

Approved by Saolta Executive Committee on 3rd January 2024

Introduction

This Addendum provides our updated Key Strategic Projects based on a review of progress to date on initial agreed priorities, and the more recent Regional and National priorities. This Strategic Addendum will form the basis for the 2024 Saolta Operational Plan while the Health Area is being established.

Our Vision:

“To be a leading academic Hospital Group providing excellent integrated patient-centred care delivered by skilled caring staff”

Our Strategic Themes:

- ❖ Quality & Patient Safety
- ❖ Patient Access
- ❖ Governance & Integration
- ❖ Skilled Caring Staff
- ❖ Education, Research & Innovation
- ❖ eHealth
- ❖ Infrastructure

The Saolta University Health Care Group Strategy 2019-2023 outlined the vision and framework for the Group’s strategic development from 2019 to 2023 in order to meet the current and future needs of our patient population.

Over the last five years of this strategy, we have been working hard to enhance and further develop our services around these seven key strategic themes, despite the Pandemic 2020-2023 and the Cyber Attack in 2021 affecting our implementation efforts in some areas.

These seven Strategic Themes will continue to be our key areas of focus for 2024.

Key Enabler

The Saolta Integrated Governance Project was a key priority in the Saolta Strategy 2019-2023 and continues to be a key priority for 2023-2024.

The aim of the Managed Clinical Academic Network (MCAN) model is to strengthen the governance and oversight of the respective clinical services and to improve integration between hospitals, in order to deliver safer and sustainable care across the region with timely access for all patients in the West/Northwest.

The initial MCANs in Women’s & Children’s, and Cancer Services were established in 2020, and following an evaluation in 2022, a number of benefits were identified;

- Shared learnings and standardised approach to care
- Increased focus on performance
- Greater integration through hospitals working together
- Better support for specialties
- Enhanced engagement with the National Programmes / Teams
- Better engagement with patients and staff
- Improved support for Quality Improvement

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The tertiary referral centre for the Group is Galway University Hospitals. As per our Integration and Governance Theme It is imperative that all our hospitals continue to work closely together in delivering acute hospital services in order to address the challenges facing us across our region.

The MCAN Teams will play a key role in ensuring integration with our Community Partners in developing new ways of working under the new evolving Health Areas.

Sláintecare Action Plan (2023)

This Sláintecare 2023 Action Plan sets out the ongoing reform priorities aligned with the Programme for Government, the Sláintecare Implementation Strategy & Action Plan 2021—2023, Department of Health priorities and the HSE's National Service Plan 2023.

Key areas of focus include:

- Enhanced Community Care
- Waiting Lists/ Modernised Care Pathways (MCPs)
- Health Regions
- Consultant Contract
- Workforce Planning
- Elective Hospitals
- Sláintecare Integration Innovation Fund (SIIF)
- eHealth

Health Regions

The establishment of the HSE Health Regions in 2024 with a goal of Universal Healthcare for all will focus on two key strategic parts:

- 1) Expansion in Healthcare Capacity
- 2) Fundamental reform of how care is delivered

Health Regions will help shape the future of health and social care in this country. They will allow us to deliver safer, better care that is planned and funded in line with local and regional health needs.

The HSE Health Regions Implementation Plan sets out a high-level programme of work to establish Health Regions from March 2024. This lines up with the design principles and objectives of Sláintecare.

The key actions are grouped into 4 themes:

1. Leadership, Vision and People
2. Model of Integrated Care and Healthcare Governance
3. Planning and Finance
4. Infrastructure, including Capital, ICT and Supports

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We are fortunate as a Hospital Group as we have a strong collaborative working relationship with our Community Partners and we are well positioned to lead the way in the implementation of the Health Regions.

The implementation of Integrated Pathways and Enhanced Community Care (as part of the Sláintecare Programme) for Older Persons Services and Chronic Diseases will continue to bring tangible benefits to the way we deliver services for the population based on their health needs. Saolta is working very closely with our colleagues in both Community Healthcare West (CHW) and Community Healthcare Cavan Donegal Leitrim Monaghan Sligo West (CHCDLMS) to deliver this.

2024 Access to Care

Unscheduled Care

In planning our health services, it is imperative that we meet the needs of our population in our region. There are a wide range of factors, which impact on the Urgent and Emergency Care experience for the population; these include our growing and ageing population, population density and distribution, areas of deprivation and chronic disease incidence. In this context we will continue to have particular focus on the >75 year old population. We have a recognised deficit in acute hospital bed capacity (identified through National and Regional demand capacity reviews) and in community and private nursing home bed capacity in parts of our Region.

With our Public Health colleagues, the National Ambulance Service and community colleagues, we will be focusing on a number of initiatives under the four key pillars as set out in our three-year integrated **Urgent and Emergency Care** plan. The primary focus of this plan is to ensure that care is available and delivered to our population who need it at the right time, in the right place and as close to home as possible.

ED Avoidance

- Recruitment of approved **ED consultants posts** across a number of EDs to enhance the extended day allowing increased access to senior decision makers which will improve discharges/patient flow
- Develop the **Sláintecare Navigational hub** in the Model 4 Hospital
- Expand the **FITT teams/HSCP** and Diagnostics to 6/7 working
- Restoration of all **AMUs** to full capacity and protect the pathway on all hospital sites
- Increase staffing capacity in Roscommon **Local Injuries Unit** to manage the increased activity levels
- Implementation of **SAFER Staffing** in our EDs
- Roll out of **Pathfinder** to SUH, MUH and PUH
- Continue to work **collaboratively with the CHOs** on the implementation of clinical pathways for community assessment hubs. This will support admission avoidance, early discharge and community based care (e.g. minor injuries pathways, community diagnostics, chronic disease management, CIT, Day Hospitals etc.

ED Operations

- Continued focus on maintaining Zero tolerance to **>75s >24hrs PET**
- Develop and **enhance pathways** for the greater than 75s patient grouping pre hospital, in hospital and post discharge
- Develop the role of **GP Liaison nurse** across all sites to divert patients to alternative pathways
- Ensure **optimisation** of the MDT/FIT teams approach in the Emergency Departments. This will include ANPs, RANs and HSCP ED teams, for quick turnaround of patients and admission avoidances.
- Continued work to achieve our **Ambulance Turnaround times** KPIs with the assistance of HALP, Fit to Sit and cohorting initiatives.

In House Operations

- Continue to monitor the efficiencies of our hospitals through **Bed utilisation studies** and implementing the recommendations through targeted focused action plans
- Patient Flow and Discharge Teams fully operational and work **towards 6/7 working to** improve PET times
- Implementation of the **SAFER bundle** across all hospitals, which will incorporate focus on Red and Green day tool
- Focus on increasing our **Home by 11am**, to allow earlier movement of patients from our EDs
- Implementation of consultant contract to extend senior decision making at weekends, which will improve patient flow and discharge
- **Speciality ward cohorting** across all hospitals which will improve MDT working and reduce LOS
- Standardisation of >14 length of **LOS reviews** and management of same
- Continue to secure on-going **private hospital capacity** to support Model 4 hospital
- **Additional diagnostic and cardiac** investigation resources to reduce length of stay and occupancy levels in our hospitals

Discharge Operations

- Re-opening **discharges lounges** in LUH and PUH. This will have a positive impact of early morning discharges, which in turn will reduce our patients PET
- Optimisation of all **private hospital capacity, Model 2 capacity** and transitional care funding to create as much **acute hospital capacity**
- Work to continue to increase weekend discharges
- Working in collaboration with community in reducing our **Delayed Transfer of Cares**
- Home care packages **to facilitate safe discharge of >75 year old population**

Scheduled Care

While short-term interventions have delivered some improvements across our hospital sites waiting lists, lasting and meaningful reductions in the number of people waiting for care and associated waiting times is dependent on an integrated and broader reform of the scheduled care system. To progress the implementation of long-term reforms in tandem with continuing to address waiting list backlogs, the Minister for Health secured multi-annual Waiting List Action Plan funding for 2021, 2022 and 2023, in addition to longer-term recurrent funding. The funding was intended to achieve maximum waiting times targets of;

- ❖ Outpatient: 90% of patients should be waiting less than 15 months for an outpatient appointment.
- ❖ Inpatient/Day Case: 90% of patients should be waiting less than 9 months for an inpatient or day case procedure.
- ❖ GI Scopes: 95% of patients should be waiting less than 9 months for a GI scope.

The Plan focused on three key areas outlined below which Saolta have focused on in 2023 and which we will continue to focus and build upon in **2024**.

1. Delivering Capacity

- Continue to deliver **additional capacity within the private and public system** to address waiting list backlogs to reduce waiting times for OPD, IPDC and GI scope.
- This will be achieved by **maximising core capacity** and productivity at site level, maximising all available capacity in the **private sector through both NTPF and HSE avenues** (outsourcing) as well as continuing additional **insourcing sessions through the NTPF and Dynamic** Purchasing System.
- Obtain recurrent funding to support **specialities with major Consultant staffing deficits** (Neurology, Dermatology).
- Expand upon the **transfer** of suitable patient cohorts (low acuity patients) from the model 4 site (GUH) out to the **model 2 and 3 hospitals** in close geographical proximity. The benefits are twofold;
 - It will allow GUH to facilitate timely access to high acuity, time critical and urgent demand.
 - Maximise all staffed theatre sessions in the model 2 and 3 hospitals whilst allowing less time critical/routine patients to get access within close geographical proximity.
- Progress the **Theatre and Outpatients optimisation project** in 2024. This will have an initial focus on GUH/PUH/RUH/MUH and closely follow with SUH/LUH. The objective will be to bring about whole system improvement and efficiencies and productivity as a consequence.

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- Building capacity is critical to managing demand into the future, in 2024 a surgical hub will be progressed on the MPUH site. We will continue to advocate for a surgical hub for serving the North West. This will increase dedicated elective capacity for the West and North West of the group.
- Progress with **building additional OPD capacity** in MPUH (GUH), LUH and MUH increasing available space to deliver outpatients services as a whole.
- We will continue to work with the national plans for the elective hospital on MPUH site which will provide the longer-term elective capacity for the region.

2. Reforming Scheduled Care

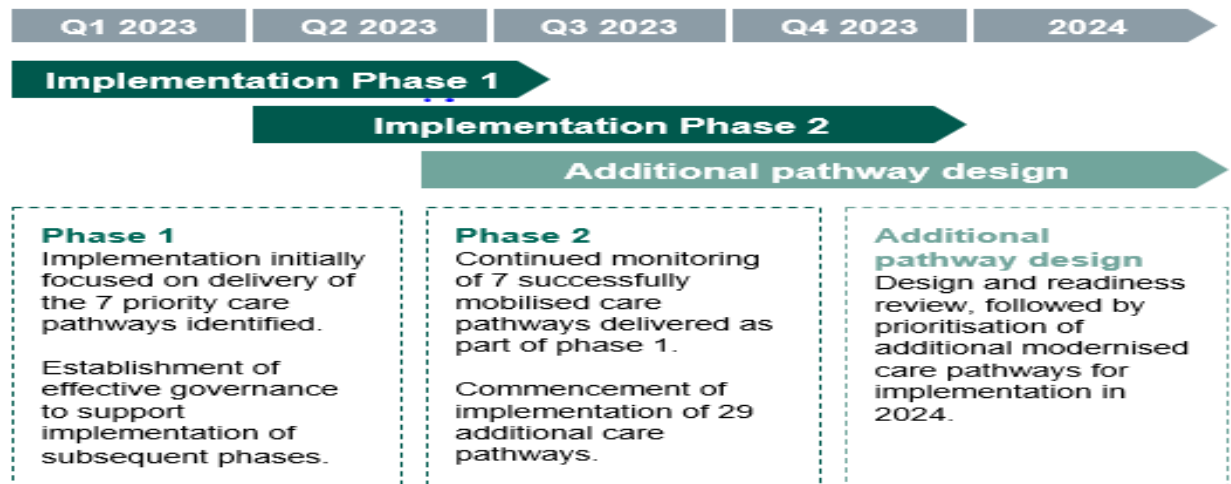
- Continue to progress medium and long term reforms to resolve underlying barriers to timely delivery of scheduled care. This includes further developing **modernised care pathways as part of the National Sláintecare plan for** Haematuria, Continence, Lower Urinary Tract Symptoms, Medical Retina, Paediatric Eye Care, Cataract and Virtual Trauma Assessment Clinics as well as priority areas such as Bariatrics, Spina Bifida/Scoliosis and Gynaecology.
- Further build and expand on **Patient Initiated Review** reform to reduce review appointments scheduled across the system, to those who need it most
- Expand upon **Patient Centred Booking** through a central referrals office across all of our hospital sites. This will improve patient experience, maximise throughput whilst also feeding in to the **Did Not Attend (DNA) strategy**.
- Continue to increase **chronological scheduling** percentage attainment to ensure all longest waiting routine patients receive access across the board.

3. Enabling Scheduled Care Reform

- Continue progress on key **policy, process and technology enablers** to support the system to improve access and achieve the Sláintecare targets (Individual Health Identifiers (IHI), Data Quality initiative, best Practice Reporting, Audit programme).
- Further promote and embed the use of waiting list management protocols, training and development programmes, ICT infrastructure as well as **Health performance Visualisation Platform (HPVP)** to provide data insights and improve operational efficiencies.
- Further expand **virtual patient engagements** to enable timely access to scheduled care.

Modernised Care Pathways

The implementation of Modernised Care Pathways is on a phased basis across Saolta in partnership with our colleagues in CHW and CH CDLMS



Phase 1 – Specialty Priority Pathways in Saolta

- Urology: Haematuria, LUTS and Continence
- Orthopaedics: Virtual Trauma Assessment Clinics
- Ophthalmology – in collaboration with CHW and CHCDLMS

Phase 2 – Specialty Priority Pathways in Saolta

The Phase 2 pathways resourced in 2023 will be reviewed with the Perioperative and Medicine MCANs in Q1 2024, to assess impact of recruitment pause and determine progress to date on pathway development and implementation.

- Rheumatology: Low Back Pain/ Early Inflammatory Arthritis
- ENT: Vertigo / Imbalance Pathway
- Respiratory: Adult and Paediatric CF
- Neurology: Headache
- Dermatology: Pigmented Skin Lesions Pathway, Psoriasis Pathway and Acne Pathway
- Orthopaedics: Fracture Liaison Service
- Plastics: Dupuytren's
- General Surgery: Skin and Subcutaneous Lesions/ Complaints
- Gastroenterology / Hepatology: Abnormal LFT/ Hepatology, Inflammatory Bowel Disease (IBD), Suspected H. Pylori
- Nephrology: Home Therapies Dialysis

Saolta Strategic Priority Projects 2024

Strategic Theme: Quality and Patient Safety

**Alignment to Sláintecare Implementation Strategy Goals:
Provide high quality accessible and safe care that meets the needs of the population**



| No. | Priority Project | Project Description |
|-----|---|--|
| 1 | Saolta Quality and Patient Safety Framework Project | Implement 2023 Saolta Quality and Patient Safety Framework based on enhanced risk management structures and quality improvement and review mid-year in relation to effectiveness. |
| 2 | Letterkenny University Hospital - Improvement Implementation Plan | Implementation of the LUH/EY Improvement Plan 2022. Implement recommendations with a continued focus on 6 key areas - Leadership and Accountability, Relationships, Culture, Knowledge and Skills, Information and Quality Improvement. |
| 3 | Patient and Public Engagement Strategy Project | <p>Continue to implement the updated Saolta Group Patient and Public Engagement Strategy.</p> <ul style="list-style-type: none"> • Re-establish patient councils on each site. • Provide oversight and direction on the implementation of the National ‘Better Together’ patient engagement roadmap. • Progress the model for MDT patient engagement. |

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| 4 | Saolta Group Clinical Improvement Programme | <p>Roll out prioritised clinical services improvement projects in line with the National Models of Care and completed Specialty Reviews with a key focus on the following Specialties;</p> <ul style="list-style-type: none"> • Paediatric Services Development with a focus on unscheduled care, development of paediatric networks of care, and proposals for the development of regional paediatric HDU (MOC) • Progress Phase 2 of the Cardiothoracic Review • Group review of Dermatology Services, including Paediatric Dermatology, and Implement recommendations in 2024. • Finalise the review of Neurology Services and progress implementation of recommendations in 2024. • Development of a strategy for Transgender Services (Endocrinology) • Develop a strategy for GI Surgical Oncology across the group |
| 5 | Cancer Services Accreditation & Designation - Organisation of European Cancer Institutes – (OECI) | Continue to progress the OECI Accreditation process within the Saolta Group. |

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Strategic Theme: Patient Access (Access to Care)

Alignment to Sláintecare Implementation Strategy Goals:

Provide high quality accessible and safe care that meets the needs of the population

- **Unscheduled Care 2024: Urgency and Emergency Care (UEC)**
- **Scheduled Care 2024: Delivering Capacity, Reforming Scheduled Care and Enabling Scheduled Care reform**
- **Modernised Care Pathways (MCPs)**



| No. | Priority Project | Project Description |
|-----|--|--|
| 6 | Acute Floor Model Project including Acute pre-admission Integrated Navigation Hub in a Model 4 Hospital | Progress the implementation of the National Acute Floor concept in Saolta Group hospitals to improve patient flow and reduce number of patients. To design, implement and test an Integrated Navigation Hub in a Model 4 Hospital (GUH) in line with transformation of Unscheduled Care Delivery Programme and improve patient experience times (SIIF). |
| 7 | Urgent and Emergency Care (UEC) | To Implement the Urgent Emergency Care Plan which is aligned to the four key pillars of ED Avoidance, ED Operations, In Hospital Operations and Discharge Operations in collaboration with Public Health, CHW, CHCDLMS and NAS. |
| 8 | Modernised Care Pathways – (MCPs) | To Implement the Access to Care Modernised Care Pathways (MCPs) on a phased basis with priority focus on specialties with the most significant waiting lists. |
| 9 | Theatre Utilisation and OPD Optimisation Project including National Perioperative Patient Pathway Enhancement Programme (NPPPEP) | Review and Optimise Surgical Theatre Utilisation across all Saolta Group Hospitals. Maximise Capacity for OPD NPPPEP implemented in SUH, RUH and GUH (UHG and MPUH). Extend to LUH, MUH and PUH |
| 10 | Establish a Women’s Health Hub | Establish a Women’s Health Hub in Galway to meet needs of Women across the Group. Support and further develop the Reproductive Medicine (Fertility) Service at GUH. |

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|----|---|--|
| 11 | National Trauma Implementation Programme | Implementation of the recommendations of the National Trauma Implementation Programme (2018) to include designation of GUH as Trauma Unit with Specialist Services (TUSS) and other Model 3 hospitals as Trauma Units in line with national recommendations / configuration. |
| 12 | National Overweight and Obesity Programme Model of Care | To Implement the National Model of Care for Overweight & Obesity Management in line with the new Pathways of Care |
| 13 | Implement Inclusion Health Model Of Care | To implement the HSE Inclusion Health Model across Saolta Hospitals over 2024 in order to target improvement in health outcomes and reduce inequalities in access to care. |

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Strategic Theme: Governance and Integration

Alignment to Sláintecare Implementation Strategy Goals:

Provide high quality accessible and safe care that meets the needs of the population and
Deliver improved governance and sustain reform through a focus on implementation



| No. | Priority Project | Project Description |
|-----|--|--|
| 14 | Saolta Integrated Governance Project (SIGP) - Phase 2 | <p>Implement clinically led, professionally managed Clinical & Academic Networks across Saolta Group hospitals that will enable safe, sustainable and staffed high quality services.</p> <p>Phase 2: To Implement & embed the Perioperative and Medicine MCANs and to explore the 5th MCAN for Radiology, Laboratory and HSCPs.</p> |
| 15 | Enhanced Community Care Programme (ECC) - Integrated Care Program for Older Persons (ICPOP) and Integrated Care Program for Chronic Diseases (ICPCD) | <p>Implement streamlined integrated patient care pathways between hospitals and the community across Saolta, CHW and CH CDLMS for ICPOP, ICPCD (Cardiology, Respiratory and Diabetes) & Diagnostics.</p> |
| 16 | CAWT (Co-operation and Working Together) / Peace Plus – Business Case Phase | <p>Continue to work on Peace Plus Funding as part of Integrated Care Strategy Group with CHCDLMS and Cross Border. Submission of bid for funding through CAWT for development of Cardiac Services (CT Angio, MRI, Echo, Phase 4 Cardiac Rehab in NW)</p> |
| 17 | Implementation of Health Areas as part of the National Sláintecare Plan | <p>Working with Regional Executive Officer (REO) on the implementation of Regional Health Area.</p> |

Strategic Theme: Skilled Caring Staff

Alignment to Sláintecare Implementation Strategy Goals:
 Enable the system to deliver its goals



| No. | Priority Project | Project Description |
|-----|--|--|
| 18 | National Integrated Staff Records and Pay (NiSRP) Programme | <ul style="list-style-type: none"> • Implementation of a single Human Resources/ staff record technical platform for national coverage of all people related data for the HSE (SAP HR) • Implementation of one payroll technical platform (SAP payroll). Standardise associated staff records and payroll processes. |
| 19 | Succession Planning | Succession Planning programme to support development of future leaders. Accelerate program (grade VI & above) & Accelerate Executive (GM grade & above) |
| 20 | RCSI Model 3 Hospital Review for Medical Staffing | <ul style="list-style-type: none"> • Implement the recommendations from the review with LUH as a pilot site |
| 21 | Implement training and development programmes across all disciplines to enhance and improve patient care | <ul style="list-style-type: none"> • Rollout of learning paths for staff development • Deploy improvement initiatives linked to Performance Achievement |

Strategic Theme: Research, Education and Innovation

Alignment to Sláintecare Implementation Strategy Goals:
 Enable the system to deliver its goals



| No. | Priority Project | Project Description |
|-----|--|--|
| 22 | National Taskforce on NCHD Workforce | To implement the recommendations of the National Taskforce on NCHD Workforce |
| 23 | Joint Research Framework with University of Galway | Review and implement a revised research framework with University of Galway. |

Strategic Theme: eHealth

Alignment to Sláintecare Implementation Strategy Goals:
 Enable the system to deliver its goals



| No. | Priority Project | Project Description |
|-----|---|---|
| 24 | Saolta Group, CHCDLMS and CH West Integrated Patient Management System (IPMS) | Implement the Integrated Patient Management System (IPMS) across Saolta Group hospitals working in partnership with CH CDLMS & CHW. |
| 25 | Integrated Financial Management System (IFMS) | Implement IFMS (Integrated Financial Management System) project as part of the HSE’s Finance Reform Programme to introduce a modern finance and procurement system for the health sector. This project will equip Saolta with modern technology, standard finance and procurement processes, and a new operating model. |
| 26 | Deploy ‘Evolve’ to more care settings | Staffing and funding will be sought to expand Evolve into additional care settings. Use will be expanded as a “Digital First” capability to other care settings in the area (e.g. integrated care), and to other facilities. LUH will migrate to use of Evolve as a replacement for the end of life clinical document management system in place. |
| 27 | Complete Laboratory Information System stabilisation plans | Complete the migration of PUH laboratory to iLab. Test, validate and switch laboratory services in SUH, LUH to the latest version of Clinisys Sunquest. |
| 28 | Commence Order Communications Initiative | Re-submit proposal for order communications deployment across the Region. If approved, develop and begin an implementation plan for region-wide order communications. |
| 29 | Develop an AI Strategy for Radiology | Assess automation and Artificial Intelligence modules to enhance imaging service efficiency with GUH Radiology as a pilot site. |

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Strategic Theme: Infrastructure

Alignment to Sláintecare Implementation Strategy Goals:
Enable the system to deliver its goals



| No. | Priority Project | Project Description |
|-----|--|--|
| 30 | Develop an Integrated Plan for Model 4 Hospital incorporating UHG and MPUH. | Establish a project board to oversee and progress this implementation. |
| 31 | Progress the infrastructural development priorities across our Model 3 Hospitals | See Appendix 1.1 for further details |
| 32 | Progress Off Site Accommodation Requirements | See Appendix 1.1 for further details |

Appendix

Appendix 1.1 Saolta Infrastructure Strategic Priorities 2024 per site

UHG

- ED/Women's and Children's block
- Ward Block/Cancer Centre
- Laboratory Replacement
- Helipad
- Third endoscopy suite
- Relocation of Public Health Microbiology Laboratory
- Purchase and fit out of BMR House
- Replacement of CT scanner in GUH
- Review Radiology Services and infrastructure in UHG and Merlin Park campus's and develop a business case for capital development.
- Progress with plans to acquire off site rental accommodation to support outpatients service delivery for GUH (Women's Health Hub, Paediatrics and Bariatrics)

MPUH

- Progress the construction of the Surgical Hub
- Develop phase 1 and phase 2 facilities for Out Patient services on Merlin Park site and CF OPD.
- Progress the development of the Elective Hospital in conjunction with the National Programme

SUH

- Refurbishment of St. John's Unit (26 beds)
- Complete the enabling works and commence the 42 bed Ward Block development incorporating oncology day ward and 3rd cardiac CT plans
- Second CT Scanner
- Progress SAR and PBC for main Surgical Block development
- Agree long term Renal Dialysis accommodation plan
- CSSD upgrade
- Expansion of Microbiology Laboratory
- Upgrade of Macular treatment rooms
- ICT Network upgrade
- To progress the expanded OPD capacity in Scally Place

LUH

- Progress the design of the ED extension
- Complete the development of the control plan for the site to include additional capacity and ICU
- Progress the renal dialysis extension
- Electrical Infrastructure upgrade
- Boiler replacement
- Orthodontic extension
- Fire safety upgrade work
- Extension to laboratory
- Fire safety works to Medical Ward Block
- New aseptic compounding unit

MUH

- Obtain planning permission and approval to tender for ED / AMAU project
- Complete the replacement CT commissioning project
- Complete update of development control plan and gain approval to progress Ward Block development
- Electrical Infrastructure upgrade
- Aseptic unit replacement
- HSSD completion
- Progress with plans to acquire off site rental accommodation to support out patients service delivery for MUH / CHW combined projects

RUH

- Complete the development control plan for Roscommon site incorporating the carpark
- CT replacement
- Surgical Day ward

PUH

- Complete the construction of the 50 bed Ward Block
- Complete the design and development of the ED Extension and recreate AMAU
- Progress HSSD development incorporating capacity to support RUH
- Complete the acquisition of 2 houses adjacent to the property
- Fire and electrical infrastructure upgrade