



SAOLTA

University Health Care Group

STRATEGY

2019-2023

// Is fearr an tsláinte ná na táinte //

Chairman's Foreword



Dr. John Killeen, Chairman of the Board (2014 -Jan. 2019)

As Chairperson of the Saolta University Health Care Group, I welcome and support the publication of the Saolta University Health Care Group Strategy 2019-2023.

While the present Board is relatively newly appointed (and brings a variety of experience and skills), our first Board of Directors achieved much in paving the way for the role of the Board in supporting the establishment of the Hospital Group. Over the past five years we have seen how Saolta has developed as a group of hospitals working together to deliver services to patients across the region.

This strategy gives us further clarity of purpose for the next five years as we continue to provide safe sustainable services to our patients. As a Board, we want to ensure that the services provided meet best international standards and we will continue to support the Saolta Group in striving to achieve this. I am conscious of the oversight and governance role of the Board and we will continue to work closely with the Saolta Group Executive Team in ensuring effective and safe care. We will achieve this through a robust structure to address areas such as Quality and Patient Safety, Internal Audit, Finance and Strategy.

This strategy is ambitious in its aims and objectives, and we are committed to ensuring that progress is maintained through working closely with the Saolta Group in monitoring implementation, achievements and addressing issues jointly as they arise.

I would like to acknowledge the work to date and congratulate all those who contributed to the development of this strategy and look forward to the role that the Board will play in implementing it over the next five years.

Dr. John Killeen,
Chairman of the Board
Saolta University Health Care Group

Chief Executive Officer and Chief Clinical Director Foreword



Mr. Maurice Power, Chief Executive Officer

As Chief Executive Officer and Chief Clinical Director of the Saolta University Health Care Group, we are delighted to publish the Saolta University Health Care Group Strategy 2019-2023. This document lays out our strategic vision for the next five years as we further evolve as a Hospital Group providing care to the population of the West and North West of Ireland.

It outlines our plans for the further development of services, both clinical and organisational, to enable us to provide safe, staffed and sustainable services for our patients on a group-wide integrated basis.

Our strategy will ensure that we continue to place the patient at the centre of service delivery and we will continue to listen and work in partnership with our patients in the delivery and further development of services. As part of this process, we engaged with patient representatives from the Saolta Patient Council and this approach will be pivotal going forward.

The way we develop and deliver our services has a direct impact on our greatest asset – our staff. We have a responsibility to support, value and invest in our staff to enable them to deliver the very best care to patients. This strategy reaffirms the importance of valuing the collective capabilities, knowledge, skills, life experiences and motivation of our staff. We are committed to ensuring that we continue to develop and support staff through the implementation of national and local initiatives as one of the key themes of this strategy. We would like to acknowledge and thank our staff for the commitment and dedication they show every day in delivering an optimum service to our patients.

Vision and Themes of the Saolta Group Strategy 2019-2023

Our vision:

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



Prof. Pat Nash, Chief Clinical Director

To realise this vision, this strategy is set out along seven key strategic themes which focus on service delivery and development that is safe, sustainable and appropriately staffed while being patient-centred and quality focused:

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

These themes underpin our strategy and form the basis of this document. Each theme has agreed objectives and projects which form part of a three year implementation roadmap.

In agreeing the vision and goals however, it was crucial that we consider key variables both nationally and locally as outlined below.

Sláintecare

Sláintecare provides the future blueprint for health services for Ireland in the improvement of patient care. We have ensured that this Saolta Group Strategy is aligned to Sláintecare priorities and we will continue to work with the HSE and others in implementing this during the life of this strategy.

We are committed to working closely with the National Clinical Programmes in the further implementation of best practice and national strategies. The publication of the National Maternity Strategy, A Trauma System for Ireland, and the updated National Cancer Strategy, among others will be a key focus for our services.

Improving our Governance

An important priority over the next three years is the roll-out of group-wide Managed Clinical and Academic Networks. These networks will integrate with the traditional hospital site-based governance arrangements to create group-wide clinically-led governance structures. As an integrated network, staff will work together more closely. This will facilitate greater clinical oversight and the sharing of expertise. It will help to ensure patients are treated in a standardised, safer, and more timely manner, at hospital locations that have the resources and capability to provide the appropriate service. It will be underpinned by a strong Saolta Group Executive Team reporting to the Saolta Board of Directors.

While we are clearly focused on developing services and working towards meeting national targets, we remain mindful of the need to manage within finite resources. Efficiency and effectiveness will remain key priorities within a performance and planning framework.

Central to developing any services and working towards meeting national targets, has to be the continuous commitment to delivering safer and more effective care to our patients. Thus the National Standards for Safer Better Healthcare and assessments undertaken by HIQA will provide us with the necessary assurance that the quality of services we deliver meet the required standards.

Addressing Unscheduled and Scheduled Care Needs

In planning our health services, it is crucial that we meet the needs of the population we serve. In order to achieve this, a robust population profile is fundamental. Over the past number of months, we have worked closely with colleagues in the Department of Public Health to develop a detailed profile for our population. Our changing, and in particular ageing population, continues to result in increasing demands on our emergency medicine services resulting in unacceptable waiting times for patients who need to be admitted to our hospitals. This negatively impacts on our elective services (daycase, inpatient, outpatient care and diagnostic services). Building further capacity across all our hospitals will be a key focus for us and will require additional national investment to enable the provision of more beds as outlined in the National Capacity Review (2018).

While additional capacity is essential, we also need to be focused on improving our patient flow processes, both in our hospitals and with community services and general practice. Services working together across our hospitals will mean that we can optimise the use of all our facilities across all our sites. Progress has already been achieved particularly in relation to our Model 2 Hospital – Roscommon University Hospital, with increases in day surgery, endoscopy and ambulatory services. Our overall objective is to move lower complexity activity away from specialist units, in particular University Hospital Galway, to other sites in the Saolta Group. This should free up capacity on our specialist facilities to ensure faster access for the more complex cases that require specialist care.

Working with Academic Partners

We are committed to further developing the Saolta Group as a leading academic healthcare organisation. We were one of the first hospital groups to appoint a Chief Academic Officer to provide leadership and direction to help foster a culture of excellence in clinical practice through multidisciplinary education, research and innovation. We have a close and mutually beneficial working relationship with our lead academic partner NUI Galway and other higher educational institutions. These relationships are founded on a strong culture of undergraduate and post-graduate education, training and research programmes with a focus on inter-professional learning, medical simulation, quality improvement, healthcare related research and innovation.

Working in Partnership with Others

International trends point to a change in healthcare delivery, whereby care is delivered in the community and as close to home as possible (appropriate to patient needs), with hospitals focused on the more specialist service demands.

We are committed to working in partnership with our community partners; Community Healthcare Organisation 1 (CHO1) and Community Healthcare West, general practitioners, voluntary and non-voluntary organisations, academic partners, other hospital groups and many others to provide a truly integrated patient-centred service across the pathway of care.

To the north of our region, cross-border working, in particular between the Western Health and Social Care Trust (Altnagelvin Hospital) and Letterkenny University Hospital, has been very successful to date in particular around the provision of radiotherapy and cardiology services. We welcome the next phase of the Co-operation and Working Together Project (CAWT INTERRG V) which will involve further cross-border collaboration in service delivery for Sligo and Letterkenny University Hospitals, Northern Ireland and Scottish partners.

eHealth

Integrated and robust eHealth linkages between our hospitals, and across our hospitals and community, is critical to ensuring safe, efficient and joined-up care for patients. As such, it forms one of the key themes of this strategy as we plan the strengthening of our IT infrastructure and expertise.

Improving our Infrastructure

Ageing and inadequate infrastructure and equipment across all our hospitals is a major challenge. We need to ensure the delivery of services in quality modern facilities and this will require considerable investment over the next five years and beyond. While we recognise the need to upgrade and provide additional capacity in all our hospitals, we have an urgent need to address capacity requirements for specialist services at the Saolta Group Model 4 Hospital. An Options Appraisal will be completed in early 2019 which will set out a capital development plan for University Hospital Galway and Merlin Park University Hospital. We welcome the announcement from the National Development Plan of an elective hospital in Galway and this will be key in building further capacity within the region.

Implementation of the Strategy

In formulating this Saolta Group Strategy 2019-2023, we have had input from staff, patients and others, which has been pivotal in shaping the development of this strategy. We would like to acknowledge and thank them for their invaluable contribution. It is the first time the Saolta Group has a group-wide perspective of how individual services are delivered across our hospitals, which will help further integrate and provide safer and sustainable services for patients. It will enhance care delivery and enable us to continue to provide a service to our patients that we can be proud of.

Finally, we are committed to, and look forward to implementing this strategy over the next five years. To achieve this, an implementation plan has been developed with a robust governance process overseen by the Saolta Board of Directors.

Mr. Maurice Power,
Chief Executive Officer
Saolta University Health Care Group

Prof. Pat Nash,
Chief Clinical Director
Saolta University Health Care Group

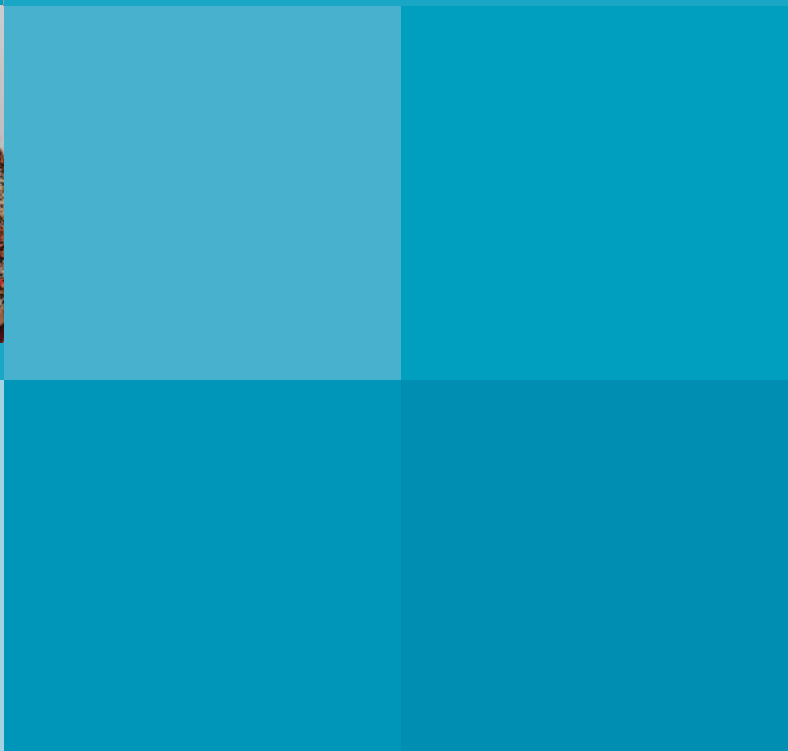


Respiratory Physiology, Mayo University Hospital

Transparent
Trustworthy
Reliable



Emergency Patient Transfer by Air Ambulance



Volunteers, University Hospital Galway



Paediatric Staff, Portiuncula University Hospital



Care
Compassion
Trust
Learning

Putting
patients at
the heart of
everything
we do

Nurture &
Encourage
Lifelong
Learning

Registered Advanced Midwife
Practitioner, Sligo University Hospital

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1.0

Executive Summary

Cardiothoracic Surgery Programme, University Hospital Galway

Executive Summary

The Saolta University Health Care Group Strategy 2019-2023 provides the framework for the Saolta Group's strategic development over the next five years.

The changing demographic of the West and North West regions has had a significant influence on the strategic planning process for the Saolta Group. With the support of and input from colleagues in HSE Public Health Department, the Saolta Group undertook an extensive analysis of the current and future population trends and forecasts. This work was critical in assisting us plan our health services for the coming years. The Saolta region has an older population when compared with national data which has a consequent impact on the demand for acute hospital services. The incidence of chronic disease is also increasing significantly, currently 87% of those aged 65 years and older are living with more than one chronic disease. Both of these factors highlight the importance of the further development of clinical and support services in the community, as enhanced community services reduces risk for older people by supporting them to live well in their own homes.

As part of this strategic planning process, the Saolta Group undertook a detailed analysis of the current and future likely demand for services. This involved the development of 41 individual speciality strategies which informed this overall Saolta Group strategy for the next five years. This work focused on activity, the changing nature of care provision, the infrastructural requirements and the needs of patients and staff.

The guiding principles underpinning this strategy focus on the provision of high quality, safe, timely and equitable care; the development of integrated services; a continued focus on research and education; and supporting and developing our staff.

Our vision in Saolta Group is to

'be a leading academic Hospital Group, providing excellent integrated patient-centred care delivered by skilled caring staff'.

To achieve this, we have identified seven key strategic themes that are key areas of focus and reform for the Saolta Group over the lifetime of this strategy. These seven themes were identified following an intensive consultation process with our Group Executive Council, hospital management teams, clinical leads, community partners, patient representatives and our academic and research colleagues. The key strategic themes focus on service delivery and development, that is patient-centred and quality focused, while being safe, sustainable and appropriately staffed. These themes will be our key areas of focus over the next five years to enable us to meet the future needs of our patients.



Quality and Patient Safety - The implementation of Managed Clinical & Academic Networks will facilitate the further strengthening of our quality and patient safety structures and processes. It will facilitate collective learning and sharing, and will be underpinned by robust education, training, research and audit programmes. We will enhance our risk management structures; implement a comprehensive quality improvement programme, while ensuring that a strong patient liaison and advocacy structure is in place. We will drive towards a culture of transparency and openness, ensuring it is embedded in the delivery of our services across the Saolta Group. Furthermore, we are committed to the development and implementation of group-wide quality improvement processes, and a quality assurance plan that aligns with accreditation requirements, HIQA standards and the National Standards for Safer Better Healthcare.

Patient Access - This encompasses patient flow - both scheduled and unscheduled, integrated clinical services and integrated older persons services across acute and community settings. Managing patient flow is the most critical clinical risk facing the Saolta Group. We will implement initiatives to reduce the number of patients waiting for admission from our Emergency Departments and the length of time they wait. We will also implement initiatives to reduce the numbers of patients waiting for scheduled procedures across the Saolta Group. We will continue with the implementation of our Managed Clinical & Academic Networks with the initial focus on Women and Childrens and Cancer Services in the Saolta Group. We will work with our community colleagues to support hospital avoidance and early discharge initiatives for our older population.

Governance and Integration - We will undertake further work to ensure that our individual hospital sites operate in a cohesive network in delivering high quality integrated care. This will allow us further develop and specialise clinical services across hospitals in the Saolta Group. The Saolta Group Integrated Governance Project will provide for the alignment of clinical and executive governance for services into Managed Clinical & Academic Networks.

This alignment is key to recruiting and retaining clinical staff particularly in our Model 3 Hospital sites. The establishment of group-wide teams will allow us address critical specialist staffing issues. It will also lead to the standardisation of patient care across the Saolta Group based on agreed clinical strategies.

Skilled Caring Staff - We will engage with our staff to enable them to grow and develop as leaders. We will further develop our Saolta Group recruitment and retention capacities to allow us a greater level of self-sufficiency. Enabling our staff to operate on a group-wide basis is key to this and we will implement staff development initiatives, such as workforce planning and learning and development supports to assist our staff as they deliver innovative and sustainable care to our patients.

Education, Research and Innovation - We will work closely with our academic partners to identify and address workforce training needs. We have a strong culture of learning across the Saolta Group and we will further strengthen that in collaboration with our partners. A dynamic research culture is critical to the Saolta Group as it enables our patients to benefit from new treatments and improves their health outcomes. Group-wide medical simulation training and facilities, together with the development of an integrated Academic Hub, will drive learning, innovation and research across the Saolta Group.

eHealth - Greater investment in our technological infrastructure will allow us improve and standardise quality and operational effectiveness across the Saolta Group. It is also critical to the further integration of our services. We will build on the expertise and capacity of our existing ICT function and invest significantly in people and technology. This will allow hospitals greater access to high quality, accurate and timely information while improving our patients' experience. We have prioritised a number of key IT projects over the next five years which will support integration and deliver high quality solutions to enhance patient care.

Infrastructure - Modern, well planned and developed facilities are essential to the delivery of good patient care. Investment in our capital infrastructure is critical to allow us deliver services to our patients across all our hospital sites. Despite limited capital budgets we will progress key projects to meet future patient demand. In particular further developing our Emergency Departments is a priority to provide for more streamlined care in facilities that provide dignity and privacy for our patients. We welcome the announcement from the National Development Plan of an elective hospital in Galway, which will be key in building capacity within the region.

The above themes underpin our strategy and form the basis of this document. Each theme has agreed objectives and projects which form part of a three year implementation roadmap.

The strategy also provides a broad overview of each of the six Saolta Group hospitals outlining the scale, scope and nature of services provided on each site. It also provides an overview of the key priorities of the supporting corporate functions, whose input to the Saolta Group is fundamental to the progression of each of the identified strategic themes.

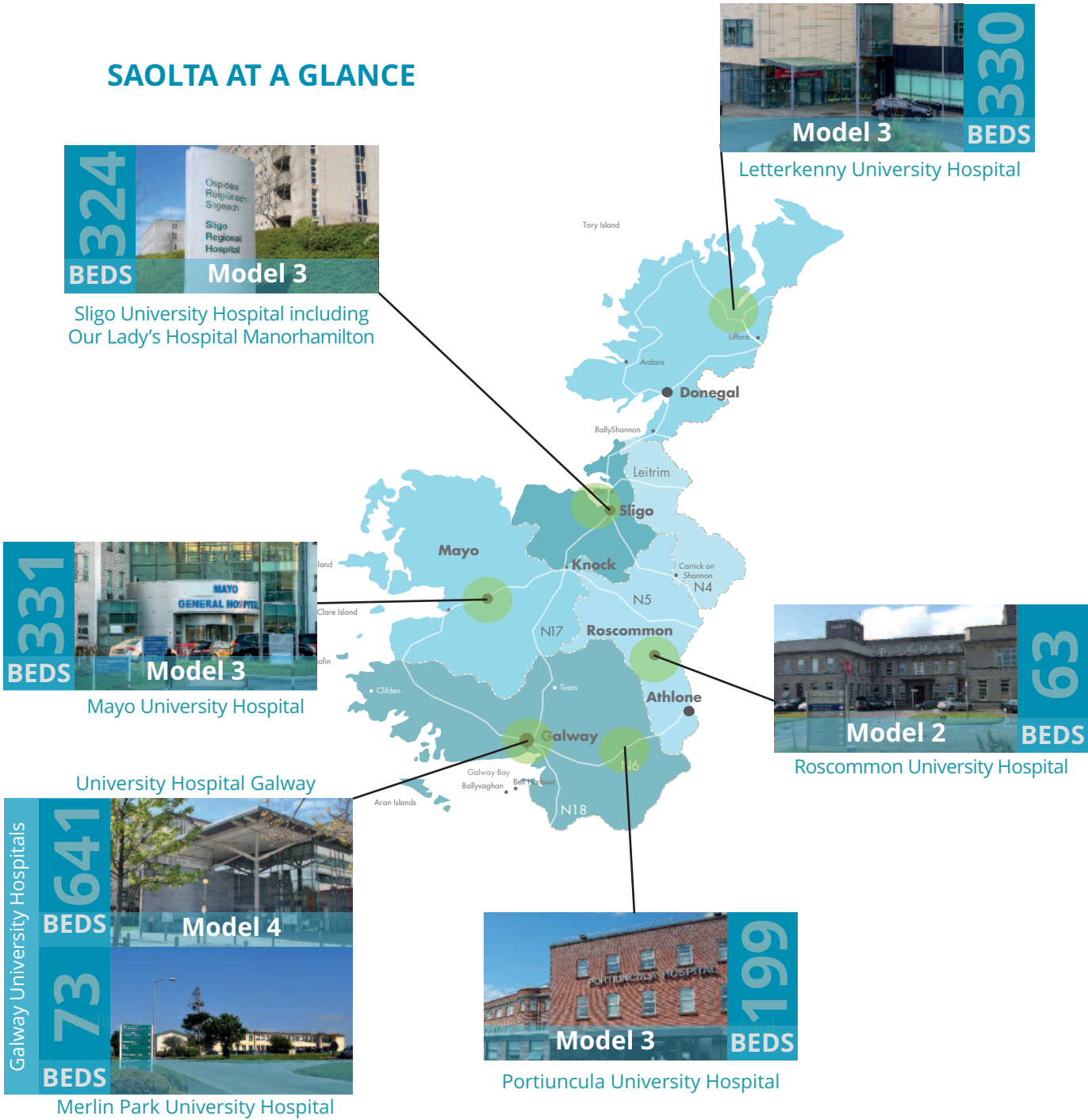
We want this strategy to be a living and dynamic document that will provide direction and structure to the hospital services in the West and North West over the next five years. We will establish a robust oversight process, overseen by the Board of the Saolta Group, to ensure that we achieve our objectives in the timeframes identified.



2.0 Saolta at a Glance

Physiotherapy Department, Portiuncula University Hospital

SAOLTA AT A GLANCE



1,956 
TOTAL INPATIENT BEDS

Saolta University Health Care Group provides acute and specialist hospital services to the West and North West of Ireland (counties Galway, Mayo, Roscommon, Sligo, Leitrim, Donegal and adjoining counties).

- Geography is a major challenge for our hospital group, as we have a relatively dispersed rural population (1/6 of the national population - circa 830,000 core population) spread across one third of the land mass of Ireland.
- Our only Model 4 (tertiary) Hospital site (University Hospital Galway) is on the southern geographical periphery of the Saolta Group resulting in long transfer distances over relatively poor transport infrastructure for patients requiring specialist complex care.
- This, together with a larger older population (15.4% compared to 13.4% nationally) means that our hospitals face additional pressures in meeting ever increasing demands for acute hospital services.

As part of this strategic planning process, we have worked closely with the HSE Public Health Department to develop a population profile of our catchment area to ensure that we have a clear understanding of our population needs to inform service development priorities. We would like to acknowledge their input to this hugely valuable exercise.

LAST YEAR IN SAOLTA



9024
BIRTHS



Population of
830,000
People



BUDGET
€868
MILLION



10,200
STAFF



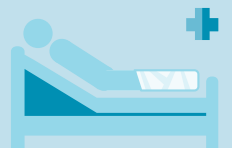
624,000
OUTPATIENT
ATTENDANCES



208,000
PATIENTS PRESENT TO OUR
EMERGENCY DEPARTMENTS

26.5%

WERE ADMITTED
TO HOSPITAL
BEDS



115,000
INPATIENTS



AN ESTIMATED
30 million
LABORATORY
TESTS



500,000
RADIOLOGY
EXAMINATIONS



181,200
DAY CASE PROCEDURES



16,000
AMBULANCE
TRANSFERS FROM
SAOLTA HOSPITALS

Saolta
Grúpa Ollscoile Cúram Sláinte
University Health Care Group



3.0

Vision Principles Values

Emergency Department Staff, Letterkenny University Hospital

Vision, Principles, Values

Our Vision is to be a leading academic Hospital Group, providing excellent integrated patient-centered care delivered by skilled caring staff.

SAOLTA GUIDING PRINCIPLES:

To work in partnership with patients and other healthcare providers across the continuum of care to:



CARE

COMPASSION

TRUST

LEARNING



1

Deliver high quality, safe, timely, and equitable patient care by developing and ensuring sustainable clinical services to meet the needs of our population.



2

Deliver integrated services across the Saolta Group Hospitals, with clear lines of responsibility, accountability and authority, whilst maintaining individual hospital site integrity.



3

Continue to develop and improve our clinical services supported by education, research and innovation, in partnership with NUI Galway and other academic partners.



4

Recruit, retain and develop highly-skilled multidisciplinary teams through support, engagement and empowerment.



4.0

Population Health

Coronary Care Unit, Letterkenny University Hospital

POPULATION HEALTH

In planning our health services, it is crucial that we meet the needs of the population we serve. While the national “Planning for Health Document” 2017 provides an excellent foundation for health service planning, we need to examine in greater detail how this pertains to the Saolta catchment population. To achieve this, the Saolta Group has worked closely with colleagues in the Department of Public Health in developing a detailed profile for our population.

UNIQUE CHARACTERISTICS OF SAOLTA REGION AND POPULATION



- Geographical spread and density**
- The Saolta region consists of some of the most rural and least densely populated and most deprived areas nationally
 - The most deprived areas in the Saolta Group include North West Donegal, North West Mayo and North West Roscommon, South Leitrim and Connemara



Saolta Current Population (CSO 2016)	Saolta Population Projected 2019-2024
Population Saolta’s population is 730,513, which represents 15.3% of the total Irish population. However, we have 830,000+ population when including the Saolta peripheries.	Population Saolta’s population is expected to increase by 0.5% annually



Population Age	Population Age
<ul style="list-style-type: none">• Saolta has a larger older population compared to national figures• 65 years and over age group was 112,361, which represented 15.4%, compared to 13.4% nationally• 85 years and over age group was 12,711, which represented 1.7%, compared to 1.4% nationally	<ul style="list-style-type: none">• 65-84 years will increase by 14.5%• 85 years and over will increase by 18.8%• 15-64 years is expected to increase by 1.4% compared to a 3.2% increase nationally• 0-14 years is projected to decline by 6.1%



Birth Rate	Birth Rate
Saolta’s birth rate has fallen by 6.8% (651 births), compared to a decrease of 7.3% nationally	The number of children between 0-12 months is projected to decline by 17.1% compared to a decline nationally of 12.7%

Meeting the Population Needs for the Future

The Saolta region already has an older population in comparison to national average and as a result, experiences increased pressures on its acute hospitals. 87% of those older than 65 years are living with more than one chronic disease. An analysis of national acute hospital activity in 2015 highlighted that patients aged over 65 years, accounting for 13% of the population, used 54% of available bed days. Those aged over 85 years, who account for 1.4% of the population, used 14% of the total hospital bed days.

The significant projected increase in our older population will lead to unsustainable pressures on acute hospital beds if the model for delivery of services does not change. In line with international and national best practice, this will mean delivering our clinical services much closer to the patient’s home, where it is appropriate and safe. This will require further development of clinical and support services in the community which will reduce risk and support older people to live well in their community. While there has been some progress nationally with the appointment of specialist roles such as Advanced Nurse Practitioners, much additional investment is required.

This will be a clear focus for the Saolta Group hospitals working in partnership with our CHO colleagues and National Clinical Programmes. This has been factored into the implementation phase of this strategy, where a number of the projects identified focus on patient access, integration of hospital and community services, alongside developing ambulatory day services for our older population.



Dr. Donal Reddan, Consultant Nephrologist and Medical Clinical Director (2013-2018), consulting with a dialysis patient

Sustainable & Responsive Workforce



Geriatric Medicine, Mayo University Hospital

Working in partnership with our CHO colleagues and National Clinical Programmes

“ The staff in Roscommon are extremely kind and helpful with older people. Everyone from catering to nursing staff had a kind word to say when passing or dealing with me the patient. ”

Patient in Roscommon University Hospital

Developing Services



Ear, Nose and Throat Outpatients Department, University Hospital Galway



5.0

Our Patients

Ophthalmology Surgical Programme, Sligo University Hospital



Our Patients

In the Saolta Group we recognise the value of patient, family and public engagement. We believe it enhances trust and communication between our patients and staff, enables patients to have better understanding of their conditions and treatment plans, and achieves better outcomes. It also enables services to become more responsive to the needs of our patients.

Our patients and local communities are central in shaping and influencing the planning and delivery of our health services across the West and North West of Ireland. It is essential that we listen, engage and partner with patients, families and the public in the future development of our services.

Over the past number of years we have made significant progress with the implementation of many national and local patient engagement initiatives across the Saolta Group.

The Patient Advice and Liaison Service (PALS) is currently in place in three hospitals within the Saolta Group. We have also implemented national campaigns such as #hellomynameis, Caring Behaviours Assurance System, (CBAS-1) and Schwartz Rounds. Through these campaigns we continually work towards providing caring compassionate patient-centred care while supporting our staff.

Over the next five years, we will continue to focus on patient and public engagement as a key priority through the development and implementation of the Saolta Patient Engagement Strategy 2019-2024. We believe that if quality improvement is to be at the heart of everything we do, these initiatives must be developed from the perspective of patients.

This Saolta Patient Engagement Strategy 2019-2024 will provide a framework for engaging with our patients, their families and the wider public.

We will:

- Ensure a safe environment on all hospital sites, built on a culture of openness, transparency and trust, making certain that the service we deliver is patient centred at all times.
- Continue to engage and work together with our service users, to support the development and implementation of quality improvement initiatives.

The implementation of this overall Saolta Group strategy will focus on the following key areas:

- The **Patient Advice and Liaison Service (PALS)** offers confidential advice, support and information, and ensures that the service respects users' rights, dignity and cultural values. It provides a point of contact for patients, their families and their carers. The PALS enables the service user to express concerns they may experience at the point of care and receive feedback. We will work with service users to ensure patients, carers and families have support and information to make decisions and choices about the healthcare they receive. One of our key objectives is to have a PALS officer in all sites by 2020.
- The **National Patient Experience Survey Report** tells us what matters to patients and about the improvements that can be made to implement change and improve the patient's experience in hospital. Sharing information between hospital sites will allow us to standardise practice, and irrespective of where the patient receives care, it will always be caring, compassionate and patient centered.
- **Patient Council** – A Patient Council has now been established on each site. It is the aim of Saolta Group to continue to embed patient representation on non-clinical committees. This will mean that patients and their families are represented at all levels within the organisation. The inclusion of patient representatives in many of our hospitals and hospital group committees, has facilitated valuable patient insight as we develop our services.
- **Community Involvement** - Across the Saolta Group, local community support is hugely important for the successful delivery of our services and we are extremely grateful for the involvement and support of our communities. In Letterkenny University Hospital, Sligo University Hospital and Galway University Hospitals, vibrant Friends Committees provide support for important patient comfort initiatives and service developments. They facilitate the input of the local community to their local hospital.
- **Hospital Volunteer Service** - We are grateful to those who participate in our hospital volunteer programmes and give willingly of their time to help others cope with the challenges of attending a busy acute hospital. Our volunteers provide a friendly welcome and a reassuring first impression to everyone who enters our hospitals. We will continue to support our volunteer programme, which has brought such positivity and energy to our hospitals and is now an integral and valued part of how we deliver patient services.
- **Schwartz Rounds** -The introduction of Schwartz Rounds to the Saolta Group was a joint initiative between the Quality Improvement Division and Saolta Group. These rounds provide staff with a framework to help improve wellbeing, resilience and support. Schwartz Rounds focus on the emotional aspects of care and the effect on staff. Research has shown that enabling staff to share their experiences has a positive impact on patient outcomes and the culture of an organisation.

Saolta Arts Trust

The Dual Citizen

Lorna Shaughnessy

*Everyone who is born holds dual citizenship,
in the kingdom of the well and in the kingdom of the sick*
Susan Sontag

Warm assault of forgotten smells,
An antiseptic tingle in the nose,
the vaguely chemical residue of bleach
ignites memory faster than speech
- who you were before you first
walked through these doors
who you became and
who you ceased to be
in that year of onerous citizenship.

You find you feel at home
knowing enough of the lingo
to get by and not look a fool,
knowing how to play that part -
how to be the good patient,
take your medicine,
observe routine.

For the next thirty-six hours
you step back into that other self,
become again one among the sick,
recall how it feels to be lucky or blessed

Winner of Poetry for Patients, 2017

For ten years, Galway University Hospitals Arts Trust has provided an Arts and Health programme to promote wellbeing and improve the hospital experience at Galway University Hospitals. It was originally initiated by a generous long-term loan of over 100 works of Modern Irish Art by John and Patricia Hunt.

This Arts Trust will further develop an Arts and Health programme across all six hospital sites within the Saolta University Health Care Group. It will nurture the discovery and development of creative potential, encourage new ways of seeing, while improving hospital experience and making the hospital a place of possibilities.

6.0

Key Strategic Themes

Surgical Endoscopy, Roscommon University Hospital

Key Strategic Themes

This Saolta University Health Care Group Strategy 2019-2023 is underpinned by 41 individual specialty clinical strategies across all six Saolta Group hospitals. The development of these was led by the Specialty Leads and their colleagues, involving an extensive consultation process with all multidisciplinary staff across the Saolta Group. These individual strategies set out the current service provision in each clinical specialty across the Saolta Group as well as identifying critical issues and future service development priorities.

The delivery of 41 specialties across six hospitals requires much alignment and integration in the Saolta Group in order to ensure the sustainability of clinical services. This alignment and integration ultimately allows the Saolta Group to fully utilise existing capacity, develop services, improve access and enable the best outcomes for our patients.

While the Model 4 (tertiary referral centre) Hospital for the Saolta Group will remain University Hospital Galway, it is essential that adjacent hospitals work together as cohesive regional units, delivering services to allow us meet the challenges our large geographical area presents. To facilitate University Hospital Galway's role as the tertiary hub, capacity needs to be created by ensuring that non-complex and elective care is redirected to the Model 2 and 3 Hospital sites where possible.

This will require the Saolta Group to operationally develop services based on geographical alignment into western and north-western regions. Galway University Hospitals, Mayo University Hospital, Roscommon University Hospital and Portlinculla University Hospital will comprise the Western region, with Sligo University Hospital and Letterkenny University Hospital constituting the North Western region, with staff providing care on more than one site. This will ensure full utilisation of existing resources including theatres, outpatients and beds.

Many clinical services are currently aligned on a regional basis, for example, dermatology, neurology, rheumatology, ophthalmology, ENT and orthodontics. There is a further planned alignment of urology services across the Saolta Group, based around University Hospital Galway as the tertiary referral cancer hub. There will be two delivery sub-units, one based in the North West consisting of four Consultant Urologists with multi-disciplinary teams working together to deliver an integrated urology service in both Sligo University Hospital and Letterkenny University Hospital. The second sub-unit in the West will comprise University Hospital Galway based Consultant Urologists with multi-disciplinary teams delivering daycase and outpatient services in Portlinculla University Hospital, Mayo University Hospital and Roscommon University Hospital. This regional alignment will ensure patients have access to outpatient assessment, diagnostic services and treatment for the majority of their acute and long-term urology needs at their local hospital with an integrated approach to ensure timely access for more complex care and cancer care in Galway.

This strategy emphasises the Saolta Group's intention to continue to build on its progress as an academic healthcare network. This will be achieved through continued close collaboration with all our academic partners and in particular NUI Galway, our key strategic academic partner. Best international evidence clearly highlights that the quality and safety of patient care is greatly enhanced in clinical environments where research teaching and innovation are

embedded and supported as core organisational priorities. This will be a key priority over the next five years and it is envisaged that the new clinical leadership roles for the Managed Clinical & Academic Networks will have joint appointments with NUI Galway, to ensure that this relationship is embedded into the management structures of the organisation.

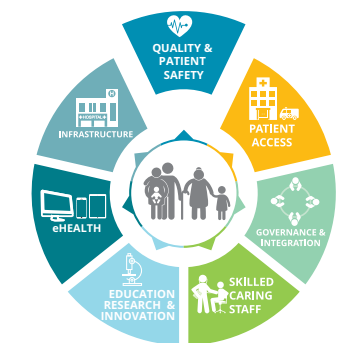
The strategy is set out along seven key strategic themes outlined below. Each of these themes has a strategic goal with clearly identified priority projects. This work is underpinned by the HSE values: Care, Compassion, Trust and Learning. Our values should be evident to patients, their families and staff by our behaviours. We are committed to developing a culture where staff demonstrate our values in their work every day through their interaction with their colleagues and patients.



Strategic Theme: Quality and Patient Safety

Goal:

We will work continually to improve the quality and safety of clinical services to enhance the experience and positively influence outcomes for our patients



Quality and Patient Safety Priorities:

- Develop and implement a robust quality and patient safety framework
- Enhance risk management processes
- Embed a culture of on-going quality improvement (QI)
- Develop standardised group-wide policies, procedures, protocols and guidelines (PPPGs)
- Ensure compliance with the National Standards for Safer Better Healthcare
- Implement processes to support structured clinical audit
- Implement Public and Patient Engagement Strategy
- Implement Managed Clinical & Academic Networks to support the delivery of integrated safe and sustainable clinical services across Saolta Group hospitals
- Ensure a culture of candour and transparency with full commitment to the principles of open disclosure
- Implement the National Maternity Strategy
- Implement the National Cancer Strategy
- Ensure compliance with the National Clinical Handover Policy
- Support the implementation of the National Clinical Programmes models of care

The provision of safe and high quality services for our patients is our principal aim. We will maintain a consistent focus on improving the safety, quality and sustainability of the services we provide to our patients across the Saolta Group. To achieve this we will further integrate services across our hospitals. Specialties in individual hospitals will no longer work in isolation but as a networked team, which will enhance clinical quality.

The implementation of Managed Clinical & Academic Networks, with strong clinical leadership, will further support group-wide planning. It will also facilitate collective learning and sharing of expertise and will be supported by robust education, training, research and audit programmes. It will result in improved recruitment and retention of staff and ultimately safer and more sustainable services for our patients.

The Clinical Director for Quality and Patient Safety and the Group Quality and Patient Safety Manager are responsible for ensuring that the patient safety structures and processes in place meet the standards necessary to deliver care.

Our Quality and Patient Safety Framework will be based around three pillars: enhanced risk management structures, a comprehensive quality improvement programme, and a strong patient liaison and advocacy structure. Patient engagement needs to be underpinned by a culture of candour and transparency with a clear commitment from all staff to the principles of open disclosure.

The Saolta Group Serious Incident Management Team (SIMT) provides the overall governance for incident review and issues of learning and ensures risk management processes are consistent with the HSE 2017 Integrated Risk Management Policy.

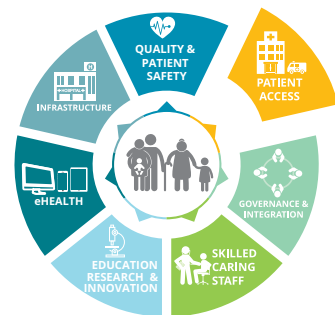
We will implement a comprehensive integrated quality improvement strategy with clear priorities focused on standardising evidence based high quality care, incorporating group-wide policies and procedures. It will include a comprehensive clinical audit programme to provide assurance about these standards and identify areas requiring further support and improvement. A key component of our quality improvement strategy will be the ongoing evaluation of services based against the National Standards for Safer Better Healthcare. We are committed to ensuring all recommendations from national reviews and other processes are implemented across all our hospitals.

The Saolta Group Quality and Patient Safety 3 year priority projects outlined below, are aligned with the **Sláintecare goal: “to provide high quality, accessible and safe care that meets the needs of the population”**.

3 Year Priority Projects	Delivery Date
Quality and Patient Safety Framework Project (Governance and Processes)	2019
Women's & Infant's Service Improvement Programme	2019
Clinical Handover Project	2019
Patient & Public Engagement Strategy Project	2019
Implementation of Cancer Services Programme	2019 - 2021
Saolta Group Clinical Improvement Programme with an initial focus on Paediatrics, Haematology, Emergency Medicine, Cardiology and Cardiothoracic services	2019 - 2021

Strategic Theme: Patient Access

Goal:
We will continue to develop and improve our integrated care pathways to ensure accessible, clearly defined, evidence-based treatment and support to our patients and their families



Patient Access Priorities:

- Reduce waiting times for scheduled care
- Improve patient experience times for unscheduled care
- Improve patient flow processes in EDs to reduce the numbers of patients on trolleys
- Implement process improvements and lessons learned from the Patient Flow Improvement Project
- Implement acute floor model where feasible
- Develop integrated patient pathways, through joint working with CHOs and GPs, with a focus on the older person’s pathway
- Optimise existing capacity across Saolta Group Model 4, 3 and 2 Hospitals
- Conduct a demand and capacity review across Saolta Group hospitals to address bed capacity shortfall
- Develop and implement an outpatient strategy to reduce waiting times
- Optimise theatre utilisation across all Saolta Group hospitals
- Implement recommendations from the group-wide clinical review in emergency medicine
- Improve diagnostic access times for radiology services, both within Saolta Group and community
- Improve diagnostic access times for endoscopy services

We are committed to improving access for our patients and reducing waiting times for scheduled and unscheduled care.

As is the experience nationally, the Saolta Group is challenged to match capacity to demand with a year-on-year increase in patients attending our emergency departments, increasing numbers requiring emergency and elective admission and an ageing population.

The solutions to improving patient access are complex and multifaceted, and will involve process changes across all six hospitals, an increase in inpatient and daycase bed capacity, and more integrated working across acute and community services, both to avoid hospital admission and ensure early discharge.

We must aim for a fully integrated patient pathway from the first point of contact with the GP to timely access to the local Model 2, 3 or 4 Hospitals. This will require bi-directional changes in patient flow. We will treat less complex and higher volume cases in our Model 2 and 3 Hospital sites, with more specialist referrals to UHG as the Model 4 Hospital. Underpinning this will be ensuring maximum utilisation of all capacity across our hospitals.

The Health Service Capacity Review 2018 highlights the inpatient bed capacity required nationally up to 2031. The Saolta Group will factor this into local planning and it will inform the configuration of services, ensuring we create additional beds in the right locations.

Process changes in patient care pathways are essential to ensure we optimally use all available current and future capacity. Saolta Group has worked with the National Patient Flow Improvement Project in UHG, which at its core, is the commitment of the entire multidisciplinary team to sustainable quality improvement processes. This has provided an excellent foundation for the development of improved team working and new solutions and it is planned to roll-out the learning across all hospitals in the Saolta Group.

We will improve efficiencies in scheduled care by optimising the use of our theatres across our hospitals. A review of our theatre capacity is currently underway and the outcome will support more collaborative working between our hospitals. Alongside this, we will continue to increase our daycase and ambulatory care services, day of surgery admission (DOSA) and enhance our pre-assessment processes.

We will continue to work with the National Treatment Purchase Fund (NTPF) to reduce waiting lists by increasing capacity in our hospitals, avoiding the need to send patients externally for treatment.

Key to this sustained improvement in patient access will be close collaboration with our GP and community care colleagues. We want to create alternative pathways that facilitate direct access to specialist and diagnostic services and minimise the need for patients to attend Emergency Departments. This will be supported through the implementation of the Elective Care Pathway Design Programme. This is a national programme commencing with urology services, and Saolta Group is the pilot hospital group. This programme will implement

integrated outpatient, inpatient and daycase referral pathways across specialties that improve patient safety, clinical outcomes and wait times.

Improved and integrated discharge planning will be required to facilitate timely and safe transfer of patients from hospital. We have developed a senior management strategic group with our colleagues in CHO 1 and Community Healthcare West to support this integrated care with initial focus on the elderly patient care pathway.

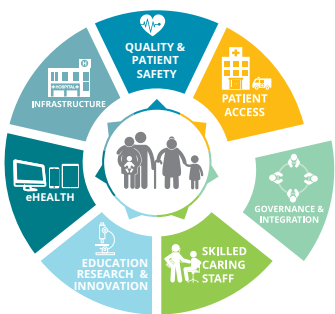
Other key areas of focus will include further implementation of the recommendations from the group-wide clinical reviews in emergency medicine and improving diagnostic access times for both radiology and endoscopy service.

The Saolta Group Patient Access 3 year priority projects outlined below are aligned with the **Sláintecare goal: “to provide a high quality, accessible and safe care that meets the needs of the population”**.

3 Year Priority Projects	Delivery Date
Acute Floor Model Project	2019-2021
Endoscopy Project	2019
Radiology Services Project	2019-2021
Scheduled Care Project with an initial focus on Urology	2019-2021
Theatre Utilisation Improvement Project with an initial focus on GUH, PUH, RUH, MUH	2019-2020
Outpatient Strategy	2019 - 2021

Strategic Theme: Governance and Integration

Goal:
We will accelerate clinical care improvements through multidisciplinary integrated teams working in Managed Clinical & Academic Networks delivering outcome-focused, patient centred care in partnership with other healthcare providers across acute and community settings



Governance and Integration Priorities:

- Roll-out clinically-led and professionally managed integrated governance structure (Managed Clinical & Academic Networks-MCANs) across Saolta Group hospitals, with executive authority, accountability and responsibility for service delivery.
- Implement Trial of Concept across Cancer and Women’s and Children’s Services as the first MCANs
- Realign HR, ICT, Finance, Quality and Patient Safety with the Managed Clinical & Academic Networks to support the new governance structure
- Implement education, research, and audit structures to support MCANs
- Ensure the protection of safety and integrity of each hospital, within new governance structure
- Develop and implement a revised accountability and performance framework for the new governance structure
- Develop and implement clear policies, procedures and protocols for service delivery that span clinical networks
- Implement streamlined integrated patient care pathways, between Saolta Group hospitals and the community

The Saolta Group has evolved over the last number of years, from six separate relatively autonomous hospitals, into a cohesive acute healthcare network for the population of the West and North West. The concept and function of the Hospital Group is now well established

across all our hospitals and this will enable the further integration of our services. We are proud of the strong relationships that have been developed among our staff across all our hospitals and we are committed to further building on these relationships.

While much has been achieved since the establishment of the Saolta University Health Care Group, further enhancement of this model is a key focus and we plan to roll-out a clinically-led integrated governance structure over the next two years. Our overarching aim is to ensure the delivery of quality and safe services, to the population we serve.

To achieve this clinically-led integrated governance structure, services will be required to work together across all our hospitals. This will result in the sharing of expertise, more standardised care, the development of enhanced patient pathways and result-based outcomes for our patients. It will mean that no service will work in isolation but as part of an integrated networked team approach. They will be supported by robust and collective education, research, audit, and academic programmes in order to provide the best possible patient care. The Saolta Integrated Governance Project will oversee the alignment of clinical and executive governance for services into Managed Clinical & Academic Networks. This will mean the reconfiguration of individual site-based structures to group-wide clinically-led networks, with executive authority, accountability and responsibility for all aspects of clinical services across all Saolta hospitals. Key to this will be the re-alignment of enabling services (HR, ICT, Finance, QPS) with the Managed Clinical & Academic Networks, so to manage resources efficiently in a way that delivers the best health outcomes.

We are experiencing critical specialist staffing issues on multiple sites, but in particular in our more remote Model 3 Hospital sites, at consultant and specialist nursing level, in particular theatre nursing. Key to attracting and retaining top talent, is the further integration of our clinical services, to ensure that all medical staff work as part of group-wide teams, with the ability to carry out more complex work on the tertiary Model 4 site in University Hospital Galway, if necessary.

Critical to implementing this approach is to protect the safety, integrity and development of each hospital site. Therefore, clear policies and procedures for operational issues on each site with local site, leadership will be essential. We will be re-defining our accountability framework to ensure:

1. Our services are managed as close to the front-line as possible with clearly defined governance structures
2. There are clear reporting and escalation processes both at site and Managed Clinical & Academic Network level
3. There is a comprehensive multi-annual service planning and operational planning framework
4. A clear performance management framework is in place for the Managed Clinical & Academic Networks to report to the group executive leadership team

5. Clear policies, procedures and protocols for service delivery are in place that span our Managed Clinical & Academic Networks
6. Clearly defined service level agreements are implemented, with Saolta Group oversight and monitoring, between individual Managed Clinical & Academic Networks

The provision of fully integrated care will require further significant realignment to ensure that there is clarity of responsibility, accountability and authority for all aspects of the care pathway between home, community, hospital and back, with hospital avoidance, if possible, being the overriding priority. We will continue to engage with our community colleagues in CHO 1 and Community Healthcare West to ensure that we are working together on implementing fully integrated pathways across our specialties with particular focus on our elderly population.

The Saolta Group Governance and Integration 3 year priority projects are aligned with the **Sláintecare goals: “deliver improved governance and sustain reform through a focus on implementation”. “Provide high quality, accessible and safe care that meets the needs of the population”.**

3 Year Priority Projects	Delivery Date
Saolta Group Integrated Governance Project	2019-2021
Saolta Group and CHO Integrated Working Project (Older Persons)	2019-2020

Strategic Theme: Skilled Caring Staff

Goal:
To attract top talent now and into the future, we will recruit, train and retain the best individuals to deliver innovative, sustainable care and services to our patients



Skilled Caring Staff Priorities:

- Develop and implement a staff recruitment and retention strategy
- Work with national partners to build a sustainable and resilient workforce
- Develop a model to build self-sufficiency to position the Saolta Group as an attractive employer
- Develop a workforce development plan to support service delivery
- Continue to engage with staff, to inform development priorities through local and national staff surveys
- Implement extended roles for specialist staff within advanced scope of practice
- Continue the implementation of the Healthy Ireland Framework 2013-2025
- Implement the Health Services People Strategy 2015-2018
- Continue to develop initiatives to value staff such as staff recognition awards
- Support further leadership development programmes to address future leadership requirements
- Implement a succession planning programme
- Promote career progression for all staff through learning and development programmes
- Establish a Saolta Group Recruitment Service

Caring, committed and compassionate staff are critical to patient experience and outcomes. We recognise the compassion and dedication of all our staff who deliver quality care in a

complex clinical environment, while ensuring that patients remain central to everything we do.

The Human Resources (HR) function supports staff to deliver the best possible care, by creating a quality working and learning environment, engaging and valuing our staff, and enabling everyone within the Saolta Group to reach their full potential.

It is essential that we continue to listen and encourage our staff to contribute their ideas. We also want to enable them to grow and develop as professionals, recognising their contribution to the Saolta Group.

One of the biggest challenges facing Saolta Group is recruiting and retaining skilled staff in many specialties and across our hospitals. To address these challenges, we will develop an effective model to build self-sufficiency, and to position the Saolta Group as an attractive employer. By realigning our services regionally within Managed Clinical & Academic Networks, we will enhance our recruitment potential and further facilitate staff retention. Group-wide specialty staff working collaboratively will be at the centre of this approach. The Sláintecare Implementation Strategy sets out, as a key goal, the need to build a sustainable resilient workforce that is supported and enabled to deliver the Sláintecare vision. Saolta Group will work with national partners to achieve this goal.

Strong and effective multidisciplinary teams are essential to provide the highest quality patient care and we will facilitate timely and clear communication between all healthcare professions to support this. We recognise the importance of promoting extended roles for specialist staff within an advanced scope of practice and will work with national HR to progress this.

The implementation of the Healthy Ireland Framework 2013-2025 will be crucial to encourage our staff to improve their own health and wellbeing and to create an environment that supports a resilient and healthy population in partnership with CHO 1 and Community Healthcare West. We believe that we can make a real difference to the health and wellbeing of patients, our staff and the wider community. We are implementing the Health Services People Strategy 2015-2018 across the Saolta Group and use it as a guiding framework to underpin our key HR priorities:

Staff Engagement

We will engage, develop and value our workforce, which is critical to delivering the best possible care and services to our patients. Staff are consulted in our group-wide Employee Engagement and National Staff Surveys. We will continue to ensure that opinions are sought and heard to address the important issues raised relating to patient care.

Valuing the efforts of staff will also remain a high priority for us as we continue to develop staff recognition initiatives across the Saolta Group.

Learning and Development

Skill and knowledge development are essential components in supporting our staff. We will continue to promote lifelong education, and support staff to access opportunities for career

progression within the Saolta Group, through initiatives such as the annual learning and development directory on each site, and regional Leadership, Education and Talent Development team’s courses across the West and North West.

Workforce Planning

We will develop a model of self-sufficiency that positions the Saolta Group as an attractive employer. A range of initiatives will be required to recruit and retain a skilled workforce across all sites. These will include developing a group-wide workforce development plan, to align staffing and skill-mix requirements, alongside effective staff deployment, necessary to support service delivery.

Leadership and Culture

We recognise the need for strong leadership to create a better service for our patients and staff. We will continue to support initiatives already underway and new initiatives to provide for future leadership needs across the Saolta Group. This will include programmes such as the Health and Social Care Professionals National Development Programme, the HSE Leadership Academy Programmes 1 and 2 and RCSI programmes.

The Health Services People Strategy 2015-2018 sets out the importance of leadership driving cultural change, enabled by staff engagement, workforce planning and adopting a partnership approach.

Succession Management

Saolta Group has been succession planning as part of the Group’s HR Strategy since 2014. This includes staff participation in programmes which have been developed and provided by the HSE, Saolta Group and external national providers. We will continue to plan for future leadership needs across the Saolta Group through the Board Strategic Manpower planning Committee.

As a key priority project in achieving this strategic goal over the next five years, there will be a particular focus on establishing a Saolta Group Recruitment Service with initial focus on consultant recruitment.

The Saolta Group Skilled Caring Staff 3 year priority project outlined below is aligned with the **Sláintecare goal: “enable the system to deliver its goals”**.

3 Year Priority Projects	Delivery Date
Workforce Recruitment & Retention Project	2019

Strategic Theme: Education, Research and Innovation

Goal:
We will collaborate with our academic partners and address workforce training needs including the development of leadership capability by embedding the importance of education, research and innovation at all levels of patient care



Education, Research and Innovation Priorities:

- Promote a culture of learning, research and innovation
- Invest in training and quality improvement
- Implement joint appointments for leadership posts within the Managed Clinical Networks with NUI Galway, to ensure close collaboration on research, innovation and teaching
- Further develop group-wide medical simulation training and facilities
- Develop a bi-directional academic office with NUI Galway
- Develop and implement a group clinical research strategy aligned with our academic partners
- Support the implementation of the National Innovation Hub in Saolta Group
- Continue to build and enhance relationships with industry partners as a key enabler for innovation

The Saolta Group is fully committed to supporting and enabling staff to reach their full academic potential. Educating future doctors, nurses, midwives, health and social care professionals, administrators and managers is core to any academic healthcare organisation. Promoting research and learning is an integral part of a world class healthcare system and excellence in academia will attract the best health professionals to the West of Ireland. Fostering a culture of learning, research and innovation will improve the quality of care delivered to our patients.

The Saolta Group, as a learning organisation, was the first hospital group to appoint a Chief Academic Officer, which reflects our recognition of the importance of training, education and research in delivering excellence in patient care. We will continue to lead on education by

fostering innovative approaches that are fundamentally inter-professional and lifelong. This will involve investing in training, quality improvement, and engaging with national stakeholders to deliver on outcome based curricula and professionalism. This should be a continuum from the beginning of undergraduate studies throughout the health care professionals’ career. In recognition of its critical role in healthcare, a key priority over the next five years is to further develop group-wide medical simulation training facilities. This will provide a more accountable system to train and develop clinical and non-clinical skills for staff and create an avenue to address patient safety.

We look forward to further enhancing our relationship with NUI Galway through the establishment of an integrated bi-directional academic office and by aligning our governance and research strategies. This will provide opportunities for clinicians and researchers to feel supported, deliver research and improve the academic output. To maximise on the potential of this relationship, we plan to ensure that the clinical leadership posts in our Managed Clinical & Academic Networks have joint appointments with NUI Galway. This will help foster a culture of close collaboration on research, innovation and teaching.

Engagement with key stakeholders in education is essential to enable us to realise our aim of providing state-of-the-art research, education and training. We acknowledge the contribution of a wide range of stakeholders, including local academic partners, national agencies and professional colleges, who play a valuable role in helping us enhance the academic agenda across the Saolta Group.

Fostering research is critical to recruiting and retaining the best staff within our group and improving the care to patients. A recent group-wide review of research has identified a number of key recommendations, focused on ensuring clear governance over research to ensure that patient safety and privacy is maintained while ensuring full and open patient consent is obtained at all stages. The alignment of research priority areas, (such as cancer, biomedical engineering, regenerative medicine, population health, health services research, clinical neuroscience and women and children's health) with innovation will ensure that discovery is harnessed for patient benefit. Our aim is to provide the earliest access to innovative care to our population and to develop the West of Ireland as a MedTech Academic Hub. We welcome the National Health Innovation Hub locating to the Saolta Group and NUI Galway and are committed to supporting their initiatives. In support of this, a strategy for innovation, in collaboration with other key stakeholders, is being developed to identify effective mechanisms to progress innovation. This will provide the framework to strengthen our support for innovation, early commercialisation and the delivery of these initiatives across the Saolta region. Coupled with this, we will also continue to build and enhance our relationships with industry partners, recognising that they are a key enabler for innovation.

The Saolta Group Education, Research and Innovation 3 year priority projects outlined below are aligned with the **Sláintecare goal: “enable the system to deliver its goals”**.

3 Year Priority Projects	Delivery Date
Saolta Group Medical Simulation Project	2019 - 2021
Saolta Group Research Strategy Project	2019

Strategic Theme: eHealth

Goal:
We will invest in our technology infrastructure and use best practice to ensure accessible information supports clinical decision making to optimise the care for patients



eHealth Priorities:

- Develop eHealth systems to ensure available, high quality, accurate and timely information to support clinical decision making
- Integrate Saolta Group IT systems to deliver integrated and safer patient care
- Implement Saolta Group Patient Administration System (PAS)
- Implement integrated clinical systems in partnership with the HSE’s Office of the Chief Information Officer
- Implement upgraded and integrated Finance and HR systems
- Implement a strengthened ICT governance structure to include a Saolta Group eHealth Director
- Develop a group-wide Business Intelligence Unit (BIU)
- Ensure GDPR compliance

The availability of high quality, accurate and timely information is fundamental to enhanced patient care and is highlighted as a key action in the Sláintecare Implementation Plan. The Information, Communication and Technology (ICT) function (“eHealth”) is a key enabler for best practice health systems and optimum healthcare delivery. It supports our strategic aim of providing excellent integrated patient-centred care. Investment in ICT, supports the clinical and business functions across Saolta Group hospitals and helps to provide an effective and efficient working environment for staff, through a strong emphasis on quality improvement and quality assurance. It also enables the Saolta Group to deliver innovative services and ultimately supports patient care and patient safety.

Currently our ICT systems are fragmented across the Saolta Group creating information silos and an inability to easily access and utilise information. Integrating our ICT systems is an essential component to address this as a key capability requirement for the future delivery of integrated services across our hospitals and beyond and ultimately more efficient and safer systems for our patients.

The implementation of a single Group Patient Administration System (PAS) will provide the foundation for this integration with the introduction of the Electronic Health Record, with easier access to patients’ records and a single patient identifier across the Saolta Group. This will be a key focus area over the next five years.

Other planned clinical systems over the next five years will provide platforms to support integration, support ICT development over the longer term and enable the introduction of the clinically led Managed Clinical & Academic Networks. These ICT projects are highly dependent on national resourcing and timelines and we will continue to work closely with the HSE Chief Information Officer to progress these.

We want to strengthen our ICT governance across the Saolta Group to provide leadership, guide our development activities, and enhance our clinical and business capabilities. To achieve this we need to develop our internal ICT capacity. The appointment of an eHealth Director for the Saolta Group will be pivotal in ensuring a strategic view is adopted on all ICT developments.

Our current finance operating systems are outdated and not fit for purpose. We currently lack an integrated system to manage our spending, payment processing, budgeting and reporting. To address this, we are replacing all of our old systems with a single, fully supported Financial Management System.

The EU GDPR will ensure full transparency for our patients and staff about how their data is used and safeguarded. It is a legislative requirement that we demonstrate accountability for all of our data processing activities in how we collect, use and protect personal data. We have developed a GDPR Action Plan which outlines the key initiatives that will be undertaken to ensure the Saolta Group complies with this regulation.

In response to our services’ need for timely, accurate, accessible and complete data to support performance management, decision making and quality assurance, we are committed to establishing a group-wide Business Intelligence Unit (BIU). This unit will have governance of, and responsibility for, information management across the Saolta Group.

The Saolta Group eHealth 3 year priority project outlined below is aligned with the **Sláintecare goal: “enable the system to deliver its goals”**.

3 Year Priority Projects	Delivery Date
Saolta Group, CHO1 and Community Healthcare West Integrated Patient Management System	2019-2021

Strategic Theme: Infrastructure

Goal:
We will continue to develop facilities to support safe care, provide comfort and convenience for patients, their families and our staff.



Infrastructure Priorities:

- Progress capital builds to provide clinical environments for optimum access, privacy and dignity for patients
- Complete the Options Appraisal of the infrastructural requirements in UHG as the Saolta Group Model 4 Hospital for the West and North West
- Implement short-term bed capacity as approved across Saolta Group hospitals
- Conduct a Demand and Capacity Review across Saolta Group hospitals to address bed capacity shortfall
- Address deficit in isolation facilities through inclusion of single rooms in new developments
- Improve emergency department facilities in line with the Saolta Group Emergency Medicine Review
- Implement planned capital developments, including radiology facilities, across Saolta Group hospitals
- Address electro-medical equipment requirements to include the consideration of managed service contract arrangements

Investment in our capital infrastructure is essential for the delivery of safe and efficient services to our patients across all of our sites. In particular, it is key to the delivery of scheduled and unscheduled care in the most appropriate clinical environment, giving optimum access, privacy and dignity for patients. The most significant challenge impacting on our ability to address key infrastructure deficits is the limited capital budget.

We work closely with our HSE Estates colleagues and other related stakeholders in the progression of capital builds and equipment infrastructure. Our Infrastructure Development Plan is influenced by the National Development Plan, the National Clinical Programmes, the regulatory environment and our commitment to education including simulation. In addition, national demand and capacity reviews such as the recent Health Service Capacity Review (2018) will also inform our plans and future development.

We recognise the need to address capacity issues across the Saolta Group to improve access to our services and reduce waiting times. A range of infrastructure developments are required to meet the demand and future capacity requirements.

We have developed short-term bed capacity proposals in response to the Department of Health’s Health Service Capacity Review (2018). Further work will be required to determine our medium and long-term bed capacity requirements, cognisant of existing project proposals, to improve and increase ward accommodation on selected sites. In addition to this, a key infrastructure deficit is the limited single room and isolation facilities across all of our sites, with sub optimal ward accommodation remaining.

Further developing our Emergency Departments is a key priority for us to improve access for our patients and enable the appropriate streaming, assessment and treatment of patients in an environment that provides dignity and privacy. We have identified capital projects in line with the Emergency Medicine Review that we will continue to address emergency service requirements across the Saolta Group.

Our Model 4 Hospital sites in Galway (University Hospital Galway and Merlin Park University Hospital) require significant reconfiguration and development. They fulfill a dual role as the tertiary centre for complex care, including cancer and cardiac care for the West and North West region and are the primary acute hospital providing secondary care to the population of Galway and adjacent counties. The ongoing Options Appraisal of the future configuration of these hospitals will help provide an evidence based independent assessment of our acute hospital requirements and configuration for Galway. This is due to be completed in early 2019 and subsequently the progression of the agreed option will be a key priority for our Group. There are many other key infrastructural plans for all our hospital sites and these are listed in Appendix 3.

Across all of our sites we have outdated electro-medical equipment for both therapeutic and diagnostic services which require replacement. Extensive investment is required in Diagnostics (Radiology and Laboratory), Cardiac Catheterisation Laboratories, and a range of medical equipment across the clinical services. This will be critical to enable us to increase diagnostic capacity to meet the growing service demand. To address this key issue will require

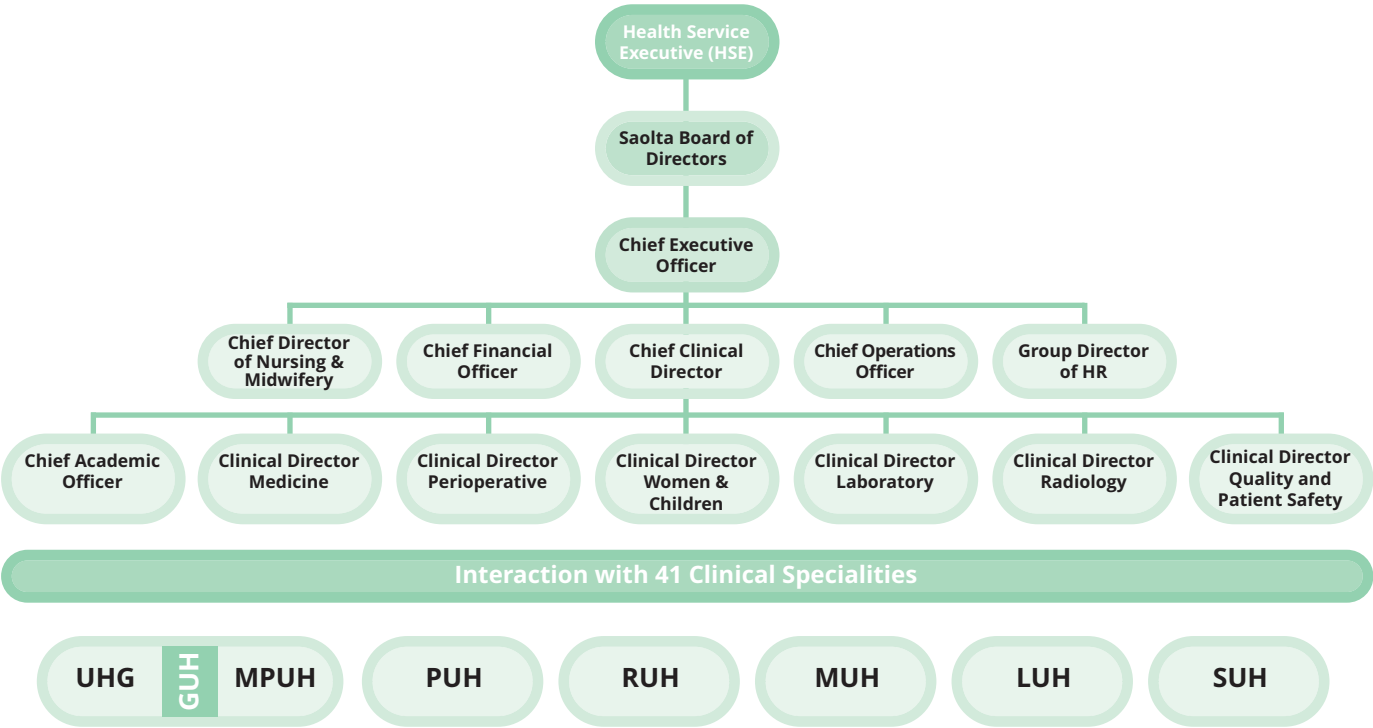
us to work in an innovative way with external partners in the provision of managed service contracts arrangements across a number of our specialties.

In addition to the priority projects listed below, we have identified key deliverables for completion in the next two years. These include: the radiology rebuild in LUH; replacement of radiology rooms in RUH, PUH and SUH; provision of additional diagnostic rooms on identified sites including provision of a second MRI in UHG; the completion the Blood Sciences Project in GUH, RUH and PUH and progress for MUH; and maximising the annual equipment replacement programme.

The Saolta Group Infrastructure 3 year priority projects outlined below are aligned with the **Sláintecare goal: “to provide a high quality, accessible and safe care that meets the needs of the population”**.

3 Year Priority Projects	Delivery Date
Options Appraisal Project - Galway University Hospitals	2018-2019
Saolta Group Demand & Capacity Project	2019-2020

Our Current Governance Structure



Saolta Board Members 2018
(Back row-standing) Ms. Dariona Conlon, Non Executive Director, Dr. Brendan Day, Non Executive Director, Dr. Aislinne Freeman, Non Executive Director, Prof. Pat Nash, Chief Clinical Director, Mr. Brian Thornton, Non Executive Director, Ms. Anne Marie Farrington, Board Secretary, Dr. John Morris, Non Executive Director, Mr. Tony Baynes, Chief Financial Officer, Mr. Gerry McManus, Non Executive Director, Mr. Tom Canavan, Non Executive Director, Ms. Darina Kneafsey, Non Executive Director, Ms. Ann Cosgrove, Chief Operations Officer
(Front row-seated) Ms. Jean Kelly, Chief Director of Nursing and Midwifery, Mr. Maurice Power, Chief Executive Officer, Dr. John Killeen, Chairman, Ms. Mary Dunne, Non Executive Director, Ms. Phyllis MacNamara, Non Executive Director (absent), Professor Ciarán Ó hÓgartaigh, Non Executive Director (absent)

7.0 Our Current Governance Structure

8.0

Clinical Directorates

Total Hip Replacement, Orthopaedic Surgery Programme, Mayo University Hospital

Clinical Directorates

The Clinical Directors, Specialty Leads and their multidisciplinary colleagues across the Saolta Group have played a pivotal role in informing this Strategy. The following section gives an outline of the strategic intent from our five Clinical Directorates: Medical, Perioperative, Women's and Children's, Radiology, and Laboratory over the next five years.

In addition, the Saolta Cancer programme is also included within this section as this, together with the Womens' and Childrens' Service, will be the first Managed Clinical and Academic Networks to be introduced as a trial of concept in 2019.

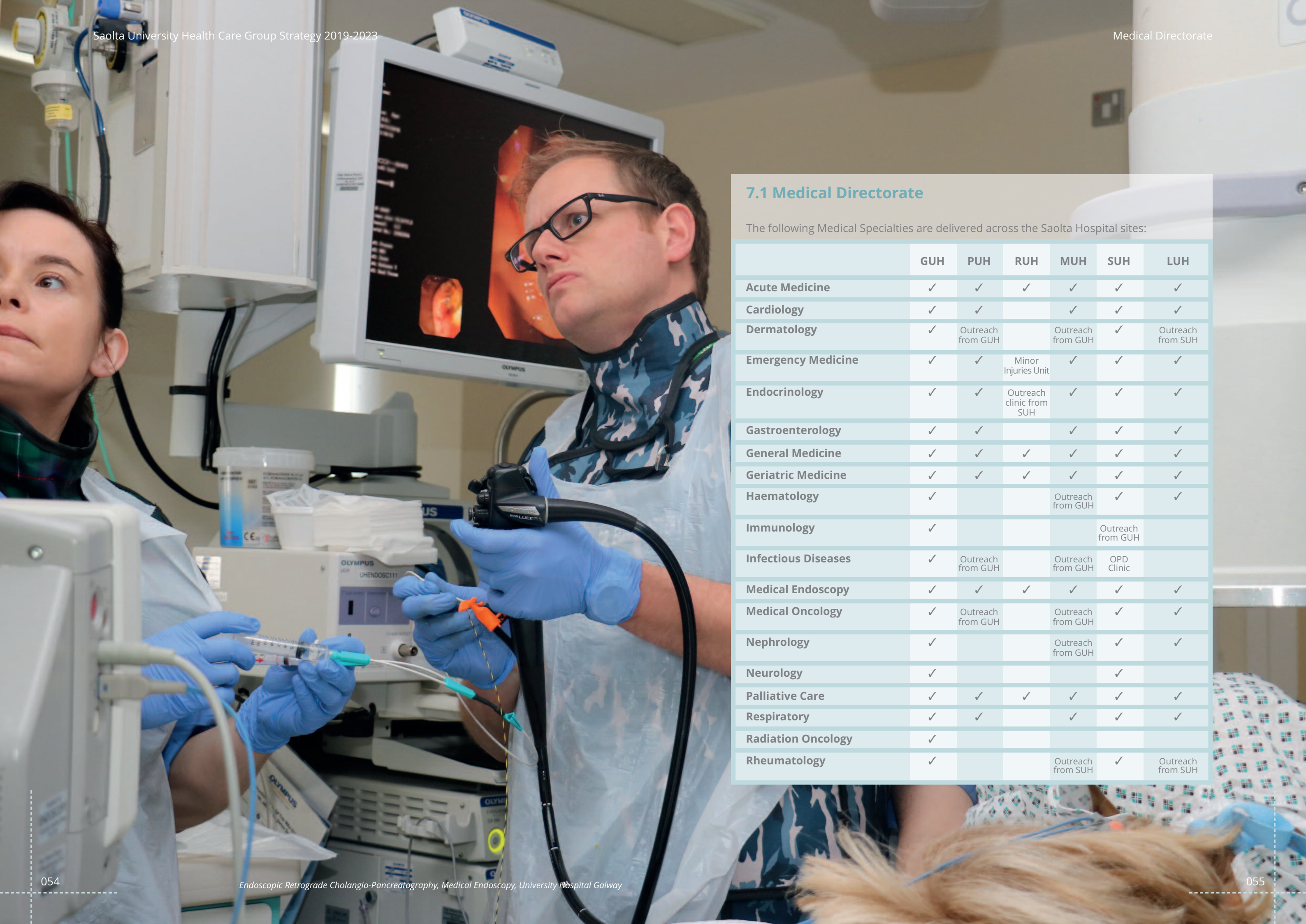


Bariatric Team, University Hospital Galway



Laparoscopic Cholecystectomy Procedure, Roscommon University Hospital





7.1 Medical Directorate

The following Medical Specialties are delivered across the Saolta Hospital sites:

	GUH	PUH	RUH	MUH	SUH	LUH
Acute Medicine	✓	✓	✓	✓	✓	✓
Cardiology	✓	✓		✓	✓	✓
Dermatology	✓	Outreach from GUH		Outreach from GUH	✓	Outreach from SUH
Emergency Medicine	✓	✓	Minor Injuries Unit	✓	✓	✓
Endocrinology	✓	✓	Outreach clinic from SUH	✓	✓	✓
Gastroenterology	✓	✓		✓	✓	✓
General Medicine	✓	✓	✓	✓	✓	✓
Geriatric Medicine	✓	✓	✓	✓	✓	✓
Haematology	✓			Outreach from GUH	✓	✓
Immunology	✓				Outreach from GUH	
Infectious Diseases	✓	Outreach from GUH		Outreach from GUH	OPD Clinic	
Medical Endoscopy	✓	✓	✓	✓	✓	✓
Medical Oncology	✓	Outreach from GUH		Outreach from GUH	✓	✓
Nephrology	✓			Outreach from GUH	✓	✓
Neurology	✓				✓	
Palliative Care	✓	✓	✓	✓	✓	✓
Respiratory	✓	✓		✓	✓	✓
Radiation Oncology	✓					
Rheumatology	✓			Outreach from SUH	✓	Outreach from SUH



Dr. Ramona McLoughlin,
Saolta University Health Care Group

**Dr. Ramona McLoughlin,
Consultant Gastroenterologist and Medical Clinical
Director, Saolta University Health Care Group**

The Saolta Medical Directorate delivers a comprehensive range of medical inpatient, daycase and outpatient services across the six hospitals in the Saolta University Health Care Group. The Medical Directorate continually aims to improve quality, patient safety, patient access, governance, integration and infrastructure; and attract and retain a highly skilled and talented workforce across the Saolta Group.

Quality and Patient Safety

Fundamental to all service development across the Medical Directorate is a commitment to continuous quality and patient safety improvements in order to positively affect the outcomes for our patients. This is evident in our commitment to the implementation of the recent Saolta Group Haematology, Emergency Medicine, North West Cardiology and Endoscopy reviews. This work was undertaken to identify key priorities in order to create safer, more effective and efficient care pathways and processes for our patients.

Clinical handover is a critical component of safe patient care, and formal handover arrangements and processes are being developed for all medical teams to facilitate patient safety and care.

Patient Access

The single most critical issue facing the Medical Directorate is the increased demands for unscheduled care. This pressure on our emergency medical services and inpatient beds has resulted in longer waiting times for patients to access many services and an increasing number of emergency patients on trolleys awaiting admission from our Emergency Departments. The solutions are complex and multifaceted, and require process improvement initiatives, admission avoidance measures, and capacity building across our directorate.

All hospitals within the Saolta Group are clearly focused on patient flow improvement initiatives. The Patient Flow Improvement Project (PFIP) in University Hospital Galway has enabled the roll-out of changes in acute medical care

to achieve greater efficiency, while paving the way for collaborative multidisciplinary working and learning, which we intend to roll-out to other Saolta Group hospitals.

We will be engaging with the Demand and Capacity Analysis Project to objectively assess our current inpatient, daycase and outpatient facilities and capacity against the current and future demand.

In the Medical Directorate, we will also implement a number of priority projects to improve patient access:

- Progress the Acute Floor Model Care Project in line with the National Acute Floor concept across all Saolta Group hospitals. This will include improved facilities and pathways for emergency patients and will support specialist wards, with the aim of reducing patient waiting times.
- Implement the Endoscopy Project to optimise service capacity and quality to achieve key performance indicators
- Develop an Outpatient Strategy for the Saolta Group which will better integrate hospital and community services, in order to improve patient access and reduce outpatient waiting lists, with particular focus on specialties that deliver a large volume of activity in an outpatient setting

Over the next five years we plan to further expand many of our medical programmes across the Saolta Group, with particular focus on:

- Developing Dermatology Phototherapy Services at MUH, PUH, LUH, alongside nurse led clinics, with a Regional Paediatric Dermatology Centre in UHG
- Expanding Rheumatology Services in MUH and GUH, to include a fully operational five day dxa scan service in MPUH
- Further expanding the Diabetes in Pregnancy Service across all our maternity units
- Developing a Type 1 Diabetes Pump Service across the Saolta Group
- Addressing demand and capacity mismatch in renal dialysis, and expanding capacity across the Saolta Group, with particular focus on LUH and GUH
- Developing a Neurology Electromyogram (EMG) Service within the Saolta Group to address waiting lists and referrals sent to hospitals outside of the Group
- Developing non-invasive respiratory ventilation units across the Saolta Group
- Improving our patient flow by streamlining elderly care pathways with our CHO 1 and Community Healthcare West colleagues, commencing with developing frail elderly teams across the Saolta Group

- Establishing Ambulatory Day Care facilities for our older population across the Saolta Group, commencing in MUH and GUH
- Implementing the National Acute Stroke Pathway across all Saolta Group hospitals, to include the development of Acute Stroke Units
- Developing a group-wide Severe Asthma, Interstitial Lung Disease (ILD) and Sleep Study Strategy in respiratory medicine
- Addressing service deficiencies in infectious disease by developing a group-wide Infectious Disease Strategy

Governance and Integration

The new Managed Clinical & Academic Networks will be an important step towards clinician-led care. It is envisaged that greater alignment between Letterkenny University Hospital and Sligo University Hospital, as a hub for many specialties, including cancer care, nephrology, dermatology, neurology and others, will build greater sustainability and integration in our services. This will commence with the establishment of a group-wide Cancer Managed Clinical and Academic Network in 2019.

One of our key priorities is to further develop services for older persons across the Saolta Group, and we aim to do this in partnership with our colleagues in CHO 1 and Community Healthcare West. We aim to move away from a hospital-centric model of care towards a more sustainable patient-centred, integrated model of care developed between the acute and community services.

We will focus on the management of chronic disease through the development of geriatric day hospitals, ambulatory care and rehabilitation services. Such a move will require greater integration of services and accountability between the hospital group and the community. In addition, there are plans to improve patient access by developing ambulatory day services in both MUH and UHG, alongside the development of an ortho-geriatric service in UHG, rapid access clinics in RUH, and a geriatric service in PUH.

Building a sustainable and responsive workforce is critical to delivering services to our acute and chronic disease patients across the Saolta Group. In response to this we are committed to further developing multidisciplinary team working across all our specialties with the input of key clinicians, but with a specific focus on the development of the Advanced Nurse Practitioner role. This will assist the Medical Directorate in developing the asthma, chronic obstructive pulmonary disease, heart failure, kidney disease, and diabetes models of care.

One of our biggest challenges is the recruitment of specialist staff, particularly consultant staff in our Model 2 and 3 Hospital sites. The creation of clinical specialties, under integrated clinical governance across the Saolta Group, is critical to improving our ability to recruit and retain staff.

Education, Research and Innovation

The Medical Directorate has a strong commitment to education and research and has developed close links with our academic partners under the leadership of our Chief Academic Officer. Ongoing partnership in this area will significantly enhance the Saolta Group's reputation in the healthcare community, and collaborations such as the Health Research Board funded research Cardiac Catheterisation Laboratory, will lead to significant innovation and improvement in cardiovascular patient care.

eHealth

Significant investment and integration is required from an IT perspective and the planned roll-out of a group-wide Emergency Department and Acute Floor IT System is critical. The Saolta Group has also recently begun to roll-out the new National Cancer Information System (NCIS). The ongoing progress towards an Electronic Health Record (EHR) will be fundamental. The roll-out of a Group PAS Project in the next two years will facilitate the management of group-wide waiting lists for all specialties.

I felt I was treated with care and respect, being an older patient can be frightening but the staff reassured me and looked after me well.

Patient in Portiuncula University Hospital

Infrastructure

Infrastructural development is needed urgently and we will continue to seek funding and support. Key issues include the need for enhanced bed capacity across the Saolta Group and the further development of Acute Medical Unit (AMU) facilities to improve patient flow. Long-term infrastructural planning is very important and the outcome of the Options Appraisal for the Model 4 Hospital in Galway will be a key step in progressing our future plans.

In the shorter term, key priorities are to develop a Cardiac Catheterisation Laboratory in Sligo University Hospital, as set out in the North West Cardiology Review, increased endoscopy capacity in University Hospital Galway, enhanced oncology and haematology day ward facilities and capacity in Galway, Sligo, Letterkenny and Mayo University Hospitals. We also plan to expand the following services across the Saolta Group: stroke and rehabilitation units, respiratory support units for patients with breathing difficulties that require specialist services and the Acute Haemodialysis Unit in University Hospital Galway.



7.2 Perioperative Directorate

The following Surgical specialties are delivered on the Saolta Hospital sites:

	GUH	PUH	RUH	MUH	SUH	LUH
Anaesthesia	✓	✓	✓	✓	✓	✓
Breast	✓			✓		✓
Cardiothoracics	✓					
Critical Care	✓	✓		✓	✓	✓
General Surgery	✓	✓	✓	✓	✓	✓
Ear, Nose and Throat	✓		Outreach from GUH	Outreach from GUH	✓	Outreach from SUH
Lower GI	✓	✓	✓	✓	✓	✓
Oral and Maxillofacial	✓	Outreach from GUH	Outreach from GUH	Outreach from GUH	Outreach from GUH	Outreach from Altnagelvin Hospital
Orthodontics	✓		Outreach from GUH	Outreach from GUH	✓	Outreach from SUH
Orthopaedics	✓			✓	✓	✓
Ophthalmology	✓				✓	Outreach from SUH
Plastics, Reconstructive & Aesthetic Surgery	✓		✓			
Upper GI	✓					
Urology	✓	Outreach from GUH	Outreach from GUH	Outreach from GUH	✓	✓
Vascular	✓	Outreach from GUH	Outreach from GUH	Outreach from GUH		Outreach from GUH



Dr. Kevin Clarkson,
Saolta University Health Care Group

**Dr. Kevin Clarkson,
Consultant Intensivist and Perioperative
Clinical Director,
Saolta University Health Care Group**

The Perioperative Directorate delivers a comprehensive range of programmes across six hospitals including acute and scheduled surgery, critical care medicine and pain medicine, and supports the national hyperbaric medicine unit. Care programmes are closely allied to national specialty programmes and academic engagement endeavours invigorates our activity.

Quality and Patient Safety

The Perioperative Directorate is committed to developing both optimum and sustainable surgical programmes to meet the current and future needs of the patients of the West and North West. This Saolta Group Strategy 2019-2023 outlines our intent to focus on developing and delivering services that are safe, sustainable and appropriately staffed while being patient-centred and quality focused.

Patient Access

Reducing the length of time patients wait to access our services is a critical issue for the Perioperative Directorate. In line with the national experience, this has been a major challenge for our surgical specialities in recent years. This is due to increased pressure from emergency medical services and inpatient beds with negative impact on surgical elective services. In order to address this, we will implement a number of initiatives to improve patient access to our surgical services to include:

- The implementation of a Theatre Utilisation Improvement Project across the Saolta Group will ensure we maximise the use of our existing theatre capacity across our hospital sites based on stringent triaging and assessment of patient complexity.
- A number of key process improvement projects, as part of the National Patient Flow Improvement Project, will re-engineer the delivery of scheduled and unscheduled care within the Directorate. This will result in the development of Acute and Scheduled Surgical Patient

Flow pathways across the Saolta Group, which will incorporate Day of Surgery Admissions (DOSA) and cohorting of inpatient surgical beds.

- Implementation of the Elective Care Pathway Design Programme to integrate and streamline outpatient, inpatient and daycase referral pathways across specialties that improve patient safety, waiting times and clinical outcomes. The Saolta Group has been identified as the national pilot site for the roll-out of the National Elective Care Pathway Design Programme, with initial focus on urology services across the Saolta Group.
- Building on perioperative capacity across the Saolta Group is a key priority across theatre, surgical inpatient beds, intensive care beds, high dependency beds, Post Anaesthetic Care Units (PACU), day case and outpatient facilities across all sites within the Saolta Group.

Over the next five years we will improve patient access through further expansion of many of our surgical programmes across the Saolta Group, with particular focus on:

- The Urology Surgical Programme within Letterkenny University Hospital, Sligo University Hospital, Portlincula University Hospital and Roscommon University Hospital
- Expanding the Robotic-assisted da Vinci Surgery in UHG
- Developing an Outpatient Cardiothoracic Service in Letterkenny University Hospital which will screen cardiothoracic patients in the North West who may require cardiothoracic surgery, and referring them to UHG (Model 4) for their surgery
- Extending the Saolta Group Cardiothoracic and Vascular Surgical Programmes in UHG
- Developing Specialist Intensive Care Consultants on each of the six hospitals sites, which is proven to reduce patients' length of stay within Critical Care Units
- Developing an Intensive Care Outreach Model across each Critical Care site
- Developing an Acute Pain Service in UHG with the vision to expand throughout the Group
- Developing See and Treat Services within the ENT Specialty in UHG and SUH
- Developing a Plastics Surgery Procedure Unit in UHG
- Expanding the Saolta Group Gynaecology-Oncology Surgical Programme in UHG
- Progressing the development of a National Bariatric Unit within the Saolta Group
- Progressing the development of a Regional Paediatric Orthopaedic Service aligned with the National Children's Hospital as per the National Model of Care
- Progressing the development of a High Risk Orthopaedic and Spinal Surgery Service within the Saolta Group
- Expanding ophthalmology theatre and daycase capacity in GUH and SUH

Skilled Competent Workforce



Governance and Integration

The implementation of integrated working between our hospitals, through the establishment of a Perioperative Managed Clinical & Academic Network, will improve patient care and enhance clinical pathways. It will also require us to develop other roles such as Advanced Nurse Practitioners and specialist Health and Social Care Professions (HSCP) roles as part of this process.

We will build on the existing joint working relations with our colleagues in CHO 1, Community Healthcare West, and GPs to further develop surgical patient pathways across the Saolta Group in musculoskeletal care, diabetic foot and podiatry care, and urology.

Skilled Caring Staff

Building safe and sustainable clinical services is paramount. The sub-specialisation within surgery means that we are challenged in recruitment and sustainability of general surgical services on many of our hospital sites. This is set to be even more challenging as existing surgeons retire, particularly in the Model 3 Hospitals, and will require our surgeons to work together to ensure a networked approach to the delivery of services across the region.

Research, Education and Innovation

The Perioperative Directorate is committed to supporting the Saolta Group Education and Research Strategies. This will result in improved patient care, enhance the profile and reputation of our hospitals and ensure that we attract and retain the best staff across all the multidisciplinary teams. GUH currently delivers the Hyperbaric Oxygen Therapy service on a national basis. It is our intention to further expand this service, by extending its scope to the treatment of many chronic diseases, with the incorporation of a research and development component.

eHealth

Implementation of the Saolta Group PAS Project and the national Electronic Health Record (EHR) is critical to facilitating safe, efficient and effective patient care in each of our hospitals but also between hospitals in the Group.

Infrastructure

There are a number of key regional developments required to build further surgical capacity across Saolta Hospitals. Among these is a new build required on one of the Galway University Hospitals sites, which will incorporate a theatre complex, and daycase facility, and allow for the development of many regional surgical programmes. This has been incorporated in the Options Appraisal Project and is consistent with the government strategy of developing a number of elective units and in particular one in the West of Ireland, which was announced in the National Development Plan. There is also a new block development required for Sligo University Hospital which will amalgamate the theatres onto one floor; alongside a Critical Care facility and 48 single rooms.



Ophthalmology Surgical Programme, Sligo University Hospital

"The staff were excellent and treated me with the utmost respect and dignity. Well done to all. Thank you."

*Patient in Mayo
University Hospital*



Minister for Health, Simon Harris T.D. visiting the Medical Academy at Letterkenny University Hospital



7.3 Women's and Children's Directorate

The following specialties are delivered across the Saolta Hospital sites:

	GUH	PUH	MUH	SUH	LUH
Obstetrics and Gynaecology	✓	✓	✓	✓	✓
Paediatrics	✓	✓	✓	✓	✓
Neonatology	✓	✓	✓	✓	✓

Mum and baby, Post Natal Ward, University Hospital Galway



Dr. Ethel Ryan,
Saolta University Health Care Group

**Dr. Ethel Ryan,
Consultant Paediatrician and
Women's & Children's Clinical Director
Saolta University Health Care Group**

The Women's and Children's Directorate delivers Obstetrics and Gynaecology, Paediatric and Neonatology services across five hospital sites in the Saolta University Health Care Group.

Quality and Patient Safety

Quality and patient safety is fundamental to the delivery of all services in the Women's and Children's Directorate and we will remain committed to this to ensure service provision that is safe, sustainable and appropriately staffed while being patient-centred and quality focused. We are committed to rolling-out two group-wide projects under quality and patient safety:

- Maternity Services Project, which includes the implementation of the National Maternity Strategy and Implementation of the recommendations from the Review of the Maternity Services at Portiuncula University Hospital 2018
- Paediatric Services Project, which entails further development of Paediatric Services across the Saolta Group in line with the National Model of Care

We will further improve the quality and patient safety of our services through enhancing the incident and risk management processes within the Managed Clinical Network by creating a group-wide Maternity Serious Incident Management Team (SIMT). This will facilitate learning and quality improvement across our five units. It will ensure a robust and consistent process for accountability, communication and consultation arrangements for risk and adverse events while also ensuring group-wide learning and amendments to protocols, policies and guidelines where necessary.

Patient Access

Within obstetric services, a key strategic aim is that each unit within the Saolta Group will have a high-risk antenatal clinic for fetal maternal medicine, with an identified lead

consultant to provide a dedicated high-risk, specialised pathway with onward referral where appropriate. We will continue to improve bi-directional flow pathways, i.e. in-utero transfers and ex-utero transfers with repatriation from the hub centre. We will progress the development of dedicated ambulatory gynaecology services alongside early pregnancy assessment units on each hospital site, and establish a Saolta Group regional referral service for gynaecology oncology in University Hospital Galway.

We are committed to further developing dedicated paediatric medical and surgical specialist care incorporating ambulatory models across the West and North West regions. This will reduce the pressures in the acute tertiary centre, keeping patients as close to home as possible, thus reducing the financial and emotional burden on patients and their families. We will achieve this through the development of a network approach among all five paediatric units within the Saolta Group, where paediatric medical and surgical specialist services can be delivered locally.

This Regional Paediatric Network will be underpinned through integrated collaborative pathways, across both acute and community services, in conjunction with the National Children's Hospital as per the National Model of Care. This will mean that the National Children's Hospital will deliver specialist care on a national basis, while the majority of care will be delivered in our five Paediatric Units with outreach from the national centre for specialist support.

The Woman's & Children's Directorate are committed to delivering the Termination of Pregnancy (TOP) service within the Saolta Group. However, this is not without the various challenges of staffing and infrastructural deficiencies in an already overstretched service. Once it is operational, this will be a safe service for those who may avail of it.

Governance and Integration

The provision of maternity services is fragmented in five relatively small units across the Saolta Group hospitals and this is a major challenge. To provide safe and sustainable services, we need to ensure that our units work together in the provision of services and this can only be achieved through integrated working. This will be achieved through the creation of a Women's and Children's Managed Clinical and Academic Network across the Saolta Group by 2019 with fully accountable clinical leadership supported by a management team. This will allow sharing of expertise between sites, reducing isolation while strengthening the operational resilience of our smaller units and ensuring safe quality services. There will be a key focus on creating services that are appropriately resourced, underpinned by strong and effective leadership, management and governance arrangements, and delivered by a skilled and competent workforce, in partnership with the users of the service. It will also create greater alignment between clinical services and ultimately streamline the way services are delivered.

In particular, as recommended in the Review of Maternity Services at Portiuncula University Hospital, we are progressing with the creation of a fully integrated network between the maternity units of UHG and PUH. This network will have a fully integrated leadership team and clinical governance structures, which will create one unit on two hospital sites, thereby ensuring the long-term safety and sustainability of maternity services on both sites.

Developing Regional Paediatric Network



Skilled Caring Staff

We will further develop more midwifery-led models of care for women in pregnancy, in accordance with the National Maternity Strategy. This involves each site developing a community midwife service which will provide continuity of care to women in all stages of pregnancy.

Research, Education and Innovation

The National Maternity Strategy and the External Review of Maternity Services at PUH set out the importance of multidisciplinary and integrated education programmes for all groups of staff within the service. This is also a key recommendation as set out in the National Paediatric Model of Care. We recognise that there has been considerable work to date across Saolta hospitals in achieving this and we are committed to further implementing this within the Women's and Children's services to ensure that our staff have the necessary skills to deliver optimum care to our women and patients.

eHealth

Key to improving patient care is the progression to an electronic medical record, and implementation of the Maternal and Newborn Clinical Management System (MN-CMS) across all five Maternity, Gynaecology and Neonatology Departments within the Saolta Group. The Saolta Group PAS Project will also support the paediatric Electronic Health Record (EHR) and further integration between hospitals.

Infrastructure

One of the greatest constraints facing the Women's and Children's Directorate is the physical infrastructure, which is currently unable to accommodate the volume of services required to provide a comprehensive and timely service to women and babies in the West and North West of Ireland. We will progress the development of a Saolta Group tertiary referral centre in University Hospital Galway, which will include the development of a Level 3 neonatal unit and a maternity and gynaecology theatre suite. This will support the four other maternity units within Saolta.

The importance of this development is multifaceted:

- It is central to improving patient access and the range of services available for maternity, gynaecology, neonatology and paediatric patients. It increases bed and theatre capacity at the UHG site which will accommodate the expansion of regional gynaecology–oncology services, complex obstetric care and neonatology, thus reducing transfers of patients and babies to hospitals outside of our Group.
- It will secure Level 3 status for the Neonatal Unit in UHG and progress its development as the first line of referral for neonatal care within the Saolta Group.



Mum and baby, Paediatric Department, Sligo University Hospital

“ I felt that being away from home that the nurses made every effort to talk and spend time with me. ”

*Patient in Galway
University Hospitals*



Mum and baby, Paediatric Department, University Hospital Galway



7.4 Radiology Directorate

The following radiology examinations are performed at the following hospital sites:

	GUH	MPUH	PUH	RUH	MUH	SUH	LUH
Complex Interventional Radiology	✓					✓	
Dexa Scan		✓	✓		✓	✓	✓
Mammography	✓				✓		✓
MRI Scan	✓	✓	✓	Off site Access	✓	✓	✓
Non Complex Interventional Radiology	✓	✓	✓		✓	✓	✓
Nuclear Medicine	✓	✓				✓	
PET Scan	Off site Access						
Plain Film X-ray, Fluoroscopy, Ultrasound and CT Scan	✓	✓	✓	✓	✓	✓	✓
Symptomatic Breast	✓						✓



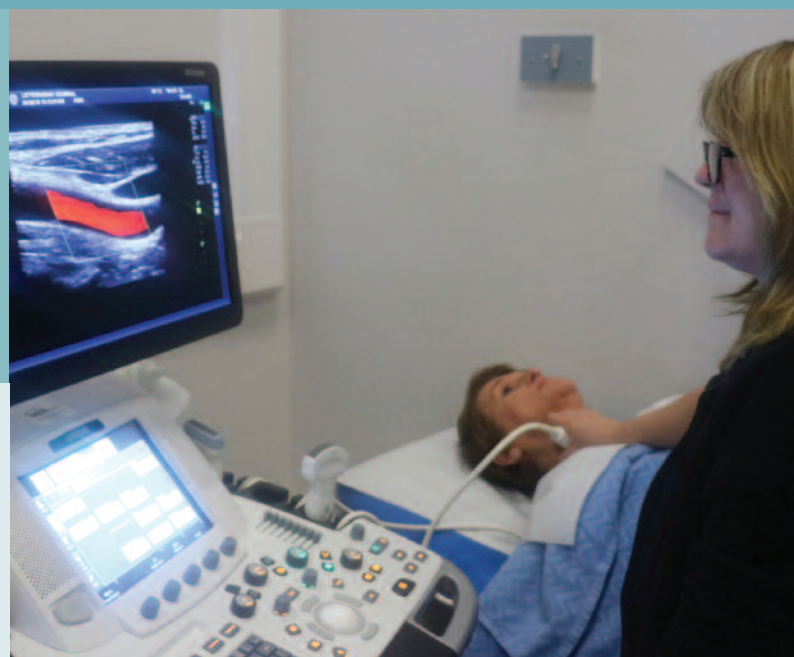
Skilled Competent Workforce



Computerised Tomography (CT) Scan, Roscommon University Hospital

“ The staff were very kind and professional - it was like a home from home environment ”

*Patient in Galway
University Hospitals*



Carotid Ultrasound, Letterkenny University Hospital



*Dr. Clare Roche,
Saolta University Health Care Group*

Dr. Clare Roche, Consultant Radiologist and Radiology Clinical Director

The Radiology Directorate delivers an extensive range of radiology services for inpatients, outpatients and GP referred patients across the six hospital sites within the Saolta Group. In addition, a community plain film service is delivered at satellite centres in partnership with the CHO 1 and Community Healthcare West:

- Clifden District Hospital
- Our Lady's Hospital, Manorhamilton and Sheil Hospital in Ballyshannon
- Ballina District Hospital and Belmullet Castlebar Primary Care Centre
- Dungloe Community Hospital, Donegal Community Hospital, Killybegs Community Hospital, Carndonagh Community hospital

There were 494,397 radiology examinations performed in Radiology Departments across the Saolta Group in 2017.

Quality and Patient Safety

We are committed to continuous quality and safety improvements in order to positively affect the outcomes for our patients within the Saolta Group and are implementing initiatives to enable this including:

- The continued roll-out of the radiology alert system
- Continue to develop group-wide policies e.g. 'Critical Urgent and Unexpected Findings' Policy
- Cross-site provision of reporting services
- Bi-directional flow of patients to ensure radiology examinations can be provided at the right time as close to the patients home as possible
- Expanding and supporting the multidisciplinary meetings across the Saolta Group
- Developing a dedicated paediatric radiology service for the Saolta Group, in line with the National Paediatric Programme

A strategic review of MRI and Interventional Radiology Services across the Saolta Group has been completed, with a review of CT and ultrasound services due to be completed in the first quarter of 2019.

We will implement the recommendations of the National Clinical Programme for Radiology. This will facilitate greater co-ordination, efficiency and effectiveness in the implementation of clinical services.

Patient Access

We will roll-out a Radiology Service Project across the Saolta Group, which will aim to improve patient access through a fully integrated group-wide radiology service. This will incorporate:

- Development of a radiology room in the new Primary Care Centre in Tuam, under the governance of the Radiology Department in PUH
- Addressing of demand and capacity mismatch to reduce waiting times - particularly in MRI, CT and ultrasound
- Improvement of bi-directional flow across the Saolta Group in order to achieve improved waiting times for all patients
- Improvement of GP access to radiology to include GP ultrasound access
- Implementation of the extended working day
- Streamlining of patient pathways for imaging to provide the service as close to home as possible
- Progression of an additional MRI scanner to meet demand
- Development of SUH and GUH as hubs for interventional radiology services across the Saolta Group
- Continued streamlining of the Outreach Symptomatic Breast Services at MUH and SUH
- Streamlining of the Nuclear Medicine Service at UHG and MPUH into a single site service
- Development of PET CT Services for cancer patients in UHG

Governance and Integration

The roll-out of the Managed Clinical & Academic Network Model across the Saolta Group, will accelerate clinical care improvements through multidisciplinary team working. In the Radiology Directorate, we will build on this through:

- Matching capacity to demand
- Continued integration of our radiology services across the Saolta Group

- Integration of the Picture Archiving and Communication System (PACS) integration within the Saolta Group and nationally
- Improving GP access to radiology examinations and exploring further synergies with our clinical colleagues in CHO 1 and Community Healthcare West

Skilled Caring Staff

A key challenge for the Radiology Directorate is attracting high quality staff to deliver innovative, safe and sustainable radiology services to our patients. We believe the Managed Clinical & Academic Networks structure will assist us in attracting an excellent radiology workforce to all our hospitals across the Saolta Group.

Research, Education and Innovation

We will continue to prioritise staff development and support the expansion of training posts for undergraduate and postgraduate radiographers and radiologists, including expanding training positions across the Saolta Group. We will also support the development of other key members of our multidisciplinary teams, including clerical, administrative and nursing staff.

eHealth

Full integration of our PACS (Picture Archiving and Communication System) across all our hospital sites is a key priority for our directorate and will facilitate a group-wide approach to managing capacity and facilitating quality improvement and quality assurance processes.

Infrastructure

We will progress a number of key infrastructural projects to build radiology capacity and improve patient access across the Saolta Group, including:

- Replacing ageing radiology equipment on a number of sites
- The development of a new interventional radiology room for SUH
- An additional MRI for GUH
- An additional CT for SUH and MUH
- An additional Ultrasound for MUH, GUH, PUH and SUH
- Refurbish the interventional radiology and fluoroscopy room in PUH

The two new strategic developments for Radiology are:

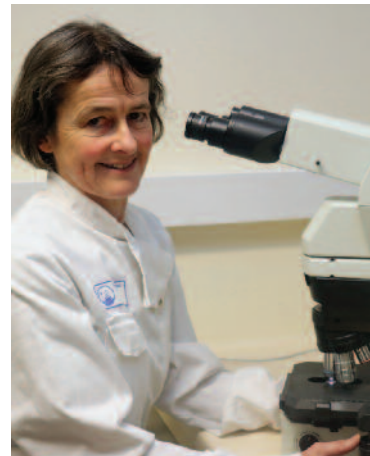
- The development of an in-house Positron Emission Tomography (PET) CT Scan Service for the Saolta Group
- A managed equipment service for radiology equipment for the Saolta Group to optimise the service provided to our patients and ensure that key radiology equipment is upgraded and replaced in a timely fashion



7.5 Laboratory Directorate

The following specialties are delivered across the Saolta Hospital sites:

	GUH	PUH	RUH	MUH	SUH	LUH
Biochemistry	✓	✓	✓	✓	✓	✓
Haematology	✓	✓	✓	✓	✓	✓
Histopathology	✓	✓		✓	✓	✓
Microbiology	✓	✓		✓	✓	✓
Immunology	✓					



Dr. Margaret Murray,
Saolta University Health Care Group

**Dr. Margaret Murray,
Consultant Haematologist,
Laboratory Clinical Director**

The Laboratory Directorate spans the six hospitals in the Saolta University Health Care Group providing a vast range of clinical services and laboratory testing, and supporting and guiding diagnosis and treatment for patients across the Saolta Group.

In the region of 50% of work is referred directly from GPs in CHO 1 and Community Healthcare West.

We also cater for patients outside of our region in the provision of some national services including:

- National Reference Laboratory (UHG) Service for Salmonella, Shigella, Listeria, Carbapenemase Producing Enterobacteriaceae (CPE)
- Public Health Laboratory (UHG and SUH) which tests food and water samples for the Department of the Environment
- Autologous Stem Cell Transplantation - UHG provides this service to the west and south of the country, and is the only hospital outside of Dublin to provide this service.
- Blood, Tissue and GMP Establishment – UHG has the only Good Manufacturing Practice License in a hospital laboratory in Ireland.

Many of our specialties incorporate a clinical and laboratory component. Whilst the scope of service delivery is to our acute hospitals and GPs, laboratories also have a number of service level agreements with private hospitals in the region.

Quality and Patient Safety, Patient Access, Governance and Integration

Quality and patient safety will continue to be a key priority for the Laboratory Directorate. The strategic aim is to work towards achieving and maintaining ISO 15189 Accreditation, the international standard of quality and

competence for medical laboratories, on all sites in the Saolta Group. Achieving this quality mark will further enforce the alignment of protocols, policies and procedures and support the implementation of Managed Clinical & Academic Networks.

While we are committed to supporting the accreditation process, it will require 24 hour clinical governance, which in turn needs resilient and sustainable staffing levels. Challenges also include considerable distances between our laboratory sites, limitations of different IT systems and the evolving need for clinic attendance in services such as microbiology, which is crucial to optimising patient care particularly in areas such as critical care.

We will continue to implement the recommendations of external laboratory reviews in the Haematology, Microbiology, and Histopathology specialties. This implementation is pivotal to 'future proofing' the laboratory specialty services from a group-wide perspective and essential to ensure that we continue to provide high quality, safe, evidence based, appropriate, equitable and patient centred care.

There are a number of key strategic initiatives that we will progress including a Network Steering Group for both Infection Prevention and Control, and Antimicrobial Stewardship. We have a number of objectives including the development of a group-wide prenatal pathology service in collaboration with the Women's and Children's Directorate.

Skilled Caring Staff

The requirement to develop resilient multidisciplinary staffing levels at each laboratory site within the microbiology, haematology, histopathology, and biochemistry specialties is critical to delivering a service on a 24/7 basis, achieving accreditation and addressing demand. To achieve this we are committed to the implementation of the Saolta Workforce Recruitment and Retention Project, which will include succession planning across the Laboratory Directorate within the Saolta Group.

Education, Research and Innovation

In order to remain at the forefront of international research and development we will further drive technological developments. These include molecular platforms in microbiology, histopathology and other laboratory specialties. It will also include digital reporting, immunodiagnostics and a new Heresies laboratory to support therapeutic heresies, together with emerging Cellular Therapy advances and Stem Cell Transplantation. We will continue to develop our range of specific diagnostic tests to optimise outcomes for our patients and generate efficiencies across our Saolta Group laboratories.

eHealth

Investment in our technology infrastructure and the use of best practice, to ensure accessible information that supports clinical decision making, is crucial. The roll-out of Order Communications on each laboratory site, together with the implementation of the Group PAS Project, will enable integration of Clinical Information Systems across the Saolta Group and allow cross-site access to results. The implementation of the Laboratory Blood Sciences Project will also optimise efficiency within our services.

The Laboratory Directorate is committed to continuing to work closely with the National Cancer Control Programme (NCCP) to align and further develop services required in the provision of cancer care for our patient population.

Infrastructure

There is a pressing need to develop physical infrastructure for the University Hospital Galway laboratory, as the only category three Laboratory in the Saolta Group. This forms part of the Options Appraisal for the Galway University Hospitals sites.



The Blood and Tissue Establishment GUH were awarded two HSE Excellence Awards (Best National Team and Popular Choice Award) for our new Serum Eye Drop Program (GMP licensed manufacturing facility for production and manufacture of same). This was a first for a hospital based laboratory in the Republic of Ireland.

Leading
Academic
Health Care
Group



Medical Simulation, Saolta University Health Care Group

Commitment
to Lifelong
Learning and
Research

“ Doctors and nurses were very calm, straight forward, and positive. I felt very safe and well looked after. The room was very spacious and well ventilated. I had a very, very good experience! ”

*Patient in Sligo
University Hospital*



Laboratory Staff, Portiuncula University Hospital



*Automated Medication
Management & Dispensing
System, Haematology and
Oncology Ward, Letterkenny
University Hospital*





General Surgeons and Management Representatives across the Group at the recent Integrated Governance, General Surgery and Cancer Clinical Network Planning Day

Doctors and nurses were very calm, straight forward, and positive. I felt very safe and well looked after. The room was very spacious and well ventilated. I had a very, very good experience!

Patient in Sligo University Hospital



Prof. Michael Kerin, Chair, Saolta Cancer Strategy Group, Mr. Ken Mealy, Vice-President RCSI, Dr. Kevin Clarkson, Perioperative Clinical Director, and Dr. Joe Martin, Chair, Cancer Clinical Network Group

7.6 Cancer Services Programme

The Saolta Group Cancer Programme

The Cancer Programme for the Saolta University Health Care Group is delivered on a network basis with surgery and radiotherapy in the Cancer Centre in University Hospital Galway alongside a collaborative programme of medical, haematology and oncology services delivered at Letterkenny University Hospital, Mayo University Hospital, Portiuncula University Hospital and Sligo University Hospital. Multidisciplinary team working is key in the development of personalised treatment plans for all cancer patients.

The primary objective of the Cancer Services Managed Clinical & Academic Network will be the implementation of the National Cancer Strategy 2017–2026, in the Saolta Group. Our vision is to develop a comprehensive cancer centre to deliver large volume, high quality diagnostics and therapeutics in a cancer primary tumour site specific manner adopting a patient-centred approach.

Quality & Patient Safety

Over the next five years we will continue to strengthen our multidisciplinary programmes and further progress standardised treatment plans across all tumour sites in line with the National Cancer Control Programme (NCCP).

Patient Access

Early diagnosis impacts cancer outcomes by reducing mortality, improving survival rates and quality of life. Patients who can recognise clinical features suspicious of cancer, and who seek early medical intervention, are generally more likely to have less advanced disease and better prospects for treatment. Over the lifetime of this strategy we need to:

- Build diagnostic and therapeutic capacity across the Saolta Group
- Expand and develop existing Rapid Access Programmes and develop further Rapid Access Programmes in common cancer sites
- Increase access to key diagnostic and staging imaging modalities, as well as developing our Molecular Pathology Programme
- Improve access to medical oncology and haematology therapeutic facilities across the Saolta Group
- Further develop radiation oncology therapies and services, i.e., HDR Prostate, SLA Stereotactic RT, Commence DIBH, HDR Oesophagus
- Develop a Saolta Endocrine Cancer Service in GUH

- Increase cancer surgery capacity in the Cancer Centre to ensure access to complex and multidisciplinary surgery including robotics
- Ensure the delivery of the National Radiation Oncology new state of the art building at UHG and strengthen our cross-border relationships with the Radiotherapy Unit at Altnagelvin Hospital
- Enhance access to the Clinical Trials Programme

Governance and Integration

As part of the Integrated Governance Programme for the Saolta Group, a Managed Clinical & Academic Network will be established to deliver a transformative, funded clinical business model for cancer care. This will enable the alignment of clinical and executive governance for cancer services across the Saolta Group. Over the lifetime of this strategy, the Cancer Programme will:

- Transition into an effective Managed Clinical & Academic Network that is appropriately resourced, has strong and effective leadership, and delivered by a skilled and competent workforce, in partnership with service users.
- Reconfigure from individual site-based structures to group-wide clinically-led networks, with executive authority, accountability and responsibility for all aspects of cancer services across all Saolta Group hospitals.
- Undergo a demand and capacity analysis, planning service development requirements across the Saolta Group, while adopting a budgetary strategy that transitions towards activity based funding allocations.
- Advance towards a responsive Business Intelligence Performance Structure that will better inform the Managed Clinical & Academic Networks decision making process.
- Implement effective KPIs in line with the National Cancer Strategy

Skilled Caring Staff

To support the safe and sustainable delivery of cancer services across the Saolta Group a responsive workforce is critical. The Cancer Services Managed Clinical & Academic Network commits to the recruitment of key cancer care workers across the range of clinical, interdisciplinary and multidisciplinary teams. This will include recruitment and retention of key workers across all disciplines and the development of new programmes. Engagement with our academic partners to ensure that our programmes are fit for purpose and future proofed is critical.

Research, Education and Innovation

The role of an Academic Medical Centre in the delivery of high-quality clinical care in an

environment of research, education, training and innovation is a key component of any Cancer Centre, and offers a spectrum of research opportunity. Over 100 researchers specialising in cancer research and medical technology are based in the Lambe Institute for Translational Research which is located on the grounds of UHG. Our researchers continue to publish internationally with major research programmes attached to cancer including surgery, radiotherapy, haematology, medical oncology and clinical trials.

We are committed to strengthening our links with our academic partners at NUI Galway and other key academic partners, to embrace research and innovative thinking with a view to enhancing patient outcomes over the lifetime of this strategy.

This will involve:

- A comprehensive Cancer Research Programme across the spectrum of preclinical, translational and clinical research
- Developing our clinical trials programme
- Collaborating with industry to develop new programmes and medical devices
- A fit for purpose clinical educational programme to optimise opportunities for staff development and advancement
- Delivery of an annual report and an annual Cancer Centre Symposium
- Creation of appropriate leadership positions based on ability to innovate and educate within a comprehensive functioning Cancer Centre

“ Staff spoke directly to me and not to my carer as usually happens. ”

Patient in Letterkenny University Hospital

eHealth

Investment in our technology infrastructure and the use of best practice, to ensure accessible information that supports clinical decision making, is crucial.

- Engage with the roll-out of the Saolta Group PAS Project
- In collaboration with the National Cancer Control Programme, advance the implementation of the National Cancer Information System (NCIS) across the Saolta Group. University Hospital Galway and Mayo University Hospital have been selected in the first phase of implementation of NCIS, we aim to implement in the other Saolta Group hospitals in phase 2.
- Improve and develop an IT infrastructure for data management and MDM administration across the Saolta Group
- Advance the roll-out of Healthlink, the national electronic referral system, in collaboration with the NCCP

Infrastructure

The Saolta University Health Care Group requires a properly structured, dedicated Cancer Centre and this needs to be a priority over the next decade to address the current major infrastructural deficits. The NCCP has committed to working with other Directorates in the HSE and with the Department of Health to develop a rolling capital investment plan to ensure that cancer facilities meet requirements.

Over the lifetime of this strategy the Managed Clinical & Academic Network for Cancer Services will work with the NCCP, National Estates and the Department of Health to drive the development of appropriate facilities including:

- Fit for purpose Rapid Access and comprehensive cancer diagnostic facilities across a range of cancer sites. This includes appropriate access to one stop shop imaging and diagnostic facilities.
- Development of a modern fit for purpose laboratory facility
- The new state of the art Radiation Oncology facility
- Delivery of new Oncology Ambulatory Centres across the Saolta Group
- Developing additional high quality theatre facilities for operative and perioperative cancer centre care
- Establishing a fit for purpose Cancer Centre Hub to facilitate the management of a functioning Managed Clinical & Academic Network



Occupational Therapy Department, University Hospital Galway



9.0

Hospital Overview

Radiology Staff, Roscommon University Hospital

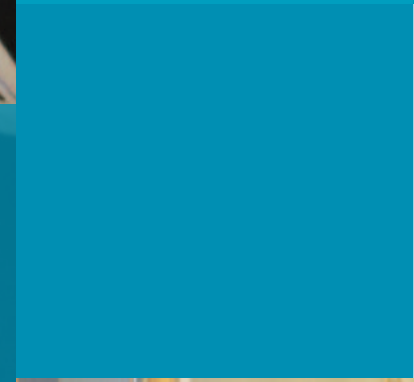


Multi Task Attendants/Porters, Roscommon University Hospital



Theatre Staff, Portiuncula University Hospital

“ The diligence/care of the staff was excellent. A follow up call from the A&E doctor the day following discharge made me feel my wellbeing and recovery was the priority of all the staff I encountered. A revisit after 24 hours and again 7 days later, were both good experiences for me. ”
Patient in Sligo University Hospital



Maintenance Department, Roscommon University Hospital



Multi Task Attendant, Letterkenny University Hospital





University Hospital Galway



Chris Kane, General Manager

8.1 Galway University Hospitals

Status	No. of Beds	WTE Staff
Model 4	714 beds	3,533

Galway University Hospitals (GUH) comprises of University Hospital Galway (UHG) and Merlin Park University Hospital (MPUH).

University Hospital Galway is the Saolta Model 4 Hospital delivering 24/7 emergency medicine, acute medicine, acute surgery, critical care, maternity, neonatal, paediatric, cancer, laboratory and radiology alongside a wide range of tertiary referral services for the Saolta Group. It is a designated supraregional centre for cancer and cardiac services, and is one of the major academic teaching hospitals in Ireland, partnered with NUI Galway.



Merlin Park University Hospital

Merlin Park University Hospital is a Model 2 Hospital delivering non-complex elective medical, surgical and outpatient department services.

Many of our specialist medical staff have shared clinical commitments to other hospital sites within the Saolta Group which is crucial in ensuring we have sufficient staff numbers. It also makes posts more attractive in our Model 2 and 3 Hospital sites. We will further roll-out this model across the Saolta Group to ensure tertiary services

continue to be delivered from University Hospital Galway with the support of the Model 3 and 2 Hospitals within the Saolta Group.

We are committed to the implementation of the group-wide objectives as set out under the key themes within this strategy, but particular site development priorities over the next five years include:

- Improved access for patients through:
 - Additional in-house and outsourcing scheduled care capacity with the aim of meeting the national inpatient, outpatient, and daycase waiting list targets
 - Continued implementation of recommendations from the patient flow improvement programme including improved access to diagnostics, and enhanced patient flow through the hospital and into the community
- Roll-out IT projects including the Saolta Group Patient Administration System, NCIS, Evolve, as well as initiatives such as outpatient self registration kiosks
- Continue to progress the development of hospital facilities to ensure Galway University Hospitals can provide both local and regional services. This will be informed through the completion of an Options Appraisal of the infrastructural requirements to facilitate the delivery of safe high quality acute, elective and cancer care for all patients in the region, now and into the future. This will include an elective hospital for Galway, as announced in the National Development Plan. Other key infrastructure projects include the new Emergency Department, theatre facilities, cardiac catheterisation laboratory and cardiothoracic ward, laboratory services, NPRO radiation oncology and link corridor, haematology oncology day ward, paediatric and maternity.

I was very satisfied with my care in the hospital. all staff I encountered were professional and polite. the care I received was top class and delivered with total care in a friendly atmosphere.

*Patient in Galway
University Hospitals*



James Keane, General Manager

8.2 Portiuncula University Hospital

Status	No. of Beds	WTE Staff
Model 3	199 beds	751

Portiuncula University Hospital (PUH) is a Model 3 Hospital providing 24/7 acute surgery, medicine, critical care, emergency medicine and maternity and paediatric services. Oncology, oral and maxillofacial surgery, urology, dermatology, plastic and reconstructive surgery are also provided on-site by visiting consultants from GUH. The hospital's Paediatric service links with Our Lady's Children's Hospital, Crumlin for shared care arrangements in relation to oncology.

The catchment area includes patients residing in east Galway, Roscommon, the midlands and mid-western areas of Ireland.

Portiuncula University Hospital is a teaching hospital for medical, nursing and allied health professionals and facilitates students on placement from NUI Galway, UL, AIT, GMIT and UCD. NUI Galway and the University of Limerick have a joint Medical Academy on the campus of PUH.

PUH is implementing the recommendations of the External Review into Maternity Services published in May 2018. Within the Saolta Goup Women's and Children's Directorate we are creating an integrated Managed Clinical & Academic Network for Maternity Services with University Hospital Galway, in order to ensure safe and sustainable services for our women and babies.

We continue to strengthen integration with the community services.

We are committed to the implementation of the group-wide objectives as set out under the key themes within this strategy, but particular site development priorities over the next five years include:

- The implementation of the recommendations of the External Maternity Review 2018 and the National Maternity Strategy 2016-2026.
- The roll-out of National Integrated Risk Management Policy and HIQA Recommendations
- Improved access for patients through:
 - Actively managing inpatient and outpatient waiting lists to meet national targets
 - Extending urology and gynaecology services to meet patient requirements and develop a Paediatric Ambulatory Care Service
 - Meeting the national targets in relation to ED Patient Experience Times
 - Developing and commissioning a Community Radiology Service in the Tuam Primary Care Centre with Community Healthcare West
 - Appointing a Consultant Geriatrician in conjunction with the community and University Hospital Galway
 - Improving access to anomaly scanning
 - Improving access to cardiac investigations
- The progression of major capital developments including a 50 bedded replacement ward block, and upgrades of hospital facilities including radiology, mortuary viewing area, blood sciences laboratory, as well as refurbishment of existing departments
- Enhance the twice yearly Research and Audit Day, and progress and improve initiatives for staff linked to the Employee Engagement Survey
- Progress server upgrades and core room

I was extremely well looked after. I felt everything was explained in full. I felt staff gave me 100% care and attention they were extremely good, professional and caring - from household, kitchen, nurses, doctors, pastoral care. They made a very difficult situation easier.

Patient in Portiuncula University Hospital



Mary Garvey, General Manager

8.3 Roscommon University Hospital

Status	No. of Beds	WTE Staff
Model 2	63 beds	305

Roscommon University Hospital (RUH) is a Model 2 Hospital providing a seven-day local injuries service and a five-day medical assessment unit. The specialties provided onsite include care of the older person, stroke care, palliative care, diabetes and endocrinology, respiratory, general surgery, endoscopy, plastics and reconstructive surgery, urology, oral and maxillofacial surgery, dental surgery, ophthalmology, vascular surgery, orthodontics, ENT and orthopaedics. A new endoscopy unit with Level 2 JAG Accreditation status opened in 2017 and Roscommon University Hospital is a designated National Bowel Screening Centre. The hospital also operates radiology services including ultrasound and CT, and same day GP walk in service, cardiac investigations department and a cardiac rehabilitation programme. The laboratory department offers haematology and biochemistry testing services, which is linked with University Hospital Galway for electronic laboratory reporting.

As a Model 2 Hospital within the Saolta University Health Care Group, Roscommon University Hospital facilitates the transfer of lower complexity activity from our Model 3 and 4 Hospital sites, and is uniquely placed in providing opportunities for Saolta Group in daycase and ambulatory care services.

The hospital is currently developing a 20 bedded Western Specialist Rehabilitation Unit, which will be the first satellite of the National Rehabilitation Hospital. It has an award winning palliative care service, along with the first Registered Advanced Nurse Practitioner in plastic surgery in Ireland.

The hospital provides waiting list initiatives for patients in several specialties including vascular, urology, oral and maxillofacial surgery, and general surgery.

We are committed to the implementation of the group-wide objectives as set out under the key themes within this strategy, but particular site development priorities over the next five years include:

- Improve access for patients through the following:
 - Continue to improve access for Saolta Group patients through waiting list initiatives
 - Expand the range of specialty surgical day services for the Saolta Group
 - Improved collaboration with Community Healthcare West and other services to expedite complex medical discharges
- Progress major capital developments including Rehabilitation Unit, Level 2 Palliative Care Unit, CSSD, additional bed capacity, theatre infrastructure, and Blood Sciences Laboratory upgrade

**I could not say enough
good about my stay.
Everything was perfect.
The hospital was spotless.
Food was very good.
Staff were excellent.**

*Patient in Roscommon
University Hospital*



Catherine Donohue, General Manager

8.4 Mayo University Hospital

Status	No. of Beds	WTE Staff
Model 3	331 beds	1135

Mayo University Hospital (MUH) is a Model 3 Hospital delivering 24/7 emergency medicine, acute medicine, respiratory, gastroenterology, endocrinology, gerontology, acute medical, non-invasive cardiology, general surgery, orthopaedics, maternity and gynaecology and paediatric services. In addition, the hospital provides renal dialysis, endoscopy, and medical oncology and haematology day services. There are many visiting clinicians for outpatient and daycase services, in the following specialties: ENT, urology, dermatology, haematology, medical oncology and nephrology.

A Paediatric Decision Unit, to fast-track children from ED for direct assessment by an appropriate senior decision maker, has recently been established. Rheumatology services have been introduced working in collaboration with the North West Rheumatology Service. Mayo University Hospital delivers an Outreach Gerontology Service to three community hospitals and supports the stroke rehabilitation service in the Sacred Heart Hospital, Castlebar.

The Radiology Department is proactively developing integrated services with Community Healthcare West providing x-ray and ultrasound services in the Primary Care Centre, Moneen and Castlebar. Direct patient access to diagnostics reduces waiting times and dependency on our acute hospital services while providing services as close to home as possible.

Integrated care pathways are in place with Community Healthcare West in respiratory and diabetes care and with the implementation of the National Integrated Care Programme for Older Persons is underway. This programme will provide a community based day hospital with a strong emphasis on direct access for GPs to early specialist assessment in frailty.

Mayo University Hospital

We are committed to the implementation of the group-wide objectives as set out under the key themes within this strategy, but particular site development priorities over the next five years include:

- Improve access for patients through the following:
 - Progression of the Paediatric Decision Unit for direct access and triage from ED
 - Implementation of day assessment for Maternity Services
 - Increase bed capacity in medicine
 - Additional waiting list activity through increased in-house waiting list and NTPF funded initiatives
- The progression of major capital developments including, extension to the Emergency Department, purpose built Acute Medical Assessment Unit, Palliative Care Hospice, increased day surgery facilities for the site. Key upgrades such as HSSD, Pharmacy Isolator, Mortuary, Fire Upgrade and Blood Sciences Laboratory Project will also be progressed

“ It was a very positive experience for me; all the staff with whom I interacted were excellent in their care of me and in ensuring that I was comfortable at all times. I found it all very reassuring. ”

*Patient in Mayo
University Hospital*



Seán Murphy, General Manager

8.5 Letterkenny University Hospital

Status	No. of Beds	WTE Staff
Model 3	330 beds	1,561

Letterkenny University Hospital (LUH) is a Model 3 Hospital with 24/7 emergency medicine, providing the following specialties: acute medicine, acute surgery, respiratory, endocrinology, nephrology, cardiology, medical oncology, urology, orthopaedics, critical care, cancer, maternity, paediatrics, laboratory and radiology, on an inpatient, day case and outpatient basis. The following regional specialties are delivered on site with visiting clinicians from Sligo University Hospital: dermatology, rheumatology, neurology, ENT, ophthalmology, and orthodontics.

The Symptomatic Breast Service is a designated satellite Cancer Centre of University Hospital Galway.

Geography and distance from our Model 4 (tertiary) Hospital site, UHG, is a major challenge for LUH. Much work has already taken place in creating a cohesive regional network between Letterkenny and Sligo University Hospitals which has seen the development of a number of specialist regional services. Other key collaborations include working with Galway University Hospitals to develop a Urology Surgical Programme and cross-border engagement with Altnagelvin Hospital to develop cross border services in radiotherapy and cardiology.

This joint working is critical to the delivery of safe, sustainable and appropriately staffed services in Letterkenny University Hospital. This network approach ultimately supports the sustainability of clinical services within the Donegal region and supports Donegal patients being treated as close to home as possible.

Letterkenny University Hospital is a designated teaching hospital with links to NUI Galway, the Royal College of Surgeons of Ireland and Letterkenny Institute of Technology. A Medical Academy and Clinical Skills Laboratory are both on site. As a partner site for the Co-

operation and Working Together initiative (CAWT- Cross Border Partnership), the hospital is taking part in EU Interreg V Programme (a collaborative between Scotland, Northern Ireland and HSE partners). This includes projects and service improvements across dermatology, urology, breast surgery, vascular screening, and intra-operability and Community Paramedic Hubs for the benefit of border patients.

We are supported by a very proactive Friends of Letterkenny University Hospital Charity, which has raised funds for the further development of many of our services over the years. We are committed to the implementation of the group-wide objectives as set out under the key themes within this strategy, but particular site development priorities over the next five years include:

- Implementation of service improvement initiatives as part of the InterReg V Programme with cross border partners
- Improved access for patients through the following:
 - Additional waiting list activity through increased in-house waiting list and NTPF funded initiatives
 - Reducing the length of time patients wait in the ED to be admitted to hospital
- The progression of major capital developments on site including the Radiology Rebuild Project, Medical Rehabilitation Ward upgrade and fire safety works

I was treated very well by everyone while I was there. The nurses are excellent and the health care workers and the kitchen staff were a joy. My doctors were excellent

Patient in Letterkenny University Hospital



Grainne McCann, General Manager

8.6 Sligo University Hospital

Status	No. of Beds	WTE Staff
Model 3	324 beds	1577

Sligo University Hospital (SUH) is a Model 3 Hospital with a 24/7 emergency medicine service providing the following specialties: acute medicine, acute surgery, respiratory, endocrinology, nephrology, cardiology, medical oncology, urology, orthopaedics, critical care, cancer, maternity, paediatrics, laboratory and radiology, delivering a range of local and regional services, on an inpatient, day case and outpatient basis. A number of regional specialties are provided on an outreach basis to Letterkenny University Hospital, including dermatology, rheumatology, neurology, ENT, ophthalmology, orthodontics, paediatric insulin pump therapy service.



Our Lady's Hospital Manorhamilton

Our Lady's Hospital, Manorhamilton is under the governance of Sligo University Hospital, and accommodates the regional Acute Rheumatology Service. This hospital also includes 35 short stay beds. Sligo University Hospital also provides clinical governance to the 20 bedded inpatient and daycase rehabilitation service in St. John's Hospital, Sligo.

We have a strong collaborative working relationship with our community partner (CHO 1) through many hospital avoidance initiatives, such as The Ophthalmology Project and unscheduled care planning, and have been designated as a national pioneer site for the National Integrated Care Programme for Older Persons.

Sligo University Hospital has a Medical Academy on site partnership with NUI Galway, which includes clinical rotations and education for medical students from NUI Galway on the Sligo University Hospital Campus. The Physiotherapy Department at Sligo University Hospital and Sligo Institute of Technology have piloted the first MedEx programme outside of Dublin.

Our alignment with Letterkenny University Hospital in building a cohesive Regional Network has seen the development of a number of specialist regional services, which has supported the development of safe, sustainable and appropriately staffed services across the North West region.

We too are supported by a very proactive Friends of Sligo University Hospital Charity, which has played a pivotal role in raising funds to develop a number of our services. We are committed to the implementation of the group-wide objectives as set out under the key themes within this strategy, but particular site development priorities over the next five years include:

- Improve access for patients through the following:
 - Increase bed capacity
 - Secure approval and progress the development of a permanent Cardiac Catheterisation Laboratory
 - Additional elective waiting list initiatives including both additional in-house activity and NTPF funded initiatives
 - Expansion of the Integrated Care of Older Persons project with CHO 1 in delivering care as close to home as possible
- Progress Major Capital Developments on site to include:- new Surgical and Emergency Department Block, Interventional Radiology Suite, Diabetes Day Unit and CSSD Upgrade
- Introduce ICM (Integrated Clinical Management) system for electronic ordering

Proactive care, teamwork in evidence, open communications, regular updates on what's happening next, plenty scope to ask questions, all gave confidence. Development of quality improvement metrics displayed on notice boards gives confidence that there is focus on improvements.

Patient in Sligo University Hospital

10.0 Saolta Group Leadership



Maurice Power, Chief Executive Officer (CEO)



Prof. Patrick Nash, Chief Clinical Director (CCD)

Saolta Group Leadership

Maurice Power Chief Executive Officer (CEO)

The CEO is responsible for the overall management of the Saolta Group. This includes delegated budget and operational responsibility for the group, under the Health Act 2004, and the provision of health services under the auspice of the HSE and the Saolta Group Board of Directors. The CEO is required to develop and implement a strategic plan for future services for the hospital group in consultation with key stakeholders. In addition, the CEO has responsibility to:

- Ensure appropriate planning, management and control of services in accordance with HSE Policies and regulations and within allocated resources
- Develop and ensure implementation of a Group performance management structure and system
- Develop and ensure implementation of an appropriately integrated Hospital Group service delivery model
- Ensure the development of organisational structures which directly involve clinicians in the management of the Hospital Group
- Ensure all staff are supported to achieve the standards of individual and collective performance
- Through ongoing review, ensure the overall quality and relevance of services provided by the group
- Work collaboratively with academic, community and other partners in the delivery of optimum services to patients

Prof. Patrick Nash Chief Clinical Director (CCD)

The CCD provides overall clinical leadership for the Hospital Group. This includes executive, authority and accountability for planning and developing services. The role also has responsibility for the achievement of the best clinical outcomes and experience for patients within available resources.

Clinical Directors report directly to the Group Chief Clinical

Director and take direct responsibility for the specific directorate across all hospitals within each directorate/ Managed Clinical & Academic Network. In addition the CCD has responsibility for:

- Implementation of national clinical care programmes
- Clinical care, quality & risk standards
- All medical staff including the delivery of all contractual obligations
- Clinical effectiveness and outcomes including the management of adverse events and ensuring that there are robust quality and safety systems in place
- Leading and promoting Clinical Governance across the hospital group

Ann Cosgrove **Chief Operations Officer (COO)**

The COO is responsible for overseeing the operational delivery of services across the Saolta Group covering scheduled care, the development of infrastructural projects, Saolta Group ICT Projects and internal and external communications initiatives. The role incorporates:

- Leading on the development of the annual service plan and the Saolta Group annual report
- Leading operational performance management with individual hospital sites against national performance reporting
- Leading on governance structures for Estates, ICT and Infection Prevention and Control in collaboration with regional and national teams
- Saolta Group lead in relation to crisis and major emergency planning
- Responsibility for providing briefing to the Department of Health, HSE, elected representatives, and interest and advocacy groups on topical and current issues
- Responsibility for the Saolta Group Freedom of Information and Parliamentary Question processes, in collaboration with HSE Consumer Affairs function

The current eHealth function supports the day to day operations of the Saolta Group and is central to progressing key IT projects and systems. We need to build on the expertise and capacity of our existing function to enable the technological transformation required to



Ann Cosgrove, Chief Operations Officer (COO)



Tony Baynes, Chief Financial Officer (CFO)

support better small group integration and enhanced patient care. This will be core to delivering the highest standard of care to our patients and will require significant investment in both people and systems.

Tony Baynes **Chief Financial Officer (CFO)**

The CFO is responsible for financial reporting to the HSE, Group Chief Executive and the Saolta Board, and ensures that an effective and efficient system of internal financial control operates across the Saolta Group.

The function of the CFO is to provide an understanding of the financial challenges and assist in the development and monitoring of breakeven plans at hospital and Saolta Group level.

The office of the CFO works closely with others in the delivery of the annual service plan. The CFO ensures that there is implementation of the agreed Saolta Group and hospital financial strategy, policies and procedures.

John Shaughnessy **Group Director of Human Resources**

The Human Resources (HR) function supports staff by creating a quality working and learning environment, engaging with and valuing staff, and enabling everyone in the Saolta Group to reach their full potential.

The Saolta Group employs more than 10,200 staff with a growth of 14% since the Group was established in 2013. 83.6% of our staff are involved in direct patient care, with the remainder supporting our front line services in various ways.

We have a responsibility to support value and invest in our staff to enable them to deliver quality care to all of our patients. We are guided by the vision, values and mission of the HSE and the Saolta Group, and strive to live these in our everyday working lives so we can make a difference to patients and their families.

We remain committed to implementing the learning from the Employee Engagement Surveys, to enhance the recruitment position of the Saolta Group as an attractive employer, and to continuing to acknowledge and develop the skill, knowledge and leadership ability of our staff.



John Shaughnessy, Group Director of Human Resources



Jean Kelly, Chief Director of Nursing and Midwifery (CDONM)

Jean Kelly

Chief Director of Nursing and Midwifery

The Chief Director of Nursing and Midwifery (CDONM) provides the strategic, professional and clinical leadership for all aspects of nursing, midwifery and support staff within the Saolta Group.

The overall focus of the role is improving our patients' experience and enhancing the quality of care we provide. The CDONM is also responsible for delivering key performance indicators and establishing a performance culture in the Saolta Group. The office is responsible for ensuring maintenance of professional standards and statutory requirements as laid down by the Nursing and Midwifery Board of Ireland (NMBI) and relevant statutory bodies.

The CDONM is a member of the Saolta Group's Executive Management Team and has a key role in creating an environment and culture where excellence flourishes through strong multidisciplinary collaboration. Working closely with the Directors of Nursing and Midwifery in each site, the CDONM ensures Saolta Group objectives and decisions are effectively communicated and implemented across all hospitals.

Dr. Fergal Hickey

Clinical Director of Quality and Patient Safety

The Clinical Director for Quality and Patient Safety provides leadership to ensure that patient quality and safety are core to the delivery of services to patients. To achieve this, a framework for quality and patient safety comprising patient safety structures, risk management, quality improvement and strong patient liaison and advocacy is key.

The recent appointment of a Saolta Group project lead responsible for National Quality Standards, Clinical Audit and Policies Procedures and Guidelines will further support the implementation of this framework.

A Quality Improvement Forum has been established to oversee and provide direction to quality improvement activities. It also ensures that recommendations and learning from national and local reviews are translated into meaningful improvements in service delivery, through the implementation of Managed Clinical & Academic Networks with strong clinical leadership.



Dr. Fergal Hickey, Clinical Director of Quality and Patient Safety



Prof. Anthony O'Regan, Chief Academic Officer (CAO)

Prof. Anthony O'Regan

Chief Academic Officer (CAO)

The Saolta Group appointed the first CAO in 2014 reflecting a strategic commitment to lifelong learning and research. Saolta Group aspires to lead nationally in healthcare training and research, and understands its critical role in patient care.

We look forward to further enhancing our relationship with NUI Galway and other academic partners over the coming years by establishing an integrated academic office and aligning educational and research strategies. This will provide opportunities for clinicians and researchers to feel supported, deliver research and improve the academic output.

Saolta Group has built excellent relationships with key national stakeholders in education and these links are essential if we are to realise our goal of providing state of the art research, education and training. We would like to acknowledge the contribution of all our collaborators and their support towards our academic agenda across the Saolta Group.

Caitríona Meehan

Head of Communications

Good communication practices and effective public engagement play an important role in the Saolta Group's ability to deliver excellent health services. Establishing constructive and engaging dialogue supports us to achieve our vision, values and principles and is critical in building and maintaining public confidence in the services we deliver.

The Communications function aims to provide a mechanism to actively engage with patients, staff and external stakeholders to ensure that everyone is informed about the services we provide and knows where to access relevant information. We are a key enabler in supporting other functions across the Saolta Group, by raising awareness and visibility of their work and key health messages, both through internal and external communication.

To meet the current demands for communications, there is a need to increase our internal capacity and capabilities. To address this, we will be further developing our communications function across the Saolta Group, with a particular focus on expanding our digital assets.



Caitríona Meehan, Head of Communications



Oral Nutrition Steering Group, Sligo University Hospital

Continuous
Improvement of
Health Outcomes for
Our Patients



Integrated
Networked
Approach

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chun
sláinte na
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fáil níos
fearr //



11.0 Implementation of the Saolta Group Strategy

Implementation of the Saolta Group Strategy

PROJECT & DEFINITION PLANNING



PROJECT GOVERNANCE
DETAILED SCOPE
DEFINE ROLES & CROSS
FUNCTIONAL RESPONSIBILITIES
AGILE APPROACH
OBJECTIVES
SUCCESS DEFINED
AGREE PROJECT CONTROLS
PROJECT INITIATION DOCUMENT



ALIGNED TO STRATEGY
SPONSOR IDENTIFIED
APPOINT PROJECT MANAGER
BENEFITS REALISATION
PREPARE PROJECT BRIEF
REVIEW LESSONS LEARNED
FROM OTHER PROJECTS



PROJECT DELIVERY

MANAGE EXPECTATIONS
DELIVERABLE FOCUSED
RESOLVE ISSUES AND
UNCERTAINTY FORECAST
STATUS & TRACKING



PROJECT PERFORMANCE & CONTROL

PERFORMANCE
AGAINST BASELINE
LEARN FROM EXPERIENCE
QUALITY DELIVERABLES



PROJECT CLOSE

SUCCESS MEASURED
LESSONS LEARNT
KNOWLEDGE TRANSFERRED



Priority Projects

As a hospital group, we are fully committed to the implementation of this strategy over the next five years. To provide the necessary assurance and governance, a Saolta Board Sub-Committee has been established to oversee this process.

In developing our Saolta Group Strategy 2019-2023, we are conscious of ensuring that objectives are:

- Patient focused
- Clearly identifiable with tangible deliverables
- Aligned with the Saolta vision and key principles
- Achievable

While this strategy is ambitious, our initial roadmap identifies the initial priority projects to be progressed in achieving the strategic objectives over the next three years. This roadmap will be reviewed on an ongoing basis over the life of this strategy to ensure it is aligned to national and local developments.

Individual specialty strategies (41) set out the current service and future priorities for specialty service development and will remain a key focus for each of the specialties within the new governance structure. These strategies have formed the basis of the Clinical Directorates and Saolta Group strategic objectives. This has resulted in 20 approved projects, as set out in the three year plan, which are aligned to the national strategic context. We recognise that all specialty priorities cannot be represented in a group-wide document; however each individual strategy represents the agreed way forward for the specialty. It is crucial that they are reviewed, that progress against priorities are reported and the strategies are updated regularly at specialty level, so that they remain current across our services.

We will ensure that this strategy remains a “live” document and is integrally linked to the service planning, operational planning and performance reporting framework in our hospital group. Each project will be supported by more detailed planning including deliverables, timelines, key responsibilities and success outcomes.

To ensure the successful implementation of our strategy, we will be required to build organisational capability, both knowledge and skills development, across specialties, clinical networks and at an organisational level. This will require us to train and develop our staff in embracing robust project management methodologies, in taking a whole system approach to the delivery of the projects over the coming years. The Saolta Group Programme Management Office will play a lead role in supporting this process, developing the project plans with services, and tracking, monitoring and reporting against the strategic goals.

Initial Three Year Saolta Group Priority Projects

No.	Priority Project	Project Description	Time line	Strategic Theme	Alignment to Sláintecare Implementation Strategy Goals
1	Quality and Patient Safety Framework Project	Develop & implement Saolta Group Quality and Patient Safety Framework based around enhanced risk management structures and quality improvement	2019	Quality & Patient Safety	Provide high quality, accessible and safe care that meets the needs of the population
2	Women's & Infant's Service Improvement Programme	Implement recommendations from National Maternity Strategy and from the Review of Maternity Services at Portiuncula University Hospital 2018	2019		
3	Clinical Handover Project	Implement National Clinical Patient Handover policies to improve patient safety	2019		
4	Patient and Public Engagement Strategy Project	Implement the updated Saolta Group Patient and Public Engagement Strategy	2019		
5	Cancer Services Programme	Implement the National Cancer Strategy within the Saolta Group	2019-2021		
6	Saolta Group Clinical Improvement Programme with an initial focus on Paediatrics, Haematology, Emergency Medicine, Cardiology and Cardiothoracic Services	Roll-out prioritised clinical services improvement projects in line with the National Models of Care and completed specialty reviews	2019-2021		

No.	Priority Project	Project Description	Time line	Strategic Theme	Alignment to Sláintecare Implementation Strategy Goals
7	Acute Floor Model Project	Progress the implementation of the National Acute Floor concept in Saolta Group hospitals to improve patient flow, reduce numbers of patients on trolleys, and improve patient experience times	2019-2021	Patient Access	Provide high quality, accessible and safe care that meets the needs of the population
8	Endoscopy Project	Optimise endoscopy services capacity and quality to achieve KPIs	2019		
9	Radiology Services Project	Further integration of radiology services across Saolta Group hospitals and work with CHOs in the provision of radiology services as close to home as possible	2019-2021		
10	Scheduled Care Project with an initial focus on Urology	Implement the National Elective Care Patient Pathways pilot between primary care and acute hospitals services	2019-2021		
11	Theatre Utilisation Improvement Project with an initial focus on GUH, PUH, RUH, MUH	Optimise surgical theatre utilisation across all Saolta Group hospitals.	2019-2020		
12	Outpatient Strategy Project	Develop & implement outpatient strategy to reduce waiting times achieving national targets	2019-2021		

No.	Priority Project	Project Description	Time line	Strategic Theme	Alignment to Sláintecare Implementation Strategy Goals
13	Saolta Group Integrated Governance Project	Implement clinically-led, professionally Managed Clinical & Academic Networks across Saolta Group hospitals that will enable safe, sustainable and staffed high quality services	2019-2021	Governance and Integration	Deliver improved governance and sustain reform through a focus on implementation
14	Saolta Group and CHO Integrated Working Project (Older Persons)	Implement streamlined integrated patient care pathways between hospitals and the community	2019-2020		Provide high quality, accessible and safe care that meets the needs of the population

No.	Priority Project	Project Description	Time line	Strategic Theme	Alignment to Sláintecare Implementation Strategy Goals
15	Workforce Recruitment & Retention Project	Develop and implement a staff recruitment and retention strategy informed by staff engagement to address HR priorities	2019	Skilled Caring Staff	Enable the system to deliver its goals

No.	Priority Project	Project Description	Time line	Strategic Theme	Alignment to Sláintecare Implementation Strategy Goals
16	Saolta Group Medical Simulation Project	Further develop Saolta Group medical simulation training & facilities	2019-2021	Research, Education and Innovation	Enable the system to deliver its goals
17	Saolta Group Research Strategy Project	Develop and implement Saolta Group clinical research strategy aligned with our academic partners	2019		

No.	Priority Project	Project Description	Time line	Strategic Theme	Alignment to Sláintecare Implementation Strategy Goals
18	Saolta Group, CHO1 and Community Healthcare West Integrated Patient Management System	Implement an integrated Patient Administration System (PAS) across Saolta Group hospitals working in partnership with CHO 1 and Community Healthcare West	2019-2021	eHealth	Enable the system to deliver its goals

No.	Priority Project	Project Description	Time line	Strategic Theme	Alignment to Sláintecare Implementation Strategy Goals
19	Options Appraisal Project Saolta Group Model 4 Hospital - Galway University Hospitals	Complete Options Appraisal of the infrastructural requirements in GUH as the Saolta Model 4 Hospital, to facilitate the delivery of safe high quality acute, elective and cancer care for all patients across the West/ North West	2018-2019	Infra-structure	Provide high quality, accessible and safe care that meets the needs of the population
20	Saolta Group Demand & Capacity Project	Conduct demand and capacity analysis for each Saolta Group hospital in line with National Capacity Review 2018 to identify and meet capacity requirements by 2031, with updated Development Control Plans (DCPs)	2019-2020		

Appendix 1 - Glossary of Terms

Business Intelligence Unit (BIU)	<p>BIU has governance over, and responsibility for, information management across the Saolta Group. It will primarily focus on:</p> <ul style="list-style-type: none"> • standardisation of processes, data definitions, information types, reporting, systems procured or developed, and resources • easy access to timely information via dashboards, a single platform for hosting information
Category Three Laboratory	Refers to Biosafety Level 3 which is applicable to clinical, diagnostic, teaching, research, or production facilities where work is performed with indigenous or exotic agents that may cause serious or potentially lethal disease through the inhalation route of exposure, in our case Tuberculosis (TB)
Cooperation and Working Together (CAWT)	CAWT is the cross border health and social care partnership for the Health Service Executive in the Republic of Ireland and the Southern and Western Health and Social Care Trusts, the Health and Social Care Board, Scottish Health Service and the Public Health Agency in Northern Ireland. CAWT seeks to add value to health and social care activity by bringing a cross border dimension to the on-going collaboration between the health systems in all jurisdictions, and accessing EU funding in support of such activities where appropriate
Daycase (DC)	Daycases refer to episodes where a person is a planned admission to a hospital bed and is discharged on the same day as planned
Day of Surgery Admission (DOSA)	Day of Surgery Admission (DOSA) is a pre-operative process where patients are admitted and prepared for operation on the day of surgery
GDPR	<p>General Data Protection Regulations (GDPR) came into effect on Friday 25th May 2018. The primary purposes of the GDPR are:</p> <ul style="list-style-type: none"> • to harmonise data protection regulations across the EU • to provide greater safeguards and rights to individuals with regards to their personal data • to increase data controllers and data processors

	<p>responsibilities in terms of transparency, security and accountability</p> <ul style="list-style-type: none"> • to significantly increase the obligations and responsibilities for organisations and businesses in how they collect, use and protect personal data
Inpatient (IP)	Inpatient care describes where patients are admitted to a hospital bed for more than 24 hours (either electively or as an emergency)
Key Performance Indicators (KPI's)	A Key Performance Indicator is a performance measure that demonstrates how effectively a service is delivering an objective or a particular clinical treatment against a target
MOCIS	Medical Oncology Clinical Information System
Model 2 Hospital	Model 2 Hospitals have local injury units, instead of full EDs, and these units operate from 8am to 8pm. They do not provide major acute surgery or critical care, and mostly carry out day surgery
Model 3 Hospital	Model 3 Hospitals have 24/7 EDs, acute surgery, acute medicine, critical care
Model 4 Hospital	Model 4 Hospitals have 24/7 EDs, acute surgery, acute medicine and critical care, plus specialist, supra-regional care i.e. cancer, radiotherapy
National Cancer Control Programme (NCCP)	NCCP works with health service providers to prevent cancer, treat cancer, and increase survival and quality of life for those who develop cancer, by converting the knowledge gained through research, surveillance and outcome evaluation into strategies and actions
National Treatment Purchase Fund (NTPF)	NTPF is a corporate body with functions and responsibilities as set out under Statutory Instrument 179 - National Treatment Purchase Fund (Establishment) Order, 2004 and the Nursing Homes Support Scheme Act (2009). The NTPF currently collects and collates information in respect of the Inpatient, Daycase, Planned Procedure (IDPP) and Outpatient (OP) Waiting Lists
NCIS	National Cancer Information System

Outpatient Department (OPD)	OPD is a designated clinical area where patients are seen on an outpatient basis by healthcare professionals, and consists of consulting rooms and treatment areas
PAS	Patient Administration System
Patient Flow	Relates to optimising efficient processes for managing and transitioning patients through the hospital from presentation to discharge
Post Anaesthetic Care Units (PACU)	Post Anaesthetic Care Unit (PACU) a specialist unit within a hospital for giving post anesthesia care to patients recovering from anaesthesia and intravenous sedation
Scheduled Care	Scheduled Care refers to planned elective patient care, either as an inpatient, daycase or outpatient
Unscheduled Care	Unscheduled Care refers to unplanned emergency patient care, where patients present to a hospital as an emergency

Appendix 2 – National Context and Sláintecare

The National Context

At a national level, there is no doubt that the Irish healthcare system is undergoing a period of reform and significant change. This is reflected in the many published strategies and policy documents that cross all spectrums of healthcare. The publication of Sláintecare in 2017 has for the first time, set out a blueprint that has a full cross-party political agreement and will form the basis for the future delivery of health services.

In shaping this Saolta Group Strategy, it is crucial that we consider closely, key strategic documents to ensure that our strategy aligns with the key themes emerging nationally. Key strategy/policy documents that influenced this Saolta Group Strategy include:

- Health Service Capacity Review (2018)
- National Review of Trauma Services 2018
- Project Ireland 2040 National Development Plan 2018-2040
- Towards 2026: A Future Direction For Irish Healthcare – RCPI
- Sláintecare: Oireachtas Committee on the Future of Healthcare (2017)
- Reports from the National Clinical Programmes and Integrated Care Programmes including Creating a Future Together, National Maternity Strategy 2016-2026, The National Cancer Strategy 2017-2026, Strategy for the Design of Integrated Outpatient Services 2016-2020 (HSE)
- The Integrated Programme for Older Persons 2016
- Planning for Health 2016
- Department of Health Statement of Strategy 2016-2019
- The Emergency Department Taskforce Report (2015)
- Health Service People Strategy 2015-2018 (HSE)
- The Healy Report (2014): Development of Community HealthCare Organisations
- The Establishment of Hospital Groups as a transition to Independent Hospital Trusts – Higgins Report (2013)

- "Healthy Ireland" A Framework for Improved Health and Wellbeing 2013-2025
- National Standards for Safer Better Healthcare (2012)
- Programme for Health Service Improvement Building A Better Health Service

Key themes arising from the national strategic documents are set out below and are clearly aligned with the Saolta Group Strategic Goals outlined in this document:

Moving to Community based services (Integrated Working)

Both the Planning for Health (2016) and Sláintecare reports detail the huge challenges facing us currently, and into the future, as a result of our ageing population and technological advances, all of which will place additional demands on the health service as set out in the Saolta population profile.

Across most of the policy documents, there is a clear focus on providing more integrated services across the continuum of care with the emphasis on delivering high quality care as close as possible to the patient's home where it is safe and appropriate to do so.

This will require considerable investment in community services and primary care to build up these services outside the acute hospital setting, and will not happen overnight. Notwithstanding this however, our acute hospitals will be required to support this development in providing the specialist expertise and working more closely with our community/primary care partners. The development of alternative pathways for patients, supported by community based diagnostics and treatments, will mean us working in a different way but will be a welcome development.

Governance and Structures in delivering a more Accountable Health Service

Sláintecare and the Higgin's Report set out the need for hospitals to work together in an integrated way and optimising the value of working in a hospital group within Managed Clinical & Academic Networks. The importance of a clear and accountable governance structure is also emphasised with a focus on devolved decision making to the hospital groups. This is critical to delivering a quality and safe service to patients and is a key deliverable for the Saolta Group.

Engaging our Patients

The importance of patient engagement is recognised as fundamental to delivering a quality health service. This should involve patients in service design and empower them as partners in their own healthcare. There are many national initiatives around patient engagement including the National Patient Experience Survey and "Your Voice Matters". Patient engagement will be a key focus for the Saolta Group as part of this strategy, particularly around how we develop our services into the future in partnership with our patients.

The Importance of Our Staff

The Health Service People Strategy 2015-2018 reaffirms the importance of valuing the collective capabilities, knowledge, skills, life experiences and motivation of our staff as our greatest asset. The national 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.

Evidenced Based Healthcare

In recent years the development of National Standards, including the National Standards for Safer Better Healthcare, National Clinical Programmes and Integrated Care Programmes, and Risk Management Frameworks, set out a clear blueprint for standardised, safe and quality service delivery. These programmes provide the framework for our service delivery across the Saolta hospitals.

eHealth

The importance of ehealth in the future delivery of care is highlighted as critical across all policy documents. Further development of standardised ICT systems to facilitate integrated working between hospitals and between acute and community services is fundamental to a more joined-up service. This will also enable availability of patient information and better communication between staff which is critical to delivering a better service. The implementation of a standardised patient identifier and electronic health record will also be key to this.

Appendix 3 - Existing Capital Projects By Clinical Directorate

Options Appraisal

- Progress the project for an elective hospital on MPUH

Women’s and Children’s Directorate

- Review Maternity Services infrastructure requirements in line with the National Maternity Strategy 2016-2026 and future configuration of services across the Saolta Group
- Replacement of the maternity unit and the paediatric unit at UHG
- Address infrastructure requirements on prioritised sites in relation to maternity theatre capacity
- Paediatric services infrastructure requirements to support national model of care roll-out, including inpatient and outpatient capacity

Cancer Services

- Develop a plan for the cancer centre as part of the long term plan for the Model 4 Hospital in the Saolta region
- Review existing capacity for ambulatory/day care cancer services across the hospital sites
- Complete the Radiation Oncology Expansion Project at UHG
- Review and plan the future configuration of Chemotherapy Compounding facilities across the Saolta Group

Perioperative Directorate

- New Surgical Block, Theatre Suite and Critical Care Facility at SUH
- Augment critical care capacity across the Saolta Group hospitals
- Provide supporting infrastructure for protected elective services across the sites including CSSD

Medical Directorate

- Progress developments to provide required bed capacity and ambulatory/OPD access required to support delivery of services
- Replacement of two Cardiac Catheterisation Laboratories at GUH, development of a third

Cardiac Catheterisation Laboratory in UHG and a fixed Cardiac Catheterisation Laboratory at SUH

- Expand Renal Unit capacity across a number of sites
- Progress Diabetic Day Unit at SUH
- Expand Endoscopy capacity across the Saolta Group
- Specialist Rehabilitation Unit at RUH
- Neuroscience Unit at SUH

Radiology Directorate

- Radiology Rebuild Project at LUH
- Complete Interventional Radiology (IR) Suite Development at SUH
- Second MRI GUH

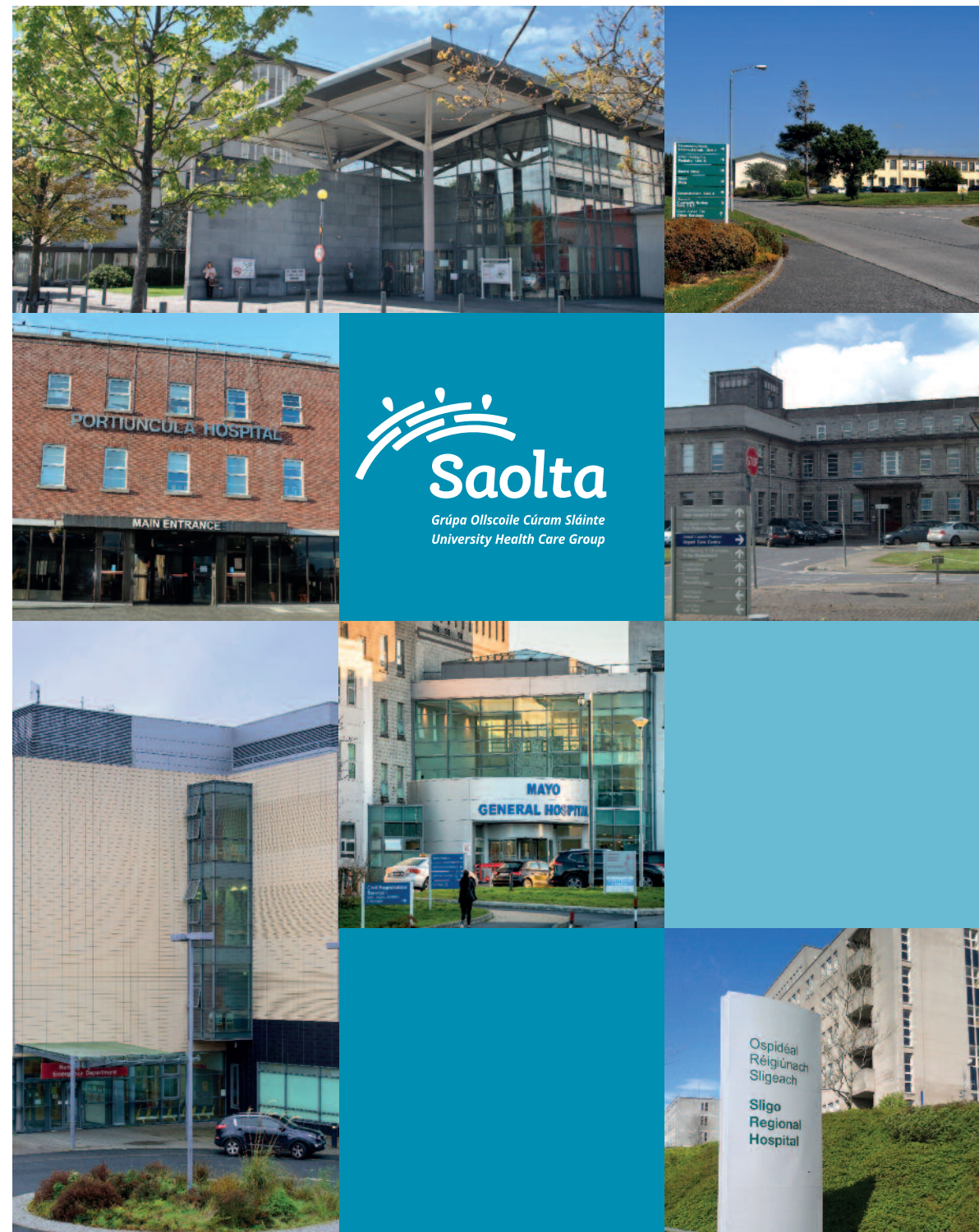
Laboratory Directorate

- Blood and Tissue Establishment at GUH
- Mortuary upgrades at PUH, LUH and MUH
- Progress plans for a replacement laboratory at GUH

Appendix 4 – Individual Clinical Service Strategies

Clinical Service Strategy	Specialty Lead / Clinical Director
MEDICAL DIRECTORATE - Dr. Ramona McLoughlin, Clinical Director	
Acute Medicine	Dr. Yvonne Smyth
Cardiology	Dr. Jim Crowley
Dermatology	Dr. Dermott McKenna and Dr. Annette Murphy
Emergency Medicine	Dr. Fergal Hickey
Endocrinology	Prof. Francis Finucane
Endoscopy	Dr. Eoin Slattery
Gastroenterology	Prof. John Lee
General Medicine	Prof. Donal Reddan, Medical Clinical Director (2013-2018)
Geriatric Medicine	Dr. Tom O'Malley
Haematology	Dr. Ruth Gilmore
Immunology	Dr. Vincent Tormey
Infectious Diseases	Dr. Catherine Fleming
Medical Oncology	Prof. Paul Donnellan
Nephrology	Dr. Louise Giblin
Neurology	Dr. Michael Hennessy and Dr. Kevin Murphy
Palliative Care	Dr. Eileen Mannion
Radiation Oncology	Dr. Joseph Martin
Respiratory	Dr. Michael O'Mahony
Rheumatology	Dr. Bryan Whelan
PERIOPERATIVE DIRECTORATE - Dr. Kevin Clarkson, Clinical Director	
Anaesthesia	Dr. Jeremy Smith
Breast Surgery	Mr. Ray McLaughlin
Cardiothoracic Surgery	Mr. Dave Veerasingam
Critical Care	Dr. John Bates
Ear, Nose and Throat	Mr. Peter Gormley and Mr. Nash Patil
General Surgery	Dr. Kevin Clarkson, Perioperative Clinical Director
Lower GI	Mr. Myles Joyce and Mr. Mark Regan
Ophthalmology	Mr. Gerry Fahy and Mr. Paul Mullaney
Oral & Maxillofacial Surgery	Mr. Tom Barry
Orthodontics	Ms. Lorna Dobbys
Plastic, Reconstructive and Aesthetic Surgery	Mr. Alan Hussey

Orthopaedic Surgery	Mr. Colin Murphy
Upper GI	Mr. Chris Collins
Urology	Mr. Eamonn Rogers
Vascular Surgery	Prof. Sherif Sultan
WOMEN'S AND CHILDREN'S DIRECTORATE - Dr. Ethel Ryan, Clinical Director	
Paediatrics	Dr. Hilary Greaney
Maternity and Gynaecology	Dr. Una Conway
Neonatology	Dr. Donough O'Donovan
DIAGNOSTICS DIRECTORATE - Dr. Clare Roche, Clinical Director	
Radiology	Dr. Clare Roche, Radiology Clinical Director
LABORATORY DIRECTORATE - Dr. Margaret Murray, Clinical Director	
Biochemistry	Dr. Damian Griffin
Haematology	Dr. Ruth Gilmore
Histopathology	Dr. Sine Phelan
Immunology	Dr. Vincent Tormey
Microbiology	Prof. Martin Cormican



Míle Buíochas

A sincere note of thanks to all clinical, non clinical staff across the Saolta Group, and the Patient Council Members' and others who contributed to the development of the 41 clinical service strategies and to this overall Saolta Group Strategy 2019-2023.

We thank our PMO office, Amanda Moore Design and Atlantic Print for compiling, designing and printing of this strategy document.

Finally, a special mention to our Communications Department for the photography work, which visually captures the depth and breadth of services we deliver to our patients in the West and North West of Ireland.

**Saol fada agus breac
shláinte chugat**



SAOLTA

University Health Care Group

STRATEGY

2019-2023