- We will use information about our population to design appropriate health promotion initiatives.
- We will work with other local, national and voluntary health service agencies to promote better health and wellbeing for our patients/service users.
- We will pay particular attention to the health and wellbeing of our staff and will provide specific programmes and resources to facilitate this.
B5. Leadership, governance and management

- We will work to improve the quality and safety of our services by implementing the standards, recommendations and guidance of regulatory bodies.
- If alerts about medicines or equipment are issued by a regulatory body, we will immediately take whatever action is necessary to ensure the safety of our patients/service users.

B6. Workforce

- We will all have clear job descriptions and will understand our own role in providing services.
- We will seek feedback on our services from all of our staff and will use this feedback to provide safer and better healthcare.
- We will be supported by our managers in providing a high-quality, safe service.
- We will mentor, develop and train our staff to promote professional development and to ensure that their expertise and skills are not lost to the organisation.

B7. Use of resources

- We will ensure that we use the resources available to us to get the best possible outcomes for our patients/service users.
- We will educate our staff regarding the cost of the services that we provide so as to promote the effective use of our resources.
- We will get the best possible value for money when sourcing goods or services.

B8. Use of information

- We will record relevant information accurately, especially information about our patients/service users.
- We will keep healthcare records safe and up to date.
- We will ensure that the results of clinical investigations are made available in a timely manner to relevant staff.

NOTE: The actions that will deliver on Strategic Priority B are derived from the 2012 document National Standards for Safer Better Healthcare, published by the Health Information and Quality Authority (HIQA).
**Actions to Implement Strategic Priority C**

*To develop our ICT systems to significantly enhance the efficient delivery of high-quality healthcare.*

At UL Hospitals, we will deliver on Strategic Priority C in the following way:

**C1. Development of ICT systems**

- We will create and publicise an overall plan for the development of ICT systems across UL Hospitals. ICT initiatives will include:
  - the introduction of a Unique Identifier for patients/service users at all clinical sites within UL Hospitals;
  - the development of an enhanced Patient Administration System (PAS) within UL Hospitals;
  - the upgrade and integration of existing ICT laboratory systems across all sites within UL Hospitals;
  - the introduction of an integrated IT system (i.e. MAXIMS) for Emergency facilities – ED and LIUs – across UL Hospitals;
  - the introduction of better systems of communication (e.g. Electronic Discharge Summaries) across the interface between our acute hospitals and Primary, Community and Continuing Care (PCCC);
  - the upgrade of clinical, administration and business IT support systems within UL Hospitals; and
  - the use of ICT systems that drive our operational and financial performance.

**C2. Maintenance of standards in ICT**

- We will adhere to national standards and legislative requirements regarding ICT.
Actions to Implement Strategic Priority D

In collaboration with our academic partner, the University of Limerick, to promote clinical education and research within all disciplines and across all sites within UL hospitals such that we become a major national centre for education and research.

At UL Hospitals, we will succeed in achieving Strategic Priority D in the following way:

D1. Appointment of a Chief Academic Officer

- As recommended in the 2013 Higgins Report, we will appoint a Chief Academic Officer (CAO), with a senior executive role in both UL Hospitals and UL, who will assume overall responsibility for the education, research and innovation functions of UL Hospitals.

- Through the office of the CAO, we will develop a structured relationship (e.g. teaching agreements and MoUs) with linked academic institutions and with international organisations such as overseas universities and health service systems. This relationship will be strongest with our primary academic partner, the University of Limerick.

- Through the office of the CAO, we will oversee all clinical research conducted on clinical sites within UL Hospitals.

D2. Academic appointments and linkages

- We will work with UL in sourcing funding for additional senior academic appointments across a range of clinical disciplines, including Nursing & Midwifery, Clinical Therapies and Medicine.

- We will work with UL in sharing expertise across institutions, involving staff in all sectors (e.g. administrative and technical). This will include the development of educational programmes and the provision of work experiences to which staff from both institutions contribute.

D3. Development of the educational profile of UL Hospitals

- We will ensure that a high-quality clinical experience is provided to undergraduate students in Nursing & Midwifery, Clinical Therapies and Medicine at all clinical sites within UL Hospitals.

- We will ensure that postgraduate students from all clinical disciplines receive high-quality education and training within UL Hospitals.
• We will ensure that all staff are appropriately trained and are encouraged and supported to maintain their expertise and competence through participation in internal and external professional development activities.

• In collaboration with UL, we will extend the range of professional development opportunities offered to all UL Hospitals staff.

D4. Development of the research profile of UL Hospitals

• We will bring together the existing resources that support clinical research across UL Hospitals into the newly established Clinical Research Support Unit (CRSU).

• We will ensure that the CRSU takes primary responsibility for the planning, coordination and general oversight of all clinical research being undertaken at UL Hospitals.

• We will work with UL’s Health Research Institute to further develop the activities of the CRSU across UL Hospitals, the University of Limerick and at other affiliated clinical sites (e.g. non-hospital clinical settings).

• We will advocate for additional clinical research space within UL Hospitals and particularly for the completion of Phase 2 of the new Clinical Education & Research Centre (CERC), which will see two extra floors of research space being added.
APPENDIX

Members of the Interim Board of UL Hospitals
Professor Niall O’Higgins, Chairman
Professor Don Barry, President of University of Limerick
Mr Maurice Carr, Chartered Accountant
Dr Mary Gray, General Practitioner
Mr Seumas Gubbins, Chartered Accountant
Mr Tiernan O’Neill, Principal Corpus Christi School & Moyross Adult Education
Mr Dara Purcell, Secretary
Dr Sheelah Ryan, Former Chair of the National Cancer Screening Service Board

Members of the Executive Management Team of UL Hospitals
Ms Ann Doherty, Chief Executive Officer
Professor Pierce Grace, Chief Clinical Director
Ms Noreen Spillane, Chief Director of Nursing and Midwifery
Ms Catherine McLaughlin, I/Chief Operations Officer
Ms Josephine Hynes, Director of HR
Mr Hugh Brady, Director of Finance
Dr Con Cronin, Clinical Director Medicine
Dr John Kennedy, Clinical Director Perioperative Care
Dr Bryan Kenny, Clinical Director Diagnostics
Dr Roy Philip, Clinical Director Maternal & Child Health

Working Group
Professor Paul Finucane (Chair)
Mr Liam Casey
Ms Breda Duggan
Ms Suzanne Dunne
Professor Pierce Grace
Ms Noreen Spillane