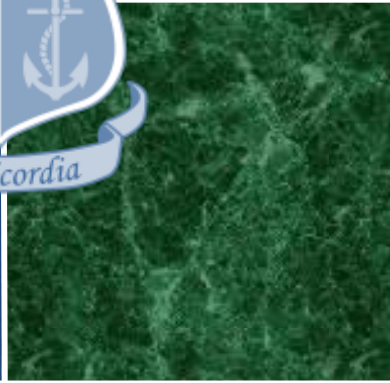
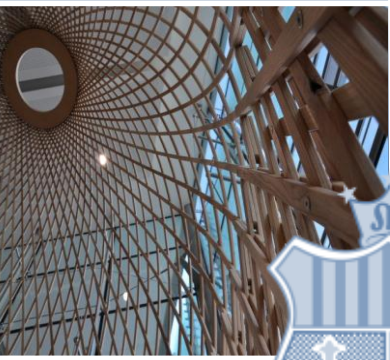




Mater Misericordiae
University Hospital



MMUH STRATEGIC PLAN

2015-2017



STRATEGIC PLAN

Mater Misericordiae University Hospital

2015-2017

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Executive Summary

The Mater Misericordiae University Hospital (MMUH) is the foremost charitable and voluntary general hospital serving Dublin's north inner city. This independent Catholic hospital was established in 1861 under the auspices of Sr. Catherine McAuley and the Sisters of Mercy and is a university teaching hospital providing acute and tertiary specialist services. The hospital is the national centre for, cardiac surgery, heart and lung transplantation, extra corporeal life support (ECLS), spinal injuries, pulmonary hypertension, bone anchored hearing aid and accommodates the National Isolation Unit.

Other specialties include but are not limited to cardiology, ophthalmology, haematology/oncology, nephrology, urology, infectious diseases, psychiatry, ear nose and throat, rheumatology, diabetes and endocrinology, neurology and stroke care, a multidisciplinary breast care centre, respiratory medicine, vascular surgery, interventional radiology, emergency and intensive care medicine, plastic surgery, general and colo-rectal surgery, orthopaedics, medicine for the elderly, pain and palliative care medicine. The Adult Congenital Heart Disease (ACHD) service at our hospital is a national service providing specialist support to patients with complex congenital heart defects requiring lifelong care. Our dermatology service holds the National Photobiology Unit

At full capacity MMUH has approximately 600 beds including day beds with supplementary capacity for winter activity. Annually, the hospital treats 21,738 inpatients and 57,440 day cases; 58,286 patients attend our emergency department (ED) and 226,657 patients attend approximately 150 diverse outpatient clinic categories per year (2014 data).

The addition of the new Whitty Building to our campus in 2013 has led to the consolidation of many inpatient services in state-of-the-art facilities including: 12 new operating theatres, 120 one-bed en-suite rooms, new emergency and outpatients departments, and a modern radiology department.

Our corporate strategy builds upon our success to date in providing high quality and patient-centered care. We anticipate this strategy will guide the evolution of our clinical, research and educational programmes and promote deepened commitment, ownership and drive across the hospital towards achievement of our strategic ambitions underpinned by our mission to:



This strategy positions us well to enhance our existing strengths, while addressing current and future challenges, including the altering demographic force of an aging population, increased focus on performance measurement and accountability, the application of clinical research to inform evidence-based practices and the increased sophistication of professional education.

Central to the success of our strategy is our commitment to invest in our people and become a workplace of choice by building leadership capacity; empowering our staff by improving clinical and administrative functions, applying Lean principles to redesign internal processes and introducing new information technology systems. We are fostering enhanced Board engagement to facilitate appropriate decision-making while establishing opportunities for senior managers to connect and improve performance and reporting structures.

This year we introduced a Code of Conduct for employees to ensure we continue to provide the highest levels of compassionate, quality healthcare while complying with all applicable laws, rules, and regulations. The guidelines were designed to assist all employees in making the right choices when confronted with difficult situations and highlight that responsibility for ethical behaviour rests with each of us personally through our judgments and actions. The full code is presented in Appendix 4.

Concomitantly and in collaboration with our DAMC partners, St Vincent's University Hospital and University College Dublin (UCD), the plan incorporates actions to advance our research and education performance by improving opportunities for staff to engage with academia and boosting clinical research opportunities and facilities. This collaboration will also help drive the Ireland East Hospital Group agenda during its evolutionary period.

Our plan emphasises our primary focus of service excellence and financial stability and identifies key strategies to deliver our principle ambitions:



We have identified feasible strategies and actions within achievable timeframes with accountability for each.

We recognise that, due to the changeable nature of our dynamic health-care system, this strategy cannot present a rigid set of directions and therefore we will need to continually evaluate it to ensure continued success in serving the health needs of our community. We will strive to become the frontrunners in quality and patient safety and advance our vision to be Ireland's leading and exemplary provider of safe and efficient public healthcare services.

This plan was developed in consultation with the hospital board of directors, executive management team and clinical directorates / clinician engagement and formulated to ensure that it is relevant, robust and consistent with MMUH planning and service development needs.

The timeframe for completion of the actions therein is three years and contingent on local strategies for success.

The Board of Directors and Executive Management Team will monitor progress on a continual basis.

Introduction

MMUH has been working in a healthcare environment which has been undergoing substantial and rapid change over the past five years. As a consequence of challenges faced by the Health Service Executive (HSE) and the Department of Health and Children (DoHC) the hospital has been working in an unpredictable environment. This has necessitated a restructuring of our corporate and operational functions so as to create a sustainable environment in which to strengthen our position and influence and maximise our potential and clinical strengths. We are now primed to support the realisation of our strategic ambitions.

Our strategy must be adaptable to our shifting healthcare environment with a comprehensive awareness of our strengths, weaknesses, opportunities and threats to support this requisite flexibility.

Where are we now?

MMUH is one of the main hospitals of the Ireland East Hospital Group (IEHG) providing tertiary (specialised consultative care, usually on referral from primary or secondary medical care personnel) and quaternary referral acute services (quaternary care is considered to be an extension of tertiary care, even more specialised and highly unusual) to a local, tertiary and the national population. We have a turnover of approximately €226m annually and employ over 3000 staff. We have in excess of 600 beds with additional capacity for winter surge periods in addition to off-site post-acute care beds. We provide the most complex intensive care service nationally. Our Intensive Care Unit has 36 beds of which 28 are funded. We have provision for 12 theatre units and are funded for 10.

We have commenced a journey towards becoming the safest and most efficient hospital in Ireland strengthened by the establishment of a Quality directorate and a Lean Academy. However, we have been operating in a climate of financial austerity triggering reduced resources and opportunities for growth and expansion while simultaneously experiencing unprecedented demand for our services, in particular for emergency care.

Our healthcare system is undergoing significant transformation and we have embarked on a national reconfiguration into hospital groups. Integrated structures are being developed to improve quality and reduce the total cost of care provision and the MMUH is a leading player in this regard.

Internal Analysis

The following overview of our organisational and service profile and activity illustrates the environment in which our strategy will be delivered.

MMUH provides services on three levels: those serving the local catchment area, specialist services delivered to regional populations quaternary services delivered nationally; summarised in the following table:

LOCAL	TERTIARY	QUARTERNARY
Accident and Emergency	Cardiology	Intensive Care Medicine
Anaesthetics	Clinical Genetics	Cardio-thoracic Surgery
Endocrinology	Dermatology	Thoracic Transplantation
Gastro-enterology	Haematology	Extra-Corporeal Life Support (ECLS)
General Medicine	Oncology	Spinal Trauma
Geriatric Medicine	Breast Surgery	National Isolation Unit (NIU)
GI Surgery	Colo-Rectal Surgery	Metabolic Diseases
Infectious Diseases	Gynaecology	
Nephrology	Ophthalmology	
Neurology		
Pain Management		
Pathology		
Psychiatry		
Radiology		
Respiratory		
Rheumatology		
Dental Surgery		
Orthopaedics		
Otolaryngology (ENT)		
Plastic Surgery		
Urology		

Activity

Activity at MMUH continues to increase year on year. One of the main contributing factors is population growth and within this growth significant increases in the population over 75 years old. The ageing of our population will have a major impact on our hospital and delivery of health care. Of particular importance will be the shift from acute to chronic illnesses, resulting in the potential change from one-time interventions that correct a single problem to the ongoing management of multiple diseases and disabilities. This will impact our services, particularly for inpatient care.

As our population ages, public expenditure is projected to grow exacerbated by recent and dramatic reduction in the numbers of insured patients and the cover provided by insurers.

The tables below give an overview of activity in the period 2012 - 2014:

Activity	2012	2013	2014
Inpatients	17,887	20,820	21,738
Day cases	50,333	56,161	57,489
Emergency Department Attendances	49,775	54,461	58,286
Outpatient Attendances	217,193	227,700	226,660
Average Length of Stay	10.7 days	9.3 days	8.7 days

Specialist Services Activity	2012	2013	2014
Transplants performed	24	43	49
Extra Corporeal Life Support patients	10	18	11
Intensive Care patients treated	1183	1164	1127
Spinal Procedures performed	330	386	421
Cardiac Surgery Inpatients' Treated	979	1048	1038

Directorate Structure

In late 2013 MMUH implemented a clinical directorate structure, comprising seven clinical directorates. Each directorate is managed by a clinical director, a clinical nurse manager and an operations manager. Each is a combination of common or complementary clinical services encompassing correlated wards, departments and specialist services with the aim of streamlining the patient experience, reducing clinical risk, improving patient outcomes and reducing costs. These directorates became fully operational in 2014, independently delivering service improvements.

The directorate structure will expand across the IEHG to develop an effective organisational model for the group to function. This structure will be evaluated during the life of the strategy.

The following chart shows the directorate structure and clinical services:

DIRECTORATE	DIRECTORATE	DIRECTORATE	DIRECTORATE	DIRECTORATE	DIRECTORATE	DIRECTORATE
Cancer & Surgery	Critical Care, Anaesthesia, Elective Surgery & Theatres (CCAEST)	Cardiovascular, Respiratory, Renal, Diabetes & Endocrine (CVRRE)	Emergency & Specialty Medicine	Clinical Diagnostics	Health & Social Care (HSCP)	Quality & Patient Safety
Services	Services	Services	Services	Services	Services	Services
<ul style="list-style-type: none"> Breast Surgery Cancer Data Management Clinical Haematology Clinical Trials & Research Unit GI Surgery Gynaecology Medical & Radiation Oncology Ophthalmology Orthopaedic & Spinal Surgery Otolaryngology Palliative Medicine Plastic, Surgery Urology Waiting List Office 	<ul style="list-style-type: none"> Anaesthesia CPR Critical Care CSSD Day Surgery Elective Surgery Unit Pain Medicine Surgical Pre-assessment Theatres 	<ul style="list-style-type: none"> Cardiology Cardiothoracic Surgery Diabetes & Endocrine Heart/Lung Transplantation Nephrology Pulmonary Hypertension Respiratory Medicine Vascular Surgery 	<ul style="list-style-type: none"> Acute Medicine Dermatology Emergency Medicine Gastroenterology Infectious Diseases Medicine for the Elderly Metabolics Neurology (including Clinical Neurophysiology) Psychiatry Rehabilitation Rheumatology Stroke 	<ul style="list-style-type: none"> Clinical Engineering Clinical Photography Medical Physics Pathology Radiology 	<ul style="list-style-type: none"> Audiology Clinical Nutrition & Dietetics Occupational Therapy Physiotherapy Podiatry Clinical Psychology Medical Social Work Speech & Language Therapy 	<ul style="list-style-type: none"> Clinical Governance Lean Academy Patient Services Quality Improvement Quality Management Risk, Legal and Insurance Services Risk Management

Education, Research and Development

MMUH has a strong commitment to education to equip our clinicians to provide the highest quality care for our patients. In partnership with the DAMC, UCD and other third level institutions, we deliver undergraduate and postgraduate education to a wide range of health professionals. We continue to develop our approach to education, including giving doctors-in-training more exposure to areas such as critical care and placing greater emphasis on developing clinical reasoning skills. In this context the foundations of the Mater UCD Clinical Academy have been laid with an ambition to create a dynamic combination of academic research and education with innovative clinical practice to deliver world class patient care. The hospital has joint appointments with UCD, including Professor of Clinical Nursing and Professor of Health Systems. We provide education for nursing and

a range of allied health professionals and host clinical placements for a wide variety of professional groups. We are a fully accredited training centre and retain a position as a centre of excellence for education.

Research and Development is delivered predominantly through our UCD clinical research centre at MMUH which provides a supportive environment for clinical and translational research with the explicit aim of improving the health of the nation by ensuring that novel interventions are developed and diffused into routine clinical practice.

Financial Summary

The following is a financial summary for 2014 (€'000):

Administration	18,815
NCHD's	22,928
Consultants	22,694
Nursing	63,252
Allied	8,351
Para-Medical	24,174
Catering & Household	8,925
Maintenance	1,818
Multi-Task Attendants	37
Other Salaries	482
Pensions	12,368
Total Pay	183,844
Direct Patient Care	65,388
Support Services	25,862
Finance & Administration	10,231
Insurance	329
Miscellaneous	2,596
Total Non-Pay	104,406
Superannuation	-7,960
Emoluments	-5
In-Patient Income	-25,831
Road Traffic Accident	-1,086
Out Patient Income	-13,068
Canteen	-401
Misc Income	-3,345
Pension Levy	-10,118
Total Income	-61,814
OVERALL NET POSITION	226,436

Strategic Context

Our analysis of the strategic context, summarised in the SWOT below, has explicitly informed our strategic priorities. Our key strengths centre on our clinical expertise and being a proactive driver of service excellence placing us in a strong position to deliver on quality and performance. We face challenges from supply and demand issues as well as with IEHG integration, achieving financial stability, and management and political HSE changes.

An overarching constraint has been the years of unprecedented austerity experienced by health services which is expected to continue for some years, albeit to a slightly lesser degree.



Strengths

- Quality, experienced clinical staff in all disciplines
- Leading hospital in transformation /systems reform
- New building in a city centre location
- Available lands for further development
- Voluntary status and heritage
- Quality accessible ED services
- Significant national and regional specialties
- National leader in ICU service provision
- National provider of Heart and Lung transplantation
- Co-location with premier private provider
- Quality and commitment of senior management staff
- Good standing with HSE / DoHC
- Strong ICT infrastructures
- Cohesive consultant group



Weaknesses

- Governance in need of re-invigoration
- Weakening relationship with private sector
- Challenges with IEHG integration
- No on-site radiotherapy service
- Poor data warehousing resources and structures
- Outdated HR and Finance systems
- Scheduled services constrained by ED pressures
- Poor branding and sub-optimal self promotion
- Inadequate integration of academia and clinical
- Poor recognition of clinical research performance
- Sub optimal succession planning for key posts
- Inadequate focus on commercial opportunities
- Inadequate focus on private income potential
- The attitudes to voluntary status



Opportunities

- Strong influence in IEHG integration
- Further scope for ED process improvements
- Further development of quaternary services
- More structured engagement with UCD
- Challenges facing other Dublin providers
- Large land bank available
- Issues facing HSE management
- New funding legislation for private patients
- Focused approach to private patient revenues
- Influence niche pricing under ABF



Threats

- Frequent changes in HSE management
- Challenges with IEHG integration
- Impending retirement of key consultant staff
- Sub-optimal ABF readiness
- Challenges in recruitment of key consultant staff
- Institutional resistance to private incomes
- Loss of key management talent
- No ERP system
- Increasing demands coupled with insufficient resources / infrastructure

Environmental Analysis

External conditions have been factored into our strategy and delineated below.

•	Universal Health Insurance is not progressed
•	No significant re-configuration of ED services across Dublin
•	Activity Based Funding (ABF is) established but not yet fully implemented
•	Hospital groups are established and service reconfiguration has commenced nationally
•	Demand for services continues to outstrip available resources
•	Legislative changes enacted to allow charges for private use of public beds is established
•	Consultant contract amendments to introduce grades and reduce restrictions on private practice have progressed
•	System-wide constraints on timely patient discharge is not resolved

We anticipate that during the lifespan of our strategy, the plan for Universal Health Insurance will likely be delayed or postponed.

National reconfiguration of services to provide appropriate care in appropriate settings is likely to be dependent exclusively on the establishment of the hospital groups and expansion of the clinical care programmes. There is a low probability that ED services will be re-configured.

The Activity Based Funding (ABF) initiative will only be partially established in the coming years, with block grant funding expected to remain a feature of a sector characterised by very high fixed cost base. In terms of the wider economic context, and notwithstanding anticipated improvements, it is probable that the funding situation for tertiary healthcare providers will remain heavily challenged for the full funding period.

Recent changes in the funding arrangements for private patient occupancy of public beds will alter public hospital relationships with private healthcare providers. There is a possibility that funding differences with the private system funding model will continue to persist, resulting in a reduction of opportunities for revenue optimisation.

The consultant contract will be revised to address issues with consultant recruitment in the public system with changes to include a reduction of restrictions on off-site private practice as well as the introduction of a grading of pay levels.

In terms of discharge planning, it is possible that the wider public service constraints which exist on the timely discharge of patients from tertiary healthcare settings may improve slightly, but will not be resolved during the planning period.

Where are we going?

The MMUH has an auspicious and complementary relationship with our primary funder of services through efficient management, provision of key national specialities and a strong performance on many of the key HSE indicators of financial and service performance.

Our strength stems from our rewarding recruitment opportunities, research funding potential, revenue generating and commercial prospects.

In addition, we have latitude to improve our ED and scheduled care services through structured engagement with our IEHG level 3 partner hospitals, Our Lady's Hospital, Navan and the National Orthopaedic Hospital, Cappagh.

Weaknesses are by-and-large, legacy in nature and include factors which cannot be changed in the short-term such as the non-provision of radiotherapy services at the hospital. More readily addressable are those issues relating to service and hospital-wide branding, the integration of clinical and academic activities and the putting in place of succession plans for key management and consultant roles.

The Corporate Planning Process

The early stages of the planning process concentrated on organisational foundations driven by the recognition that the changing nature of healthcare requires robust clinical and corporate governance.

Key changes are listed below and discussed in more detail:

•	Established a Transformation Office
•	Introduction of a clinical directorate structure with clear lines of accountability and governance
•	Established a Quality and Safety Directorate
•	Targeting key service and corporate performance areas for improvement
•	Conducted a strategic review of corporate functions –, Information Technology, Finance, and Human Resources
•	Established a reporting system using dashboards to facilitate continuous monitoring of performance against HSE indicators
•	Implemented business processes through the directorate structure
•	Developed a MMUH Executive Management Team Leadership Performance Plan to advance the strategic goals of the hospital in conjunction with an individual growth and development plan.

Corporate Changes

To progress our vision, key corporate areas were reviewed preceding the development of this plan, initiating structural and operational prioritisation and re-organisation.

The Finance Department undertook an internal review, the outcome of which was a restructuring and enhancement of the department. This consists of the development of a Clinical Funding Unit, the re-instatement of a Compliance Unit, strengthening the Business Partnering links and development of a Commercial Performance Unit. It has also been decided to replace our outdated financial system with an upgrade during 2015. This decision is essential to the delivery of financial performance. The above changes are well underway and will support strategy delivery.

In early 2014, **the Human Resources** department published its strategic framework for 2014 – 2016. Its primary aims are to support the long term business goals of the MMUH and to deliver a strategic approach to managing personnel issues and address concerns around quality, culture, values, and commitment. Addressing these issues is fundamental to ensuring that MMUH is capable of matching resources to future need.

In late 2014 MMUH successfully commenced a performance management programme for Executive members, supported by ongoing Executive Leadership training.

Estates and Facilities have developed a spatial strategy to maximise the potential of the MMUH campus to deliver healthcare now and into the future. The strategy incorporates:

•	A 7-storey build to include: Laboratory, CSSD, Scheduled and unscheduled care facilities, renal, ophthalmology, psychiatry and mortuary facilities.
•	Plans for the Mater UCD Clinical Academic Centre in original Mater building
•	Key projects aimed at improving energy consumption.
•	Delivery of short term projects key to the timely delivery of our strategic ambitions: HASU, ophthalmology relocation and a molecular laboratory.
•	Plans for clinical waste management solution.

The handover of the Whitty building in 2014 has necessitated significant additional works, which are progressing satisfactorily.

ICT Department: Our ICT agenda aims to support the clinical and business needs of the hospital and the delivery of our transformation of health services. The long term ambition is to achieve full implementation of an EPR (HIMMS, 7-stages). In 2013 a strategic review was undertaken aimed at developing a strategic approach to achieving this.

EMR Adoption Model SM	
Stage	Cumulative Capabilities
Stage 7	Complete EMR; CCD transactions to share data; Data warehousing; Data continuity with ED, ambulatory, OP
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), Closed Loop Medication Administration
Stage 5	Full complement of Radiology PACS
Stage 4	CPOE, Clinical Decision Support (clinical protocols)
Stage 3	Nursing/clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology
Stage 2	CDR, Controlled Medical Vocabulary, CDS, may have Document Imaging; HIE capable
Stage 1	Ancillaries – Lab, Rad, Pharmacy - All Installed
Stage 0	All Three Ancillaries Not Installed

EMR Adoption Model - HIMMS Analytics

The review established that ICT at MMUH has a good reputation, provides excellent support and has reliable systems rich in functionality. Initiatives identified for implementation are aimed at advancing towards achieving EPR have been prioritised under the following headings:

•	Essential to the Effective Management of the Hospital
•	National Initiatives
•	Business as Usual Enhancements
•	Other High Impact Initiatives

Key projects for delivery in the strategic period include IMMS Flow, E-Prescribing, Anaesthetics EPR, HSCP Information Management System and the introduction of Electronic Document Management.

Transformational Changes

The transformation office was established in 2013 is responsible for managing all major change programmes and leading a process for continuous improvement and evaluation. We are now seeking to consolidate the office and expand its scope to accelerate our transformation programme in the MMUH and extend the programme to the IEHG.

Lean Academy: A quintessential component of our transformational programme is the expansion of our Lean Academy, which offers quality improvement projects through its Lean Six Sigma Green Belt courses. To meet the HSE demand for quality healthcare at affordable prices, the Academy works on the latest strategies and competencies to improve care, manage margins and facilitate compliance with national guidelines.

Un-scheduled care has clearly been identified by national health policy as being a key area for performance improvement. The MMUH believes that through the implementation of lean processes in a systematic way that there can be incremental and sustained improvement with significant benefits for patients and staff. Given the demonstrable successes in year one of the journey towards becoming the first lean healthcare organisation in Ireland, the MMUH believes that it will be successful in its goal for improving un-scheduled care and that it is now in a position to influence out to the wider IEHG.

Leadership / Governance: MMUH has successfully implemented an extensive reform programme within management structures. Its key element was the introduction of a Clinical Directorate structure with clear lines of accountability and governance and refined application of business intelligence for performance management and performance improvement. Collaborative clinical and operational functioning is improving the quality and efficiency of patient care delivery. Leadership is at the heart of high quality patient care. MMUH has made a significant investment in

leadership and it is anticipated that most staff in leadership and/or managerial positions will undertake some form of leadership development over the next three years.

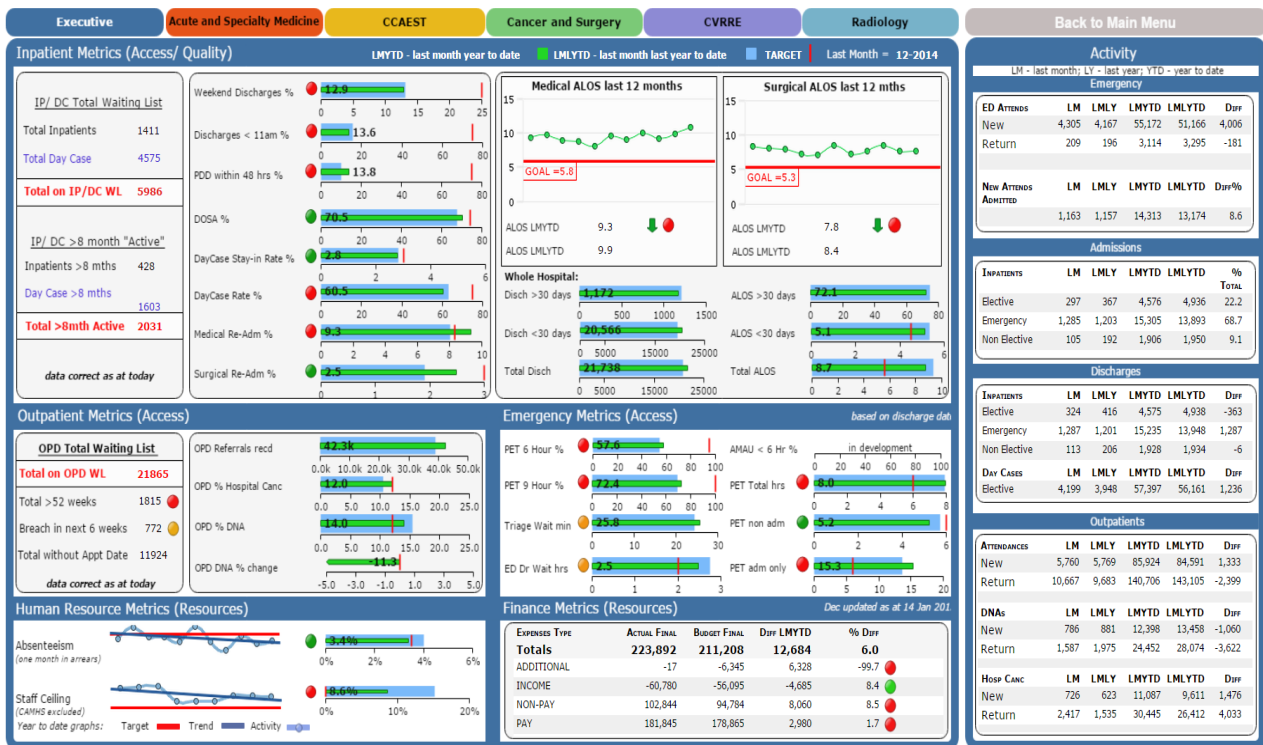
Innovation and Collaboration: Work has progressed on creating stronger links with our academic partners in UCD and other external bodies to increase incidences of collaborative clinical research and explore the delivery of better data and “smarter” healthcare. To drive the change and improvement the hospital has strengthened its performance and data metrics and now delivers more informed and timely information. Key metrics are reported through executive and directorate dashboards and distributed on a monthly basis to key stakeholders. The reports are also widely available throughout the hospital through a web portal.

The organisational reform outlined has allowed us to be more responsive and pro-active to the current environment and challenges adopting a solution focused approach to our ambitions.

Quality and Performance Monitoring

MMUH aims to be consistently the highest performing Level four hospital in the country. Accordingly, we have developed a suite of executive and directorate dashboards to monitor a range of performance metrics stipulated by the HSE. These dashboards report in real time on a monthly basis. Despite persistent challenges, we continue to demonstrate commendable performance.

We have an excellent track record regarding outcomes in many of our specialist clinical areas, in particular our Cardiovascular, Intensive Care, Transplant, Spinal and Cancer Services.



Executive Dashboard as at yearend 2014 (See Appendix 1 for larger version)

We have developed a Quality dashboard through a collaborative project between MMUH, the Quality and Patient Safety Division (QPSD), HSE and the Scottish Patient Safety Programme (SPSP) to promote accountability for the quality of our clinical care by obtaining a comprehensive picture of our service delivery.



Quality Dashboard as at yearend 2014 (See Appendix 2 for larger version)

We report on all National Cancer Control Programme (NCCP) Key Performance Indicators monthly, quarterly and annually and achieve performance targets in the majority of metrics.

Our patient feedback process provides detailed reports on complaints made and our compliance with response regulations. Patient satisfaction reporting comes from various sources such as nursing quality metrics, patient correspondence or clinical service surveys.

Nursing strategy

The key themes in our nursing three year strategic plan are Patient Experience, Competent Compassionate Staff, Quality and Safety and the strategic ambition is:

To assure professional excellence by delivering seamless, safe, high quality nursing care that integrates evidence-based practice, research and professional development in a holistic manner, producing excellent clinical outcomes for patients.

A suite of Safe and Effective Nursing Care Indicators developed to measure the quality of care provided to patients in nine selected indicators of care provides a quality monitoring tool to measure strategic achievements.

PATIENT EXPERIENCE

This will be achieved through
 Implementing a person-centred practice development framework of care
 Developing a culture of safety, quality and learning from experience
 Measuring quality of care through patient experience
 Supporting staff to deliver high quality compassionate care
 Identify key performance indicators

Key performance indicators and outcomes
 Consistent delivery of care against identified need
 Patient's confidence in the knowledge and skills of the nurse
 Patient's sense of safety
 Respect for patient's preference and choice
 Nurse support for patients to care for themselves where appropriate
 Patient involvement in decisions made about their nursing care
 Time spent by nurse with patient

COMPETENT COMPASSIONATE STAFF

This will be achieved through
 Continuous development of a knowledgeable and skilled workforce
 Professional competency and performance review
 Supporting and encouraging nursing education
 Supporting a culture for open disclosure
 Ensuring a positive clinical learning environment
 Identify key performance indicators

Key performance indicators and outcomes
 Promotion of excellent clinical practice
 Evidence of person-centred practice outcomes
 Management of staff absenteeism
 Provision of education in line with service/staff needs
 Optimal use of staff resources and effective workforce planning
 Increased level of staff satisfaction

SAFETY

This will be achieved through
 Evidence-based practice
 Developing a culture and process of clinical audits
 Excellence in nursing documentation/NEWS
 National early warning score performance
 Medication administration reviews
 Identify key performance indicators

Key performance indicators and outcomes
 Evidence-based reduction in incidence of hospital-acquired pressure ulcers
 Evidence-based reduction in the incidence of falls
 Improvement compliance with nursing documentation/NEWS
 Reduction in the incidence of medication administration variance
 Improved nutritional focus
 Effective management of sepsis

QUALITY

This will be achieved through
 Continuous focus on quality improvement
 Well informed communication and decision making
 Implementing learning from patient feedback
 Ensuring all nursing practices meet NMBI standards/legislation
 Financial accountability and value for money
 Identify key performance indicators

Key performance indicators and outcomes
 Evidence of consistently high standards of nursing care through clinical audits/metrics
 Evidence-based nursing patient outcomes
 Every ward/dept will display and continuously review their nursing metrics results
 Commitment to a reduction in adverse incidents and feedback relating to nursing care



The Strategy Development Phase

Following the early planning phase MMUH progressed to clearly defining its strategic aims for the next three years and developing a strategic plan for board approval. This process was facilitated by PWC commenced in early 2014, and included:

•	Consultations with a key MMUH internal stakeholders
•	Establishing a Strategy Steering Group
•	The collation of relevant background materials for workshop reference
•	A series of interviews with key external stakeholders
•	A series of internal workshops with MMUH clinical and administrative management

The topics explored at the workshops included the following:

Strategy Fundamentals:

- Major developments in the external environment in the planning period
- Features of MMUH unique proposition in the Irish healthcare sector
- Primary drivers of value (strategic and financial) at the MMUH at present

Ambition:

- Definition of the strategic ambition of MMUH on a stand-alone basis and in an IEHG context
- Definition of the financial ambition of the hospital

Service Strategy:

- Existing services for priority development
- New services for priority development
- Priority capital investment projects
- Priority staff appointments

The workshops resulted in the delivery of a summary statement of likely developments in MMUH external operating environment, a statement of MMUH strategic and financial ambition and a high-level plan for the attainment of strategic ambition.

Following this a presentation of the MMUH strategic position, ambitions and direction was prepared and delivered to the Board of Directors for approval and progression.

Strategic Priorities

Clinical Priorities

The following clinical services emerged as key priority areas for strategic improvement the three-year strategic period. All reflect our strong presence in the provision of quaternary services and progress our ambition to become Ireland's leading quaternary service provider. The strategic action plans support improvement and expansion of each of these services and delivery will ensure high quality sustainable service provision commensurate with international standards.

Cardio-vascular	Transplant Services
	Stroke Medicine
	Cardiology
	National Pulmonary Hypertension
Spinal Orthopaedics	
Ophthalmology	
Cancer Services <i>in collaboration with SVUH</i>	
National Genetics Programme	
Critical Care <i>as enabler for strategic ambitions</i>	
Neurosciences	

Service Delivery Priorities

The primary service delivery priority is the transformation of scheduled and unscheduled care. The success of this ambition is reliant on a Lean Transformation project aimed at achieving performance and quality improvements hospital wide. Successful delivery will result in major improvements in both scheduled and unscheduled care and will include for example:

•	Sufficient bed capacity to meet the requirements for scheduled and unscheduled care
•	Reinstatement of specialist acute medical and specialist surgical wards
•	Initiatives to ensure timely discharge of stroke patients to post-acute settings
•	The implementation of an acute floor model of care
•	An efficient discharge pathway for elderly patients

Corporate Priorities

Corporate priority actions will facilitate the delivery of clinical and service priorities and provide sustainability for the delivery of MMUH ambitions. They will deliver enhanced services to enable quality and performance improvement:

Finance:

- Upgrade of existing finance system
- Establishment of a Commercial Unit
- Improved compliance
- Improved income generation
- ABF Readiness

Human Resources:

- Upgrade of existing HR system
- Processes to enable succession planning
- Developing a skilled, flexible, professional workforce

Estates and Facilities:

- Improve facilities for existing services e.g. Ophthalmology, Mortuary,
- Provide new facilities for new and existing services e.g. psychiatry, HASU, Renal Unit, Laboratory etc.
- Improve our eco-footprint through implementation of a clinical waste management system

ICT:

- Projects which will ensure progression towards full EMR implementation.
- Sustain and expand where appropriate existing ICT functionality.
- A patient centered website.

Implementation

The strategic plan will be the strategic blueprint for MMUH for the years 2015 - 2017. To translate the strategy into action we will take the following key steps;

•	Produce annual detailed business/service plans for each clinical directorate and corporate department.
•	Review the strategy annually and integrate it into annual business plans and the performance management processes
•	Be accountable to our stakeholders internally and externally for the progress made

Clinical and corporate directorates' annual business/service plans which support the hospital strategy must be consistent with our values of excellence quality and accountability. Action plans associated with these plans must have measurable outcomes aligned with the strategic action programme.

Actions should aim to:

•	Improve quality for patients
•	Ensure clinically and financially viable services
•	Build collaborative approaches, i.e. work together with other providers (IEHG partners etc) to design and deliver services that benefit patients.

Directorate and Corporate strategies will be endorsed by the Executive Management Team based on the above criteria and the extent to which they deliver the overarching strategy.

Monitoring Progress

Monitoring the progress of this strategy will require regular engagement with those responsible for implementing the action plan, conducted through clinical directorate meetings, strategic financial review meetings, ICT steering group meetings and steered by the Executive Management Team.

Performance improvement will be monitored identified at the meetings through our suite of executive and directorate dashboards and a Board reporting template will be developed to facilitate timely remedial actions if required.

Action Programme

1

Ireland's leading and exemplary provider of Safe and Efficient Public Healthcare Services

1.1

MMUH is recognised as Ireland's leading and exemplary provider of safe and efficient tertiary and quaternary public healthcare services

STRATEGY

- Enhanced national reputation as leading quaternary service provider in key existing specialties, extending to presence in key emerging technologies.
- Provider of a wide range of quaternary services building on existing hospital strengths.
- Strong reputation for delivery of the best possible patient outcomes in existing quaternary services.

Key Actions

Project Sponsor

Delivery Date

Implement mechanisms to ensure that the investment needs of the priority quaternary services are prioritised in resource allocation decisions.

Chief Executive

2014 / Q3

Submit work programmes for each prioritised quaternary service to the Hospital CEO which define the annual resourcing required to achieve the ambition of each service.

Directorate Management Teams

2015 / Q2

Ensure Lean Principles are applied to all new service developments and expansion programmes.

Directorate Management Teams

Continuous

1.2

Develop and Expand Key Quaternary Services

STRATEGY

- Become a quaternary provider of stroke services.
- Provide an all-island service for adult congenital heart disease, thoracic transplantation and pulmonary hypertension.
- Strong clinical links between our national cardiovascular services - Pulmonary Hypertension, transplantation and congenital heart disease.
- Achieve recognition as the IEHG lead for emergency cardiology and provider of specialised interventional cardiology.
- Quaternary scheduled care services to be insulated from fluctuations in demand for unscheduled care services.
- The development of a neuroscience directorate.

Key Actions

Project Sponsor

Delivery Date

Secure resources to establish a Hyper Acute Stroke Unit (HASU) on MMUH campus and complete this development.

Chief Executive

2015 / Q3

Develop a business plan to support the establishment of interventional neuro-radiology at MMUH

Emergency & Specialty Medicine Directorate Management Team

2016 / Q4

Expand adult congenital heart transplantation, lung transplantation and pulmonary hypertension services to include Northern Ireland.

Cardiovascular, Respiratory, Renal, Diabetes & Endocrine Directorate Management Team

2015 / Q2

	Secure additional resources to meet the increasing demands of transplant services.	Chief Executive	2015 / Q3
	In collaboration with SVUH and UCD, establish an integrated molecular medicine service to include a Molecular Diagnostic Institute at MMUH.	DAMC Medical Executive/ UCD College Principal/CEO	2015 / Q3
	In collaboration with IEHG strategic partners, develop a plan for provision of tertiary and quaternary ophthalmology services.	Cancer & Surgery Directorate Management Team	2016 / Q2
	Secure resources to open additional available bed and theatre capacity to meet the demands for orthopaedic, Cardio-Thoracic / Transplant and cardiovascular services.	Chief Operating Officer / Chief Executive / Directorate Management Teams / Director of Nursing	2015 / Q3
	Undertake a review of theatre utilisation and capacity to maximise appropriateness of use.	Chief Operating Officer	2015 / Q3
	Secure additional resources through Clinical Care Programmes or quaternary service expansion to increase critical care bed capacity.	Chief Operating Officer / Chief Executive	2015 / Q3
	Develop and implement a cardiology business case to include resourcing of a third catheterisation laboratory, expansion of electrophysiology services and development of highly specialised and complex interventional techniques.	Cardiovascular, Respiratory, Renal, Diabetes & Endocrine Directorate Management Team	2015 / Q2
	Develop a branding and promotion strategy to promote priority MMUH quaternary services in the policy and public domain.	Chief Executive	2016 / Q2
	Develop a clinical case for the development of a neurosciences directorate.	Medical Executive Chair	2015 / Q3
1.3	Have a Quality and Safety Directorate responsible for improving and reporting on Clinical Quality and Safety and for Board Engagement on quality patient care		
	<p>STRATEGY:</p> <ul style="list-style-type: none"> • Have an established quality and safety directorate. • Robust processes and systems in place to enable accurate documenting and reporting of the quality and safety of MMUH services. • Strong executive engagement with the MMUH Board in relation to the nature and quality of care provided at the hospital. • Improve patient confidence in our services by doing all we can to ensure that the care they receive is safe and effective at all times. • Reinforced importance of clinical audit for MMUH. 		
	Key Actions	Project Sponsor	Delivery Date
	Appoint a Director of Quality & Safety who assumes comprehensive ownership of the mechanisms by which the quality and safety of all hospital services is assured and reported.	Chief Executive	2014
	Develop a suite of indicators which provides management with a comprehensive overview of quality and safety in service delivery, and ensures full hospital accountability for performance.	Clinical Directorate Chair Quality & Patient Safety	2015 / Q1

	Review and develop existing processes and systems to assure and document the quality of MMUH services. Include patient outcome reporting as well as near miss and adverse incident reporting.	Clinical Directorate Chair Quality & Patient Safety	2015 / Q2
	Develop a 3-year Quality and Safety Strategy focused on MMUH ambition to be Ireland's safest hospital.	Clinical Directorate Chair Quality & Patient Safety	2015 / Q3
	Introduce a Safety Thermometer to measure safety and increase the indicators for board-on-board quality dashboard	Clinical Directorate Chair Quality & Patient Safety / Director of Nursing	2015 / Q3
	Develop robust mechanism for patient engagement / service-user feedback	Clinical Directorate Chair Quality & Patient Safety / Director of Nursing	2015 / Q4
	Achieve full compliance with HIQA Safer Better Healthcare Standards	Clinical Directorate Chair Quality & Patient Safety	2016 / 03
	Introduce Care Bundles.	Clinical Directorate Chair Quality & Patient Safety / Director of Nursing	2015 / Q3
	Conduct a review of the MMUH clinical audit functions for medicine and surgery and implement an improvement plan based on its results.	Clinical Directorate Chair Quality & Patient Safety / Director of Nursing	2015 / Q3
1.4	Achieve recognition as an exemplar Irish hospital in process redesign, innovation and lean transformation		
	<p>STRATEGY:</p> <ul style="list-style-type: none"> To achieve recognition a leading Irish hospital in lean transformation and receive HSE funding to support initiatives with potential for "system-wide" reform. 		
	Key Actions	Project Sponsor	Delivery Date
	Become the first Lean hospital in Ireland and complete the development of the MMUH/UCD Lean Academy towards achieving its ambition to become a nationally recognised lean training centre for healthcare personnel.	Directorate Chair Health & Social Care Professions & Head of Transformation	2016 / Q4
	Publish Lean activity in research journals.	Directorate Chair Health & Social Care Professions & Head of Transformation	2015 / Q4
	Secure funding for expansion of Transformation Office	Directorate Chair Health & Social Care Professions & Head of Transformation	Continuous
	Develop a 3-year strategy for the development of Lean in MMUH and across IEHG	Directorate Chair Health & Social Care Professions & Head of Transformation	2015 / Q2

2

National Standard-Bearer for Management of Scheduled and Unscheduled Care

2.1

Significantly improve patient outcomes and performance achievements by transforming scheduled and unscheduled care services

STRATEGY:

- A scheduled and unscheduled Lean Transformation Project achieves performance and quality improvements hospital wide.
- Key transformation outcomes which result in timely discharge of unscheduled and scheduled admissions and adequate bed and theatre capacity guarantees timely patient access and meets patient demand.

Key Actions

Project Sponsor

Delivery Date

Improve internal pathways of un-scheduled care across the Hospital through a 3-year un-scheduled care lean project, with the ultimate aim of progressing to 7-day working. Featuring 3 key projects:

- ALPha: Acute Floor Lean Project, designed to improve process efficiency in ED and AMAU
- OMEga: On-going Management of the Elderly streamline discharge pathway to Cappagh Clements and Clontarf rehabilitation units.
- DELta: Doing Everything Lean. Developed and implemented clinical pathways for the high-volume categories of ED service user, particularly frail elderly and acute surgical.
- Conduct a bed capacity planning exercise to determine bed requirements for scheduled and unscheduled care taking account of lean project outcomes.
- Establish specialist acute medical and surgical wards for the treatment of unscheduled admissions, to support the gradual separation of acute and scheduled services.
- Implement initiatives to ensure timely discharge of stroke patients to appropriate post-acute settings.

Directorate Chair Health & Social Care Professions & Head of Transformation / Chief Operating Officer / Director of Nursing

2016 / Q3

Establish specialist acute medical and surgical wards for the treatment of unscheduled admissions, to support the gradual separation of acute and scheduled services.

Chief Operating Officer

2015 / Q3

2.2

Establish Ireland's first acute floor model of care for emergency medicine at MMUH

STRATEGY:

- Strong alignment of the Acute Floor concept between the clinical programmes, particularly Emergency Medicine / Acute Surgery and Acute Medicine.
- Strong relationship with Health Service funders and community partners to address the challenges associated with the non-availability of nursing home or step-down facilities for discharging elderly patients.

Key Actions	Project Sponsor	Delivery Date
Establish an Acute floor model of care in the ED, to provide early assessment and treatment of patients by senior decision makers	Chief Operating Officer / Emergency & Specialty Medicine Directorate Management Team	2015 / Q3
Develop and implement clinical pathways for the high-volume categories of ED service user, particularly frail elderly and acute surgical.	Chief Operating Officer / Emergency & Specialty Medicine Directorate Management Team	2015 / Q3
Increase AMU bed capacity and establish an Acute Surgery Assessment Unit (ASAU).	Chief Operating Officer	2015 / Q3
Continue implementation and expansion of the National Clinical Care Programmes, particularly Emergency Medicine / Surgery and Acute Medicine.	Directorate Management Teams	Continuous
Improve internal process efficiency, engage with community partners and seek additional government support to address delays in patient discharge.	Chief Executive	Continuous

2.3 To play a key leadership role in the establishment of the IEHG

STRATEGY:

- Clinical collaboration at a regional level to deliver improved clinical care and efficiency.
- Clinical directorate model embedded across the IEHG delivers safe integration and improves quality.
- Integrated care pathways with IEHG level 2 and 3 partners for low complexity scheduled care activity maximises efficiency.
- Sufficient resources to facilitate required bed and theatre capacity at MMUH and other key IEHG sites.
- Strong collaboration between the NCCP and IEHG with expanded range and delivery of regional cancer services.

Key Actions	Project Sponsor	Delivery Date
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Establish service integration agreements and processes with IEHG level 2 and 3 partners to refer low complexity scheduled surgical cases for treatment on these sites.	Cancer & Surgery Directorate Management Team / Chief Executive	2015 / Q2
Establish a Group Funding Model which reflects changes in demand profile at MMUH and its partner level 2 & 3 facilities.	Chief Executive	2015 / Q2
In collaboration with IEHG partners, develop and implement a plan to establish a clinical directorate model across the IEHG.	Chief Executive	2015 / Q4
Expand MMUH lean principles and training to IEHG hospitals.	Directorate Chair Health & Social Care Professions & Head of Transformation	2016 / Q2
Undertake a review of our quaternary services, e.g. cancer/transplant services, within IEHG to establish opportunities for expansion and safely improve efficiency.	Chief Executive	2016 / Q1

3 Corporate Performance that is superior and sustainable

3.1 Achieve exemplary and sustainable financial performance

STRATEGY:

- Improved financial performance in core areas such as income generation, cost containment and efficiency measures.
- MMUH is prepared for Activity Based funding (ABF).
- Targeted growth in non-HSE funding sources aimed at securing access to sufficient non-HSE funding to support and add value to existing and new service developments hospital wide.
- An establish centralised Procurement Unit to enhance efficiency in procurement.

Key Actions	Project Sponsor	Delivery Date
Upgrade the existing finance systems.	Director of Finance / Head of ICT	2015 / Q4
Review all processes in place which capture and enable billing of Private and Non-EU Patients to ensure income is maximised.	Director of Finance	2015 / Q1
Establish mechanisms to ensure all income from statutory charges is collected and set income level targets to be achieved.	Director of Finance	2015 / Q2
Carry out a comprehensive review of all existing commercial contracts to ensure MMUH revenues are maximised.	Chief Operating Officer	2015 / Q2
Establish a commercial unit with responsibility for maximising the non-HSE funding sources of the hospital.	Chief Operating Officer	2015 / Q1
In collaboration with the Mater Foundation, develop a strategy to increase the value of Philanthropic incomes. Integrate closely with the MMUH branding & promotion strategy.	Chief Executive / Director of Finance	2015 / Q2
Ensure strategic MMUH engagement with the ABF initiative to ensure revenue maximisation as well as operational readiness at the time of roll-out.	Director of Finance	Continuous

3.2 Robust Human Resource Systems fully supporting Service Excellence

STRATEGY:

- Senior Management & Clinician Succession Planning is in place.
- The role and functions of the Clinical Directorates and Medical Executive are clearly defined.
- Strategic Capability evident in Key Administrative Functions.
- Systems in place which guarantee early identification and management of succession risks across the hospital in (management & medical).

Key Actions	Project Sponsor	Delivery Date
Upgrade existing HR system	Director of Human Resources / Head of ICT	2016 / Q4
Implement the HR Strategic framework 2014 - 2016	Director of Human Resources	2015 / Q2
Develop a corporate management structure which consists of capable and skilled management personal and is "fit-for-purpose".	Chief Executive	2014 / Q4

Fully implement senior management performance planning and development programme.	Director of Human Resources	2015 / Q2
Have precise specification of the roles and working relationships of the Medical Executive and Clinical directorates.	Executive Clinical Director	2015
Complete implementation of mandatory Executive leadership development training for clinical directors and senior corporate management.	CEO / Head of Transformation Office	2015 / Q4
Introduce clinical and administrative succession planning initiatives to manage expected changes and address areas of identified risk.	Director of Human Resources	2015 / Q4
Carry out a systematic evaluation of the "fit-for-purpose" nature of the key administrative functions of the hospital, focusing on their strategic as well as operational aspects.	Director of Human Resources	2015 / Q3
Integrate succession planning with performance management design to identify, retain and attract talent.	Director of Human Resources	2016 / Q1
Perform a staff satisfaction survey to facilitate staff engagement.	Director of Human Resources	2016 / Q2

3.3 MMUH achieves EMR stage 4 and acquires reputation as a progressive organisation for ICT expertise and development

STRATEGY:

- Achieve Stage 4 EMR implementation.
- Enhancement of HR & Finance Systems
- Implementation of prioritised ICT projects.
- Develop our ICT infrastructure and functionality to support MMUH Strategic Priorities.
- Development of prioritised ICT projects to enhance and support strategic direction and service provision.
- Substantial progression towards full EMR at MMUH.
- Successful roll of an active MMUH patient friendly, promotional website.

Key Actions	Project Sponsor	Delivery Date
Complete the migration to the new data centre.	Head of ICT	2015 / Q2
Implement and roll out new ICT systems for the HR and Finance functions – building on system reviews already undertaken by management.	Head of ICT	2015 / Q3
Complete the implementation and roll out of all phases of the Inpatient Management system.	Head of ICT	2015 / Q2
Deliver and roll out prioritised projects within an agreed timeframe.	Head of ICT	Continuous
Develop a 3-year ICT strategy focusing on supporting the strategic priorities of MMUH and the integration of IEHG.	Head of ICT	2015 / Q2
Develop and rollout a new interactive patient friendly website which promotes MMUHs excellence and reputation.	Directorate Chair Health & Social Care Professions & Head of Transformation / Head of ICT	2016 / Q3

Prepare the hospital for the instigation of an EPR.

Head of ICT

2016 / Q2

3.4 Improve Academic and Research Performance

STRATEGY:

- Achieve excellence in quality and safety by creating an environment of continuous learning and improvement.
- Research and development provides increased contribution to generating new evidence on best practice.
- Increased collaboration with academic partners to improve teaching and research performance.
- Increase in academic appointments at MMUH
- In collaboration with UCD, build on the success of the UCD Research Centre at MMUH.
- Accessible accurate, timely, relevant and reliable clinical and non-clinical data to assist research.

Key Actions	Project Sponsor	Delivery Date
Create opportunities for clinical staff to engage in academic affairs by increasing academic appointments and academic time associated with new consultant posts.	Executive Clinical Director / Chair Medical Executive	Ongoing
Develop stronger collaboration with UCD Research Centre at MMUH to enhance clinical trials at MMUH	Executive Clinical Director / Chair Medical Executive	2015 / Q3
Develop a marketing strategy to target third parties (public and private) to increase clinical research funding opportunities. Integrate with marketing and branding strategy.	Executive Clinical Director / Chair Medical Executive	2016 / Q1
Establish a Data Governance Committee within the hospital, capitalising on UCD expertise to become a data rich hospital.	Executive Clinical Director / Chief Operating Officer	2015 / Q4
In collaboration with UCD develop a Mater UCD Clinical Academic Hub at MMUH comprising clinical research facilities.	Executive Clinical Director / Chief Operating Officer	2015 / Q3
Ongoing collaboration with DAMC Medical Board to advance DAMC strategy	Executive Clinical Director / Chair Medical Executive	2015
Increase research capability and capacity to support research of local, national and international performance.	CEO / Director CRC	2015 / Q4
Develop a research community within the MMUH to discuss medical, nursing and health systems research providing synergies for growth and development in this area.	Head of Transformation Office / Director of Nursing	2015 / Q4
Become a key player within the IEHG network as a leading European academic acute hospital supported by the research and academic links with UCD.	CEO / Director CRC / UCD College Principal	2015 / Q4

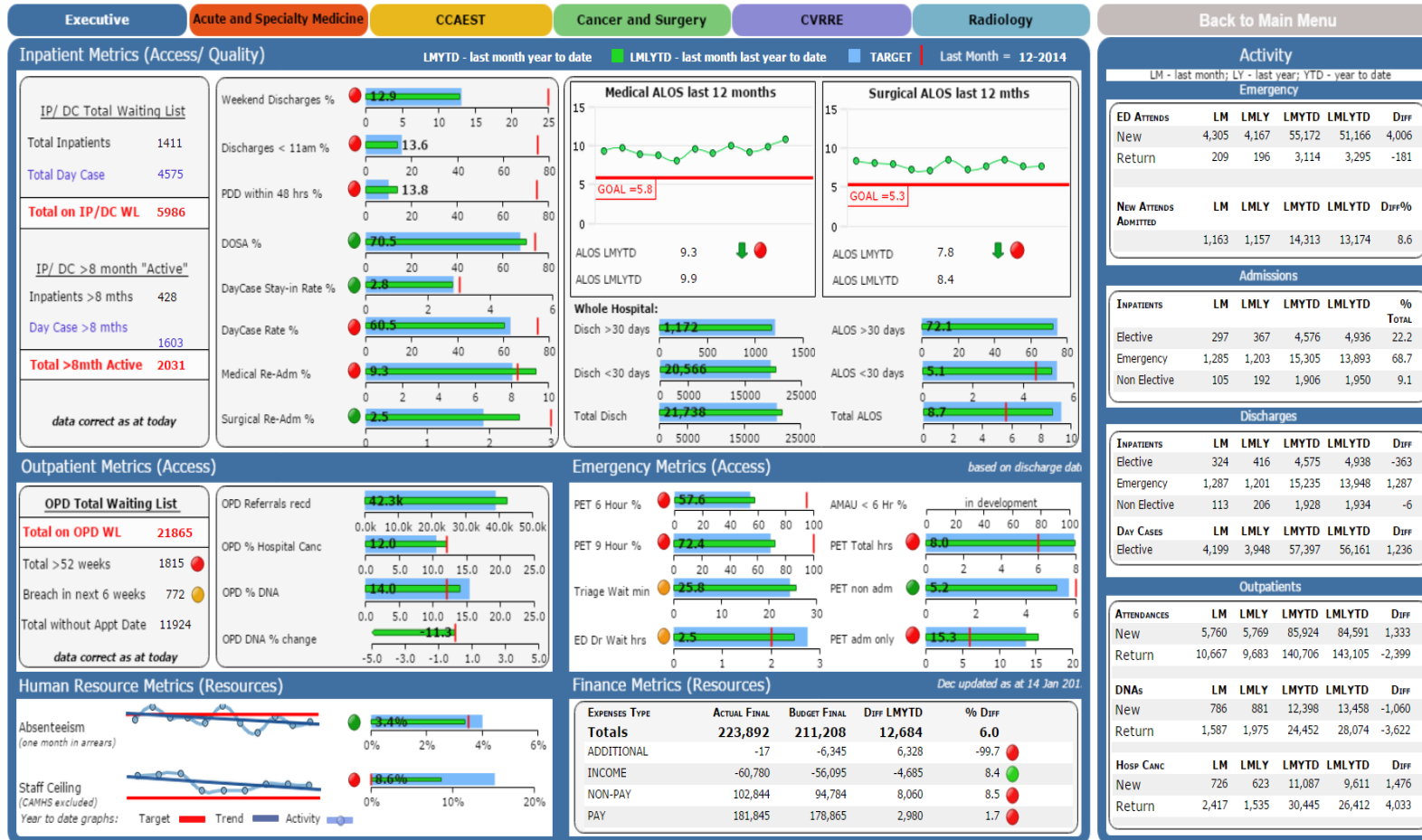
3.5 Estates and Facilities Development

STRATEGY:

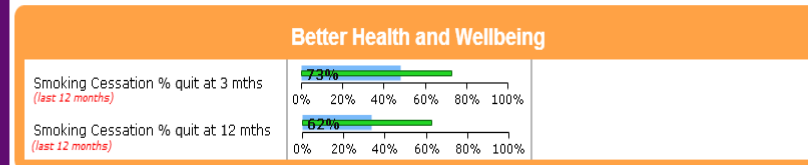
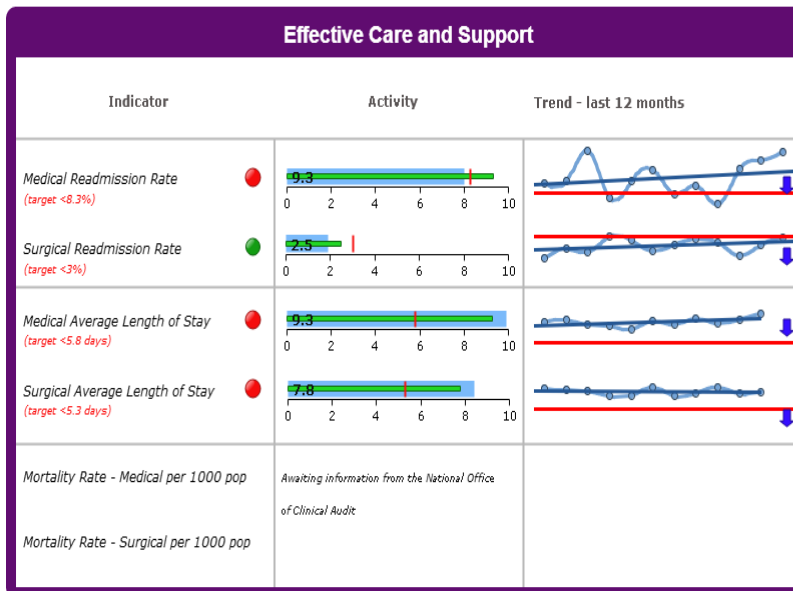
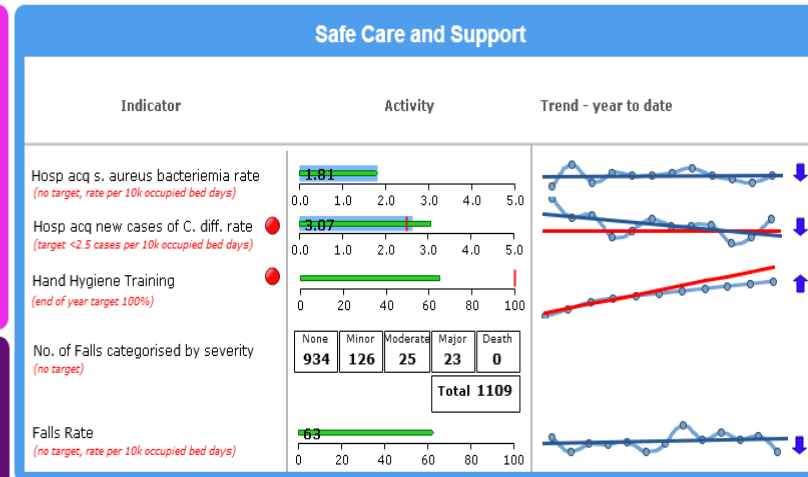
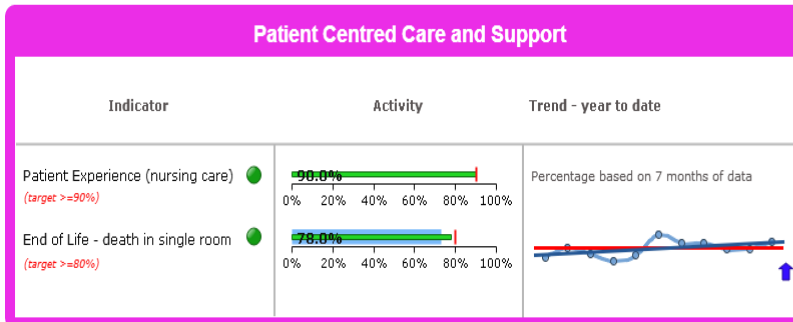
- The development of the hospital site to enable and enhance the delivery of Strategic Priorities and improve the facilities and environment for patients, visitors and staff.

Key Actions	Project Sponsor	Delivery Date
Work with HSE finance and estates to secure a funding stream to fully implement MMUH Spatial Strategy.	Director of Estates & Facilities	Ongoing
Secure capital resources to commence the development of new infrastructure to provide suitable facilities for the delivery of Psychiatry, Laboratory, Scheduled Care, Renal, Acute medicine and Ophthalmology services.	Director of Estates & Facilities	2015 / Q3
Complete currently funded projects on time – Mortuary, Relocation of Ophthalmology.	Director of Estates & Facilities	2015 / Q4
Confirm funding for Molecular laboratory and HASU and complete these developments.	Director of Estates & Facilities	2015 / Q2
Create innovative methods for energy conservation and waste management which will also yield commercial opportunities.	Director of Estates & Facilities	2015 / Q3

Executive Dashboard – as at year end 2014



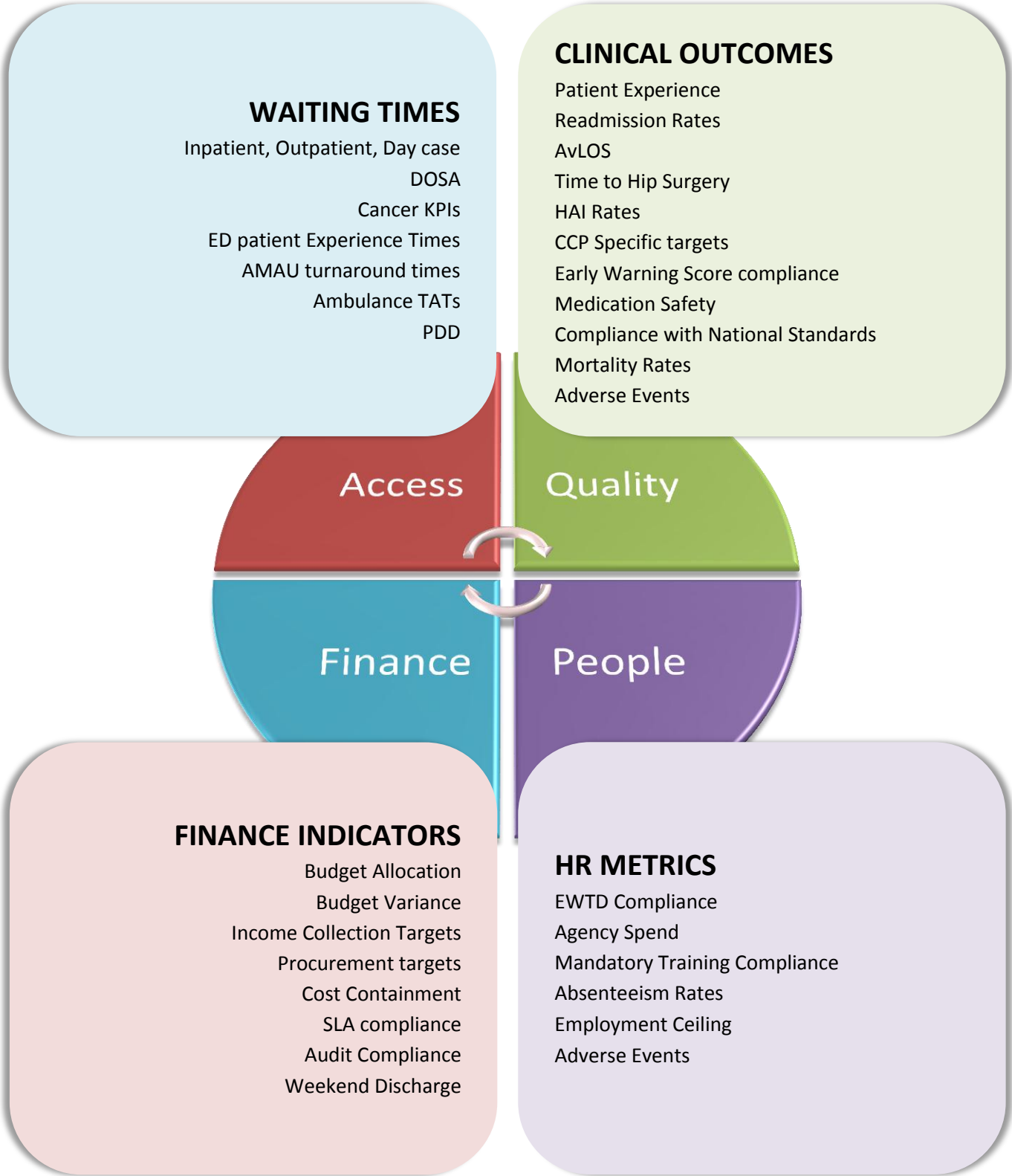
Quality Dashboard – January to December 2014



Key

Activity	Traffic Lights: Year to Date only
Last Month Year to Date	Achieved target
Last Month Last Year to Date	Within range of target
Target	Outside Target

Time Series Explanation	Trend Graphs	Desired Direction:
LM - last month = Dec 2014	Target	Direction of trend should be upwards
LMYTD - last mth year to date - Jan to Dec 14	Activity	Direction of trend should be downwards
LMLYTD - last mth last year to date - Jan to Dec 13	Trend	





UNITY BUILDING
An tOspidéal
Ollscoile Mater
Misericordiae

The Mater
Misericordiae
University
Hospital

Code of Conduct

2015

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27	Be competent
27	Be aware of your capabilities
27	Be an advocate
27	Report concerns
27	Protect physical and intellectual property
27	Disclose conflict of interest
28	Adhere to policies and legislation
28	Adhere to the code

Address by Our Chairman

This Code deals with living out the commitment as enshrined in our Mission Statement. In our professional lives we translate every day its core values as we seek to maintain the highest professional and ethical standards in the conduct of our work.

All of us are charged with fostering a work environment in our hospital creative of ensuring circumstances where our personal pledge of commitment to the principles of this Code can be undertaken. Those in leadership and management roles are expected to pro-actively promote the Code – its principles and compliance – and to act as mentors and role-models in its implementation.

On behalf of the Board I want to take this opportunity of thanking each of you for your compassionate dedication to the welfare of all our patients and to express the hope that the development of this Code will both assist and inspire you in living out your commitment to the vision it places before you.

John B Morgan
Chair

Address by Our CEO

The Mater Misericordiae University Hospital has served our patients and our community adhering to the care values and mission of the Venerable Catherine McAuley for over 150 years.

Each individual within our hospital plays a role, directly or indirectly in the patient experience and our reputation is based on how we conduct ourselves on a daily basis.

To help us with the legal, ethical and compliance issues that we may encounter in our daily work we have prepared a Mater hospital Code of Conduct.

This Code provides a framework for making the right decisions and taking appropriate action in your daily work.

Each of us, including all Board members, employees, volunteers and others will be asked to sign a certification that we understand the Code and our individual commitment to compliance.

Thank you for your on-going commitment to our patients, our communities and the MMUH continued reputation for excellence and integrity in carrying out our mission.

Prof Mary Day
CEO

Our Mission Statement

Intertwined with the values are such capabilities as intellectual, emotional, social and spiritual intelligence which manifest themselves in performance, facilitating compassion, resilience and balance in a context where the core purpose is engagement with patients and their families, where policies and professional practice combine to create and sustain a culture of holistic care.



Our Foundation

The Venerable Catherine McAuley founded the Congregation of the Sisters of Mercy in 1831. The visitation of the sick poor in their homes was one of the characteristic works of the Sisters from the beginning. Catherine McAuley's aspiration to establish a hospital became a reality when the Mater Misericordiae Hospital officially opened on September 24th 1861

Today, the Mater Misericordiae University Hospital is a university teaching hospital providing acute and tertiary specialist services. It continues in its healing ministry to the sick, regardless of class, creed, or nationality.





Governance charter

The Governance Charter is designed to serve as a reference source and guide for those who carry forward the healthcare leadership function in the years ahead when the Sisters of Mercy will no longer have any governance role. The Sisters of Mercy believe that it is essential that the distinctive characteristics of these Catholic hospitals, together with the importance of their presence in Irish healthcare, should be as clear as possible for those taking on this onerous responsibility.

The concept of faith-based initiatives on behalf of the poor is as old as recorded history. Among such initiatives were the hospitals established by the Sisters of Mercy in the nineteenth century. Over the decades since then, lay colleagues who worked alongside the Sisters not only imbibed their ethos but strongly subscribed and committed themselves to it. It is this ethos which has inspired, influenced and guided their hospitals since their establishment. It has continued to be reflected in their work up to the present and, in the years to come, those who will provide the service will continue to accompany the patients with compassion and excellence along their pathway to healing.

This Charter sets out the Vision, Mission and Core Values of Mercy Hospitals. While being very conscious of how quickly change comes in healthcare, these elements are seen as enduring. Taken together, the Vision, Mission and Values are the components which will distinctively shape the ethos of our healthcare facilities and services, and underpin their unique role in meeting the health needs of our people in the years ahead.

It is most important that the hospitals' Vision, Mission and Core Values set out in this document are given expression in the everyday life of the hospitals so that its ethos can be experienced and recognised. It is also important that it be checked that this is the case and that appropriate measures are taken to adjust as required.

This Charter will remain an essential component of the governance function for the hospitals and it will serve as a guide to those in positions of leadership and responsibility as they seek to continue the healing mission of Christ.

Vision and Mission Statements

Our Vision

We will lead our Hospital in developing and delivering excellence in healthcare which will be recognised as the leading National provider of acute public healthcare services in Ireland.

Our Mission

Our mission, which is inspired by the healing actions of Jesus Christ, the spirit of the Venerable Catherine McAuley, and grounded in the beliefs and values of the Gospel, is to provide a prompt, holistic and skilled healthcare service of the highest standard of excellence, especially to those who are most marginalised.

Core values

Core values provide a guide in interacting with patients, colleagues and all others, including the statutory and community agencies, and other healthcare providers who collaborate with us in Mercy Healthcare. They permeate the processes, activities, decisions and on-going development of the hospitals on a daily basis. The services provided within this Vision and Mission are committed not only to meeting the standards of excellence required by the State, but also to providing the added value of deep personal empathy for the patient in an atmosphere of inclusion, hope, dignity and best possible recovery. While the internal culture of the hospitals embodies the values and beliefs enshrined in this Charter the impact of the external culture with its many complexities cannot be underestimated. Achieving the correct balance between these two realities in the best interest of patients is a key area of management's responsibility. The behaviours and standards which are expected of all Mercy associates, whether Board members, staff, or volunteers reflect the values outlined below.

Our core values are

- Respecting Human Dignity
- Showing Compassion
- Upholding Justice
- Creating a Caring & Safe Community
- Striving for Excellence
- Teamwork

Acknowledging that the needs of the communities to be served are always likely to exceed available resources, situations may arise where the values aspired to could be in conflict. In these circumstances the challenge is to consistently and strongly advocate for those most vulnerable and in greatest need of care.

Everyday witness to vision, mission and core value

The true test of whether the Vision, Mission and Core Values are realised is whether they are reflected in the daily work of the hospital both at institutional and individual level. This document illustrates and clarifies some of the practical ways in which it is anticipated that the values would find daily expression in the healthcare environment. They are supported by the Office of Mission Effectiveness and the role of a designated person.

Respecting human dignity

The dignity of each and every person is central to the Christian faith. This dignity is not something which is acquired but is a given, from conception to natural death, and is based on the belief that men and women are made in the image of likeness of God. In this context the person is both sacred and social.

Respect for Human dignity is expressed by

- Welcoming diversity and showing respect in all relationships and decisions
- Acknowledging each patient's right to be involved in making informed decisions about his/her health, to give consent to the extent that this is possible, to privacy and confidentiality
- Providing a caring and welcoming ambience that gives concrete expression to respect for others and contributes to the wellbeing of all
- Assuming ecological responsibility through practices which promote respect and care for the environment
- Fostering a culture which responds to the physical, emotional and spiritual needs of others and is characterised by hospitality, trust and a sense of belonging
- Listening empathically and communicating appropriately with honesty and respect throughout the services

Showing compassion

Compassion is shown by

Fostering an attitude of openness and sensitivity to the suffering of others and responding to them with tenderness and care

- Standing in solidarity with those in most need, particularly those who are poor and marginalised and those whose voices are not always heard
- Creating an environment for the patients and their families that is caring and conducive to a transforming, healing process, especially with reference to crisis moments and end of life.
- Promoting a strong pastoral service which is authentic, sensitive and respectful.

Upholding justice

Justice is upheld by

- Acting with integrity, honesty and truthfulness at all times
- Managing resources fairly and prudently with particular attention to those in most need
- Advocating for a more equitable and accessible health service based on the principle of each person's universal right to healthcare
- Evaluating choices against the Vision, Mission and Values alongside the demands of a more complex external environment
- Promoting social inclusion through ensuring that services are accessible to all without discrimination and enabling those with disabilities to function as fully as their condition permits regardless of their starting point
- Creating an environment where forgiveness and reconciliation are possible

Creating a caring and safe community

A caring community is created by

- Promoting respectful, inclusive, and compassionate relationships
- Ensuring that when difficult decisions must be made they are tempered with sensitivity and compassion
- Creating a work environment where the viewpoints of all are appreciated and where staff involvement in strategic planning and decisions that affect them is promoted
- Ensuring that healthcare never becomes impersonal or just 'a commodity which may be purchased'
- Acting promptly whenever concerns about safeguarding vulnerable people arise
- Providing on-going opportunities for personal and professional development in keeping with the hospitals' culture and tradition
- Acknowledging the dedicated work of staff members and celebrating

their achievements

- Making provision for sacred space for multi-faith worship where staff and patients can experience stillness, healing and peace
- Creating opportunities to participate in and celebrate significant feasts with special liturgies enriched by sacred song and music.



Striving for excellence

Excellence is sought by

- Trying always to exceed, and not just meet, the expectations of the patients who are the hospitals' principal stakeholders
- Maintaining high standards of quality, excellence and performance in all aspects of the hospitals' services which includes patient care, education, training and research in accordance with the hospitals' designation as academic teaching hospitals
- Promoting continuous quality improvement
- Implementing improvement plans where necessary that are based on best practice, innovative technology, knowledge and skill
- Seeking to be reflective in practice as a means of identifying creative responses to the needs of those we serve
- Viewing challenges as opportunities for resourcefulness and creativity
- Affirming achievements and good practice
- Promoting research into possible solutions to illnesses for which there is no current remedy

Our Pledge of Commitment



Guiding principles of this code

To delivering the highest quality health care and superior clinical outcomes while advancing research and education in accordance with this Code. We are guided by the following principles and affirm the following commitments:

To our Patients

To treat our patients with respect and dignity and provide the highest quality health care services in a professional, compassionate, courteous and cost-effective manner, compliant with Irish/EU laws and regulations.

To our Employees

To provide a work environment that is characterised by open and honest communication, respect, fairness, pride and camaraderie, professional ethics and integrity, and ample opportunities for professional development. We are dedicated to providing a work environment with state-of-the-art facilities, advanced technology, outstanding professional support and an atmosphere that advances high quality patient care, medical education and research.

To our Board of Directors

To follow high standards of professional and ethical management by providing strong leadership to pursue strategies that meets the mission and vision of the organisation.

To our Volunteers

To recognise the time and talent provided by our volunteers as a vital component of our mission in assisting and attending to the nonmedical needs of patients and their families. We ensure that our volunteers feel a sense of meaningfulness from their volunteer work and receive recognition for their efforts.

To Our Third-Party Payers

To work in a way that demonstrates our commitment to contractual obligations and compliance with laws and regulations, and that reflects our shared goal of providing quality health care in an efficient and cost-effective manner. To provide an environment in which compliance with rules, regulations, ethical business practices and our Code of Conduct is woven into the corporate culture.

To the Communities We Serve

To understand the particular needs of the communities we serve and provide these communities with high quality, cost-effective health care. As a charitable organisation, we recognise our responsibility to assist those in need. In addition, we support charitable organisations and events whose missions are consistent with that of MMUH

To Our Regulators

To provide an environment in which compliance with rules and regulations meet ethical clinical and business practices and the code of conduct is woven into the organisations culture.

Our Purpose

The purpose of the Mater Misericordiae University Hospital is to contribute to the health and wellbeing of the population. Under its auspices as an academic teaching hospital, it provides acute hospital service, cancer services and holds the national specialties for Cardiac surgery, Heart and Lung Transplantation, Extra Corporeal Life Support (ECLS), Spinal injuries, Pulmonary Hypertension, National Isolation, Bone Anchored Hearing Aid and Adult Congenital Heart Disease (ACHD).

We are committed to delivering these services with the highest professional, ethical and teaching standards and in doing so maintaining the mission values and ethos of the hospital.

Our Code of conduct and our associated policies and procedures guide and inform our behaviour. It outlines what we should and must do in following the organisation's mission, vision and core values. We each have a responsibility to realise and maintain these standards of behaviour. To conduct our business with integrity and professionalism and avoid any activities that could harm the reputation of MMUH, its managers, directors or other employees.

Status

This Governance Charter - A Mission in Healthcare – and this code represent the outlook, attitude and desire of all who serve in our Voluntary Mercy Hospitals in the Catholic tradition. It was compiled by the Mission Effectiveness Office of the Hospital in consultation with Mercy Sisters and various stakeholders.

All involved in the Mission of the Hospital are expected to abide by its provisions and commitment to uphold it is expected of all members of the Board, Management and Staff, together with the Code of Ethics, it forms the Governance Charter for the immediate future and is subject to revision from time to time.

The Governance Charter is attached to the Memorandum and Articles of the Hospital Company which is governed by the same legal obligation as other requirements of Company Law.

Our Commitments

Organisation leadership

The Board of Directors commits to govern the hospital and hold the Executive Management Team to account for the delivery of safe, high quality patient care. Guided by legislation and ethical standards, we operate in a manner which is sensitive to the needs of the local community, as well as meeting regional and national healthcare needs.

We are committed to being open, honest, and transparent in the delivery of our services.

The Executive Management Team commits to setting the example in leading and maintaining a culture that delivers a safe, high quality, patient centered services for all. We are committed to making operational decisions and responding to changes from within and external to our organisation, based on our ability to meet the needs of our patients under safe, effective and equitable care.

Provide quality holistic care

The hospital has adopted the National Standards for Safer Better Healthcare, 2012. We believe they build on our strengths and complement our goal in providing systematic quality, safe care. We seek to build our performance and efficiencies through continuous improvement. Our goal is to develop systems that enable all staff to understand their role in providing quality care to our patients. We monitor the quality of care provided through our patient experiences / feedback, incident management, performance measurements, and adherence to best practice recommendations in patient safety and clinical care.

Quality improvement

The hospital is committed to implementing an organisational approach to all improvement initiatives. This culture of improvement requires continuous development and learning to embed a range of quality improvement methodologies. The first of which is through the development of the Lean Academy. Facilitated through the Office for Transformation, the hospital has adopted Lean as the focused methodology for improving performance and delivering service improvements in patient experiences and outcomes. This

approach engages all staff with a particular focus on engaging frontline staff in identifying waste and developing their skills in initiating improvements at the point to direct patient care. To achieve this organisational goal the hospital is committed to training all staff in the Principles of Lean through the provision of the White and Green Belt programmes. Embedding Lean within the organisation is our commitment for sustainability of improvements.

In addition to facilitating Lean, the Office for Transformation is committed to supporting other organisational change initiatives. In any dynamic organisation, change is at the core and coordinating these changes through a strategic plan is crucial. All changes are managed based on the needs of patients, staff and the organisation as a whole ensuring there is no negative/ adverse impact on safety and care of patients and/or staff.



Provide safe care

All organisations must identify and manage risk as is reasonably practicable. We approach the control of risk in a strategic and organised manner, enabling risks to be reduced to an acceptable level. We commit to having systems and processes in place that are subject to continuous review, in order to minimise risks to patients, staff and visitors. We commit to employing a proactive, on-going process of hazard and risk identification and assessment, with the objective of improved prevention, control and containment of risk. This will achieve a better quality of care for patients and a safer working environment for staff and the public.



Investigating complaints

The hospital has a robust Patient Complaints Procedure outlined in the Patient Complaints Policy. We are committed to examining complaints within a culture of openness, honesty and transparency. This policy is further supported by the hospitals Open Disclosure Policy. The hospital Healthcare Charter is displayed throughout the hospital and advises patients on what they can expect from our service.

End-of-life care

Each year almost 800 people die in our care in the Mater Hospital. End-of-life care is an experience that touches the lives of everyone on a personal or professional level. Acute hospitals are busy places with a predominant focus on cure, however caring for people who are dying and fostering hope for those who are seriously ill is also one of our important responsibilities.

The Mater Hospital is striving to ensure that people who die in our care experience a place of sanctuary where they die in comfort and dignity and their families are supported in their bereavement which is a founding principle of our hospital. The hospital is committed to ensuring consistent high quality, person centered end-of-life care for each person regardless of diagnosis or geographical location which is also a core principle of the National Standards for Safer Better Health Care.

We are working in partnership with all staff to achieve this objective, to meet and, where possible, exceed the Quality Standards for End-of-Life Care in Hospitals (2010) and to improve the overall culture of care regarding all aspects of dying, death and bereavement. We continue to assess ourselves against both Standards. By doing so, we aim to put hospice principles into hospital practice.

Rights of patients

Our relationship with our patients is based on the principles of trust, openness, honesty, transparency and respect.

We commit to facilitating open communication with our patients. We fully adopt the principles of 'Open Disclosure' following an adverse event and in doing so put the patient at the centre, respecting their situation, feelings and autonomy.

That National Healthcare Charter is displayed around the hospital. It is a statement to our patients that outlines patient's rights and responsibilities for patient centered care.

These include; **Access** – our services are organised to ensure equity of access to public health and social care services. **Dignity and**

Respect – We treat people with dignity, respect and compassion. We respect diversity of culture, beliefs and values in line with clinical decision making.

Safe and Effective Care – We provide services with competence, skill and care in a safe environment, delivered by trusted professionals. **Communication and**

Information – We listen carefully and communicate openly and honestly, and provide clear, comprehensive and understandable health information and advice.

Participation – We involve people and their families and carers in shared decision making about their healthcare. We take account of people's preferences and values. **Privacy** – We will do our best to ensure that you have adequate personal space and privacy when you use our health services. We maintain strict confidentiality of personal information.

Improving Health – Our services promote health, prevent disease and support and empower those with chronic disease to self-manage their condition.

Accountability – We welcome your feedback about how we deliver care and services. Feedback can include offering a compliment, expressing a concern or making a complaint.

The hospital has three dedicated Patient Liaison Officers who work with patients, family members / cares and professionals to ensure any issues of dissatisfaction are speedily resolved and lessons learnt and used in on-going quality improvement. We are committed to examining complaints within a culture of openness, honesty and transparency.



Information governance

We are committed to the development of our Information Technology infrastructure to have systems in place to support greater analysis of information enabling improved understanding and more informed decisions for better patient outcomes. The hospital's strategic plan is to invest in systems that facilitate information flow within hospital enabling more efficient access and analysis

Confidentiality and Data Protection

While supporting easier access to information, the hospital values confidentiality as a core personal right of every citizen and safeguarding confidentiality is paramount within the systems and processes being developed. We take our obligation to protect our patients' and employees' privacy very seriously. Continuous compliance with Data Protection legislation ensures that all information is handled sensitively and confidentially, in accordance with the Freedom of Information Act 1997 & 2003, Data Protection Acts 1998 and 2003, Professional Codes of Practice and all other relevant legislation.

The security of information is an integral part of the day to day operation of the hospital. The protection of patient confidential information applies to oral, written and electronic forms. Hospital computer equipment and systems that

are necessary to facilitate the provision of hospital business are adequately protected against any action that could adversely affect the hospital in its delivery of service.

Any third party associates, e.g. Students, vendors, researchers, volunteers etc., must also comply fully with Data Protection law and all other relevant legislation.

Email Etiquette

Under Data Protection legislation the hospital is obliged by to ensure our email usage is managed in a way that is adequately secure and protected at all times. Data sent to @mater accounts is stored securely in the Mater's own Data Centre. Staff must have a personal Mater email account to conduct hospital business i.e. to send and receive emails. Staff provided with a Mater email account must use this as their primary point of contact.

Staff must take responsibly for what and whom they email. Emails must not be used to avoid face to face contact or send confusing or emotional emails. We are committed to emailing with courtesy and respect, mindful of confidentiality issues, forever cognisant, that e-mail messages sent by staff reflect staff and our hospital.



Employment practices

MMUH will facilitate and promote a caring and healing environment for patients in which the essential contribution of each member of staff is valued. Like other forward-thinking organisations, our staff are recognised as the biggest asset here at MMUH. It follows, therefore, that their knowledge, skills and abilities must be deployed to the maximum effect in a positive work environment so that the Hospital may sustain value creation and be positioned to meet ever increasing challenges in the delivery of care to our patients.

Our commitments under

Dignity at work we commit to providing a harmonious work environment which is characterised by open and honest communication, fairness, pride, professional ethics, confidentiality and integrity. We strive to ensure that each member of staff is regarded as vital to our service provision, is treated with dignity and respect and his/her contribution is valued. We encourage a positive work environment and will not tolerate disrespectful, intimidating, threatening or harassing behaviour.

Protected Disclosures policy we are committed to maintaining the highest

possible standards of care for patients/clients and providing employees with a safe system of work to enable them to deliver a high quality service. The hospital is also committed to promoting a culture of openness and accountability so that our staff can report any concerns they may have in relation to their workplace through normal hospital channels. Additionally any staff member may externally report serious concerns under the HSE Procedures on Protected Disclosures of Information in the Workplace.

Code of conduct for employees we continuously strive to create the most progressive, productive, caring and supportive environment for our patients and staff alike. In joining the team at MMUH all staff members are giving their commitment to contribute fully to quality patient care in accordance with our mission and values. We endeavour to further develop staff support mechanisms and guidance to ensure full adherence to that commitment.

Training & development we commit to providing relevant training and development activities so that staff members at all levels in MMUIH possess and develop the skills, knowledge and experiences to meet organisational requirements and optimise patient care. In so doing we also strive to ensure that they have ample opportunities for professional growth and development



Performance planning for staff

MMUH has introduced a leadership performance plan which enables senior managers in the organisation to advance the strategic goals of the hospital and personal individual growth and development plans. The hospital is committed to ensuring there is a culture of continuous performance planning with staff which will support accountability, and enhance leadership development performance capability.



Occupational health

We ensure that MMUH Occupational Health & Welfare Services are robust and meet or exceed required standards. To this end we provide a dedicated In-house Occupational Health Service and have engaged a specialist provider to deliver a comprehensive Employee Assistance Programme.



Health and safety

The MMUH promotes and develops a positive health and safety culture across the campus. In daily practice we endeavour to adhere to the required practices and procedures relating to all undertakings, particularly those of a potential hazardous nature and comply with the legal requirements of the Safety, Health & Welfare at Work Act, 2005 and the General Regulations 2007 and all other associated legislation. The Hospital, as an employer under the Act manages and conducts work activities in such a way as to ensure, so far as reasonably practicable the safety health and welfare at work of all staff and provides a:

- Safe place of work
- Safe plant and equipment
- Safe systems of work
- Safety conscious competent employees
- Consultation with staff in relation to matters pertaining to their safety and health
- Smoke free environment

Under the legislation employees also have responsibilities to take reasonable care of their own safety health & welfare:

Employees must know how safety policies and procedures apply to their specific job responsibilities

Use equipment, protective clothing etc. provided for their safety

Notify supervisors/ managers about any safety hazards, broken or unsafe equipment, any workplace injury/ incident presenting a danger or injury so that timely corrective action may be taken.



Education and research

As a teaching hospital we support the mission of excellence in patient care by training competent and caring health professionals who are life-long learners and who can respond to the ever-changing needs of the community and the constant evolution of medical science and technology.

Strengthening our strategic partnership with UCD and SVHG as part of DAMC is fundamental to advancing our education and research capabilities. We continue to build our capacity to provide internationally recognised education and research for doctors, nurses and other healthcare professional. Our goal is to work together to enhance our capabilities in leading research and innovation in clinical care.

Under our commitment to conduct research responsibly, processes are in place whereby research undertaken by our staff is conducted within legal and ethical standards. All research, regulated and unregulated, must be approved by the Mater Misericordiae University Hospital and Mater Private Hospital Research Ethics Committee, before proceeding. This committee is recognised by the Department of Health & Children to provide opinion under the European Communities Clinical trials on Medicinal Products for Human Use; regulation 2004, Statutory instruments S.I. No.190 of 2004.

Furthermore, the hospital commits to the supporting clinical innovation. In collaboration with Mater Private Hospital the hospital through the Multi Centre Clinical trials advisory group determine if both hospitals are in a position to facilitate a clinical trial from an ethos, financial and resources capacity following favourable opinion being issued by the research ethics committee.



Business practice and financial records

Financial Reporting and Records

We maintain a high standard of accuracy, completeness and transparency in the documentation and reporting of all financial records. These records serve as a basis for managing our business and are important in meeting our obligations to patients, employees, suppliers, our funders, our owners and others. These records also are necessary for compliance with tax, laws and regulations, financial reporting requirements and HSE requirements. All financial information must fairly represent actual business transactions and be in accordance with accounting standards generally accepted in Ireland and comply with Irish statute comprising the Companies Acts, 1963 to 2013. All company records are subject to internal audit, annual external audit in compliance with the Companies Acts and the Controller & Auditor General retains the authority to audit the financial records.

Internal Controls

MMUH maintains a system of internal controls designed to provide reasonable assurances against material misstatement or loss i.e. that assets are safeguarded, transactions are authorised and properly recorded and that material errors or irregularities are either prevented or would be detected in a timely manner. We are also responsible for safeguarding the assets of MMUH and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Each member of the management team monitors commitments and expenditure by persons under his or her authority to ensure that any expenditure is made for

valid business purposes. All monies expended by the hospital are dedicated towards patient care and achieve value for money.

Anyone with knowledge of inaccurate or false financial records must promptly report them to his or her supervisor, or the Director of Finance.

Accurate Billing and Coding of Services

MMUH takes great care to assure that all billing to the government, private health insurers, patients and others are timely and accurate and conform to relevant legislation and regulations. Claims to private health insurers of our insured patients include accurate claim document as set out in their requirements. We monitor and verify that claims are submitted accurately and appropriately.

MMUH is committed to accurate and timely coding of patient charts. The coder adheres to Australian Coding Standards in conjunction with Irish Coding Standards to reflect an accurate health episode of care. The Clinical Coder also follows The 5 Steps to Coding Quality, set by the Healthcare Pricing Office, HSE.

Retention and disposal of documents and records

Financial and business documents and records are retained or destroyed in accordance with the law and our corporate record retention policy.



Conflicts of interest

The term 'conflict of interest/' refers to situations in which financial or other personal considerations may compromise or have the appearance of compromising, an individual's ability to make objective decisions in the course of their job responsibilities within MMUH.

In our work, we have a duty to put the interest of MMUH before our own. Employees are required to disclose all possible conflicts of interest involving themselves or their immediate family members (spouse, parents, brothers, sisters and children) by completing the Ethics in Public Office form on an annual basis. If you believe a conflict of interest exists or if you have any question about whether an outside activity might constitute a conflict of interest you should contact our Finance Department.



Business relationships

To our suppliers

We are committed to fair competition among prospective suppliers and to acting in an ethical manner in our business relationships. We promote competitive procurement to the maximum extent practicable. We always employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards and the administration of all purchasing activities. We comply with contractual obligations not to disclose vendor confidential information unless permitted under the contract or otherwise authorised by the vendor or required by law. In addition, we encourage our suppliers to adopt their own set of comparable ethical principles consistent with their industry's best practice. We manage our supplier relationships in a fair and reasonable manner

To our funders

We demonstrate our commitment to provide quality healthcare and to fulfil our contractual obligations. This reflects our shared concerns for quality health care while pursuing efficiency and cost effectiveness.

Responsibilities of All Employees

Show respect

All employees have a responsibility to treat colleagues and any other person with whom they come into contact in the workplace with courtesy and respect and to help maintain a working environment in which the dignity of all is respected.

Communicate openly

All employees are responsible for listening and communicating with patients in an open and honest manner. Where a patient raises an issue, staff should aim to resolve it locally. Where this is not possible, staff should facilitate patients to make a more formal complaint through patient liaison services.

Work in partnership with patients

All employees must work in partnership with patients. Always explain what you intend to do, even when it is basic care or routine procedures, and only continue once the patient agrees to it. You should report any concerns that the patient or their relative has to your line manager.

Maintain confidentiality

All employees must value confidentiality as a core personal right of every patient.

Be accountable

All employees are accountable for their actions in their daily work and to work to the best of their abilities. Taking part in on-going monitoring of your performance supports and enables a clear understanding of what you are accountable for.

Be competent

All employees are responsible for maintaining and developing their competencies so that their practice develops in line with up to date evidence of what provides the best outcomes for patients. This includes, up skilling, taking part in quality improvement initiatives, mandatory training programmes, coaching or mentoring programmes.

Be aware of your capabilities

All employees must be aware of what they can do and cannot do. The safety of patients and members of the public is your first priority. Always ask colleagues or your manager for help if you have any worries or concerns about you can do or cannot do.

Be an advocate

All employees are responsible for promoting and protecting the interests of their patients and families, taking into account all aspects of equality and diversity. This could involve speaking up for people to make sure that what is best for each individual is always taken into account.

Report concerns

Employees can report in good faith to hospital management or through the 'Protected Disclosure Procedures' a workplace concern that relates to; the the health or welfare of patients/clients, where the public may be at risk, where your employer is not meeting their legal obligations, where there is a misuse or substantial waste of public funds. Reports must not be intended to undermine the reputation of any colleague or service provider.

Protect physical and intellectual property

We all have the responsibility to ensure that the organisations assets and resources are only used for their designated purpose and in a proper manner. Special attention should be paid to the prevention of loss of assets and resources by way of deterioration or theft.

This also applies to intellectual property and confidential information, which

must never be disclosed outside the organisation unless this has been specifically authorised. Staff must have a personal Mater email account to conduct hospital business i.e. to send and receive emails. Staff provided with a Mater email account must use this as their primary point of contact.



Disclose conflict of interest

All employees have a responsibility to disclose all possible conflicts of interest within their work involving themselves or their immediate family members



Adhere to policies and legislation

All employees have a responsibility to familiarise themselves with the organisations policies and procedures and adhere to them in their practice and in doing so to take reasonable care of their own safety health & welfare.



Adhere to the code

These guidelines set out in this Code apply to every individual employee taking into account their duties and responsibilities in the organisation. Any employee who breaches the Code may be subject to appropriate disciplinary action.

This Code is subject to change and may be updated periodically to respond to changing conditions and to reflect changes in the law and regulatory bodies. As a member of the MMUH staff, you must follow and support the behaviours outlined in this Code.

