

Opening Statement

Saolta University Health Care Group

Good morning and thank you to the Committee for the opportunity to speak with you today. I am joined by, Dr Pat Nash, Group Chief Clinical Director.

The Saolta University Health Care Group, was established in August 2013 and is comprised of a model 4 hospital (Galway University Hospitals), four model 3 hospitals (Mayo, Portlincula, Sligo and Letterkenny University Hospitals) and one model 2 hospital in Roscommon. The Group has 1,750 beds, employs over 9,700 staff and has a budget of €700 m for 2016.

We are unique in a number of aspects. We were one of the first groups established originally in 2012. We comprise only of statutory hospitals and we provide care to a clearly defined geographical population– over a quarter of the country from Galway to Donegal, a population of 830,000.

We have a strong relationship with our key academic partner – NUI Galway and have recently opened medical academies in Letterkenny, Sligo and Mayo. The recently opened clinical research facility in UHG is a critical piece of infrastructure which provides the platform to develop new and innovative treatments, therapies and technologies.

We work closely with our community colleagues in CHO 1 and 2. We have close links with Altnagelvin Hospital in Derry and this has delivered tangible benefits to our patients - the primary PCI service is now operational and the new radiotherapy service is due to open later this year.

The group provides a comprehensive programme of cancer care and we work collaboratively with the NCCP. The cancer programme is delivered through the clinical structures from Letterkenny down to Galway.

The basis for the establishment of hospital groups was to facilitate improved patient care pathways by integrating hospitals into cohesive networks. Our principal objective in the Saolta Group is to provide timely access for all our patients to high quality, standardised, safe, sustainable, and adequately staffed services in hospitals as close to the patient's home as is clinically appropriate. To maximize all our hospital sites, we are currently developing an integrated group clinical strategy–to be completed next year.

Our current governance structure is a hybrid of hospital site based management teams and cross-site clinical based directorate structures. To enhance our governance structures, we are developing a clinically led cross-site governance structure, which will improve patient care and outcomes.

A non-statutory board, which had been in place for the last four years, has recently come to the end of its term. A process is ongoing to appoint a new Chairman and Board. Although non statutory, it took responsibility for ensuring that the Group was achieving its objectives and effectively managing its resources and maintained a strong emphasis on patient care and safety.

As a group we face a number of key and inter-related challenges:

Access is the single biggest challenge in our group, especially in GUH where our emergency department is not fit for purpose. It is too small and outdated and it is an ongoing challenge to manage the large numbers attending daily - averaging 180 per day and up to 240 on some days, making it one of the two busiest EDs in the country. This results in unacceptable delays for patients.

The development of the hospital group has added to capacity challenges in Galway due to the change in the referral / flow patterns from other hospitals in the group to Galway. A key element of our clinical strategy will be ensuring the bidirectional flow of patients. This will involve the transfer of non-tertiary care from the Galway site to other sites in the group and free up capacity on the Galway site. This is happening in plastic surgery and endoscopy in Roscommon and in Portlincula. We are also actively working to implement the clinical care programme pathways and have seen significant benefits from an investment earlier this year in a new acute medical unit in Galway. There are also developments required in other sites particularly in Sligo, Mayo and Portlincula. Further investment in infrastructure will ensure that we can sustainably address the unacceptable delays in access to urgent inpatient and outpatient care.

Galway currently also requires additional inpatient bed capacity to meet its dual requirement to provide timely access to tertiary services for the group while providing secondary care to the people of Galway and Roscommon. A new 75 bed ward block is due to open in 2017 – it's mostly much needed modern replacement beds but will provide 15 new beds and additional surge capacity in the vacated older wards. Galway urgently needs a new ED but there is also a requirement to look at the long term solution for acute hospital services in Galway and consider the future development of the hospital. Ultimately, the physical constraints presented by the UHG site mean that plans for developments into the future must include a new hospital on a site such as Merlin Park.

Our inpatient/day case and outpatient waiting lists present an ongoing significant challenge for the group across a number of specialties and sites. GUH accounts for approximately half of the group's waiting lists. We are implementing a variety of measures to reduce the numbers of patients waiting and the length of time they wait, these include validating existing lists, moving activity between hospitals, running additional clinics, new appointments to key specialties and the development of health and social care professionals and nurse led clinics.

The recruitment and retention of skilled nurses, particularly theatre nurses, remains a challenge for all our hospitals and is currently significantly reducing our theatre capacity, especially in Galway. The recruitment of consultants and NCHDs remains a challenge.

We face a number of IT challenges and we currently do not have an integrated patient administration system (PAS) or integrated patient care record across our hospitals. This is key to facilitating safe and effective care. We have developed an IT strategy to address this which will require significant investment.

To conclude, the Saolta Group is well established with a strong governance structure. Our hospitals work closely together and there is an eagerness to fully integrate our services. Our clinical strategy will help facilitate this together with the implementation of our integrated clinical governance structure and an integrated IT platform.

Thank you.