



MATER MISERICORDIAE UNIVERSITY
HOSPITAL LIMITED

CORPORATE PLAN
2004 – 2006

MATER MISERICORDIAE UNIVERSITY HOSPITAL
LIMITED

CORPORATE PLAN 2004 - 2006

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<p><u>CHAPTER 1</u> <u>EXECUTIVE SUMMARY</u></p>
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The Mater Misericordiae University Hospital is pleased to publish its Corporate Plan for the next 3 years, 2004-2006. This is the culmination of many months of collaborative work across all disciplines in the hospital. The Plan is produced taking cognisance of the prevailing background of the Health Service Reform Programme, the Health Strategy 2002, the VFM Report and the Bed Capacity Review.

Our Plan is for the next 3-years and is based on the health needs of the current catchment population and reflects anticipated changes in the demand for services in an aging population profile.

The Mater Misericordiae Hospital is a charitable voluntary hospital and holds a unique place in the delivery of healthcare not only to the community of North Dublin but also to the rest of the country with its tertiary referral services. The hospital was established in 1861 under the auspices of Sr. Catherine McAuley and the Sisters of Mercy. The Mission and Ethos of the organisation is a reflection of Catherine McAuley's devotion to the sick and elderly in the Dublin of her days. This philosophy is effected through the office of the Director of Mission Effectiveness whose principle remit is to ensure the widest possible promotion of the Mission to hospital staff, patients and their relatives.

The principle underlying assumption in the Corporate Plan is the restoration of financial stability to the Mater Misericordiae Hospital and a return to providing the range of services that it is capable of providing. Excluding Service Developments, the funding requirement of the Mater Hospital for 2004 is €185m. This will enable the hospital deliver 39,100 patient discharges in 2004, an expansion of 14% over estimated 2003 figures.

In preparing the Corporate Plan, the Executive Management Committee has taken the position that any additional funding provided in 2003 must be rolled over into 2004, to eliminate any possibility of a repeat of 2003 which saw significant service reductions throughout the year.

This Corporate Plan builds on many years of achievement and endeavour and addresses the issues requiring immediate and medium term attention. The hospital's clinical priorities have been identified and categorised under the headings of Heart (Cardiovascular) Therapy, Cancer Treatment, Trauma & Spinal Injuries, Day Therapy and Care, and Transplantation. The hospital identifies its top priority for 2004 as the new Colorectal Surgeon position allied to the Cancer Treatment Category. The philosophy and vision for Nursing is outlined along with a Strategy and Plan of Action for people management and professional development of hospital staff.

Non-clinical development priorities are categorised under Human Resources, Education and Training, Technology, Clinical Governance and Risk Management.

A strategy for Institutional Research and Development in the Mater Hospital is summarised in the Plan and analysed in detail in the Appendices. The hospital will follow Department of Health & Children policies in respect of Research.

As a teaching hospital, we are engaged in significant levels of Training and Education Programmes to supplement academic, medical, nursing and paramedical training. This places significant additional financial pressure on the organisation. No specific funding is provided to the hospital for Education except for some minor multi-disciplinary Post Graduate Education.

A structured process has been put in place to measure progress on the Corporate Plan. A series of pre-numbered Action Plans have been outlined, dated and responsibilities assigned. This provides the organisation with a benchmark to measure internal accountability and responsibility.

The Plan will form the basis of the hospital Provider Plan 2004 negotiations with the ERHA and will be used for the delivery and development of services within the hospital, and as a benchmark for the future. A key management objective is to work as closely as possible with the funding authority to ensure that necessary funding is provided for the programme of necessary developments in acute for the community we serve.

CHAPTER 2

ENVIRONMENTAL ANALYSIS

2.1 Overview of the Hospital:

The Mater Misericordiae University Hospital Limited is a company, limited by guarantee, incorporated on 1st January, 2002. The hospital is a charitable voluntary hospital established by the Sisters of Mercy in 1861. It is a city centre hospital, providing a wide range of secondary and tertiary referral services to patients inside and outside its catchment area.

It has 562 beds (inclusive of day beds), employs in excess of 2,300 staff and its budget for 2003 is approximately €166m.

The hospital provides a range of specialist in-patient, daycare and out-patient services and its Emergency Department is one of the busiest in the country.

The hospital has two National Specialties, Cardiothoracic Surgery (including Transplantation) and Spinal Injuries. Regional specialties include, Ophthalmology, Dermatology, Breast Cancer Screening and Oncology. The hospital also provides services under a range of medical and surgical specialties, including Cardiology, Renal Services, General and Vascular Surgery, Urology and Orthopaedics.

Hospital activity is funded almost entirely on a net deficit budget basis by the Eastern Regional Health Authority (ERHA), with whom it works closely on the maintenance, delivery and development of services.

2.2 The External Environment:

The Eastern Regional Health Authority (ERHA) was established on 1st March, 2000. Under the establishment order, the responsibility for the delivery of healthcare services for Dublin, Wicklow and Kildare, including acute services, was transferred from the Department of Health & Children and the old Eastern Health Board to the ERHA. The Mater Hospital forms part of the 39, voluntary agencies reporting to the ERHA alongside the 3 Area Health Authorities (AHB's). The hospital's mandate with the ERHA is enshrined in legislation by the Health (ERHA) Act 1999 (01.03.02).

Accountability legislation under the Health Amendment (No. 3) Act 1996 ensures the hospital is legally accountable for the resources made available to it.

- § The National Health Strategy was released by the Department of Health & Children in November, 2001. It was a collaborative effort involving submissions from the Business Community, Professional Groups, Voluntary Organisations and State Agencies. The product was a strategy document “Quality and Fairness” – A Health System for You.

The Value for Money Audit of the Irish Health System was published along with the National Health Strategy in November, 2001. Prepared by Deloitte & Touché, it has as its core, Value for Money (VFM)

The Bed Capacity Report identified a requirement for in excess of 3000 acute beds in the system, taking into account patient safety, current waiting list, demographic changes, future requirements and increasing patient demand.

The hospital is at present assessing the impact of the new Health Sector Reforms on its services following the publication of the Brennan and Prospectus Reports and the recent publication of the Hanly document. The new reforms will focus attention on Financial Accountability, Clinical Involvement in Management, Decision-Making, Consultants Contract, Service Planning and Budgetary Control, Quality and Evaluation Evidence Based Funding, and Medical Staffing

The Mater Misericordiae University Hospital welcomes the reforms. However, interim arrangements must be in place which are workable and the current funding difficulties alleviated during the transition phase.

2.3 The Internal Environment:

2.3.1 Corporate Governance:

On 1st January, 2002 a new Corporate Structure was introduced affecting the Mater.

The main components of the new arrangements are summarised as follows:-

- § The creation of a ‘holding company’ members of which comprise the Sisters of Mercy South Central Province, the Archdiocese of Dublin, St. Vincent DePaul, and the Guild of Catholic Nurses. The company is limited by Guarantee.
- § This Company is responsible for the overall control of both the Mater Misericordiae Hospital and the Children’s University Hospital Temple Street. It has responsibility for policy matters and has a Board of Governors all of whom are Non-Executive Directors.

- § Two subsidiary companies were formed. These exercise day-to-day control over each of the two hospitals and are responsible for the negotiation of the Provider Plan and Budgets with the ERHA. The Boards of these companies comprise both Executive and Non Executive Directors. The holding company is the sole shareholder in each of the operating subsidiaries. All staff are employed by the two subsidiary companies.

2.3.2 Mission Effectiveness Programme:

The process of Mission integration has been taking place informally and in a variety of ways in the Mater over the years. It has been expressed through our single-minded devotion to the care of the patient and respect for each other as colleagues.

The new Governance Structure, in highlighting the Mission Effectiveness programme, will ensure that the Mater hallmark of excellence in compassionate and holistic care in accordance with its Mission and Ethos is nurtured and maintained into the future.

To ensure full integration of the ethos at every level of the organisation and to ensure its progression, it is important that the Programme is established on a solid foundation from the start. Staff involvement, particularly those involved at decision-making and middle management level must accept the Mission's core values.

The principle objectives of the Mission Effectiveness Programme are:-

To foster identity with and commitment to the holistic and compassionate care of the sick in accordance with the Mission and Ethos of the hospital.

To provide a programme whereby staff at every level will be inspired, informed and enabled to identify with the Ethos and Mission and to support them in integrating into their daily activities in the hospital.

2.3.3 Financial Environment:

The financial environment for 2003 has been extremely difficult because of an overall deficit in funding of €18m. A potential revenue shortfall of €12m., enforced the application of a strict financial strategy which necessitated the closure for a period, of almost 100 beds. This was exacerbated by the requirement under legislation, to deal with a carry-forward deficit of €6m., in the current year.

Based on documentation prepared by the Finance Department, it is estimated that the total cost of running the hospital in 2004 will be €185m., including the cost of Benchmarking and Sustaining Progress, which combined would cost in excess of €11m. Taking everything into consideration, there will be an increase of 16% in costs over 2003. This cost is exclusive of service development expenditure as outlined for 2004. It is likely that this will be a very heavy burden on the Exchequer, thus making it unlikely that adequate new funding will be provided to bolster the baseline budgets of the hospitals, thus perpetuating the problems of 2003 into 2004.

A perpetuation of the levels of under-funding provided in recent years would quickly destroy the very fabric of the Mater Hospital. Therefore, in preparing this Corporate Plan, the Executive Management Committee has taken the position that additional funding must be provided in 2004 to eliminate that likelihood and to enable the hospital return to providing the range of medical and surgical services, of which it is capable, to the community.

For this to happen, it is crucial that the MED, as initially devised, should be rejuvenated and the beds reallocated accordingly. However, in doing this, priority should be given to increasing, if possible, the number of Day Beds and 5-Day Beds.

One of the main stumbling blocks to achieving a balanced clinical workload in the hospital is the problem of the 80 patients (average) occupying beds at any one time who have been medically discharged but who cannot be accommodated in suitable accommodation outside the hospital. A large percentage of these 80 patients require long-stay facilities.

It has been calculated by the Finance Department, that if this was reduced to 50 by year end, it would be possible to achieve an additional 1,192 discharges, all of whom would be elective patients.

A recent new initiative launched by the Minister for Health will see €3.8m., in 2003 (€8m., in 2004) allocated specifically towards the resolution of the Delayed Discharge problem in acute hospitals. The Mater Misericordiae University Hospital intends to fully co-operate with this initiative.

In Summary 3 of 4, core objectives for 2004 comprise:-

- § *Re-open all beds.*
- § *Rejuvenate the MED.*
- § *Reduce the number of Long-stay Patients to allow timely access to hospital services.*

The 4th core objective is to continue the relentless pursuit of ensuring that the hospital provides best value for money in its use of public funds. To this end, the receipt of the Report commissioned from Deloitte & Touche in relation to Shared Services between the Mater and the Children's Hospital Temple Street is awaited. The creation of an Internal Audit Function will be examined and put in place. The combined effect of these projects should become fully apparent during 2004. Funding for these projects has not been received from the ERHA.

Finally, the hospital will prioritise the development of its Activity Based Costing, Unit Costing System Oros ABC.

2.3.4 Internal Structure:

The overall day-to-day management of the hospital is vested in the Executive Management Committee which comprises senior management, both clinical and non-clinical.

Various key committees are in place, some of which will report directly to the Board of Directors e.g., the Patient Care Committee and the Ethics Committee. All other committees will have a direct or indirect reporting relationship to the Executive Management Committee. The key committees are the Medical Executive, the Nursing Executive, the Professions Allied to Medicine Committee and the Management Team Committee.

The hospital is divided into 5 clinical divisions, namely Medicine, Surgery, Anaesthetics, Pathology and Radiology. These divisions take responsibility for the delivery of all clinical services. Non-clinical functions are vested in key corporate divisions, namely, Finance, Human Resources, Management Services, General Services, Patient Services and Technical Services. The Paramedical Groups (PAM's) are represented on the Executive Management Committee.

A review of the structures of the 5 Clinical Divisions is being undertaken at present. This review will present a recommendation for a more developed and diverse divisional structure. This will result in the current structures being divided into smaller directorates, allied to Accreditation related Care Teams. There is an absolute need for clinicians to be engaged in Resource Management in a meaningful way.

2.3.5 Bed Capacity at Mater Misericordiae University Hospital:

The Mater Hospital has 562 beds, split as follows:-

§ 7-Day Beds	426
§ 5-Day Beds	18
§ Day Beds	49
§ ITU/HDU	26
§ Private/Semi-Private	<u>43</u>
	562
	===

Computation of the need for additional acute beds in the Mater Hospital must take account of several factors:-

- § Current bed occupancy levels.
- § Current Waiting List.
- § Current and projected demographic profile of the catchment area population.

The additional beds required, based on these items could be reduced by:-

- § Substitution of a proportion of current in-patient workload with day work.
- § Community and onward referral facilities to discharge patients currently occupying acute hospital beds whose medical case has been completed.

Based on current occupancy levels ie., 97% and reducing occupancy to 85%, 67 additional beds are required in the Mater Hospital to achieve this. To clear the Mater Hospital's Waiting List a further 93 beds are necessary, if all of these patients were to be treated as in-patients.

Changes predicted in the national population would indicate that an additional 75 beds are required in the Mater Hospital to cater for the projected population of the catchment area to 2006. An additional 25 beds (to be additional from present = 100) would be required to cater for the projected population to 2011.

In summary terms the following additional beds are required at the Mater Hospital:-

§ Occupancy Level Adjustment	67
§ Waiting List	93
§ Population to 2006	75
§ Population 2007-2011	<u>25</u>
	260
	===

This requirement could be reduced by switching in-patient workload to day work and by accomplishing the discharge of those patients who are medically fit for same. There can be up to 80 of these patients in the hospital at any one time. The hospital is seeking 200 additional beds as part of the National Bed Capacity Strategy.

2.4 Demographic Data:

The 2002 Census records Ireland's population as 3,917,203 persons. This is an increase of almost 300,000 or 8% on the 1996 Census. The ERHA catchment area is 1,401,314 or 36% of the total national position. This is also up by 8% on the 1996 Census.

The Mater Misericordiae University Hospital's catchment area covering 59 DED's has a population base of approximately 177,000 people, representing 14% of the total ERHA area. While this is the second lowest by population size compared to the other acute hospitals in the region, the analysis of the base population in terms of age, social status etc., shows the hospital having to deal with a more elderly and less well off population compared to other hospitals in the region.

The Tables below provide analyses of the Mater's catchment population, compared to the other acute hospitals in the region:-

<u>CATCHMENT AREA POPULATIONS</u>				
Age Category				
Hospital	< 15	15-44	45-64	65+
Beaumont	26.5	48.0	18.5	7.1
JCMH	32.9	49.0	13.0	4.8
MMH	20.5	46.5	19.8	13.4
St. James's	21.7	48.7	17.8	12.1
Tallaght	30.8	47.8	17.6	3.9
St. Vincent's	22.3	47.0	18.7	11.8

The above Table clearly shows that of the Mater catchment population, it has the highest percentage of people aged 45-64 and significantly 65+. In addition, it has the lowest in age 15 and lower.

<u>CATCHMENT AREA POPULATIONS</u>				
<u>Distribution of Population by Social Class</u>				
Hospital	1 & 2	3 & 4	5 & 6	7
Beaumont	28.3	42.5	20.9	8.2
JCMH	31.2	40.6	18.4	9.8
MMH	19.6	38.4	26.5	15.4
St. James's	23.8	37.5	24.0	14.7
Tallaght	25.7	41.3	23.6	9.5
St. Vincent's	39.8	31.9	16.3	12.2

Social Classes 1 & 2 represent highest class and 7 lowest

The above Table shows the Mater's catchment population having the **highest** numbers in the **lowest social classes** ie., 15.4% in class 7 and 26.5% in classes 5 & 6 and the lowest number 19.6% in social class 1.

In conclusion, whilst the Mater Misericordiae University Hospital has the second smallest catchment area, (accommodating the inflated population of people in the city centre during the day for work and shopping, and at night for entertainment), it has proportionately:-

§ The highest % aged over 65+	(13.4%)
§ The highest % aged 65+ living alone	(28.0%)
§ The lowest in social class 1 & 2	(19.6%)
§ The highest % in social classes 5, 6 & 7	(41.9%)
§ The highest % unemployed	(13.2%)
§ The highest % eligible for GMS cover	(35.8%)

These demographics place significant additional pressures on the hospital, particularly in the Care of the Elderly, Psychiatry and the accessibility of Emergency Department treatment.

<p><u>CHAPTER 3</u> <u>STRATEGIC GOALS AND OBJECTIVES 2004 - 2006</u></p>
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3.1 Introduction:

Strategic Goals and Objectives:

General

The core objective of the Mater is to deliver high quality services in its numerous specialties in a safe environment. The hospital not only serves a local catchment population, but also provides secondary and tertiary referral services in its regional and national specialties. Closely linked to its service objectives, is the requirement to further consolidate and improve its teaching and research activities as a major academic teaching hospital with a superb national profile. This latter requirement has been seriously put at risk as a direct result of the inadequate level of funding provided by the ERHA over the last few years.

The following is a general summary of the hospital's high level strategic goals and objectives. These objectives must be developed taking into account the recently announced Health Service Reforms.

- Hospital's Development Programme, including the transfer of the Children's Hospital, Temple Street to the Mater site.
- Introduce a conjoint working relationship with the Children's University Hospital, Temple Street.
- Ensure the hospital provides best 'value for money' in the receipt of tax-payers funding.
- Develop Specialties and Services, honing in on tertiary referral services.
- Fast-track 100 additional beds.
- Provide significant Day Case facilities.
- Provide an environment to recruit, retain and attract staff to work in the hospital.
- In difficult economic circumstances, ensure that the hospital's core services continue to be delivered.
- Ensure that the educational component of the hospital's Mission is delivered to the highest standard.
- Introduce processes to support Risk Management, Quality Improvement, Clinical Audit and Accreditation.
- Foster the education, training and research component of the hospital.
- Comply with modern Governance principles, incorporating both Corporate Governance and Clinical Governance.
- Address lack of funding for Minor Capital Projects/Items by addressing fund-raising possibilities.

Rollout the Mission Effectiveness Programme.

Close collaboration with Beaumont Hospital, Mater Private Hospital and other hospitals/agencies.

To maximise the utilisation of Subvention Funding in order to minimise the number of delayed discharge patients in the hospital.

Forge significant links with Northern Area Health Board, and local hospitals.

Develop Internal Audit Unit in association with the Children's University Hospital.

3.2: **Strategic Plans for Clinical Developments 2004 - 2006:**

3.2.1 Introduction:

The Medical Executive advocates a comprehensive planning process for the hospital and the associated prioritisation as necessary, of aspects of the Mater Hospital's range of services. The Executive supports planned hospital development and maintenance of the highest calibre of patient service in a manner compatible with the Hospital's Mission.

3.2.2 Immediate Requirements:

It is recognised that long Waiting Lists and inadequate capacity to treat Cancer, Cardiovascular patients and acutely ill patients in particular, are immediate pressure areas. The corresponding immediate requirements are 100 new hospital beds (200 long term) including elective surgical beds, the MED to be fully operational as proposed in 2001, a Pre-surgery/Anaesthesia Assessment Unit, an increase in Day Surgery capacity and a new Operating Theatre for the Heart/Lung Transplantation Programme and for expanded Breast Surgery (and National Screening Service). The identification of corresponding funding mechanisms to allow relief of these immediate pressures is a pressing priority. *Chapter 4* analyses in detail the hospital's immediate requirements for 2004.

3.2.3 Clinical Services Prioritised for Development:

The following clinical service developments are prioritised:-

- § Heart (Cardiovascular) Therapy.
- § Cancer Therapy.
- § Day Patient Therapy & Care.
- § Trauma and Spinal Injury Management.
- § Transplantation.
- § Teaching and Research.

This prioritisation recognises and provides both the hospital's responsibilities in servicing its immediate local community in North Dublin and its supra-regional and national referral responsibilities. It emphasises the hospital's continuing aspiration to provide premium quality, as well as evidence based healthcare, in a compassionate teaching hospital environment.

3.2.4 Heart (Cardiovascular) Therapy:

Strategic developments include:-

- § Second Cardiac Catheterisation Laboratory. (2004)
- § Additional Cardiologists in line with CV Strategy. (2004/5)
- § Heart/Lung Programme. (2004-6)
- § 24-hr., Emergency Vascular Rota. (2005)
- § Advanced Diagnostic Imaging and
Interventive Service, including CT Development. (2004/5)
- § Interim upgrading of the Emergency Department. (2003/4)
- § Diagnostic Molecular Pathology. (2005)

3.2.5 Cancer Treatment:

Strategic developments include:-

- § Additional Oncology beds (4 short-term). (2005)
- § Develop new Radiotherapy Service at the Mater Hospital. (2005)
- § Purchase of 2nd CT Scanner. (2004)
- § New Operating Theatre for Breast Surgery. (2006)
- § PET Scanning. (2006)
- § Extended Lung Function Testing. (2005)
- § Consider Development of Palliative Care Facility. (2005)
- § Appoint new Haematologist with concentration in
- § Bone Marrow Transplantation. (2004)
- § Molecular Laboratory (2005)

3.2.6 Trauma & Spinal Injuries:

Strategic developments include:-

- § Large expanded referral base to the National Spinal Injuries Service. (2005)
- § Second operating room (new development). (2009)
- § 24-hr., full responsiveness for Trauma and Spinal Injuries inclusive of diagnostic and interventional services, and Ophthalmic and Plastic Surgery services. (2005/6)
- § Maxillo-facial service required for facial injury with Neuro, ENT and Plastic Surgery services. (2005/6)

3.2.7 Day Patient Therapy & Care:

Strategic developments include:-

- § Day Surgery for Cataracts – Day Unit planned. (2005)
- § Radiotherapy and 31-bed Discharge Unit planned. (2005/6)
- § Asthma Day Centre. (2004/5)
- § Pulmonary Hypertension Centre planned. (2004)
- § Geriatric Day Centre expansion of Rehab Beds (60) and outside Rehab links. (2004/5)
- § Diagnostic and Interventional Services inclusive of day screening with Eccles Breast Check Unit. (2005/6)
- § Day Centre for Heart and Heart/Lung Transplant patients in conjunction with Transplant Physician Service. (2004)
- § The establishment of a Consultant in Rehabilitation Medicine. (2005)
- § Development of the Pain Management Service (2005)

3.2.8 Transplantation:

Strategic developments Include:-

- § Heart/Lung Transplantation Development. (2004-2006)
- § Extended Lung Function Testing and Bronchoscopy Unit. (2005)
- § Asthma Day Centre. (2004/5)
- § Pulmonary Hypertension Centre. (2004)
- § Specialist Consultant Service and blood product Facilitation. (2005)
- § Staff and Patient Group Development Programme. (2005)

3.3 Development Control Plan:

Re-development of the Mater Campus to include expanded and improved facilities for the existing Mater Misericordiae University Hospital and the building of a new Children's Hospital (replacing the existing Children's Hospital at Temple Street) on the Mater Campus.

The *Development Control Plan* has been approved by both the Eastern Regional Health Authority and the Department of Health and Children. On 26th June, 2003 An Taoiseach, Mr. Bertie Ahern TD., announced that approval had been given by the Department of Health & Children and the ERHA, for the development to proceed to Stage 4 planning. This includes preparation of the scheme to tender documentation stage, including obtaining Planning Permission for the New Development.

The main clinical areas to be provided in the Development are:-

- § Accident & Emergency Department.
- § Out-patient Day Care & Ambulatory care facilities.
- § Operating Theatres including Day Surgery.
- § Heart Lung Facilities.
- § ITU/HDU.
- § Pathology.
- § Diagnostic Imaging.
- § 100 Additional Beds.
- § Pharmacy.
- § New Children's Hospital.

Car Parking and other non-clinical areas are included in the Development Proposals Brief. Funding to be agreed.

Crucial to the Development is the provision of additional beds. The hospital has requested that the Development Company seek approval for the construction of 100 additional beds on a fast track approach. These beds would be 'stand alone' elective surgical or a long-term Rehabilitation Unit.

The *Development Control Plan* proposes the demolition of some existing buildings, most notably the Nurses Residence building on the North Circular Road, and the re-structuring of others, along with the necessary relocation of existing plant and water tanks.

In order that a “clean site” is available to the selected Building Contractor, a number of substantial enabling works/decanting requirements are necessary. Among these are:-

- § The decanting of the Nurses Residence. (Ph.1: 2005) (Ph.2: 2006)
- § The decanting of the existing 3 storey
concourse block. (2007)
- § The relocation of water tanks. (2006)
- § The rebuilding of the Plant. (2005/6)

The funding for these developments will be routed through the Mater & Children’s Hospital Development Company.

To accommodate these requirements a number of new buildings and the use of modular buildings is proposed. The new buildings proposed are for specified purposes but will be used temporarily to accommodate the decanting needs.

New Buildings

A four story above basement building to house the Hostel and Medical Residence will be constructed on the site of the existing G.I. Unit on Eccles Street (G.I. Unit to be accommodated in a temporary modular building in the “Rose Garden”).

The Administration Block/College of Nursing Accommodation to be constructed at the rear of properties on Eccles Street incorporating 52 Eccles Street fronting on to Nelson Street.

Both these new buildings will be used to accommodate the decanting requirements of the College of Nursing and the Concourse Block and the Eccles Street building will also be used as a temporary entrance to the Hospital.

Temporary Modular Buildings

A number of temporary modular buildings to be erected along the circulation route of the link corridor will accommodate the remaining decanting needs including:

- § G.I. Unit. (2002 completed)
- § Parts of CSSD. (2003/4)
- § Ophthalmic O.P.D. (2006)
- § Medical Social Work Department. (2006)
- § Re-location of the School of Physiotherapy from
Rosary House to the UCD campus at Belfield. (2005)

3.4 Nursing at the Mater Misericordiae University Hospital:

Philosophy of Nursing:

The Primary purpose of the Nursing philosophy of the Mater Misericordiae University Hospital is to influence and guide Nursing Practice, to gain a sound understanding of the multifaceted health needs of individual patients and the community we serve. Nursing at the Mater Misericordiae University Hospital aims to provide quality patient care in a timely, professional and effective way.

Vision:

To ensure that patients receive quality Nursing Care that is responsive to their individual needs.

Strategy:

To lead and facilitate the performance of both nursing and nurses to enable them to care for patients and to work in partnership with all those involved to achieve quality care. We aim to ensure that nursing in the Mater Misericordiae University Hospital will reflect the ethos and mission of the hospital.

Plans:

To achieve our vision, the following broad categories have been agreed to guide the Nursing Service:-

- § People Management.
- § Practice Development, Education and Research.
- § Professional Independencies.
- § Communication
- § Funding Implications

3.5 Human Resources – (2004 – 2005):

Development of a fully integrated hospital-wide Strategic Plan for Human Resources.

Align objectives, policies, procedures and reward systems to underpin the key performance management agenda. In particular, align Workforce Planning with Strategic Objectives and Service Planning Processes.

Multidisciplinary representation in decision-making processes.

Ensure clarity of roles and responsibilities and lines of decision-making throughout the organisation.

Examine and clarify role of Committees and Consensus Management Style with the Line Manager's responsibility.

Review National HR Policies and Regulations, which restrict the hospital's capacity to compete for staff in the open market.

Ensure Partnership Process capability for the development of the Action Plan for People Management.

Improve the working environment, - provision of adequate training, accommodation and facilities hospital-wide.

Ensure the delivery of the Change Management Agenda through the implementation of "Sustaining Progress" and "Benchmarking".

3.6 Technology – (2004 – 2006):

Provide a technology and systems environment to support all staff in their use of technology and systems consistent with their individual needs and in accordance with the hospital's mission statement and strategic objectives.

Utilise technology, systems and technology platforms, which are patient-focused. Support, the therapeutic, diagnostic, clinical and all other aspects of patient service delivery as well as management, and operational and administrative processes.

Ensure the impact and potential of technological development and innovation are realised and maintained in the technologies and systems utilised. Particular attention must be paid to National IT Convergence Policies ie., PPARS and SAP.

Ensure that the technologies and systems utilised reflect specific acute tertiary hospital technology requirements.

Adhere to European and International Standards in the development, acquisition and implementation of technologies and systems.

Support the objectives of the National Health Strategy, ERHA, ICT Strategy, National Health Information Strategy, and e-Government initiatives.

Ensure technology and systems development, acquisition, implementation and utilisation processes reflect best professional practices.

As an ultimate objective, work towards the electronic medical record.

To seek funding for the above initiatives through active participation in the DATH's ICT Committee, Strategic Alliances with other Agencies, and direct discussion with ERHA and Department of Health & Children.

3.7 Institutional Strategy for Research:

The Mater Misericordiae Hospital is a leading national clinical referral centre and a major teaching hospital for University College Dublin (UCD). This paragraph sets out an implementation plan to ensure that the Mater is a leading Irish and European Biomedical Research Centre going forward.

It underscores the benefits and opportunities afforded to the Mater Hospital through its partnership with University College Dublin and the Dublin Molecular Medicine Centre. In this regard, readers are advised to cross-reference UCD's Research Strategy which identifies Biomedical Research as a research priority at UCD and, within that framework, highlights the importance of UCD's relationships with its teaching hospitals.

Going forward in the new millennium, the Mater Misericordiae University Hospital will consolidate its position at the leading edge of Irish health research and establish itself as a European Centre of Excellence, by dovetailing its clinical and educational activities with innovative clinical, translational and health service Research Programmes delivered by top quality multidisciplinary teams and underpinned by state-of-the-art research infrastructure and technologies.

The hospital's Research Committee will implement and follow Government Guidelines and Policies in respect of Research including integrating the DMMC, thereby facilitating 'Bench to Bed Research'.

In the short-term, the development and resourcing of several key areas is required urgently if the Mater Misericordiae Hospital is to realise its vision for research, remain at the forefront of health research nationally, and set the stage for progression towards sustained international competitiveness over the next decade. These areas are:-

- § Core of full-time Scientists and Support Staff:
- § Physical and ICCT infrastructure.
- § Annual core budget for Research and Mechanisms for further fundraising.

To complement the current facilities in the Alton Centre, the DMMC Genome Resource Unit and the Conway Institute, the following infrastructure is required for National and International competitiveness:-

- § Establishment of an Epidemiology and Health Services Research Unit.

- § Enhancement of the Mater's ICCT Research Capability.
- § Development of in-patient clinical research facilities to complement the ambulatory facilities in the Genome Resource Unit.

The following implementation steps are recommended:-

- § The Mater Misericordiae Hospital should designate space for the establishment of an Epidemiology and Health Services Research Unit, preferably in close proximity to the DMMC Genome Resource Unit.
- § Through their affiliation with UCD, Mater-based investigators should seek to establish programmes in biomedical ICCT research and clinical pharmacology/clinical investigation from the Higher Education Authority's Programme for Research in Third Level Institutions (PRTLTI), thereby building on the recent successful Conway Institute and DMMC initiatives.
- § The hospital's Oncology Research Group should seek funding for infrastructure for clinical trials and cancer biology through the Health Research Board's Cancer Research Initiative recently launched in co-operation with the National Cancer Institute of the USA.

It is anticipated that Mater Investigators should be highly competitive in these programmes provided that the Mater Hospital is seen to provide a core research infrastructure, the latter being an explicitly-stated key criteria for success in all of the programmes discussed above.

3.8 Education- (2004 – 2006):

Commit to provide Education and Training Programmes. These programmes will be formally accredited and/or in accordance with best practice in order to support staff development and service demands.

Provide a quality 'learning environment' that enables all staff to be committed to best practice in the development and delivery of Education and Training Programmes.

Commit to identify, make available and protect the agreed necessary resources/facilities to meet its teaching and learning responsibilities.

Ensure that its provision, support and development of Education and Training will be in compliance with European Directives and all Statutory Bodies and Professional Organisation requirements.

Develop, implement and operate appropriate assessment mechanisms and systems to ensure that:-

- a) *The outcome of the Education and Training Processes are in accordance with best practice*
- b) *Support the optimum provision of services, staff and student professional and personal development.*

Ensure the development and implementation of continuing staff education and development programmes, which are formally co-ordinated, monitored and assessed.

Ensure that quality review and improvement systems and processes are an integral component in the development and delivery of all Education and Training Programmes.

Ensure that all provision, development, facilitation and support of Education and Training Programmes involving Agencies and Organisations external to the hospital, will be subject to a formal Agreement which reflects the hospital's Mission Statement, its aims and objectives, and adheres to the hospital's education and training strategy.

3.9 Clinical Governance/Risk Management - (2004 – 2006):

Provide a framework to ensure accountability for continually improving the quality of services and safeguarding high standards of care by creating an environment in which excellence of clinical care flourishes. Risk Management will be a separate function reporting to the Deputy Chief Executive.

Establish an overall Patient Care Committee to ensure best practice in Quality of Care, Risk Management, Ethics and Education are in place. Implement strategy as agreed at the Patient Care Committee.

Ensure the integration of Clinical Governance with the mission and values brief of the hospital.

Engender the creation of a challenging culture where there is active learning and communication, and where questions are asked in the spirit of learning and development.

Support the awareness of the need for solid foundations in Quality Improvement, Risk Management, Ethics, as well as Training and Development to establish an enabling culture.

Foster the sharing of the hospital's "beliefs, attitude and values" in order to deliver sustainable Quality Improvement in healthcare.

Ensure full participation in the MATHs Accreditation Programme.

Consolidate Clinical Audit activities in the hospital so as to ensure that these are robust and transparent. It is expected that all specialties will participate in these processes and that the necessary resources will be provided.

The Clinical Indemnity Scheme will present new challenges which must be met.

Create a 'no blame' culture so that all incidents and news crises are reported and corrective action is taken where indicated.

<p><u>CHAPTER 4</u> <u>CORPORATE PLAN 2004</u></p>

4.1 Introduction:

The core Plan for 2004 is prepared with the consultation and agreement of the hospital's Executive Management Committee. It assumes that base funding levels will be restored and restated to ensure that the fabric of the hospital is not impaired and to allow the hospital deliver the full range of treatment services it is capable of. The MED, as initially devised, will be rejuvenated and the beds reallocated accordingly. In doing this however, priority will be given to increasing, if possible, the number of Day Beds and 5-Day Beds.

In its deliberations, the group took into consideration the core Mission of the hospital which is expressed in its Mission Statement and in the delivery of the Mission Effectiveness Programme.

4.2: Plan for Rest of 2003:

As outlined above, the Plan for 2004 is predicated upon the hospital being able to operate to full capacity as both the needs in its catchment area currently dictates, and the demands from its tertiary referral activities. In preparation for this, the hospital must plan for the re-opening of beds closed as part of the 2003 Financial Recovery Plan.

4.2.1 Current Position:

The following beds are closed as 30th September, 2003:-

St. Anne's Ward	20 beds
Acute Surgical Unit	10 beds
St. Camillus's Ward	18 beds
ICU	2 beds
St. Monica's Ward	<u>2 beds</u>
	52 Beds
	=====

The plan for re-opening these beds is as follows:-

St. Camillus's (5-Day Surgical) Ward, along with the Acute Surgical Unit, will be restored to the Division of Surgery on a gradual basis, depending on Emergency Department throughput and funding. Patients currently occupying beds in St. Camillus's Ward will be transferred to Our Lady's Ward thereby ensuring the re-opening of the MED. The NTPF patients will be treated in protected specialty beds.

St. Anne's Ward will be re-opened towards the end of 2003. St. Monica's Ward will be restored to full bed compliment on 1st January, 2004. CCU and ICU will be restored as staffing reaches appropriate levels.

Careful management of the above is required in order to maintain services for our emergency patients, protect surgical beds for the NTPF, minimise costs and restore staff morale.

4.2.2 Primary Activity Targets for 2004:

In producing this Plan, the hospital is cognisant of the serious reductions in its ability to carry out necessary treatments during 2003 arising out of the financial crisis.

In 2004, the hospital expects baseline activity targets to return to, at a minimum, the 2002 baseline outcome ie., 38,985 discharges (2003 - 34,249).

The following high level workload targets are established for the hospital for 2004:-

- (a) In-patient and Day Case Discharges 39,100.
- (b) Increased workload in line with Service Developments.
- (c) Reduce Average Length of Stay by 8%.
- (d) Reduce A & E Return Attendances by 20%.
- (e) Increase OPD overall attendances by 2%.

4.2.3 Development Plan for 2004:

The hospital Executive Management Committee has approved the clinical and non-clinical developments for 2004 as presented hereunder. These necessary developments will form the core of our upcoming negotiations with the ERHA on development expenditure for 2004. The Plans have been costed at €7.2m., Revenue and €7.6m. Capital.

An Action Plan for implementation is provided and responsibilities assigned as appropriate. Each element of the Plan has been costed and additional staff identified for employment control purposes.

Outlined hereunder is an analysis of the hospital development proposals for 2004 under the main headings:-

(a) **Clinical Services for Development:**

1: **Heart (Cardiovascular) Therapy:**

The following are the main components of the Corporate Plan for Cardiovascular Services for 2004:-

- § Budget for 850 Open Heart cases.
- § Development of the second Cardiac Catheterisation Laboratory.
- § Continue to press the ERHA for increased funding of high tech medicine, ie., ICD's and Drug Eluting Stents.
- § Develop the Acute Chronic Heart Failure Services.
- § Develop services for grown up children with congenital heart disease.
- § Develop the services in Heart House which was funded by the Mater Foundation.
- § The Vascular Laboratory to be relocated to the old Medical Library. This project will commence in the latter part of 2003.

2: **Cancer Therapy:**

Cancer services will continue to be developed under the aegis of the Cancer Co-ordinating Committee. It is noted that many of the Cancer patients presenting, particularly in Oncology and Haematology, emanate from the North Eastern Health Board Area.

The following were identified as the main priorities for implementation in 2004:-

- § Purchase of a second CT Scanner.
- § The new Colorectal Surgeon post is the top priority for the hospital in respect of Consultant appointments for 2004.
- § The provision of local Radiotherapy Services at the Mater Private to be prioritised, funding permitting.

- § Plan for the development of the new Radiotherapy Service at the Mater Hospital.
- § Development of Haematology Services including the appointment of a new Consultant position.

3: Day patient Therapy and Care:

In line with international practice, the hospital will continue to treat more patients on a Day Care basis. Certain categories of patients who have previously been treated as in-patients will, in the future, be able to avail of the hospital's Day Care Facilities, thus saving valuable in-patient bed days.

A Pre-Assessment Clinic was opened this year. This will facilitate "same day" surgery, especially for patients admitted under the Treatment Purchase Fund.

It is anticipated that St. Camillus's Ward will be reopened as a 5-Day Ward in 2004. Consideration will also be given to creating further 5-Day Beds in order to make the services more cost-effective, particularly medical beds. Plans to allocate 6 beds in St. Brigid's Ward for this purpose are at an advanced stage.

Given the age profile of the local catchment area, sustainable strategies should be put in place to deal with the high number of elderly patients admitted to the hospital.

- § Work with NAHB in maximising the return to Mater patients arising out of the recently announced funding package for Acute Hospital Delayed Discharge Patients. There are continuing concerns regarding the placement of patients whose personal situation places them outside the remit of the above funding.
- § Provide outreach services to the elderly in the local community by utilising Clinical Nurse Specialists, using as a model the Respiratory Service in the Emergency Department and the employment of a Liaison Nurse for the Elderly in the Emergency Department.
- § Operate the new Care of the Elderly Day Hospital for which additional funding has already been provided by the Mater Foundation and Partnership.
- § Expand the Day Services within the re-opened St. Anne's Ward.
- § Work collaboratively with Beaumont and the Northern Area Health Board with a view to lobbying the ERHA and proving beyond doubt that further funding for care of the elderly is of extreme urgency in North Dublin.

- § Discuss with the Congregation of the Sisters of Mercy, the feasibility of the Mater utilising beds in Beaumont Convalescent Nursing Home.
- § Advance the proposals for the Home First system in conjunction with the Northern Area Health Board.
- § Consolidate the development of the Pulmonary Hypertension Service.
- § Develop the Asthma Day Unit in No. 56 Eccles Street.
- § Develop 5-Day Warfarin Service in OPD.

4: Trauma and Spinal Injury Management:

The following were identified as priorities for 2004:-

- § Seek funding for extra beds out of Bed Capacity Funds.
- § Requirement to address the issue of the shortage of Registrars, particularly SpR Recognition.
- § The filling of the third A & E Post (Permanent).
- § Full implementation of Meridian Report.
- § Gradual implementation of Care Pathways.
- § Discharged patients to utilise Day Rooms pending departure in order to fill up beds in the Wards for patients awaiting admission.

5: Transplantation:

The ongoing development and investment in Heart/Lung Transplantation is expected to yield its first Lung Transplant in 2004. It is anticipated that up to 3 transplants will occur during 2004. The main priorities here are:-

- § Commence Phase 3 of the Heart/Lung Transplant Programme to include the construction of the Infill Theatre. This will accommodate Breast Surgery operating sessions also.
- § Opening of the 18th ICU cubicle and upgraded facilities in the Unit.
- § Commence work on the Air Handling Units in main block Theatres, to be completed by December, 2004.

6: Teaching and Research:

It is crucial that 'red circled' monies provided by the ERHA for Education & Training be allocated accordingly.

In particular, the following Programmes must be sustained:-

- § Nursing Undergraduate.
- § Nursing Post-Graduate.
- § PAMs Education & Training.
- § NCHD Education & Training, especially SpR Programmes.
- § Mission related Courses (Ethics, Customer Care, Care for Carers).

Funding deficits persist in respect of the Nursing Postgraduate and Undergraduate Courses.

7: Other Clinical Areas Prioritised for Development:(a) Radiology:

The following would be the main priorities for Radiology in 2004:-

- § The filling of Prof. Joe Ennis's post.
- § The resolution of issues relating to the Hydra System.

(b) Intensive Care:

The following will be the main objectives for the Intensive Care Unit in 2004:-

- § 17 beds must be opened in the Intensive Care in 2004.
- § Relationships should be cemented with UCD in order to ensure a sustainable Nurse Education Programme in ITU.
- § Development of Mater Hospital based Intensive Care Course compatible with the needs of modern ICU staffing and progressing the above links with UCD.
- § The number of Nurses per patient should be increased from 5 to at least 6.
- § Plan the development of a Clinical Information System for ICU and HDU compatible with and able to integrate with the HIS and the hospital systems.
- § ICU capacity will be augmented to remain abreast of service developments within the rest of the hospital.

(c) Infectious Diseases:

§ Seek the designation and development of facilities at the Mater for a National Bio-Terrorism Unit.

§ Implement the development of services in the Infectious Diseases Unit arising from the additional capacity in the OPD.

(d) Elective Surgery:

Over the last number of years there has been a steep decline in the quantum of elective surgery. This was quite apparent in 2003, when the level of elective surgery almost came to a standstill. The hospital must endeavour to reverse this trend not only from the patients perspective but to preserve its standing as a teaching organisation.

As a general principle, the hospital should participate in the National Treatment Purchase Fund as this does draw additional funding to the hospital, even though there are ethical considerations in so doing.

(e) Clinicians In Management:

The Clinicians in Management Programme must be sustained and indeed improved during the year.

A high level Review Group has been established to examine current organisational structures in the light of the experience to date, the recently announced Reforms, the Accreditation Programme and the requirements of Benchmarking and Sustaining Progress.

(f) Professor of Medicine:

The appointment of Prof. Hugh Brady as President of UCD on January, 1st, 2004 will have implications for the Division of Medicine. The new Professor, when appointed, will have his/her own specialty which will have implications probably late in 2004. However, in the meantime, a void will be created within Nephrology which will be a key strategic issue to be addressed during the year.

(g) Bed Capacity Review:

We require additional funding under the aegis of the Bed Capacity Review Report. It is noted that other hospital's have obtained funding for extra beds and units which appear to have alleviated the financial problems in those hospitals (eg., Beaumont, and St. James's hospitals).

The hospital will seek funding for the following recent increases in bed capacity:-

- § 4 x GI Day Beds.
- § 4 x Beds in St. Agnes's Ward.

With the development of the Day Hospital for the Elderly this could release 6 extra beds into the system. Consideration should be given to utilising these beds as a 5-Day Elective Medical Unit.

(b) Non-Clinical Service Development:

1: Resources Management:

The following have been developed as the main objectives in 2004:-

- § Implementing of the Action for People Management Plan, devised by the HSEA, Partnership and the Department of Health & Children.
- § Ensure compliance to commitments as agreed in Sustaining Progress and Benchmarking.
- § Mainstreaming Partnership throughout the hospital.
- § Involving staff in the decision-making process through Service Planning.
- § The imposition of the Staff Ceiling will be challenging in 2004, particularly if all the beds are re-opened, but we are committed to seeking solutions that will deliver results within ceiling limits.
- § Introduction of Performance Management Systems.
- § Devising means of improving Absenteeism rates.

2: Quality Improvement and Accreditation:

The following are the main objectives under this heading:-

- § Implement a new Quality and Risk Management Strategy under the aegis of the Patient Care Committee.
- § Act on the recommendations of the 2002 Accreditation Survey.
- § Prepare for 2005 Survey.

3: Hospital Development Programme:

The following are the main objectives under this heading:-

- § Achieve Planning Permission for the project.
- § Proceed to Stage 5, which will facilitate further detailed design and planning.
- § Continue with the Decanting and Enabling Programme.
- § Instigate the Mobility Management Programme.
- § Develop initial conjoint services with the Children's Hospital.

4: Internal Audit:

The Mater Misericordiae University, in co-operation with The Children's University Hospital, Temple Street is planning to develop an Internal Audit Function and reasonable costs associated with this will form part of an application for funding to the ERHA in 2004.

5: Minor Equipment/Minor Capital Works:

It is anticipated that additional funding will be provided for Minor Capital Replacements and Minor Capital Works. It is recognised as essential that capital replacement programmes are kept up to date and new equipment requirements readily identifiable. The hospital intends to develop a database of hospital equipment allied to the Asset Register in order to control and manage risk associated with faults arising and to reduce the costs of contract maintenance.

6: Mater Foundation:

A new Chief Executive has been appointed to the Mater Foundation. It is deemed necessary that the Mater Foundation aligns itself with and supports the Strategic Plan of the hospital and thereby make a more meaningful contribution to the hospital.