Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

SOUTH/SOUTH WEST HOSPITAL GROUP
Briefing Document 16-11-16

Coláiste na hOllscoile Corcaigh, Éire
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INTRODUCTION

The South/South West Hospital Group was announced in May 2013, the Chairperson Professor Geraldine M^{c}Carthy appointed in November 2013, CEO, Mr Gerry O'Dwyer in April 2014 and the leadership team later that year upon which time it assumed responsibility for the provision of acute hospital care for a population of 895,222 people across the counties Cork, Kerry, Waterford and South Tipperary. It is one of seven hospital groups serving 19% of the population of the state (Table 1) with gross expenditure of €927m.

Table 1: Population Base S/SWHG

County	2011	2016			Change in Population 2011-2016	
	Persons	Persons	Males	Females	Actual	Percentage
Cork City	119,230	125,622	61,677	63,945	6,392	5.4
Cork County	399,802	416,574	206,544	210,030	16,772	4.2
Kerry	145,502	147,554	73,039	74,515	2,052	1.4
South Tipperary	88,432	89,071	44,595	44,476	639	0.7
Waterford City	46,732	48,369	23,850	24,519	1,637	3.5
Waterford County	67,063	68,032	33,929	34,103	969	1.4
S/SWHG TOTAL	**866,761**	**895,222**	**443,634**	**451,588**	**28,461**	**3.3**
State	4,588,252	4,757,976	2,352,240	2,405,736	169,724	3.7

The group comprises the full suite of acute hospital services across nine hospital sites. There are two Model 4 hospitals (CUH & UHW) both of which are Cancer Centres, three Model 3 hospitals (MUK, UHK, STGH) two Model 2 hospitals and two exclusively elective hospitals (SIVUH & Kilcreene) (Table 2). Emergency services are provided at seven of the nine sites in compliance with Acute Medicine Programme (1) and Emergency Medicine Programme (2)requirements. CUH is the only acute hospital in the country providing the full range of trauma specialties. This should secure its status as one of two major trauma centres for the country in an upcoming report.

One of the Model 2 hospitals; BGH has special status having been designated a remote rural hospital under a regional reconfiguration programme for the Cork and Kerry (3) region in 2010 and the Small Hospital Framework (4)in 2013.

Table 2: Hospital Differentiation S/SWHG

	Model	Cancer Centre	Trauma Centre	ED	Acute Medicine	Urgent Care	Tertiary Specialisation
CUH	4	√	√	√	AMAU		√
UHW	4	√	√	√	AMAU		√
MUH	3			√	AMAU	√[1]	√
UHK	3		√		AMAU		
STGH	3						
SIVUH	-						√
MGH	2				MAU	√	
BGH	2				MAU[2]	√	
Kilcreene	-						√

WHY DO WE NEED HOSPITAL GROUPS?

At the beginning of this century, a WHO report on the future of hospitals in a changing Europe, divided reconfiguration drivers into supply, demand and wider societal factors. The "demand" factors include an ageing population, increasing burden of chronic disease, increasing day case activity, public expectation; infection control regimes requiring single room access etc. Supply-side changes largely relate to technological advancement and workforce elements such as training, costs, skills-mix and possibilities for transferring roles from doctors to others (5).

The configuration of acute hospitals is a function of the historical and socio-political context. The overarching policy direction is centralisation of acute complex services, optimisation of community delivered healthcare and broader integration, in accordance with international best practice and in response to a suite of enduring, sometimes competing policy drivers. Delivering the high quality, safe and equitable care demanded by the public is increasingly difficult because of financial constraints, workforce and specialisation requirements and the increasing complexity associated with an ageing case mix. International studies have illustrated workforce, quality and cost and access as the four major drivers of change in the acute hospital system in the developed world (6-8).

Current policy which has seen the establishment of hospital groups is part of the incremental continuum of change. The broad thrust of current health policy is consistent with preceding reforms such as the establishment of the HSE. There is a policy commitment that primary, social and community delivered care will be optimised and that the range of care delivered in hospitals and the manner of its delivery will change to optimise quality, control costs and meet supply and demand side pressures (9).

The establishment of hospital groups offers a governance and management structure that will facilitate efficient configuration and operation of acute hospital services. It is acknowledged that services need to be differentiated between hospitals to achieve the delivery of the full range of care from ambulatory, outpatient and day-case activity to emergency, highly complex intensivist activity. It is also acknowledged that to achieve a seamless patient pathway through the healthcare system, that care must be integrated within hospitals and between hospitals and the community. We believe that Hospital Groups provide the optimal structure to deliver this in Ireland and should be afforded the opportunity to affect change. There may be other options but repeated structural changes cause organisational instability which is not conducive to reform.

Integrated care is a model of healthcare defined by the WHO as *"a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, and care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency*" (10). It is a patient centred model of care delivery developed in response to the fragmented delivery of health and social services evident across the developed world.

In general, integrated care is an often used but poorly defined concept (11), as it may refer to collaborative, co-operative working arrangements at many levels:

1. Macro-level (integrated care delivered across the full spectrum of services to the whole population).
2. Meso-level (integrated care for a particular group of people with the same disease or condition, e.g. care for elderly people, mental health, and disease management programmes and managed clinical networks).
3. Micro-level (integrated care for individual service users through means such as care co-ordination, care planning or case management levels) (12).

Hospital groups offer the means to both integrate the care journey across the hospital system and also allow integration of care between hospitals and their local communities

S/SWHG GOVERNANCE AND MANAGEMENT

The primary objectives of the S/SWHG as outlined in its Terms of Reference are:

- To improve patient care and deliver improved outcomes for patients
- To provide services by the hospitals in the group, based on the evidence based needs of the population
- To work together as a single cohesive entity managed as one, integrating with community and primary care
- To work collaboratively with our primary academic partner University College Cork
- To establish robust governance and management structures at group level.

The current structure and membership of the S/SWHG leadership team is illustrated in Figure 1 and the hospital governance structure is shown in Figure 2. Appointments to the Board are expected by year end 2016.

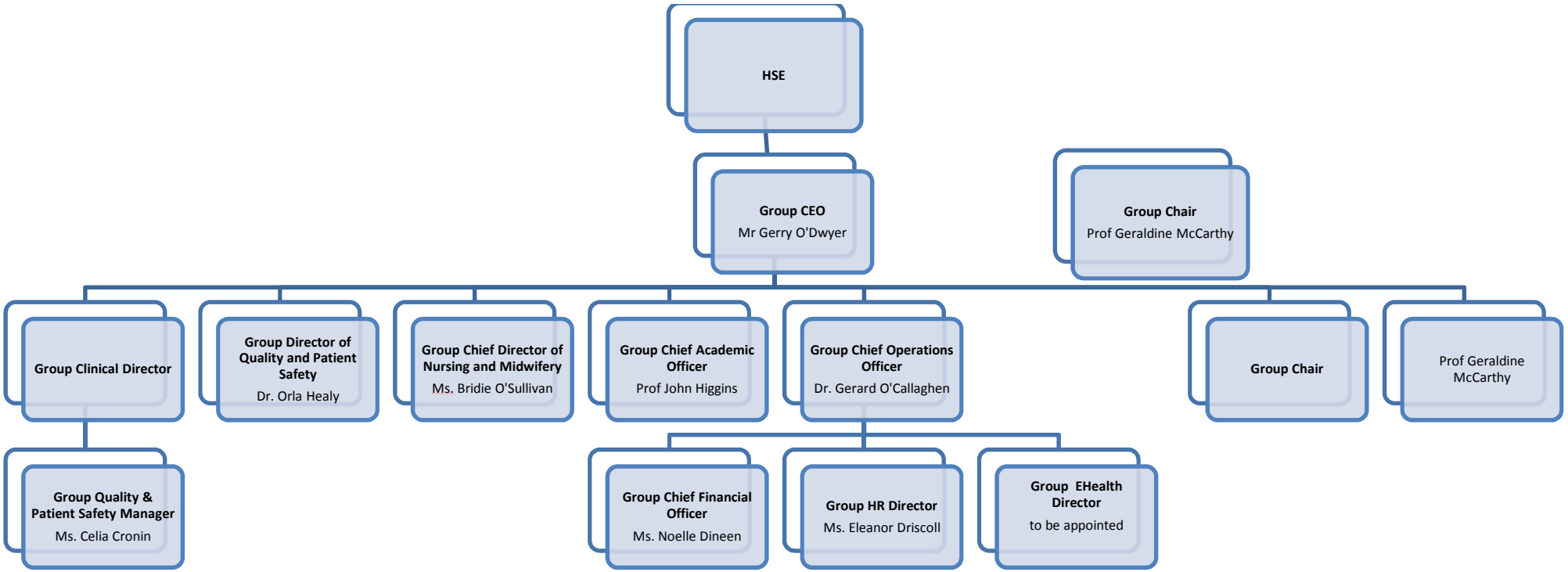

Figure 1: S/SWHG Leadership Team

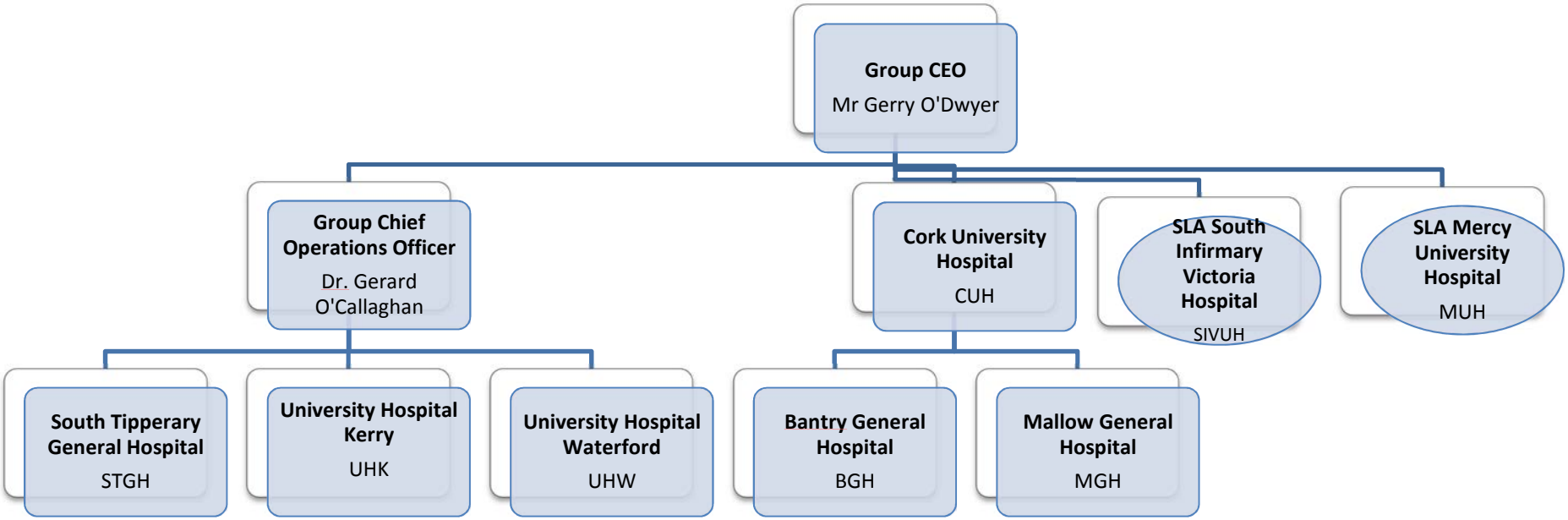

Figure 2: Corporate Governance S/SWHG

Current leadership activity and key achievements are summarised as follows:

- The Leadership Team meets on a weekly basis to discuss, agree and implement strategic decisions.
- The Leadership Team has met with all clinical specialties (40) across the Group.
- New Clinical Governance Framework has been designed commencing with the implementation of the first Directorate for Women & Children (Maternity Services).
- Group Operational Forum, that meets weekly, established to discuss relevant national and hospital issues.
- The Leadership Team have established relevant Group engagement fora.
- A number of working groups have been established to progress key priorities e.g. Senior Perioperative Nursing Working Group, Nurse Practice Development Steering Group, ICT Steering Group, Pay Bill Management Group, Recruitment Optimisation Group, Inflow, Egress and Throughput Groups for Unscheduled Care, NCCP Joint Working Group etc.
- The Leadership Team participate in each disciplines National Forums e.g. National CEO, COO, CDONM, CD, CFO, HR, and QPS.
- The Leadership Team are members of key national policy making decision groups e.g. National Trauma Policy, Palliative Care, Task Force on Staffing & Skill mix (Nursing), Anticoagulation Working Group, Phlebotomy Working Group, Quality, Disability and Inclusion Group, Communications Group, NIMLT, Type C Committee, National Income Working Group, Ambulance Turnaround Working Group, EBTS Group etc.
- Group wide Risk Register established. Leadership oversight of hospital risks, monitoring, management and escalation process in accordance with national policy.
- The Leadership Team develop and implement an Annual Operational Plan which contains relevant Key Performance Indicators that are monitored on monthly basis.
- In line with National Accountability Framework monthly performance meetings are held with each of the Group Hospital management teams. Key Performance Indicators in line with the Balance Scorecard are measured including Finance, Quality, HR and Access, monitored and action to continuously improve performance. Monthly national performance meetings are held with the Acute Hospital Division Management Team.
- Ongoing engagement and collaboration with the Programme for Health Services Improvement and a Group priority action plan has been agreed and is progressing.
- Agreed and prioritised group wide capital plan.
- Completion of annual submission for National Estimates process in consultation with all hospitals in line with the Group Risk Register.

- Completion of funded work force plan for Group in consultation with all hospitals.
- Hospital Group Strategic Plan is being developed in consultation with all hospitals under the guidance of the Group Chair. Engagement with other stakeholders will be undertaken and plan will be completed by December 2016 in line with AHD timelines.
- Management of scheduled and unscheduled care in conjunction with SDU and AHD.

The leadership team is co-located with the management team of the College of Medicine and health for the primary academic partner UCC. Important progress has been made in building this collaboration such as:

- Working with UCC to attract and rotate NCHDs to all 9 nine hospitals through a range of joint initiatives.
- Established International working relationship with Erasmus Academic Health Centre, Rotterdam. Achievements include:
- Established MSc in Physiotherapy Programme.
- Established MSc in Healthcare Leadership – commencing in September 2016.
- Examining Postgraduate Radiography Programme.

STRATEGIC PRIORITIES

Corporate Governance

The overarching strategic goal of the S/SWHG is to achieve independent status with the imminent appointment of a Board and the establishment of an Academic Health Centre. The best hospitals in the world are academic health centres and this model will attract the highest calibre graduates to work in Ireland.

Academic Partnership

The SSWHG has established collaborative working relationships with the Group Primary Academic Partner, University College Cork, which is co-located with the Group Executive Office. This will foster a culture of research, innovation, education and training in the group. It bridges the gap between academic research and health service improvement. The Health Innovation Hub is based in UCC and is supported by the S/SWHG. It is important to foster a relationship between the S/SWHG and the multinational pharma companies based in our region to realise and economic benefit for our population. Working with our academic partner is a priority e.g. clinical trials etc.

Clinical Governance

The S/SWHG intends to implement a group wide cross-specialty governance model. The appointment of a Group Clinical Director for Women & Children is imminent. Recruitment of other Group Clinical Directors will follow:

- Clinical Director Diagnostics
- Clinical Director Medicine
- Clinical Director Peri-operative

Capital investment

1. Urgent capital investment at UHW is required in UHW and UHK to further develop services.
2. Major infrastructural investment is required at STGH. Consideration will be given to the complete rebuilding of that hospital but in the interim planned capital projects must proceed with full funding if the provision of services are to be retained there
3. The construction of a new hospital site for Cork city as per the Reconfiguration Report. This hospital would see amalgamation of the SIVUH and MUH in collaboration with UCC. The range of services and facilities to be located at this site will include but not be limited to:
    - Services currently provided at MUH& SIVUH
    - Dental Hospital,
    - Mental Health Services
    - Ambulatory care
    - Expanded Diagnostics
    - Clinical Research Facility
    - Health Innovation Hub
    - Sub-acute Rehabilitation

Clinical Service alignment and development

Considerable service alignment has been achieved in Cork and Kerry hospitals, following major changes to the delivery of acute hospital services between 2010 and 2014. This has led to better outcomes for patients, safer services, better use of resources and elimination of duplicate services e.g. SIVUH now primarily an elective surgical hospital. Acute and complex work has been centralized and non-complex day case work has been decentralized.

Organisational redesign of clinical services in accordance with the National Clinical Programmes is a strategic priority for the group but is critically dependent on infrastructural investment, as already outlined.

Conclusion

The delivery of high quality sustainable health services is dependent on strategic configuration and integration of hospital and community services. At regional level this translates to the requirement for evidence-based, well-articulated plans that are consistent with national policy but tailored to local context and sustained commitment to implementation by distributed clinical leadership supported by coherent national policy. It is possible to deliver this objective through the development of a Hospital Group/Academic Health Centre organisational structure.

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