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# Strategic Plan 2014



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## Strategic Plan 2014

### 1.0 Introduction

A management review of the hospital was carried out by Mr. Ger O'Mahoney in early 2012 at the request of the Board of Directors, and his report was approved and accepted by the Board on 13<sup>th</sup> June 2012. One of the key recommendations in the report was that the hospital needed a strategic plan to guide its future development. The new hospital at Curraheen had been the main strategic focus for the previous ten years and more, and its completion presented the opportunity and need for a new strategic plan.

To that end, the Board enlisted the services of Prof. Sebastian Green of the Department of Management in University College Cork to advise the hospital on the process of devising a strategic plan. Prof. Green's enthusiastic input was extremely helpful, and was very much appreciated by the Board and the Executive Committee of the hospital.

The strategic intent for the organisation that emerged from the meetings with Prof. Green was to position the hospital so that:

- The new facility was utilised to its full capacity;
- Its services were relevant and meeting the healthcare needs defined in the annual service level agreements with the Health Services Executive;
- It was recognised as "best in class" in the provision of continuing care of older people, and specialist palliative care in the inpatient unit and in the community.
- It developed strong links with the university sector;
- Its activities were in keeping with its core values of compassion, justice, advocacy, quality and respect.
- It was committed to continuous improvement and openness to change focused on enhancing services.

Following the interaction with Prof. Green, the Board tasked the Executive Committee with the production of the strategic plan for its approval. The Executive consulted with all senior managers in the hospital, so that the plan would be well-informed, comprehensive, meaningful and widely supported.

The plan was presented to the Board on 24<sup>th</sup> September 2013, and was approved by the Board on 26<sup>th</sup> November 2013.

## 2.0 Background to Plan

- 2.1 New Facility.** The hospital relocated all its services from the old hospital on Wellington Road to its current location at Curraheen in September 2011. Economic realities meant that the hospital could not expand its services at that time, and the building remains to be utilised to its full capacity. Opening the additional twenty specialist palliative care beds is a priority, but other areas of the hospital are under-utilised too, and their potential for public or private use should be exploited fully.
- 2.2 Financial Factors.** Economic constraints remain, and the strategic plan recognises the challenges they present. The capacity of the statutory sector to support the expansion of services must be explored to the full, but inevitably the hospital will have to rely on fundraising to supplement any state funding it receives. The hospital must utilise every opportunity compatible with its ethos and mission to achieve value for money and to identify and maximise sources of income.
- 2.3 Emerging Health Structures.** The strategy must serve to guide the hospital through a period of immense change in the health services, as the HSE is disbanded and new structures are established, and as plans to introduce universal health insurance crystallise. Both have major implications for the governance and funding of palliative care and care of the older person. It is essential that the hospital work with its partners in the Voluntary Hospital Group, the HSE, and the Dept. of Health & Children, to achieve the best outcome for our patients and residents.
- 2.4 Social Change.** The changes in family structures and supports, and the new diversity in society in religion, culture and race, may require changes in our practices and attitudes. The strategy must ensure that the hospital responds positively to the challenges presented by these changes, while remaining true to its own culture and ethos.
- 2.5 Technical Developments.** The strategy needs to take account of the advances in technology in the areas of patient care, communication (including social media), financial control, human resources, and facilities management, to ensure that the hospital is extracting the maximum benefit from technology.
- 2.6 Economic Landscape.** The hospital must recognise the difficult economic reality that faces our patients and residents and their families, our staff and volunteers, our supporters and our

fundings, in devising its strategy, but it must also plan for an improvement in the national finances, so that it is well-placed to develop when opportunities arise.

**2.7 Legislation.** The hospital must comply with all legislation and statutory regulations. Changes in legislation, EU Directives and regulations will be reflected in hospital practice, policy and procedures. The hospital commits to supporting national environmental and energy initiatives.

**2.8 Health Promotion.** The hospital will support health promotion campaigns and initiatives such as introducing a no-smoking campus, healthy eating, etc.

### **3.0 Identity, Values and Mission Statement**

The identity of the hospital stems from its foundation in 1870 by the Religious Sisters of Charity, and is inextricably linked with the Order and its Catholic ethos. It is a proud, modern, caring and compassionate organisation, with university status and strong links to the community it serves. It welcomes anyone in need of its services, irrespective of means, belief system, ethnicity or status, and strives to deliver the best possible care for each and every patient and resident. It is a voluntary hospital, and, while working closely with the statutory health services, it values its independence for the freedom of action it affords.

Marymount University Hospital & Hospice provides two distinct services, the specialist palliative care service in the hospice, and the service for older people in the hospital. Both have an enviable reputation for excellent care, and both aspire to maintain and to enhance the highest care standards. To achieve that, they must build on what makes them special now, lead where standards can be improved, and keep pace with national and international best practice. Our competencies must always include professional knowledge, impeccable clinical skills, respect for people as individuals, a patient focus, life-long learning, a caring attitude, and a commitment to quality. We believe we make a difference in people's lives, not just because of the care that we provide, but also because of the way this care is provided.

One of our attributes that inspires regular favourable comment is that we are welcoming, to patients and residents, to their families, to visitors, and to new staff. The hospital will work to maintain and develop that ethos in all areas, but particularly at the main reception area, where volunteers will be organised to meet and assist those arriving at the main entrance.

The hospital's core values are compassion, justice, advocacy, quality, and respect. It has a Mission Committee tasked with ensuring that these values inform our practice and guide our decisions. The hospital must remain true to these values in the future, especially in the face of financial pressures and economic imperatives.

The Mission Statement of the hospital was formalised in 1998, and has guided the hospital since. It reads:

“Inspired by Mother Mary Aikenhead:  
We continue the healing ministry of Christ by our care for all  
entrusted to us; We cherish the uniqueness and dignity of each person;  
We value and foster mutual respect and understanding;  
We endeavour to continuously improve all aspects of our mission.”

In the fifteen years since the Mission Statement was drafted, the hospital has undergone significant change. The Sisters of Charity no longer play an active role in the daily life of the hospital, we have successfully relocated from the original Wellington Road site to a modern facility at Curraheen, the no. of employees has expanded from 122 to 271, and the budget has increased from £2.982m to €14.245m. Because of these changes, combined with the societal changes mentioned above, the Mission Statement will be re-visited during the life-time of this strategy, to ensure that it is still adequate, relevant and useful.

### Key Action Points

- The Head of Finance, in consultation with the Director of Education and the heads of groups and departments, will provide in the hospital budget for education and training, in order to maintain staff professional competencies.
- The Head of Nursing and Allied Health Services will actively monitor the quality of our services through staff and user satisfaction surveys.
- The Mission Committee will review the Mission Statement, and make recommendations to the Board of Directors by 30<sup>th</sup> June 2014.

## 4.0 Service for Older People

Marymount University Hospital & Hospice is a hospital and being a hospital defines the type of patients we care for, our staffing levels, and our practice. Equally, for our residents, it is their home. We will continue to develop our services on that premise.

Medical input is provided by a part-time medical officer supported by a local GP practice, and SouthDoc services out of hours. We will develop the medical manpower model by increasing the medical officer input, and by securing a consultant geriatrician-provided educational, research and service input. To this end, we will establish formal links, underwritten by a service agreement, with Cork’s city-wide geriatric services and with University College Cork.

We will continue to work with the Health Information and Quality Authority (HIQA) to improve all aspects of our service. We will be proactive in complying with the National Quality Standards for

Residential Care Settings for Older People in Ireland, and any relevant HIQA guidelines. All recommendations following inspections of the hospital will be implemented as soon as possible. Inspections of other hospitals and homes will be monitored and relevant recommendations elsewhere will be considered for implementation here.

The bed mix in the service (continuing care, respite care and intermediate palliative care) will be kept under constant review, to respond to service needs, to ensure full occupancy, to balance workload, and to maximise income. The safety of residents and staff will be paramount in decision-making.

The service is subsidised through fund-raising, and this is likely to continue as rates for HSE-funded beds move towards Nursing Home Support Scheme (NHSS) rates. A new NHSS rate will be decided in 2014, and the hospital will work to achieving a fair rate that reflects actual cost. Notwithstanding that, the service is underfunded, and every effort must and will be made to reduce costs and maximise income. Maintaining occupancy levels as close as possible to 100% will be vital.

Activities are an essential element of the residents' day, and the range of activities currently provided will be maintained to provide choice and interest. Links with schools and community groups in the area will be developed to enhance the existing pool of volunteers that support Day Activities.

When funding allows, the multidisciplinary team will be expanded to increase medical and physiotherapy input and to introduce occupational therapy, dietician, speech and language therapy and complementary therapy input.

### **Key Action Points**

- The Chief Executive Officer and the Head of Medical Services, Pharmacy and Education, in consultation with the Medical Director of the Service for Older People, will establish a formal link with the geriatric services, and with University College Cork, by 30<sup>th</sup> June 2014. More regular consultant geriatrician-provided sessions will form part of this enhanced medical input.
- The Head of Nursing and Allied Health Services will systematically bench-mark the service for older people against the National Quality Standards for Residential Care Settings for Older People in Ireland on an annual basis.
- The Executive Committee will review the bed mix in the service for older people every September.
- The Head of Nursing and Allied Health Services will ensure that residents continue to have access to a range of activities.

## 5.0 Palliative Care Services

Marymount University Hospital & Hospice will continue to provide a specialist palliative care service that delivers care to patients based on need, regardless of age or diagnosis. The hospital will work with the HSE South to ensure that the opening of the second palliative care ward on a phased basis through 2013 and 2014 proceeds on schedule.

This welcome expansion to full capacity will be planned carefully to ensure that the high standards in the existing ward are maintained and shared with the new ward, and that the thirty six new staff members are inculcated with the culture and values of their colleagues. The negotiations that led to the opening of the ward resulted in staffing levels somewhat below the recommendations in the Report of the National Advisory Committee (NAC) on Palliative Care. We will recruit up to the NAC staffing levels as fund-raising allows, pending the eventual availability of statutory funding.

The community palliative care service will be expanded to NAC staffing levels as funding permits. We will work with the HSE to open the North Cork satellite base in Mallow General Hospital in 2014.

We will expand the day care service as funding allows, with additional nursing, medical, complementary therapy, physiotherapy, occupational therapy and social work input. The role of volunteers will be expanded. Links with schools and community groups in the area will be developed to enhance the existing pool of volunteers. The pain clinic will open in 2014, for nerve blocks for oncology and palliative care patients, and epidural infusions for patients in the inpatient unit at first. Expansion of the service will depend on funding and the experience of the first six months of operation.

Development of pharmacy practice to support both palliative and elderly care services will be in line with the recommendations of the Pharmaceutical Society of Ireland's Baseline Document on Hospital Pharmacy Services. Additional resources will be required.

The HIQA standards for safer and better healthcare have applied to Marymount wards since 1<sup>st</sup> July 2013. We will ensure that the wards are fully prepared for inspections, with a view to full compliance with the standards in 2014.

### Key Action Points

- The Hospital will work with the HSE South to resolve outstanding issues so that the second ward can be opened at the earliest opportunity.
- The Hospital will collaborate with the HSE South in establishing the community palliative care satellite base for North Cork in Mallow General Hospital, with enabling works to commence in 2013, and the base to become operational by 30<sup>th</sup> June 2014 (subject to the appointment of a third consultant).

- The Chief Executive Officer will work with key stakeholders to ensure that the image intensifier in the Day Care Unit will be commissioned by 30<sup>th</sup> April 2014, and utilised to the greatest extent possible.
- The Chief Executive Officer with the Head of Medicine, Pharmacy and Education, and the Head of Nursing and Allied Health Services, will take the necessary steps to ensure that the palliative care service becomes and remains compliant with the HIQA standards for safer better care.

## 6.0 Governance

The new structures for the health services may result in new governance arrangements in, or even before, 2015. In the meantime, the hospital will operate in accordance with its own Charter for Good Governance, informed by the national code of good governance. This will require development and training for the Board, and the introduction of a system to appraise Board performance. The Chairman of the Board, with the Nomination Committee, will ensure continuity planning for membership of the Board, its sub-committees, and the hospital's Executive Committee.

As a result of the management review carried out in 2012, new management structures were introduced within the hospital in 2013, following a lengthy period of consultation and external facilitation. The result, which saw departments being grouped together under a group head, was a more efficient, streamlined structure, designed to improve decision-making and communication. Due to resource constraints, the new structure was not implemented in full, and the second phase, the establishment of a support services group, will be implemented at the earliest opportunity.

The new management structure for the hospital will continue to operate (subject to annual review), with the emphasis on team-building within departments and groups. Delegation of authority and responsibility for budgets will follow throughout 2014, with budgets fully devolved for 2015.

With the uncertainty around the hospital's place in the new national structures, it is essential that senior staff establish, maintain and develop networks with colleagues from other parts of the health services, with a view to ensuring the best outcome for our patients and residents. The hospital will collaborate with the HSE South and the South-South West Hospital Group on relevant issues, as appropriate, including the implementation of agreed new governance arrangements introduced across the south of the country.

### Key Action Points

- In the normal course of events, two directors will retire in 2014, and one in 2015, and the Nomination Committee will plan for their replacement.
- The Chief Executive Officer will implement phase 2 of the new management structures immediately resources become available.
- The Head of Finance will devolve group and department budgets in 2015.

- The Hospital will seek to influence and guide decisions on the placement of palliative care and care for older people within the new healthcare structures.
- The hospital will collaborate with the HSE South and the South-South West Hospital Group on the implementation of any agreed new governance arrangements.

## 7.0 Education and Research

The hospital will host a 2-day international conference in 2015, with a focus on palliative care and the care of older people. This is intended to enhance Marymount's reputation in specialist palliative care and the care of older people, and to signal an intention to become a leader in both disciplines.

We will increase the level of research activity in the service for older people and in palliative care, by supporting staff on formal academic courses, by encouraging research activity by staff, and by collaborating with other agencies, such as the All Ireland Institute of Hospice and Palliative Care, the Irish Gerontological Society, and University College Cork.

We have a responsibility to provide education for our own staff, but also for the wider health services and the public. We will build on the excellent work to date of the Mary Aikenhead Education Centre to develop and expand the number of courses on offer in the hospital and on outreach programmes. Expansion requires resources, but expansion will also generate income. We will strive to fund additional teaching staff, but the initial thrust will have to rely on guest lecturers and existing staff. The hospital will facilitate and support staff in meeting the continuing professional development requirements of their respective regulatory bodies.

It is hoped to develop the existing Postgraduate Diploma in Palliative Care into an MSc in Palliative Care, and to deliver this programme in a blended learning model. This will involve additional expertise and resources, particularly in the area of eLearning development.

### Key Action Points

- The hospital will organise an international conference in 2015.
- Research, and a research culture, will be promoted and supported in the hospital.
- The Director of Education, in consultation with the Head of Medicine, Pharmacy and Education, will exploit every opportunity to expand the services of the Education Department, within the resources available.
- The Director of Education, in consultation with the Head of Medicine, Pharmacy and Education and supported by the Chief Executive Officer, will collaborate with University College Cork to develop a blended learning MSc course in palliative care by 31<sup>st</sup> December 2015.

## 8. Quality and Risk

Quality and Risk are considered key components of healthcare governance (HSE 2008). Two distinct committees (Quality Committee & Risk Committee) will lead on the assessment and measurements of current practice and make plans for improvement within the hospital. Quality and safety will become an inherent part of our organisational values.

### 8.1 Risk

The hospital will strive towards building a culture of patient safety. A comprehensive risk register will be established and training for frontline staff on risk/risk registers will be rolled out. A number of KPI's (key performance indicators) for risk will be identified, and risks will be measured and trended. Risk management will be a continuous process and it will aim to influence behaviour and develop an organisational culture within which risks are recognised and addressed. The Risk Committee will lead on learning from mistakes and preventing re-occurrence of errors.

### 8.2 Quality

As the registered provider, the Chief Executive Officer is legally responsible and is held accountable for the service. The hospital Executive Committee, headed by the Chief Executive Officer, will focus on quality improvement aiming to deliver safe, effective and high quality care which results in a positive patient/family experience. National and international evidence will assist in forming recommendations for quality improvement initiatives. Meeting the National HIQA standards (for residential settings and safer better healthcare) will underpin all quality initiatives for the duration of the strategy.

Through the development of quality and risk over the period of the Hospital Strategic Plan the hospital outcomes will ultimately be:

- Improved patient care
- Enhanced public perception and confidence
- Reduction in errors
- Systematic identification of organisational weakness
- Improved performance and effectiveness
- Improved decision making
- Clarity of roles in relation to risk and quality
- A more open, inclusive and transparent culture
- A culture of excellence in all departments

### Key Action Points

- The Risk Committee will identify, measure and trend KPI's for risk, with robust systems to be in place by 30<sup>th</sup> June 2014.

- The Quality Committee will promote quality within the hospital, with robust structures and systems to be in place by 31<sup>st</sup> March 2014.

## 9.0 Fundraising

The hospital will continue to rely on fundraising to maintain the quantum and quality of its services, and to discharge the debt on the new hospital. The targets for both are already challenging, but if further significant cuts in core HSE funding occur, fundraising income will have to increase if cuts in services are to be avoided. In any case, there are many aspects of the service that are under-developed, and progress in the medium term is unlikely unless additional fundraising income can be generated.

With that in mind, the hospital will establish a Foundation to complement the wonderful work of the Friends of St. Patrick's. The Foundation will identify new fundraising streams and partnerships that will not interfere with the operations of the Friends, which hopefully will continue to flourish and grow.

The memorandum of understanding between the hospital and the Friends will continue to guide relationships between both parties. Every effort will be made to ensure the relationship is harmonious, supportive and respectful. The hospital will provide every assistance to the Friends to ensure that publications and statements are accurate, sensitive and current.

### Key Action Points

- The hospital will establish a foundation by 1<sup>st</sup> July 2014.
- The Friends of St. Patrick's will be supported and encouraged to maintain and even expand their fundraising work.

## 10.0 Human Resources (HR)

Human Resources' approach to people management will continue to evolve from a top-down, prescriptive, administrative approach to a more supportive, developmental, partnership approach.

The performance of the service will depend more on healthy management/staff relationships than it will depend on a resource utilisation approach. Human Resources will change its name to Human Relations to reflect this evolution. The organisational values towards patients and residents will be reflected back for the benefit of staff, acknowledging the challenging work that staff undertake in difficult circumstances. This service approach will honour the unique ethos and mission of Marymount University Hospital & Hospice as a whole.

In practice this means staff will be heard and supported through a staff well-being scheme, palliative care supervision, conflict resolution, suggestion schemes, and an open-door policy. Where possible, the adversarial style of industrial relations will be minimised in favour of a more collective approach. Sectional interests within the hospital will be integrated (e.g. through social functions, project work, etc.). As budgets allow, management and staff development will be given priority so that they are empowered towards greater autonomy.

Operationally, HR will ensure that the hospital plans, selects, contracts, inducts, trains, develops, informs, regulates, supports, rotates, engages and appraises staff in the best way possible.

Strategically, HR will continue to evolve from administrative to more strategic work. HR will automate administrative work (e.g. attendance and holiday recording, payroll changes), and devolve it to line managers and staff where it more properly belongs. Transactional HR work will be properly supported by HR and Time and Attendance software, as the current manual approach is hugely cumbersome and inadequate for the growing service. The priorities will become performance management, policy development, and absenteeism.

HR resources are currently very limited and will require expansion to deliver on its mission.

### **Key Action Points**

- The Head of Human Resources will introduce a performance review system in 2013, for full implementation in 2014.
- The Head of Human Resources will update the HR policy suite on an ongoing basis, and ensure that all HR policies are in the format laid down in the hospital's Policy on Policies.
- A time and attendance system will be introduced within the hospital by 30<sup>th</sup> June 2014.
- Escalation of employee and industrial relations issues will follow clear, agreed paths so that problems are solved early and at the lowest most informal level possible.

## **11.0 Information and Communications Technology (ICT)**

The hospital will develop an ICT Strategy in 2014. An internal ICT review of hardware and software within the organisation, systems and processes, and knowledge deficits, will be carried out in-house in 2013 and 2014. This will inform the ICT Strategy, which will plan to address identified needs and to pursue available opportunities, especially in the areas of:

- Fixed assets
- Risk management
- HR
- Accounting
- Clinical software

Opportunities to procure expert input on a voluntary basis will be explored to the greatest extent possible. The integration of hospital patient information systems with the HSE and the acute hospitals will continue as a top priority. The hospital website will be updated in 2013, and kept current thereafter by an in-house team.

### **Key Action Points**

- The Head of Finance will produce an ICT Strategy by 30<sup>th</sup> June 2014
- The Head of Finance will organise a review of IT systems in the hospital, and update the asset register, by 31<sup>st</sup> March 2014.
- The Head of Finance will oversee the updating of the hospital website by 31<sup>st</sup> March 2014, and ensure its ongoing maintenance thereafter.
- The Head of Finance will work with the HSE and the hospital's IT advisors to ensure that the hospital systems are compatible (for sharing patient information) with the HSE systems by 31<sup>st</sup> March 2014.

## **12.0 Public Relations**

The hospital will develop a Public Relations Policy to ensure that communications with the public through the media are professional, accurate, up-to-date, consistent, and controlled, and to promote good community relations.

Confusion around the hospital name(s) prompted a review of branding issues during 2013. The proposals for re-branding that emerged will be launched in the first quarter of 2014. The re-branding will help to maintain a collective identity in the face of the changing healthcare structures in which we operate. Consideration will be given to protecting "the brand" through trade mark registration or similar device.

### **Key Action Points**

- The Chief Executive Officer will develop a public relations policy by 31<sup>st</sup> March 2014.
- The new hospital brand will be launched in January 2014.
- The Head of Finance will register the new name of the organisation as a trade mark, or take equivalent steps to protect the Marymount brand.