

# Connolly Hospital Blanchardstown

## OUR VISION

Our Vision is excellence in the delivery of comprehensive integrated and accessible acute services to our patient population through partnership with our patients, the public, our staff and other organisations.

## OUR MISSION

We are committed to the provision of patient centred quality care, delivered with compassion and professionalism by valued and dedicated staff, whilst ensuring excellence, equity and accountability.

## OUR CORE VALUES

Putting patients at the heart of what we do and how we do it

Being open and honest

Ensuring best use of our resources

Promoting multidisciplinary team work

Valuing, supporting and retaining staff

Recognising both individual and team contributions

Supporting staff development

Communicating effectively

Harnessing and embracing change and innovation to enhance services

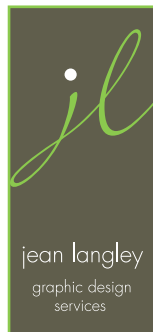
Monitoring our progress by a process of self auditing and benchmarking against others

## UNDERLYING PRINCIPLES

The underlying principles of this Strategic Plan are equity, people-centredness, quality and accountability as set out in the National Health Strategy – Quality and Fairness: A Health System for You (Department of Health and Children, 2001).

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## 1. Foreword



**O**n behalf of the staff of Connolly Hospital Blanchardstown, the Hospital Executive Committee are pleased to present the hospital's Strategic Plan for the period 2005 – 2010. This plan reflects our understanding of the environment in which we work, the shifts and currents in that environment, the needs of our stakeholders and how these needs can evolve and our own role and capacities. Through the strategic planning process we have reviewed our vision and mission, identified strategic objectives and clear goals, and outlined what we hope to achieve during the life of this plan and how we propose to measure our progress. This plan will be modified, as necessary, to reflect unforeseeable events in the external and internal environments.

The development of this Strategic Plan is timely for our hospital as it charts new directions in a rapidly changing health care landscape. With an increasing emphasis on system integration, the difficult balance between needs and resources, the emphasis on emergency services, human resources shortages and the emerging environment of clinical governance, the health care system poses unique challenges. No doubt our hospital will be challenged by many of these developments and this Strategic Plan gives us the opportunity to craft these challenges into our future directions over the next five years.

Many people have been involved in the development of this Strategic Plan through an extensive consultation process and we thank them for their support. We acknowledge all the supporting departmental plans submitted as part of this process. We have taken cognisance of these plans, which are linked, to our overall strategy through our supporting Implementation Plan.

Finally, the staff of Connolly Hospital Blanchardstown have worked very hard in developing this plan and we thank them very much for their dedication, commitment and enthusiasm. Their continuing willingness to identify opportunities, to embrace change and to engage in this process will ensure the success of this Strategic Plan. We intend that the months spent working and re-working this plan shall now be translated into dedicated work to realise the vision we have set for ourselves to meet the needs of our patients and clients over the next five years.

## 2. Executive Summary

### 2.1 The National Context

In developing this Strategic Plan we acknowledge the scale and scope of the most extensive reform programme of the health system in over 30 years. We recognise that our strategic direction will be significantly influenced by the context provided through national policy and local circumstances. We therefore took cognisance of the national reform programme, the legislative framework together with national and regional strategies and policies governing and guiding the provision and delivery of health services. The key principles of the National Health Strategy – Quality and Fairness: A Health System for You (Department of Health and Children, 2001) namely, equity, people centeredness, quality and accountability underpin our Strategic Plan.

The Health Service Executive (HSE) came into existence on January 1st, 2005, following the enactment of the Health Act 2004. The Act established the Health Service Executive (HSE) and provided for the dissolution of the Health Boards, the Eastern Regional Health Authority (ERHA) and other agencies. The National Hospitals Office (NHO) is responsible for the provision of all acute hospital, ambulance and pre-hospital emergency care services throughout the country. The National Hospitals Office (NHO) has realigned, on an interim basis, all acute hospitals into one unified structure, which is comprised of 10 networks.

A key focus for hospital groupings is integrating hospital services with primary, community and continuing care. There is a strong emphasis on performance against agreed objectives for individual hospital managers and groupings of hospitals coupled with mechanisms to provide incentives for improved performance and innovation.

These important national priorities will be pursued against a changing local environment in Connolly Hospital Blanchardstown's catchment area. The hospital's strategy is sufficiently flexible to take account of changes to our boundaries and our growing collaboration with Network 10 and other relevant networks particularly in view of the development of the National Roads Network. This flexibility will incorporate regular reviews of our Strategic Plan to ensure that it remains relevant and consistent with the wider developments and review of the health services in general.

### 2.2 The Local Context

Connolly Hospital Blanchardstown is a major teaching hospital providing a range of acute medical and surgical services, emergency services, acute psychiatric services, long stay care, day care, out patient, diagnostic and support services to a catchment population of 290,000.

A new €96m development at the hospital opened in January this year. The development replaces older buildings on the site, spread out over a large area, with a modern facility, utilising a combination of new buildings integrated with substantially upgraded existing buildings. The development includes a new Emergency Department, Coronary Care and Cardiac Unit, Psychiatry of Old Age Day Hospital, Acute Psychiatry Unit, Theatre Suite, Surgical and Medical Block, Intensive Care Unit and Day Surgery facilities.

The national health service is facing a period of considerable change and our hospital is well positioned to take advantage of these changes and to meet future challenges including requirements for new ways of working and the continued provision of excellent service to our patients/clients in the years ahead.

### 2.3 Underlying Assumption

The underlying assumption in this Strategic Plan is an agreement on baseline funding for our hospital and the receipt of the full year revenue costs of commissioning all new services and developments.

### 2.4 Population Trends and Projections

The population projections and assumptions, utilised in this Strategic Plan, are based on the actual referral activity to our hospital.

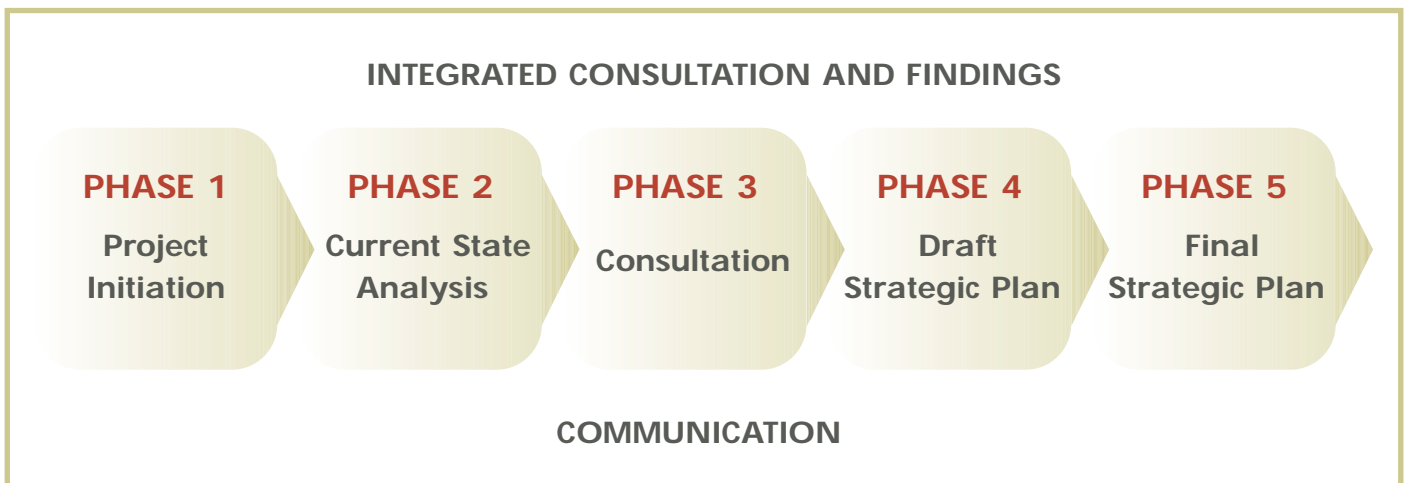
In the period from 1991 to 2002, the population of our hospital's catchment area has grown at a rate that puts it amongst the fastest growing areas in Ireland. The indicative population of our catchment area stood at 290,196 in 2002, which represents an increase of 22% from the 1996 census figures. This rate is comparable with a national increase of 8% for the same period.

A population projection was prepared for our catchment area using a standard cohort survival methodology. The results show that our catchment area should expect an increase in the order of 39,000 people by 2007, a 13% increase. This will increase to 367,224 by 2012, a 26% increase. By 2022, the population is projected to increase to 418,774, an increase of 44% on the 2002 figure.

The demand for services at our hospital is expected to increase and become more complex because of the anticipated population growth particularly in the population aged over 65 years. By 2012 our over 65 years catchment population is expected to increase by 50% on the current figure. In 2022 the projected population aged over 65 years, for our catchment area, will be 44,967 people representing a 137% increase on the current population. This is a significant increase because as people age they typically require more health services and are more likely to be affected by chronic diseases. Therefore an increase in chronic disease management and treatment services as well as assisted living and home support services are expected.

### 2.5 Developing the Strategic Direction – the local process

In August 2004, a Strategic Planning Steering Group was established in Connolly Hospital Blanchardstown, to initiate the development of a five year Strategic Plan for the hospital. The aim of the Steering Group was to develop a Strategic Plan that is focused, enjoys wide ownership, is based on solid principles, can be implemented and monitored effectively, and is well communicated and understood. The Steering Group's requirements were met through a five-phase strategic planning process as outlined below.



The strategic planning process included an objective assessment of our hospital's internal and external operating environments together with an in-depth review and analysis of a wide array of relevant information.

A comprehensive analysis of the strengths, challenges, opportunities and uncertainties confronting the hospital was also undertaken and these are outlined in detail in Chapter 7. This effort provided a clear picture of where we are today, how we reached this juncture and how we can improve every aspect of what we do for the benefit of our patients and clients.

The Strategic Planning Steering Group garnered input from a range of internal and external stakeholders through individual interviews and workshop sessions, representative of staff, other healthcare providers, general practitioners (GPs), funding bodies, patient and community representatives, academic institutions, insurers and local authorities.

This approach ensured that our Strategic Plan is based on broad consultation, builds on the vision and the goals of the National Health Strategy – Quality and Fairness: A Health System for You (Department of Health and Children, 2001) and reflects the knowledge gained through on-going monitoring of our internal and external environments.

A draft of the Strategic Plan was circulated widely to internal and external stakeholders for feedback prior to the plan being adopted by the Hospital Executive Committee at its meeting on April 14th 2005.

## 2.6 Agreed Strategic Direction

What follows are new Vision and Mission Statements and a Strategic Plan for Connolly Hospital Blanchardstown designed to build on the hospital's current strengths and to think creatively

and innovatively about the future. Ultimately, Connolly Hospital Blanchardstown's Strategic Plan has been developed to integrate the needs of our community with a realistic view of what Connolly Hospital Blanchardstown can and should do.

### Our strategic targets

- To develop our clinical capacity
- To participate in collaborative relationships and strategic alliances to plan and deliver service developments and improvements
- To enhance our hospital's estate and facilities
- To provide and deliver quality and safe clinical services that are designed around the patient and are based on best practice standards
- To demonstrate commitment to quality of care, as part of a continuous improvement cycle, and benchmarked by external review and accreditation, to ensure our hospital delivers the highest quality of care
- To ensure effective corporate and clinical governance arrangements are in place
- To provide a supportive, learning and healthy environment for staff
- To ensure information technology is developed to meet the needs of the service and that information is properly collected and used to improve services
- To be a knowledge based organisation by promoting and investing in research and knowledge sharing
- To provide services that represent value for money



## Our Key Strategic Objectives

We have identified seven strategic objectives that, together, will move us closer to our vision.

### Objective 1

**Develop the hospital's position as a provider of acute services**

### Objective 2

**Improve the patient experience by the provision of high quality accessible services**

### Objective 3

**Develop our leadership, management and governance capacity**

### Objective 4

**Develop our workforce to meet the needs of the service**

### Objective 5

**Strengthen our information, communication and technology management (ICT) systems**

### Objective 6

**Develop our position as a teaching hospital**

### Objective 7

**Manage our resources effectively and efficiently**

In recognition of the importance of making our strategic objectives concrete and feasible to implement key actions were developed for each strategic objective. These actions are outlined in Chapter 9.

The Implementation Plan, which supports this Strategic Plan, outlines the actions in further detail together with the individual or group who has responsibility for carrying out the action, and the potential timeframe for implementation of the action.

## 2.7 Critical Success Factors

Factors which are critical to ensure the successful implementation of the Strategic Plan include:

- Development of our clinical services
- Strengthened management structure
- Defined roles and responsibilities of staff and examination of new ways of working
- Enhanced system of decision-making and communication
- Willingness to integrate service delivery with other partners in the integrated clinical network
- Successful development and strengthening of effective partnerships with the hospitals in Hospital Network 10 and other networks, the National Hospitals Office (NHO), the various pillars of the Health Service Executive (HSE), academic institutions, local authorities and the private sector
- Implementation of quality standards throughout the hospital
- Improved multidisciplinary working
- Improved evidence informed practice
- Agreement on baseline funding for the hospital
- Commitment to staff recruitment and retention
- Investment in Information Communication Technology (ICT)
- Improved collaboration with key strategic partners
- Development of the hospital's academic and research components
- Investment in quality improvement/innovation
- Commitment to evaluating and monitoring progress on Strategic Plan implementation

## 2.8 Our Core Clinical Strategy

Our core business is the delivery of high quality clinical services that are patient centered and delivered in line with best value for money. We have identified the need to develop and improve our clinical services for our catchment population and to become more integrated in our networks as part of delivering the wider national health reforms locally. In doing so we will retain a clear focus on the changing needs and expectations of our patients/clients.

Our core clinical strategy addresses opportunities for development within our hospital, opportunities for diversity of provision and opportunities for services provided in the community. We are open to discussion with the National Hospitals Office (NHO) regarding the current configuration of the interim Hospital Networks and to examine the potential for the development of strategic alliances with other networks.

In terms of Public/Private Partnerships and diversity of provision the hospital's position is a major strength. The hospital's major capital development programme has put us in an excellent position in terms of our infrastructure. Our geography, proximity and location provide excellent long-term opportunities to grow and develop services. The hospital site has a lot of potential for further development/expansion and we will work proactively to maximise this potential for the benefit of our patients and clients.

We are receptive to new ways of working, which will result in more flexible and responsive services for our patients and clients. For many services this will be achieved through new models of care, increasing the range of outpatient services, direct access to diagnostic and therapy services for general practitioners (GPs), increasing day case surgery and reviewing the ratio of emergency to elective care.

We recognise that we can only achieve our vision through a range of collaboration with many partners including our community and primary care colleagues, other hospitals, other clinical networks, academic institutions, local authorities and the private sector. We will continue to strengthen and develop our relationships with our partners to help bring about shared objectives and to co-ordinate and integrate care into a seamless system.

Supporting strategies are being developed for all support functions, systems and processes.

## 2.9 Performance Management

We acknowledge that Performance Management is an essential component of our ethical and business imperative to continuously improve care and service. We also have a legal imperative to demonstrate continuous improvement and financial stewardship.

It is therefore our strategic aim to develop and implement a performance management framework with the following characteristics:

- Clear lines of accountability
- Clear roles and responsibilities
- Collective ownership of decision making
- Clear arrangements for monitoring and reviewing individual performance
- Clear arrangements for monitoring and reviewing performance incorporating the national performance indicators
- The development of local performance indicators

## 2.10 Conclusion

Demand for services is increasing as the population grows, ages and as new treatments become available. Health care needs are changing and include the requirement for on-going care across a full continuum of services. We are committed to working with our partners in primary and community services to support a whole systems approach to improving health and to build on the vision and goals of the National Health Strategy Quality and Fairness: A Health System for You (Department of Health and Children, 2001).

In the months and years ahead we will be faced with difficult choices and many challenges as we implement our Strategic Plan. We are committed to working hard to ensure that Connolly Hospital Blanchardstown is a hospital that patients/clients choose to come to, not only because we provide high quality clinical care, but because the whole patient experience and the hospital environment is a positive and welcoming one. We have a good basis from which to move forward and we will engage with our patients/clients, the public, and our staff to ensure that our services are truly responsive to the needs of our patients/clients. We will continue to work closely with our strategic partners to ensure patients/clients receive the best possible care, at the right time and in the right place, whether in hospital, the community or at home.

Our strategic aims and objectives will guide us over the long-term providing direction to keep us on course and focused on our vision. Our dedicated, professional and valued staff will be the key in ensuring the success of this Strategic Plan.

### 3. History of Connolly Hospital Blanchardstown

**T**his brief history of our hospital is relevant to understanding our current position.

The hospital was founded in 1955 in response to the rise in the incidence of tuberculosis. At that time, tuberculosis was treated with exposure to fresh air and sunlight. Blanchardstown was a rural village several miles from Dublin. Cabra had only been developed and Finglas and Castleknock were small villages on the north-western fringe of the city.

In the early 1960s the introduction of effective antibiotics revolutionised the treatment of tuberculosis and there was no need for the hospital to continue in its original role. By this stage however, there was increasing urban development in the area around the hospital and the hospital was recognised as a General Hospital in 1973. By the early 1980s the increasing population of the catchment area and pressures on other hospitals resulted in the hospital's integration into the Accident and Emergency Service for North Dublin.



At this time there were very few consultant appointments to the hospital. The majority of these consultants had between 1 and 4 session commitments to the hospital with their primary commitment to the Mater, Jervis Street and Richmond Hospitals.

Over two thirds of the acute medical beds, including the Coronary Care Unit, were located away from the main hospital block. A significant number of services were provided from temporary prefabricated buildings, which were erected in the early 1980s. As demands on the hospital's services increased these buildings and ancillary facilities were inadequate to meet the needs of the catchment population.

In 1995 agreement was reached with the Department of Health and Children to undertake a major development programme at the hospital. In 2000 we commenced a €96m Capital Development Programme. This development replaced the older buildings on the site, which were spread out over a large area, with a modern facility, utilising a combination of new buildings integrated with substantially upgraded existing ones. The new development was commissioned in October 2004 and includes a new Emergency Department, Coronary Care and Cardiac Unit, Psychiatry of Old Age Day Hospital, Theatre Suite, Surgical and Medical Block, Intensive Care Unit, Day Surgery facilities and a General Adult Psychiatric Unit.

Until recently the hospital was known as James Connolly Memorial Hospital and has, in the past, been under the governance of the former Eastern Health Board and the former Eastern Regional Health Authority (as part of the former Northern Area Health Board). Since January 1st 2005, Connolly Hospital Blanchardstown operates in Hospital Network 10 alongside Beaumont Hospital, Mater Misericordiae University Hospital, Cappagh

National Orthopaedic Hospital, Rotunda Hospital and Children's University Hospital Temple Street.

The hospital has been and continues to be an important training facility for medical, nursing and allied health professionals working closely with the Royal College of Surgeons (RCSI), Dublin City University (DCU), the Institute of Technology, Trinity College Dublin (TCD) and University College Dublin (UCD).

Today, the demographics of the area served by the hospital are very different to those of the 1950s. The hospital is in the middle of a rapidly expanding urban area serving a population of over 290,000 people. We continue to respond to the ever-changing needs of our patients and clients from Dublin North West and South West to Meath and Kildare.



## 4. The National Context

### 4.1 Legislative Context

Services are delivered within the legislative framework of the Health Acts 1947 – 2004 and within the overall policy context set out in Quality and Fairness: A Health System for You (Department of Health and Children, 2001). The various published Comhairle na nOspideal reports including those on emergency, vascular, haematology, dermatology, acute medical units, neurology and neurophysiology services also inform policy and planning of acute service provision. Other Comhairle na nOspideal reviews currently underway include ENT, pathology, rheumatology, plastic surgery and urology.

The 10-point Accident and Emergency Plan will also influence the planning and delivery of acute services.

### 4.2 National Structures and Governance Arrangements

The Health Service Reform initiated an unprecedented change programme for the Irish Health System. The Health Service Executive (HSE) took over full operational responsibility for running the country's health and personal social services on January 1st 2005. The services are provided through nine National Directorates. The hospitals are managed through ten local Hospital Networks, which report into the National Hospitals Office (NHO). Community Services are managed locally by Local Health Managers who report into the Primary, Community and Continuing Care Directorate (PCCC).

### 4.3 National Hospitals Office (NHO)

The National Hospitals Office (NHO) is responsible for resource allocation, service delivery and performance management of all acute hospitals in the country, through 10 Hospital Networks. Since January 1, 2005, Connolly Hospital Blanchardstown is positioned in Hospital Network 10.

#### 4.3.1 Ambulance Service

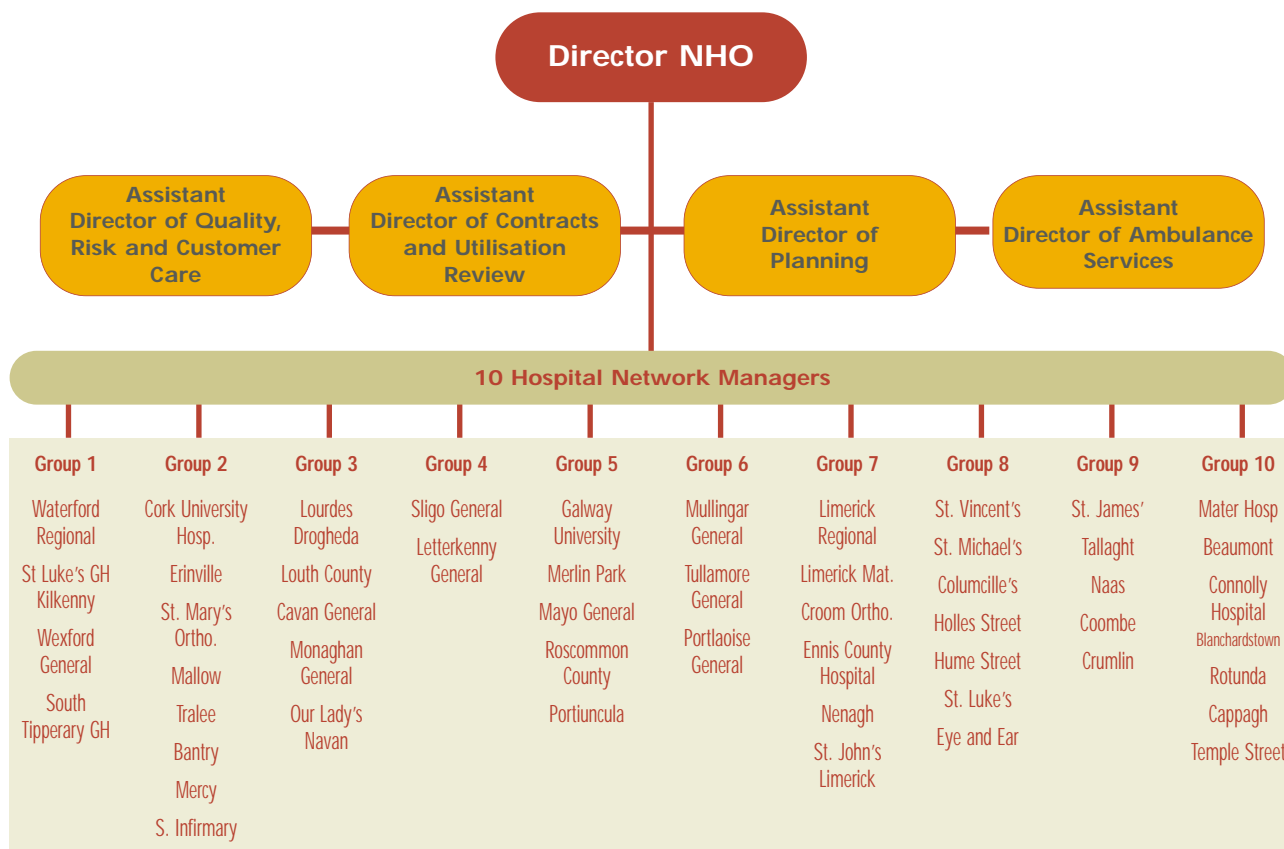
The National Hospitals Office is responsible for the delivery of the Ambulance and pre-hospital emergency care service.

In the Eastern Region ambulance services are provided by the statutory Ambulance Service of the HSE East Coast Area. In addition Dublin Corporation Fire Service, on behalf of the HSE Eastern Region provide Ambulance Services in the greater urban area of Dublin City.

Our hospital works in partnership with the Ambulance Service to ensure that pre-hospital emergency care and transportation services are provided as an integral part of the continuum of care for our patients.



## Structure of NHO



### 4.4 National Service Planning

The National Service Plan is the annual contract between the Minister for Health and Children and the Health Service Executive (HSE). It is supported by a comprehensive business planning process, which comprises service/operational plans at all levels in the national health delivery system.

To support the national planning process our hospital will develop and implement a uniform approach, in line with national guidelines, to service development and business plans across all services in the hospital.

### 4.5 Service Pressures – bed capacity

A potential threat to any vision of service development is the acknowledged need to set bed

capacity and utilisation at a level which will enable the hospital to meet its emergency and elective commitments. This is fundamental, not only in avoiding long “trolley waits” and meeting performance targets, but also in ensuring that our hospital has the facilities to provide best standards of care for individual patients.

It is acknowledged that bed capacity is a national issue and our hospital is no exception in this regard and, given our demography, bed capacity will continue to present challenges for our hospital. We have undertaken a review of our future bed requirements on the basis of 85% occupancy serving our current catchment population of 290,000. We have calculated that we require an additional 64 acute beds and an additional 20 day beds to meet our current needs.

We accept that, for our part, we must ensure that we actively manage our bed occupancy levels, length of stay, readmission rates, waiting lists and other efficiency indicators. Strategically, we are working to increase the current levels of day surgery and engaging with our community partners, local authorities and private providers to develop different models of care, which are more responsive to patient needs, and which reduce delayed transfers of care (discharges). We will initiate discharge planning upon admission to the hospital.

Our hospital continues to “lose” a substantial number of acute beds where these become blocked by delays in transfer or discharge. We acknowledge that the causes are complex but the shortage of nursing and residential home capacity and the lack of suitable rehabilitation facilities is of particular concern. Currently there are 70 long stay patients in our hospital (16% of our bed stock) who require an alternative level of care.

Of our total bed stock of 439, 167 acute beds, are available on a 24-hour, 7-day basis to support emergency and elective services. The impact of delayed transfers of care is directly felt through unacceptable delays in admitting emergency cases from the Emergency Department and an equally unacceptable high rate of cancellation of elective admissions thereby impacting negatively on the management of our waiting lists and waiting times. Currently the ratio of our emergency admissions to our elective admissions is 74% – 26%. It is our objective to reduce emergency admissions to 60% and increase elective admissions to 40%.

### Ratio of Emergency and Elective Admissions

|           | 2003 | % Ratio | 2004 | % Ratio |
|-----------|------|---------|------|---------|
| Emergency | 5290 | 74%     | 5851 | 74%     |
| Elective  | 1865 | 26%     | 2043 | 26%     |
| Total     | 7155 |         | 7894 |         |

### 4.5.1 Progressive Practices

We have introduced the following progressive practices to support the delivery of services. However pressure on bed capacity continues to be a major challenge for our hospital. The practices in place include:

- An additional Emergency Consultant
- Triage procedures
- Designated Minor Injury Unit
- General Practitioner Liaison Nurses
- Patient Liaison Officers
- Advance Nurse Practitioners

In addition the following initiatives are being progressed:

- A Chest Pain Unit will be commissioned in July 2005
- Direct access to diagnostic services for general practitioners (GPs) will be available in July 2005
- A Respiratory Project will be launched in July 2005
- The role of nurses and allied health professionals in specific clinical skills will continue to be expanded within the scope of their practice.

We will engage with the National Hospitals Office to address our bed capacity deficiency over the life of this Strategic Plan.

## 4.6 National Strategies

### 4.6.1 Cardiovascular Health Strategy

The National Cardiovascular Health Strategy ‘Building Healthier Hearts’ (1999) provides an agreed strategic approach to the prevention and management of cardiovascular disease.

Currently patients of our hospital, who require surgical cardiac intervention in the catheterisation laboratory, are transferred to the Mater Hospital



for treatment and returned to our hospital for post-operative care. Effective partnership working is therefore essential for the development and delivery of prevention programmes and of patient centred pathways of care. A key priority for the Cardiovascular Service is to continuously promote collaborative arrangements which ensure that staff are actively working with colleagues in partnership models, and engaging with other sectors (both public and private) to advance an integrated, holistic approach to service delivery.

Our hospital's immediate focus is to commission the Chest Pain Observation Unit in our new Emergency Department. This unit will greatly enhance the quality of care to patients with low risk cardiac-related chest pain, who are presently being admitted to the hospital via the Emergency Department.

We will continue, over the life of this plan, to achieve the targets set out in the Cardiovascular Strategy.

#### 4.6.2 Cancer Services

An evaluation of the 1996 Cancer Strategy was published in 2003 on behalf of the National Cancer Forum – “An Evaluation of Cancer Services in Ireland; A National Strategy”(1996). This evaluation is a key component in the development of the new Cancer Strategy and is central to the development of quality cancer services.

The hospital's cancer services are provided via the Department of General Surgery. Cancer services provision is organised through a multi-disciplinary oncology conference, which is held on a weekly basis to discuss cancers diagnosed at the hospital. A number of initiatives include the development of a joint symptomatic breast cancer service between our hospital and Beaumont Hospital, the commencement of a haematology/oncology day unit, the development of psychological services and

the enhancement of cancer service co-ordination. Key issues include the implementation of priorities identified in the National Strategy Report, the challenges posed in meeting the costs of expensive new drug therapies and the development of a Primary Care/Secondary Care Protocol to deal with referrals from general practitioners (GPs) to specialists dealing with the most common causes of cancer.

We are committed to delivering on the targets outlined in the new Cancer Strategy.

#### 4.6.3 Health Promotion

The strategic direction for Health Promotion in our hospital is guided by national and international Health Promotion policies particularly the most recent Health Promotion Strategy 2000 – 2005 (Department of Health and Children 2000).

Our hospital has been actively involved in the Health Promoting Hospital Organisation since 1993 and is recognised as an important setting for Health Promotion action which can reach patients, staff and the wider community to improve health and sustain well being. We are committed to working with our primary, community and health promotion colleagues to promote initiatives that shift the focus from illness to wellness and from facility-based care to Population Health.

#### 4.6.4 Primary Care Strategy

The Primary, Community and Continuing Care Directorate (PCCC) of the Health Service Executive (HSE) has responsibility for primary care including general practice, community based health and personal social services, services for older persons, children, disability services, mental health and social inclusion.

The National Primary Care Strategy ‘Primary Care – A New Direction’ (2001) promotes a team-based approach to service provision that will help to build

capacity in primary care and contribute to sustainable health and social development. The national target is to provide 90 – 95% of all health and personal social services in a primary care setting.

Our hospital is committed to working in partnership with our primary and community care colleagues and local authorities to develop different models of care which are more responsive to patient needs and which reduce delayed transfers of care. The current focus for our hospital is the development of integrated care pathways, on line reporting of pathology and radiology results (Health Link) to general practitioners (GPs), the provision of direct access to diagnostic services for general practitioners (GPs), the provision of a diagnostic courier service and to investigate the feasibility of providing a GP out of hours service on site.

#### 4.6.5 Mental Health

One of the primary functions of the Mental Health Commission is to put in place mechanisms by which the standards of care and treatment in mental health services can be monitored, inspected and regulated. Our hospital is committed to the promotion and implementation of best standards of care in our mental health service over the lifetime of this Strategic Plan.

The Primary Community and Continuing Care Directorate (PCCC) of the Health Service Executive (HSE) have responsibility for mental health services. Our hospital will continue to work in partnership with the Primary Community and Continuing Care Directorate (PCCC), our community psychiatry colleagues and user groups to improve the integration of community and general adult psychiatry services in psychiatric catchment area 6<sup>1</sup>. Furthermore, as the acute catchment population

for the hospital is not coterminous with psychiatric catchment area 6 it is imperative that the hospital's Liaison Psychiatry service is further developed.

The development of the new 56 bed acute psychiatric unit at our hospital will allow for the transfer of general adult psychiatric services from St. Brendan's Hospital in line with national policy to integrate general adult psychiatric services into general hospitals. It is envisaged that this transfer of services will take place during 2005. The revised management structure for this new unit will further facilitate the delivery of seamless integrated care for our patients/clients.

#### 4.7 Best Practice

A key policy aim of the National Health Strategy – Quality and Fairness: A Health System for You (Department of Health and Children, 2001) is to deliver high quality services that are based on evidence informed practice. Health care organisations, regionally, nationally and internationally are facing many of the same pressures that are challenging our hospital. We will look to other organisations in healthcare and other sectors for innovation and best practices that have been tested and found to be useful. Learning from other organisations can help us to adopt practices in clinical, operational and administrative areas that will improve services for our patients/clients and support continuous quality improvement.

We will work closely with the Health Information and Quality Authority (HIQA) to ensure that our patients receive the best possible outcomes within the available resources.

We will also work with relevant third level institutions to collaborate on relevant research proposal development and to lobby the Health Research Board (HRB) and the Health Service

<sup>1</sup> Psychiatric catchment area 6 serves the populations of the Cabra, Finglas and Blanchardstown sectors.

Executive (HSE) for the funding required to initiate and carry out such projects. It is essential that health services research is developed and funded in order to develop evidence informed practice.

#### 4.8 Partnership Process

The Partnership process provides Connolly Hospital Blanchardstown with a new and active method for managing change in the organisation.

The hospital's Partnership Committee was established in February 2003 and is committed to following and ratifying, in a cohesive manner, the key principals, which underpin the partnership process. These include:

- Quality in the delivery of health and social services
- Opportunities for staff to be involved in and contribute to meeting organisational challenges, the development of strategies and service planning
- Co-operation with change including new forms of work organisation
- Enhancing the quality of the work environment
- Communication and consultation

It is envisaged that over the next five years the Partnership Committee will be fully participative in facilitating change and innovations, which may be brought about with the restructuring of the Health Service. The objective of this mirrors the key principles of this Strategic Plan to improve the quality of service for our patients/clients.

#### 4.9 The Modernisation Agenda

The National Health Strategy – Quality and Fairness: A Health System for You (Department of Health and Children, 2001) contains a clear and comprehensive statement of sectoral modernisation objectives for a transformation of the health and personal social services. The key principle guiding the change agenda overall is aligning the delivery of services to the preferences and requirements of service users and the need for accountability in relation to very substantial investment levels. Furthermore the programme for public service modernisation set out in part 2 of 'Sustaining Progress' (Social Partnership Agreement 2003 – 2005) deepens the process of quality public service delivery by ensuring a greater focus on outcomes and securing value for money.

The spirit of participation, innovation, flexibility and commitment to change prevails throughout the various services and amongst staff in our hospital. We are committed to progressing the modernisation agenda through the agreed themes namely, enhanced customer service, improved industrial relations, performance management, modernisation/equality, value for money and staff training and development.

## 5. Needs Analysis and Demographics

### 5.1 Population Health

We recognise that a Population Health approach is required to develop a comprehensive system to address the health needs of our local population. Our hospital will collaborate with our primary and community care partners to provide structures to support Population Health functions, at a local level, to promote, protect and improve the health of our catchment population.

It is our strategic intention to achieve a better balance between promoting disease and injury prevention and providing care to people who are injured or ill. We are therefore committed to promoting a Population Health agenda with a focus on keeping people well before they get sick.

### 5.2 Needs Analysis

The most recent report on Inequalities in Perceived Health (Institute of Public Health, 2004) highlights the importance of taking a broad view on health and its determinants in order to understand the complex interrelation between them. This report highlights the wide range of demographic and socio-economic characteristics, social capital indicators and lifestyle behaviours that impact on the health of individuals and communities.

The key health priorities for the HSE Northern Area, as identified in 'Mortality in the Eastern Region' (ERHA 2002), are cardiovascular disease (ischaemic heart disease) and cancer (particularly lung cancer). All cancer categories show significantly higher mortality in the HSE Northern Area (5.2% above the regional average). The primary risk factors for these two main causes of death are behavioural i.e. smoking, poor diet and lack of physical exercise. These behaviours are more prevalent in areas of social deprivation. In

relation to accidents/poisoning, the level of mortality is 5.5% above the regional average.

The Lifestyle, Attitudes and Nutrition (SLÁN) Survey 2002 identified the following issues in relation to the HSE Northern Area:

- Smoking rates remain unacceptably high at 28% among adults
- The highest rates of consumption of alcohol nationwide are in the Dublin region, with more than four-fifths of adults in the HSE Northern Area reporting regular alcohol consumption
- Obesity among females is highest in the HSE Northern Area at 15%
- 28.7% of males and 25% of females reported engaging in little or no exercise (sedentary habits were higher among medical cardholders than non-general medical service (GMS) clients).

### 5.3 Demographics

#### 5.3.1 Our Catchment Area

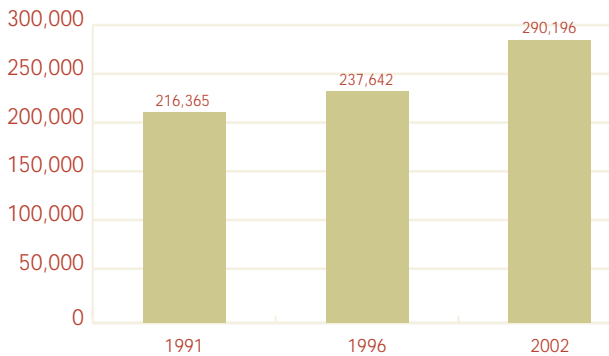
The population projections and assumptions, utilised in this Strategic Plan, are based on the actual referral activity to our hospital.

#### 5.3.2 Population Trends

The hospital's catchment area extends into West Dublin, Meath and Kildare, where much of the recent housing development has occurred to support the rapid growth of Greater Dublin. As a result, the population within our service area has experienced considerable change between the 1996 and 2002 census.

In the period from 1991 to 2002, the population of the hospital's catchment area has grown at a

rate that puts it amongst the fastest growing areas in Ireland. The growth rates recorded are considerable especially in the 1996 – 2002 period. The indicative population of our catchment area stood at 290,196 in 2002. This had grown from 216,365 in 1991 and 237,642 in 1996. This represents an increase of 34% and 22% respectively. These rates are comparable with a national increase of 11% since 1991 and 8% since 1996, resulting in a local rise that is over three times the national rate in the ten-year period.



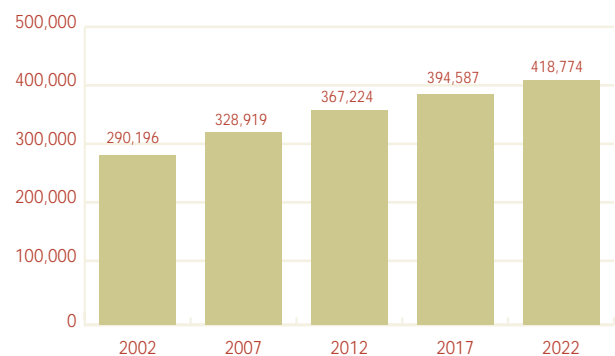
### 5.3.3 Population Projection

A population projection was prepared for the hospital's catchment area using a standard cohort survival methodology. The following assumptions were made:

- Changes in fertility rates will be consistent with the medium fertility assumption proposed in the Central Statistic Office (CSO) Population Projection 2006 – 2036, where the Total Period Fertility Rate (TFR) will decrease to 1.85 by 2011 and remain constant after that

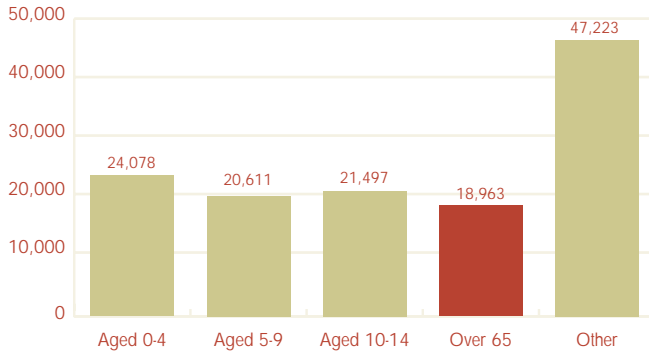
- Immigration to the area will be at the level of 4,000 persons per annum for the next 10 years and then at 2,000 per annum after that. This estimate takes into account the development occurring at Adamstown, which will house 25,000 people in the area over the next fifteen years. In addition the estimate takes account of the increase in housing trends in the area, which has seen an increase of 21,000 households in the 1996 – 2002 period, and a population increase of 22% in the same period
- The 2004 life tables prepared by the Central Statistic Office (CSO) were used to generate survivorship rates for the five-year age cohorts. These predict the proportions of each group surviving to the next cohort in five-year projections.

The results show that our hospital's catchment area should expect an increase in the order of 39,000 people by 2007, a 13% increase. This will increase to 367,224 by 2012, a 26% increase. By 2022, the population is projected to increase to 418,774, an increase of 44% on the 2002 figure.

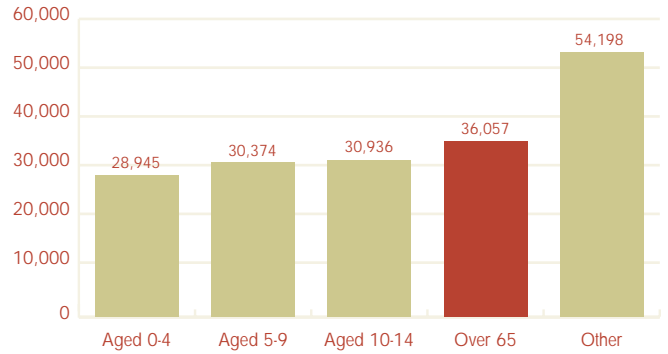


## Projected Increase in the Population Aged Over 65 years

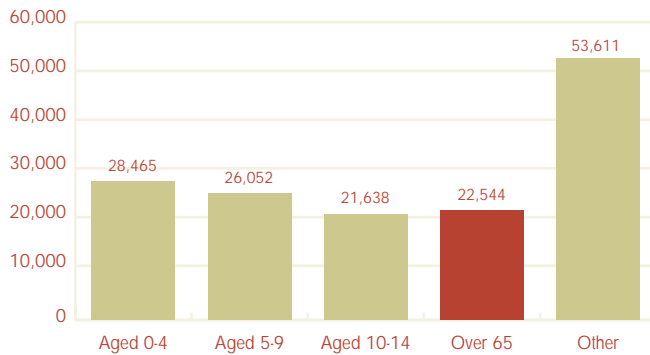
2002



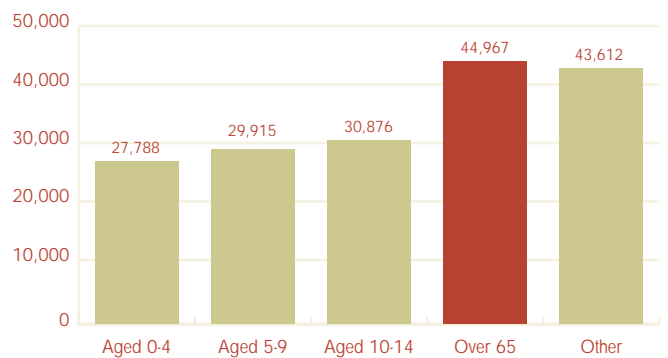
2017



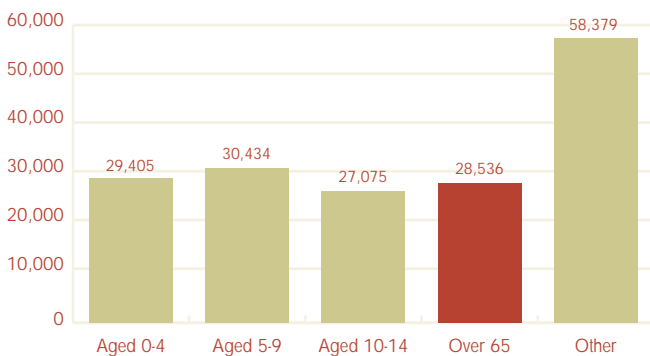
2007



2022



2012



Of significant relevance in the provision of health care services is the projected increase in the population aged over 65 years. This is expected to increase significantly due to the presence of an aging population in the area. By 2012, an additional 9,573 persons aged over 65 years will reside in our catchment area, an increase of 50% on the current figure. In 2022, the projected population aged over 65 years will be 44,967, a 137% increase on the current population.



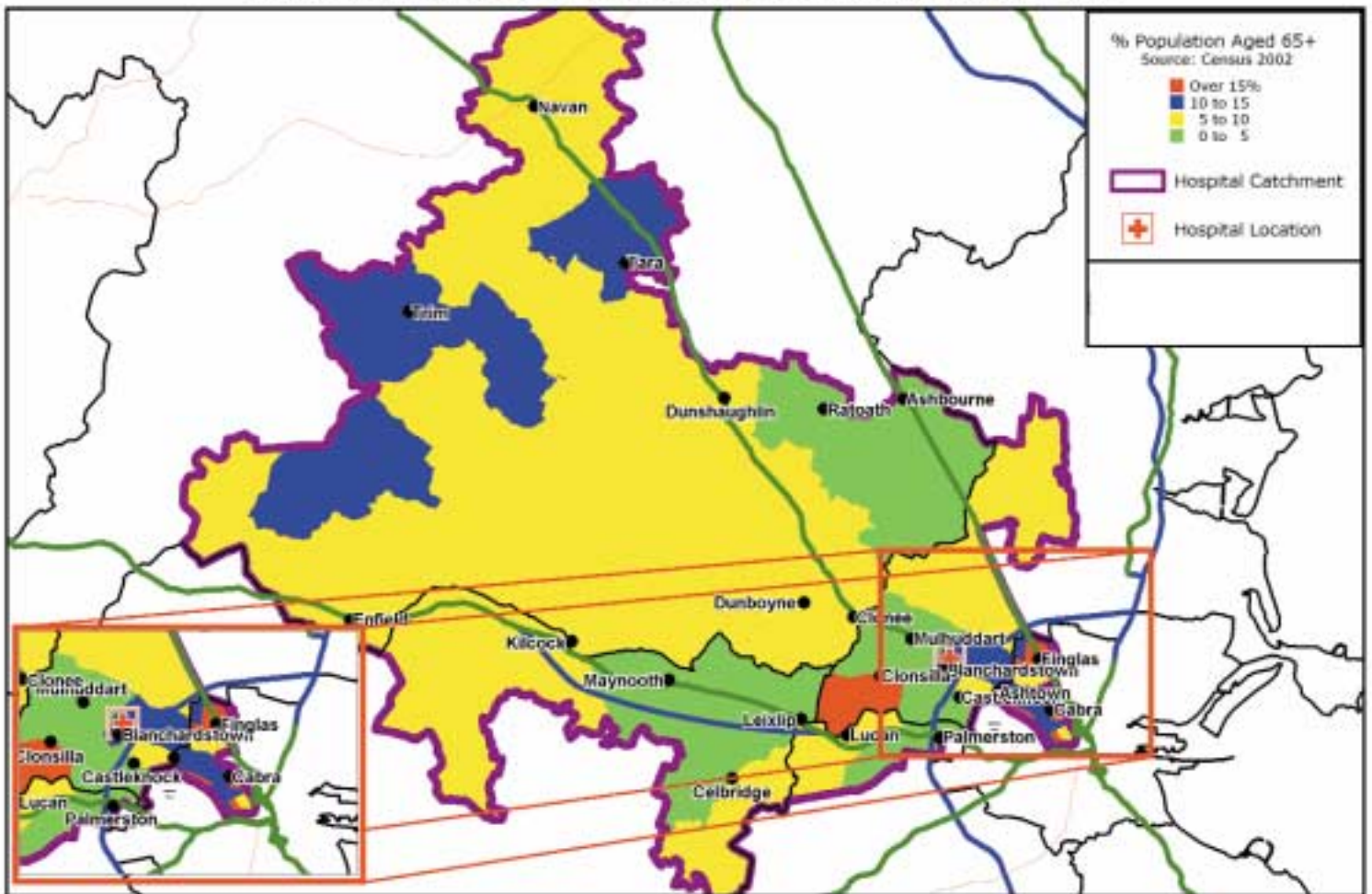
### 5.3.4 Age Group Profile

The profile of the hospital's catchment area reflects a younger population profile when compared with national figures. The area has a relatively low proportion of persons aged over 65 years (6%) when compared to the national average of 11%. The population of persons aged over 65 years stood at 18,963 in 2002. As the projections show, this figure will grow significantly over the next twenty years, as the larger 45 – 65 cohort ages. The distribution of persons aged over 65 years is shown in Map 1.

The lower proportion of persons aged over 65 years is balanced by an over representation of persons in the 0 – 17 and 18 – 64 cohorts. In the younger group, the population of 80,153 is two percentage points higher (27.6%) than the national average. The older cohort has a population of 191,080, representing 65.8% of the population, which is three points above the national average.

As the area is a continually expanding suburb of Dublin, the greatest growth in population has occurred in the 18 to 65 year group, many of who have migrated into the area. This cohort has experienced a growth of 55% in the 1991 – 2002

Map 1: Percentage Aged 65 Years and Over by ED 2002



period and an increase of 33% since 1996. Both of these figures are more than double the equivalent national average increase for the cohort, at 25% and 15% respectively.

### 5.3.5 Deprivation

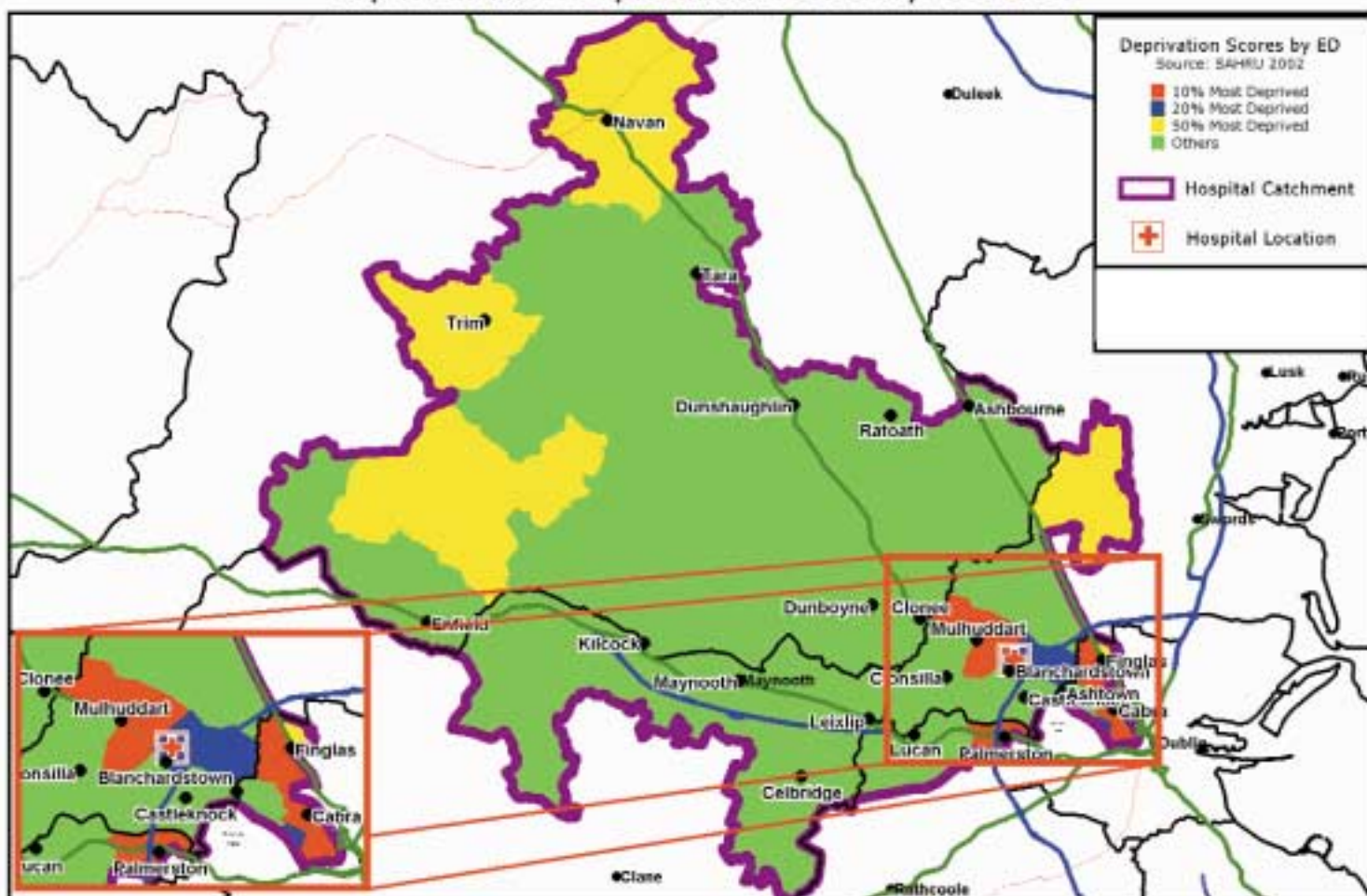
Deprivation is measured using the SAHRU (Small Area Health Research Unit) Index developed by the SAHRU Unit in Trinity College Dublin (TCD). This index is widely used in Ireland as a standard measure of deprivation when considering the provision of health care services. The index provides a score for each Enumeration District (ED) in the country based on its relative deprivation. The higher the score the more deprived the Enumeration District (ED) is according to the SAHRU Index.

Map 2 shows the pattern of deprivation by Enumeration District (ED) using the index in the hospital's catchment area. As is evident, the most deprived areas are clustered in the immediate vicinity of the hospital where several Enumeration Districts (EDs), mainly in Blanchardstown, Finglas and Cabra, are in the top most deprived decile on a national level. Over 100,000 persons reside in these deprived areas to the east of the hospital.

### 5.3.6 Nationality

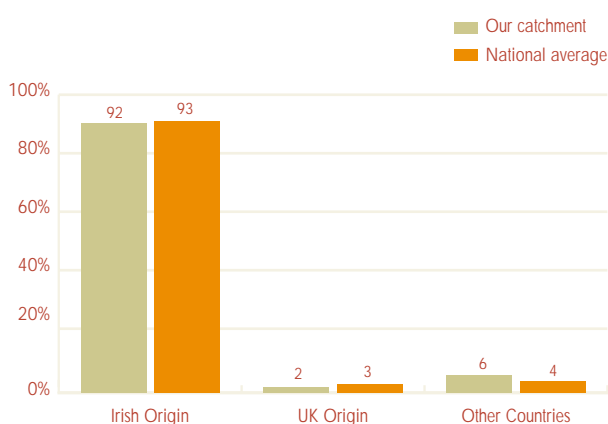
The profile of our catchment area with regards to nationality of residents is consistent with the national profile. 92% of the catchment population is of Irish origin with 2% of UK origin and 6% who are citizens of other countries. This compares with a national average of 93% Irish born, 3% UK born

Map 2: SAHRU Deprivation Scores by ED 2002





and 4% from other countries. The 6% coming from other countries (17,633 persons) is higher than the national average but levels are still relatively low. Within the area, there are higher concentrations of immigrants from other countries resident in the city centre (Arran Quay/Cabra area), in Lucan and in Blanchardstown, where proportions of foreign nationals representing more than 12% of the resident population is not uncommon.



### 5.3.7 Disability

According to the results from Census 2002, there are 19,901 persons with a disability resident within the hospital’s catchment area. While the overall level is below the national average (6% versus a national average of 8%), there are concentrations of areas where the proportion is considerably higher than the national average. In large parts of the Arran Quay/Cabra area, the proportion is above the national average, with 15% of the resident population of Cabra West classified as disabled. Similarly, high levels of disability are found in parts of Blanchardstown, Finglas and Lucan (Lucan North - 20% disabled). A strong correlation between more deprived areas and the proportion of disabled residents is evident from the patterns shown.

### 5.3.8 Social Class

Social Class (SC) measures the likely income levels of the population based on the category of employment they are engaged in. It is a good measure of affluence levels especially when viewed in conjunction with other socio-economic variables. The proportion of persons in Social Class 1 and Social Class 2 resident in an area is widely used to measure its relative affluence.

Within the hospital’s catchment area the overall proportion of Social Class (SC) 1 and Social Class (SC) 2 is higher than the national average (36% within SC 1 and 2 as against a 32% national average). The proportion is augmented by high proportions in Leixlip where high concentrations of technical staff reside servicing the Intel plant and Castleknock where many professional families have located.

Within the pattern, however, there are several areas with a deprived social class profile such as Blanchardstown, Finglas and Cabra, where SC1 and SC2 proportions of lower than 10% are common. These areas are generally balanced by a higher proportion in the lowest unskilled manual classes (SC6).

### 5.3.9 Single Parent Families

Census 2002 recorded 10,677 single parent family units within our catchment area. This family composition profile of the area is largely consistent with the national average, with the proportion of single parent family units on par with the national average, at 9.6% versus 10.5% nationally. However, as has been shown with many of the other social indicators discussed, the area has significant variations in concentration levels of single parent units. The more deprived areas of Finglas, Cabra/Arran Quay, and Blanchardstown have high proportions of single-family units present when compared with national averages. Arran

Quay D, for example, have 28% of its family unit residents classified as single parents, almost three times the national average. In most other areas, the proportions are either on par or below national rates.

## 6. Connolly Hospital Blanchardstown – An Overview

### 6.1 Overview

Connolly Hospital Blanchardstown is a major teaching hospital providing a range of acute medical and surgical services, acute psychiatric services, long stay care, day care, out patient, diagnostic and support services to a catchment population of 290,000. Emergency services are provided on a 365-day, 24-hour basis.

Multidisciplinary teams representative of medical, nursing, allied health professionals, management and general support staff play a pivotal role in the development, delivery, monitoring and evaluation of these services.

The hospital is affiliated to the Royal College of Surgeons in Ireland (RCSI) for medical education, to Dublin City University (DCU) for nursing education and to University College Dublin (UCD), Trinity College Dublin (TCD) and the Institute of Technology for allied health professional education.

A Regional Centre for Nurse Education is located on site.

Speciality areas included in service provision in Connolly Hospital Blanchardstown are outlined below:

|  |                   |                      |
|--|-------------------|----------------------|
| Anaesthesia and Intensive Care                                 | General Medicine  | Orthopaedics         |
| Acute Care of the Elderly/Rehab/<br>Day Hospital/Extended Care | General Surgery   | Pathology            |
| Cardiology   | Gynaecology       | Plastic Surgery      |
| Dermatology  | Haematology       | Radiology            |
| Emergency Department   | Intensive Therapy | Respiratory Medicine |
| Endocrinology  | Microbiology      | Rheumatology         |
| ENT  | Neurology         | Urology              |
| Gastroenterology   | Oncology          | Vascular Medicine    |
| General Adult Psychiatry<br>Psychiatry of Old Age              | Ophthalmology     |                      |

## Bed Configuration

| <b>Acute Beds for Emergency and Elective Services</b>      |            |
|--|------------|
| Acute Medical  | 77         |
| Surgical   | 62         |
| Acute Elderly  | 28         |
| <b>Sub Total</b>   | <b>167</b> |
| <b>Critical Care</b>                                       |            |
| Intensive Care   | 5          |
| Coronary Care  | 6          |
| <b>Sub Total</b>   | <b>11</b>  |
| <b>Day Beds</b>  |            |
| Medical  | 19         |
| Surgical   | 24         |
| Cherry Ward (5 Day Surgical)<br>Not currently commissioned | 24         |
| <b>Sub Total</b>   | <b>67</b>  |
| <b>Acute Psychiatry</b>                                    |            |
| Acute beds (28 not currently commissioned)                 | 50         |
| <b>Sub Total</b>   | <b>50</b>  |
| <b>Care of the Elderly</b>                                 |            |
| Rehabilitation   | 28         |
| Long Stay  | 70         |
| <b>Sub Total</b>   | <b>98</b>  |
| <b>Old Age Psychiatry</b>                                  |            |
| Extended Care  | 40         |
| Acute Assessment (not commissioned)                        | 6          |
| <b>Sub Total</b>   | <b>46</b>  |
| <b>TOTAL BED CAPACITY</b>                                  | <b>439</b> |

## 6.2 Bed Numbers

When fully commissioned the new hospital development will have 439 beds, which will be configured as outlined in the adjacent table. 167 acute beds, of our total bed stock of 439, are available on a 24-hour, 7-day basis to support emergency and elective services. Currently there are 70 long stay patients in our hospital (16% of our bed stock) who require an alternative level of care.

## 6.3 Key Activity Areas

Set out below is a summary of key activity levels at the hospital for the years 2003 and 2004.

| Type of Activity        | 2003    | 2004    | % Variance Increase/ (Decrease) |
|-------------------------|---------|---------|---------------------------------|
| Admissions              | 7,155   | 7,894   | 8.22%                           |
| Bed Days                | 110,308 | 109,006 | (1.18%)                         |
| Out Patient Attendances | 70,711  | 77,114  | 9.06%                           |
| Theatre Procedures      | 5,415   | 5,516   | 1.87%                           |
| Emergency Attendances   | 30,514  | 32,576  | 6.76%                           |
| Day Surgery Procedures  | 2,653   | 3,252   | 22.58%                          |

## 6.4 Patterns of Referral

Set out below are the patterns of referral for inpatient, outpatient and day cases for the years 2003 and 2004. 50 – 60% of inpatient admissions, outpatients and day cases are in

respect of the HSE Northern Area. Approximately 20% of inpatient, outpatient and day cases are in respect of the HSE South Western Area and between 14-20% of inpatient, outpatient and day cases come from the HSE North Eastern Area.

| Patterns of referral for in-patients |              |            |  |              |            |
|--------------------------------------|--------------|------------|--|--------------|------------|
|                                      | 2003         | % of Total |  | 2004         | % of Total |
| HSE Northern Area                    | 4,120        | 58%        |  | 4,587        | 58%        |
| HSE South Western Area               | 1,439        | 20%        |  | 1,514        | 19%        |
| HSE North Eastern Area               | 1,019        | 14%        |  | 1,019        | 13%        |
| Others                               | 577          | 8%         |  | 774          | 10%        |
| <b>Total</b>                         | <b>7,155</b> |            |  | <b>7,894</b> |            |

| Patterns of referral for out-patients |               |            |  |               |            |
|---------------------------------------|---------------|------------|--|---------------|------------|
|                                       | 2003          | % of Total |  | 2004          | % of Total |
| HSE Northern Area                     | 42,441        | 60%        |  | 47,016        | 61%        |
| HSE South Western Area                | 11,399        | 16%        |  | 12,138        | 16%        |
| HSE North Eastern Area                | 10,309        | 15%        |  | 11,744        | 15%        |
| Others                                | 6,562         | 9%         |  | 6,216         | 8%         |
| <b>Total</b>                          | <b>70,711</b> |            |  | <b>77,114</b> |            |

| Patterns of referral for day cases |              |            |  |              |            |
|------------------------------------|--------------|------------|--|--------------|------------|
|                                    | 2003         | % of Total |  | 2004         | % of Total |
| HSE Northern Area                  | 2,540        | 51%        |  | 2,970        | 51%        |
| HSE South Western Area             | 944          | 20%        |  | 1,120        | 20%        |
| HSE North Eastern Area             | 917          | 20%        |  | 1,151        | 20%        |
| Others                             | 430          | 9%         |  | 505          | 9%         |
| <b>Total</b>                       | <b>4,831</b> |            |  | <b>5,746</b> |            |

As shown up to 30% of our referrals come from outside the former Eastern Region.

## 6.5 Waiting Lists

The table below reflects the hospital's waiting lists for 2003 and 2004. It is projected that demands on our emergency services will increase by 25% with the opening of the new Emergency Department. This presents a major challenge in addressing our waiting list position in light of continued demands placed on the acute system by the high ratio of our emergency to elective activity (74% – 26%).

| Waiting Times     | 2003 | 2004 | % Variance Increase/ (Decrease) |
|-------------------|------|------|---------------------------------|
| 0-3 months        | 719  | 732  | 2%                              |
| 3-12 months       | 689  | 526  | (24%)                           |
| 12 months or over | 359  | 253  | (30%)                           |
| Total             | 1767 | 1511 | (14%)                           |

It is our strategic aim, over the life of this Plan, to achieve all waiting times and access targets in accordance with national timescales. This will involve the continued management of our hospital's waiting lists and the undertaking of work on behalf of the NTPF to contribute to the management of waiting lists nationally. In order to progress this we will work to maximise the efficiency and effectiveness of clinical care pathways.

A revised structure has been put in place to ensure the effective management of our waiting lists and a number of further initiatives are currently being progressed. These include the establishment of a Waiting List Steering Group and implementation of formal policies and procedures in line with the recommendations of the National Treatment Purchase Fund (NTPF).

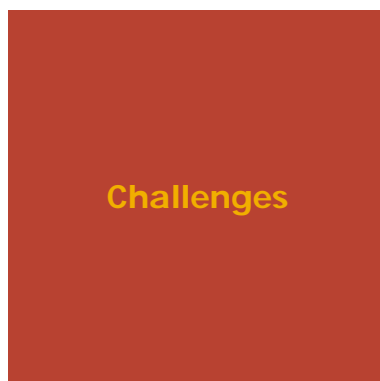
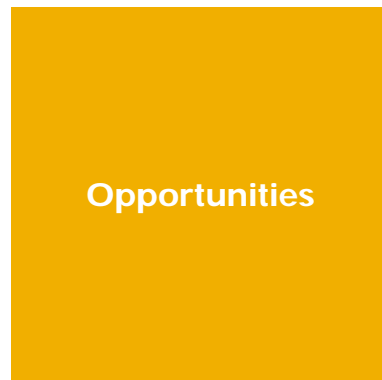
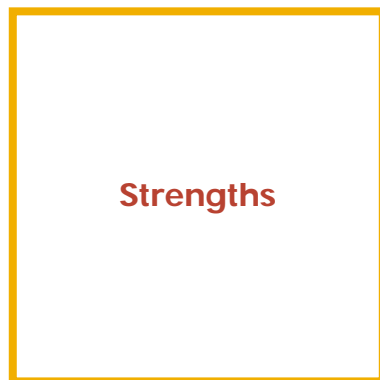
The National Treatment Purchase Fund (NTPF) will introduce a national on line Patient Treatment Register in 2006. Our hospital is a pilot site for this initiative and it is envisaged that the Patient Treatment Register will be introduced to our hospital by the end of 2005.

Our hospital continues to engage with the National Treatment Purchase Fund (NTPF) to facilitate the transfer of relevant patients for treatment under the NTPF and therefore decrease waiting times.

## 7. SWOT Analysis

The strategic planning process included a comprehensive analysis of the strengths, challenges, opportunities and uncertainties confronting our hospital and these are outlined on the following pages. This analysis clearly demonstrates that our hospital has many positive

attributes while acknowledging there are major challenges that need to be addressed if our hospital is to realise its full potential in patient care, teaching and research. These challenges and future opportunities have been crafted into our future directions.



## 7.1

# Strengths

- Patients are very pleased with the quality of care they receive from a professional experienced workforce. The new facilities were long awaited by staff and patients. The local community consider Connolly Hospital Blanchardstown as "Our Hospital" which is a strong indicator of the hospital's position in the local community
- The hospital's location is a major strength in the current busy Dublin environment; our location on the M3 and M50 motorways provides easy access to the new hospital development
- The hospital has the lowest Emergency Department trolley wait times in the Eastern Region. Progressive practices have been developed for handling patient flow through the Emergency Department
- The hospital can pilot alternative ways of delivering services particularly in the areas of Chronic Disease Management and Day Surgery
- The hospital has solid foundations to build on. The accreditation process has been an excellent external driver for building teams and improving processes to deliver quality services
- We have committed professional staff, with ongoing training, education and professional development, that have a long service record with the hospital
- The hospital site has potential for further development/expansion
- We are a training hospital for medical, nursing and allied health professionals

## 7.2

# Challenges

- There is a particular need to increase clinical capacity at the hospital
- Bed capacity is a major challenge for our hospital and needs to be addressed in the short term
- Information management needs to be improved throughout the hospital to assist in decision making and to improve efficiencies
- Our catchment area has the fastest growing population in Ireland
- Our catchment area has an increasing elderly population
- The acute catchment population for the hospital is not coterminous with the psychiatry catchment area
- There is a need to develop joint protocols of care and transfer policies with the other hospitals in Networks 9 and 10
- There is a need to introduce clinical directorates to support multidisciplinary working
- Improved management processes are required in day case and outpatient management, for example there is a high number of Did Not Attend (DNAs) in some specialities
- A review of hospital casemix and costing of services needs to be progressed
- The flow of patients and management of patient referrals needs to be reviewed and proactively managed
- The impact of Consultant appointments on total hospital resources must be planned and evaluated
- Alternative ways of working and new models of care need to be developed
- It is projected that there will be a 25% increase in activity in our emergency service
- Agreement needs to be reached regarding baseline funding for the hospital
- There is a need to maximise all revenue sources to the hospital
- The current hospital management structure needs to be strengthened to ensure efficient decision-making
- There is a need to improve accountability and responsibility. Budgets should be devolved to Directorate Heads
- The provision of general support services needs to be reviewed
- Deficits in Information Communication and Technology Management (ICT) need to be addressed



### 7.3

## Opportunities

- The new regional boundaries provide opportunities for a strategic alliance with the HSE North Eastern Area. There is a rapidly growing population in County Meath
- The geography, proximity and location of the hospital provide excellent long-term opportunities to grow and develop acute medical and surgical services. Connolly Hospital Blanchardstown is located in a tranquil/therapeutic setting, has good motorway access and the site has a lot of potential for further development/expansion
- The reformed national structures provide the hospital with an opportunity to move forward and be a major player in the clinical network
- There are major opportunities to be more creative in the management of dedicated day surgery
- There are opportunities to streamline the delivery of chronic disease management services such as diabetes, respiratory, cardiology etc
- New clinical developments in the hospital need to be protocol driven and based on evidence informed practice in line with the hospital's continuous Quality Improvement Plan leading to accreditation of the hospital
- There are opportunities to work with general practitioners (GPs) in developing ambulatory care services on site in the transition phase of the roll out of the Primary Care Strategy. More direct access and outreach/outpatient services can be offered
- There is additional theatre capacity in the new hospital development, which could be utilised to undertake work on behalf of the National Treatment Purchase Fund (NTPF)
- There are opportunities in ophthalmology in a dedicated day case setting
- The roll out of the Respiratory Project in July 2005 with a 5-year roadmap will provide evidence informed practice for shared learning with the other specialities and will facilitate the introduction of Clinicians in Management and devolved budgets in the hospital
- The hospital is affiliated to Dublin City University (DCU), the Royal College of Surgeons in Ireland (RCSI), Trinity College Dublin (TCD), University College Dublin (UCD) and the Institute of Technology which offer excellent research and educational facilities.

### 7.4

## Uncertainties

- There are currently 70 long stay patients on site. Long term nursing home care is not appropriate on an acute site. Appropriate extended care arrangements need to be provided for our patients
- The imposition of employment ceiling constraints presents a challenge for the hospital in the planning and delivery of services
- Our ability to recruit and retain qualified staff
- There is a need to agree baseline funding for the hospital
- Implementation of the European Working Time Directive (EWTG)
- Completion of Capital Development Programme

## 8. Strategic Direction

### 8.1 Our Strategic Targets

Given the analysis of our strengths and challenges, we have identified a set of strategic targets for the hospital as it develops. These targets are:

- To develop our clinical capacity (Objective 1)
- To participate in collaborative relationships and strategic alliances to plan and deliver service developments and improvements (Objective 1)
- To enhance our hospital's estate and facilities (Objective 1)
- To provide and deliver quality and safe clinical services that are designed around the patient and are based on best practice standards (Objective 2)
- To demonstrate commitment to quality of care, as part of a continuous improvement cycle, and benchmarked by external review and accreditation, to ensure our hospital delivers the highest quality of care (Objective 3)
- To ensure effective corporate and clinical governance arrangements are in place (Objective 3)
- To provide a supportive, learning and healthy environment for staff (Objective 4)
- To ensure information technology is developed to meet the needs of the service and that information is properly collected and used to improve services (Objective 5)
- To be a knowledge based organisation by promoting and investing in research and knowledge sharing (Objective 6)
- To provide services that represent value for money (Objective 7)

## 9. Key Strategic Objectives

Following on from the hospital's vision, mission and strategic targets, and recognising the dynamic nature of the hospitals internal and external environments, we agreed the direction and priorities for our hospital for the next five years. We will focus on key areas that have the most potential for gain and the greatest alignment with

our vision. With this in mind we have identified seven key strategic objectives, which are set out below together with the high level actions under each objective. An Implementation Plan, which supports this Strategic Plan, outlines in detail the specific actions required to achieve these objectives.

### Objective 1

**Develop the hospital's position as a provider of acute services**

#### Key actions

- 1.1 Review appropriateness of current network configuration
- 1.2 Commission approved new services
- 1.3 Address gaps in core clinical services
- 1.4 Progress the Capital Development Programme
- 1.5 Address bed capacity issues
- 1.6 Improve Services for General Practitioners (GPs)
- 1.7 Improve collaboration with our key strategic partners
- 1.8 Promote the hospital as a provider of acute care services
- 1.9 Further develop Mental Health Services within the hospital
- 1.10 Implement the Cardiovascular Health Strategy
- 1.11 Implement the Cancer Strategy
- 1.12 Further promote the on-going health of patients/clients and staff through the Health Promoting Hospitals (HPH) Initiative

### Objective 2

**Improve the patient experience by the provision of high quality accessible services**

#### Key actions

- 2.1 Develop a Continuous Quality Improvement Framework
- 2.2 Streamline the referral process
- 2.3 Achieve accreditation status
- 2.4 Develop integrated care pathways
- 2.5 Consider the feasibility of providing a GP Out of Hours Service on site
- 2.6 Decrease waiting times through the management of the hospital's waiting lists
- 2.7 Further develop a customer focused service to support patient care
- 2.8 Promote a multidisciplinary approach to clinical audit
- 2.9 Implement the recommendations in the Meridian OPD Review Report
- 2.10 Review the delivery of general support services to support patient care
- 2.11 Provide a safe, clean and functional physical environment for the delivery of services
- 2.12 Further develop the hospital as a Migrant Friendly Hospital (MFH)

## Objective 3

**Develop our leadership, management and governance capacity**

### Key actions

- 3.1 Ensure appropriate governance arrangements are in place for the hospital in the context of the new national structure
- 3.2 Strengthen the managerial structures and processes to support effective corporate governance within the hospital
- 3.3 Develop mechanisms for ensuring compliance with legislation and regulations
- 3.4 Develop a Risk Management Strategy for the hospital
- 3.5 Develop a strategic approach for progressing key components of Clinical Governance within the hospital
- 3.6 Progress the Clinicians in Management initiative
- 3.7 Implement a multi-disciplinary service planning model in line with national developments
- 3.8 Develop a local code of Corporate Governance
- 3.9 Manage the environmental impact of the hospital's activities
- 3.10 Develop the hospital's monitoring and performance management mechanisms

## Objective 4

**Develop our workforce to meet the needs of the service**

### Key actions

- 4.1 Implement the hospital's Human Resources Strategy
- 4.2 Continue to work towards compliance with the European Working Time Directive
- 4.3 Foster and provide learning and continuous knowledge development that benefits staff and the hospital
- 4.4 Implement Personnel, Payroll and Related Systems (PPARS) throughout the hospital as a vital component of Human Resources Management
- 4.5 Enable staff to engage, influence, lead and actively participate in finding solutions that support the hospital's vision and strategic direction
- 4.6 Ensure the delivery of the change management agenda
- 4.7 Manage and maintain employment within the approved employment ceiling

## Objective 5

**Strengthen our information, communication and technology management (ICT) systems**

### Key actions

- 5.1 Implement the Information Communication Technology (ICT) Strategy
- 5.2 Develop systems to accurately capture and document all hospital activity
- 5.3 Strengthen Information Communication Technology (ICT) support and governance arrangements
- 5.4 Improve hospital integration
- 5.5 Develop telemedicine to support patient care
- 5.6 Procure a cardiovascular information system

## Objective 6

**Develop our position as a teaching hospital**

### Key actions

- 6.1 Confirm the hospital's medical teaching status
- 6.2 Develop our medical, nursing and allied health professionals teaching programmes
- 6.3 Develop a strategic framework to foster and support academic research based around patients needs
- 6.4 Develop programmes for advance clinical specialists in nursing, diagnostic and therapy grades
- 6.5 Promote staff participation and representation at national and international conferences
- 6.6 Establish an Ethical Forum
- 6.7 Develop and integrate the hospital's libraries
- 6.8 Develop strategic alliances with other hospital's to plan research initiatives in the future
- 6.9 Develop linkages in order to grow the research and development base in the hospital

## Objective 7

### **Manage our resources effectively and efficiently**

#### **Key actions**

- 7.1 Agree hospital baseline funding
- 7.2 Achieve Band 1 Status
- 7.3 Maximise revenue streams to the hospital
- 7.4 Maximise the hospital's funding potential from the national casemix programme
- 7.5 Ensure a value for money focus within the hospital
- 7.6 Analyse and monitor hospital performance targets
- 7.7 Ensure compliance with EU procurement regulations
- 7.8 Establish a Finance Committee
- 7.9 Develop a process for establishing, managing and monitoring contractual services and supplies in line with national developments, legislation and best practice
- 7.10 Ensure appropriate internal control procedures are in place
- 7.11 Progress implementation of the national Financial Management System (FISP) in line with the national framework

acute services to our patients, to maintain our commitment with our patients, the public, our staff and other organisations.

### 2.3 OUR STRATEGIC TARGETS

The strategic planning process included a comprehensive analysis of the strengths, weaknesses, opportunities and threats (SWOT) confronting the Hospital. This analysis clearly demonstrates that the Hospital has many positive attributes while acknowledging there are major challenges that need to be addressed if the Hospital is to realise its full potential in patient care, teaching and research. Given the analysis of our strengths and challenges we have identified a set of strategic targets for the Hospital as it develops. These are:

- To provide and deliver high quality clinical services that are designed around the patient;
- To demonstrate commitment to quality of care, as part of a continuous improvement cycle, and benchmarked by external review and accreditation, to ensure our Hospital delivers the highest quality of care;
- To develop our clinical capacity in Dermatology, Histopathology, Neurology, Nephrology, Plastic Surgery, Urology, Gynaecology and Oncology Services;
- To participate in collaborative relationships and strategic alliances to plan and deliver services, research developments and improvements;
  - To provide a supportive and learning environment for staff;
  - To be a knowledge based organisation by promoting and investing in research and information;
- To provide services that represent value for money;
  - To ensure appropriate and clinical governance arrangements are in place;
- To enhance our Hospital's estate and facilities;
- To ensure information technology is developed to meet the needs of the service and that information is properly collected and used to improve services.

### 2.4 KEY OBJECTIVES

There is a risk of attempting to do everything and in the process accomplish little. We recognise this and will focus on key areas that have the most potential for gain and the greatest alignment with our vision. With this in mind we have identified seven key service objectives, which are set out below:

#### OBJECTIVE 1

Develop The Hospital's Position as a Provider of Acute Services

##### KEY ACTIONS

- Review appropriateness of current network configuration with the National Hospital's Office.
- Commission approved new services
  - Address gaps in core clinical services
  - Address bed capacity issues
  - Improve collaboration with our key strategic partners
- Develop new ways of working
- Progress the Capital Development Programme
- Promote the Hospital as a provider of acute services

#### OBJECTIVE 2

Improve the Patient Experience by the Provision of High Quality Accessible Services

##### KEY ACTIONS

- Streamline the referral process
- Develop a Continuous Quality Improvement Framework
- Achieve full Accreditation status
- Develop Care Pathways
- Manage the Hospital's Waiting Lists
- Promote a multidisciplinary approach to Clinical Audit
  - Examine alternative ways of delivering our general support services
  - Provide a safe, clean and functional physical environment
- Further develop a user centred approach to the management of complaints
- Establish a Patient Experience Group

#### OBJECTIVE 3

IMPROVE OUR LEADERSHIP, MANAGEMENT AND GOVERNANCE CAPACITY

##### KEY ACTIONS

- Strengthen the managerial structures and processes
- Implement a Clinical Directorate Model of Management
- Develop a Risk Management Strategy
- Develop a strategic approach for progressing key components of Clinical Governance
  - Progress the Clinicians in Management initiative
  - Implement a multi-disciplinary service planning model
- Develop the Hospital's performance management mechanisms
- Establish a Senior Manager's Forum

#### OBJECTIVE 4

DEVELOP THE CAPACITY OF OUR WORKFORCE TO MEET THE NEEDS OF THE SERVICE

##### KEY ACTIONS

- Implement the Human Resources Strategy
- Develop and implement multidisciplinary Management and Staff Development Programmes
- Introduce individual Performance Review
- Work towards compliance with the European Working Time Directive
- Implement the recommendations from the Communications Needs Analysis
- Implement the payment element of PPARS

#### OBJECTIVE 5

STRENGTHEN OUR INFORMATION, COMMUNICATION AND TECHNOLOGY MANAGEMENT SYSTEMS

##### KEY ACTIONS

- Develop an action plan to support the Implementation of the ICT Strategy
- Develop systems to accurately capture and document all Hospital activity
- Strengthen ICT Support and Governance Arrangements
- Procure a Cardiovascular Information System

• Improve Hospital Integration

#### OBJECTIVE 6

DEVELOP OUR POSITION AS A TEACHING HOSPITAL

##### KEY ACTIONS

- Confirm the Hospital's medical teaching status
- Develop a strategic framework to foster and support academic research
- Develop our medical, nursing and allied health professionals teaching programmes
- Develop Programmes for Advance Nurse Practitioners and Clinical Nurse Specialists
- Develop strategic alliances with other Hospital's
- Establish an Ethics Committee
- Develop the Hospital Libraries

#### OBJECTIVE 7

MANAGE OUR RESOURCES EFFECTIVELY

##### KEY ACTIONS

- Agree Hospital baseline
- Achieve Band 1 Status
- Maximise Revenue streams
- Pilot Devolved Budgeting
- Analyse and monitor performance targets
- Establish a Finance Committee
- Capture and document all activity accurately
- Review audit A detailed Implementation Plan, which supports this Strategic Plan, outlines in detail the specific actions required to achieve the above objectives.

Develop The Hospital's Position as a Provider of Acute Services

##### KEY ACTIONS

- Review appropriateness of current network configuration with the National Hospital's Office.
- Commission approved new services
  - Address gaps in core clinical services
  - Address bed capacity issues
  - Improve collaboration with our key strategic partners
- Develop new ways of working
- Progress the Capital Development Programme

New  
Ways of Working

Opportunities for  
Development

# The Plan

## 10. The Core Clinical Strategy

Our core business is the delivery of high quality clinical services. Key to our success is an extensive range of functions, which support the delivery of clinical services. All of this is provided within a framework of systems, which guide the ways in which we work and monitor our performance.

The challenge for our hospital, into the future, is to manage demand more effectively in collaboration with our partners and strive to improve both the quality and range of services we offer to our catchment population.

### 10.1 The Hospital's Role and the Role of Specialist Providers

Connolly Hospital Blanchardstown is a major teaching hospital. Patients presenting with conditions which, cannot be treated at Connolly Hospital Blanchardstown (usually rare), will be promptly referred to other hospitals, within Hospital Network 10 and other networks as necessary. We will develop clinical protocols for transferring and receiving patients for appropriate care. We will use a collaborative "patient pathway" approach to redefine how the hospital provides its services in the future, ensuring that patients receive seamless service across networks of clinical teams.

As part of our Strategy we will consider future opportunities for the development of specialised services on site. In this regard we will regularly review and update our core clinical strategy, with our partners, to support optimal access to services.

### 10.2 Opportunities for Development within the Hospital

#### 10.2.1 New ways of working (within current resources)

We are receptive to new ways of working, which will result in more flexible and responsive services for our patients/clients. For many services this will

be achieved through new models of care, increasing the range of outpatient services, direct access to diagnostic services, increasing day case surgery and reviewing the ratio of emergency to elective care.

Over the period of this Strategic Plan, we will deliver on our innovative Respiratory Project. Our proposal for consultant delivered respiratory services will manage the input and output from the Emergency Department. This project will provide evidence informed practice for shared learning with the other specialities and will facilitate the introduction of Clinicians in Management and devolved budgeting in the hospital.

Other initiatives agreed to date include:

- Rapid access outpatient clinics in all specialities
- Dedicated phone lines for general practitioners (GPs), with access to consultants, one hour per day to discuss best management of patients and community links on all levels
- Hospital in-patient management will, in conjunction with all relevant clinicians, focus on effective and efficient discharge planning from time of admission
- Direct access to Radiology for general practitioners (GPs)
- Provision of a courier service for general practitioners (GPs) to facilitate the collection and delivery of specimens twice a week
- On line reporting of pathology and radiology results (Health Link) to general practitioners (GPs)
- Introduction of a pre-operative assessment service
- Establishment of a Chest Pain Unit – protocols to guide practice and critical pathways are currently being developed. It is envisaged that this unit will be commissioned in July 2005





- Rapid access Endoscopy service
- Occupational Therapy and Physiotherapy staff to be assigned to the Emergency Department by July 2005
- Provision of a High Dependency Unit by January 2007.

### 10.2.2 New ways of working (funding required)

- Establishment of a Medical Assessment Unit (part of the additional 64 acute beds required)
- Outreach clinics in the areas of older persons, respiratory and home care package support
- Fast track specialist rehabilitation for older persons
- Rapid specialist assessment of the acutely unwell older patient
- Expanding hours of diagnostic services
- Pilot Projects in the areas of Chronic Disease Management in services such as Diabetes, Respiratory and Cardiology

- Substantially increase the level of Day Surgery

### 10.2.3 Developing our Clinical Services

We are currently commissioning consultant led services in a number of specialities and commissioning additional services. These are outlined in detail in our Implementation Plan, which supports this Strategic Plan. We have also identified a number of service gaps in core clinical services, as detailed in our Implementation Plan, which we need to develop on site to improve access for our local population. We will prepare and present a business case to the National Hospitals Office (NHO) to address these gaps.

We will prepare a business case for the provision of in-house MRI and cardiac catheterisation facilities.

We will examine optimum use of our day surgery facilities by exploring good practice models and agreeing and implementing a model of care.

### 10.2.4 Opportunities for diversity of provision

It is our plan to identify areas of clinical service that could be delivered by other providers and where we could provide services for other organisations. We will evaluate the potential for developing collaborative partnerships with local authorities, private providers and our primary and community colleagues to look at alternative options for the provision of services, to increase access to services and to provide additional services. Our primary focus will be on the following:

#### Appropriate accommodation for our long stay patients

There are currently 70 long stay patients on site who require an alternative level of care. Long term nursing home care is not appropriate on an acute hospital site. Appropriate extended care arrangements need to be provided for our patients. We will work with our community partners, local authorities and private providers to develop different models of care, which are more responsive to patient needs, and which reduce delayed transfers of care.

#### Access to a range of step down facilities

We will seek to access and/or provide short term convalescence and rehabilitation facilities to support independent living.

#### Alternatives for the provision of clinical services

We will actively pursue, with public and private partners, alternatives for the provision of clinical services. Options for consideration will include:

- Access to diagnostic services in a non-acute setting

- Identification of alternative providers with a view to engaging private finance and management to provide and run capital intensive diagnostic services e.g. MRI, cardiac catheterisation and other facilities
- Provision of private facilities on site
- Provision of minor injury unit on site
- Undertaking work on behalf of the National Treatment Purchase Fund (NTPF) to contribute to the management of waiting lists locally and nationally

### 10.2.5 Opportunities for services provided in the community

Moving services into the community leads to better integration with other local services and easier access for patients and carers.

We will continually identify services that no longer require the support of the specialist facilities of an a major teaching hospital and work with our primary and community care colleagues to support the development of clinical skills in a community setting through:

- Outreach of specialist staff from within the hospital
- Contributing to the training of community based staff
- Chronic Disease Management through the appointment of hospital and community based clinical specialists
- Promotion of Shared Care
- Investigate the feasibility of providing a GP out of hours service on site
- Pursuing alternative sites for the provision of services currently provided within the acute setting
- Evaluating the feasibility of moving services to day care and ambulatory settings

### 10.2.6 Review of current hospital network configuration

Connolly Hospital Blanchardstown is currently positioned in Hospital Network 10. We are open to discussion with the National Hospitals Office (NHO) to review the current configuration and to examine the potential for the development of strategic alliances with other networks.

This Strategic Plan is sufficiently flexible to take account of changes to our boundaries and to growing collaboration with Network 10 and other networks particularly in view of the development of the National Roads Network.

## 11. Functions Supporting the Delivery of Clinical Services

### 11.1 Human Resources

Excellent services can only be provided if sufficient numbers of high quality trained staff are available. Our hospital, like many other hospitals, has experienced difficulties in recruiting and retaining staff in many disciplines and the consequent need to use agency staff particularly in nursing.

One of the most significant challenges for us over the next five years will be the implementation of the European Working Time Directive. We will continue to work within the national framework to ensure compliance with the Directive.

The hospital has developed a Human Resources Strategy, based on the Management Plan for People Management, which will underpin this Strategic Plan. Ten key objectives have been identified and an action plan is currently being developed to facilitate the implementation of the strategy.

Over the next five years our objective is to progress the themes outlined in the Human Resources Strategy and to place a particular focus on improved mechanisms for the recruitment, retention and development of staff, working towards compliance with the European Working Time Directive and addressing new ways of working in line with the changing needs of the hospital to support the delivery of the objectives of this Strategic Plan.

### 11.2 Finance

The strategic aim of the Finance Department of Connolly Hospital Blanchardstown is to add value to the core business of the hospital by the provision of financial information which will assist in the decision making process and support the planning, monitoring and operational functions of the

hospital. In carrying out its strategic function the Finance Department will promote and encourage the development of financial skills and accountability throughout the hospital.

The key focus for the Finance Department is to agree baseline funding for the hospital, to continue to ensure that the hospital provides best value for money in the use of its public funds and to prioritise the development of its activity based costing.

### 11.3 Information Communication and Technology (ICT)

There is a need for our hospital to significantly improve its Information Communication and Technology (ICT) capacity. We are committed to improving the efficiency and effectiveness of services through investment and to this end we have developed an ICT Strategy in the context of the National Hospital Information System (HIS). An action plan is currently being developed to facilitate the implementation of the strategy.

However, there are a number of high priority areas that must be addressed now and cannot wait for the implementation of the national system (HIS). Any enhancements or new systems will be developed in line with the national system (HIS) and have the potential to integrate with it. Therefore, in keeping with national developments and working in partnership with the National Shared Services Directorate we will progress the implementation of the Information Communication and Technology (ICT) Strategy, over the next five years.



## 11.4 Communication

The need to improve and strengthen internal staff communication has been identified. This is an essential part of our hospital's strategy in the immediate future, with key proposals set out more specifically in the supporting Implementation Plan. We have identified the need for the appointment of a Communications Director to develop the hospital's communication processes both internally and externally.

We will also establish a Patient Council, which will enable the values underpinning our service to be tested against a user perspective. This will be a general feedback and discussion forum, which will operate separately from the complaints procedure.

## 11.5 Teaching and Education

Investment in education and training is essential for our hospital if we are to deliver our strategic objectives. We will aim to further develop the

culture of a learning organisation, one in which the confidence, enthusiasm and competence of staff is matched by recognition that they are members of an organisation keen to develop and learn, in which good practice is actively pursued and celebrated and lessons from incidents and complaints are welcomed as an opportunity to improve services and performance.

We will support the further education and development of staff at all levels of the organisation. Multi-disciplinary working will be encouraged and supported in the resulting training programmes. We will also develop greater expertise in-house to manage our own programmes and to evaluate the impact of investment.

In achieving our ambitions we will collaborate closely with the relevant education bodies, universities, medical and nursing schools and regional centres of nurse education to provide the highest quality educational experiences.



## 11.6 Research and Development

It is the vision of Connolly Hospital Blanchardstown that the care provided to our patients is founded on research and evidence informed practice. In light of healthcare re-structuring, and emphasis on cost effectiveness, the utilisation of research findings is important in building on existing practices. As mentioned earlier there are significant demographic and socio-political changes taking place in the catchment area that is served by our hospital. Consequently, we need to increase our research capacity to reflect local, regional and national healthcare needs. Presently, medical and surgical consultants and their teams are engaging in a wide range of research that is advancing knowledge related to the major diseases. In addition, there are an increasing number of nurses and allied health professionals who have or are in the process of completing research studies at Degree and Masters Level.

Many of the hospital's nurses are becoming involved in health service research projects. It is our intention to develop strategic partnerships to develop a critical research awareness and hands on research experience among our nurses. Currently Dublin City University (DCU) is leading the first 5-year programme of research in nursing and midwifery, which is funded by the Health Research Board (HRB).

A key strategic target for our hospital is to develop a focused Research and Development Strategy, which is consistent with the strategic development of our clinical services and national projects. We will refer in particular to the Department of Health Research Strategy 'Making Knowledge Work For Health' 2001, which has two pillars – Science for Health and Research and Development for Health.

## 11.7 Capital Development and Estates Management

Our Capital Development Programme is targeted at renewing ageing and inappropriate facilities and providing new or improved facilities for developing services. The programme accounts for both buildings and equipment and recognises health and safety, infection control, access for people with disability, aesthetic and environmental requirements in its development.

The hospital underwent a major Capital Development Programme between 2000 and 2003 and the new development was commissioned in October 2004. The immediate needs now are to commission the new Central Sterile Supplies Department (CSSD) and the refurbishment of Surgical Blocks A, B and C. When refurbished these units will house a 28-bed acute care of the elderly ward, a 28-bed care of the elderly rehabilitation service and a Day Hospital. It is envisaged that this phase will take place over the next two years subject to the receipt of funding.

The next priority will be the refurbishment of Units 4 and 5 to allow for the relocation of Units 1 and 3.

We are currently in discussions with Fingal County Council to complete the new entrance to the hospital from the M50 Motorway. It is envisaged that this will be completed by early 2007.

The second phase of the Capital Development brief, which will include therapy and diagnostic accommodation, medical and general services and staff facilities will be progressed during the lifetime of this Strategic Plan in conjunction with the National Hospitals Office (NHO).

Our strategic target for the next five years is to develop a Capital and Estates Development Plan to oversee the successful commissioning of the above developments.

## **11.8 Support Services**

In order to meet the ambitious targets set out in this Strategic Plan it is essential that support services including administrative, catering, household, linen, transport, maintenance, environmental, chaplaincy and general services are structured to meet the service needs of the hospital.

A systematic and comprehensive review of all support services will be carried out to ensure that our key strategic objectives are met and that resources are optimised and targeted at priority patient areas. A key focus of service delivery in these areas will be the on-going development of measurable quality standards to ensure a safe, clean, healthy and functional physical environment for the delivery of services to our patients/clients. The process of change within the hospital will be progressed on the basis of full consultation and partnership with our staff.

## 12. Supporting Systems and Processes

### 12.1 Governance

We recognise that effective corporate and clinical governance is essential if our hospital is to deliver on the objectives set out in this Strategic Plan. We are committed to the principles of good governance and will demonstrate this through the development and implementation of key components of Corporate and Clinical Governance, which address the following dimensions of our corporate activities:

#### Accountability Structures

We will strengthen the management structure to facilitate efficient decision-making throughout the

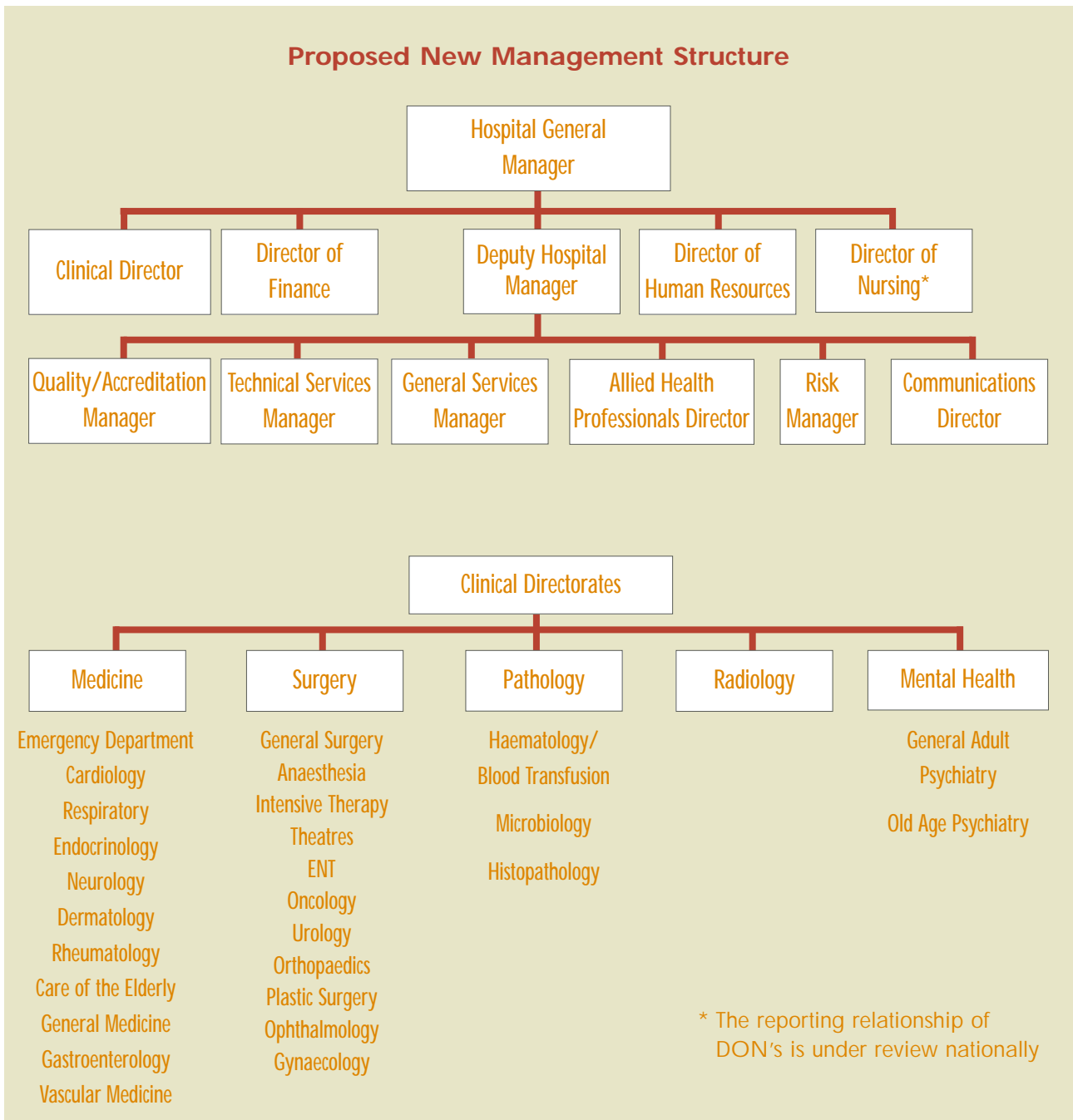
hospital and the development of multidisciplinary teams. We will introduce five clinical directorates i.e. Medicine, Surgery, Pathology, Radiology and Mental Health to facilitate team decision-making and devolve accountability and responsibility to maximise multidisciplinary working.

The overall day-to-day management of the hospital is vested in the Hospital Executive Committee which comprises senior management, both clinical and non-clinical. It is proposed to extend the membership of this Committee as outlined below.

The proposed new management structure is outlined overleaf.







#### Improving the Patient Experience

Our intention to establish a Patient Council demonstrates our aim to develop a more “customer focused” service, responding more effectively to changing public expectations. We will also further develop the patient advocacy service to deal with the concerns of patients and their families and to provide support.

#### Delivering High Quality Services

We are committed to the highest possible standards of service delivery, using the framework of accreditation and risk management as a means of testing and assuring organisational compliance. As part of this structure an Integrated Safety and Quality Committee (ISQC) has been established to ensure that risks and quality initiatives throughout the hospital are monitored and assessed through a programme of continuous improvement.

The accreditation process in the hospital is well under way. To date, the hospital has completed a three-year accreditation cycle and has been awarded Pre-Accreditation Early Status from the Irish Health Services Accreditation Board (IHSAB). We have applied to the Irish Health Services Accreditation Board (IHSAB) to participate in a further three-year acute care accreditation cycle. We aim to achieve and maintain full accreditation and welcome the action plan arising from the peer review as a driver for improvement.

A hospital Risk Management Strategy and Implementation Plan are currently being developed and are due to be rolled out in June 2005.

Clinical audit programmes and research projects will be linked to the hospital's Research and Development and Quality Strategies.

We will progress key components of clinical governance within a strategic framework and will establish a meaningful and realistic continuous quality improvement programme at departmental and speciality level, where teams and individuals understand and feel valued for their specific contribution.



## Code of Conduct

A code of conduct for the guidance of staff will be developed.

## 12.2 Performance Management

Key to the success of this Strategic Plan is a process of continuous monitoring and evaluation. This will ensure that objectives and targets are being met, are effective and are providing value for money. Unless activities are continually being evaluated, our hospital will not be aware of where there are centres of excellence, or where deficiencies or gaps are present in the system inhibiting us from achieving our objectives. We need better systems to track what we do and measure the cost benefits and outcomes. Our strategic aim is to gain a better understanding of our performance in a measured, objective way.

### 12.2.1 Current Measurement Mechanisms

A significant aspect of the National Performance Monitoring Framework, which has existed within the health sector since 2000, is the national performance indicator suite (PIs). The acute performance indicators (PIs) focus solely on monitoring services that are delivered out of hospital settings (inpatient and outpatient services). The set captures information that is not otherwise part of routine monitoring returns from hospitals and focuses on efficiency, equity of access (waiting times) and activity data.

A summary of the acute national performance indicator (PIs) suite, which is currently used to monitor service delivery, is detailed overleaf.

- AS1 Waiting times for inpatient services
- AS2 Waiting times for outpatient services
- AS3 Monitoring of the Patient Charter in terms of individual appointment slots for outpatient appointments
- AS4 Patient satisfaction – Outpatient services
- AS6 Efficiency of outpatient services in terms of ratio of new to return patients
- AS7 Efficiency of Outpatient services in terms of Did Not Attend (DNA) patients
- AS8 Use of acute sector beds
- AS9 Efficiency of inpatient services in terms of average lengths of stay
- AS10 Emergency Department attendances
- AS12 Throughput/demand on orthopaedic services
- AS13 Efficiency of services in terms of day case/inpatient procedure mix
- AS14 Discharge activity

In addition to the national performance indicators various methodologies and frameworks are currently being used throughout the hospital as a means of measuring and evaluating outcomes against agreed targets at local, corporate and national levels. These include the following:

| MEASUREMENT   | REPORTING TO  |
|---|---|
| Implementation of the Strategic Plan  | Hospital Executive Committee<br>National Hospitals Office (NHO) |
| Waiting Lists   | National Treatment Purchase Fund (NTPF)                         |
| Integrated Management Reports (IMR)   | National Hospitals Office (NHO)                                 |
| Hospital Inpatient Information System (HIPE)                                    | Department of Health and Children ESRI                          |
| Efficiency and Effectiveness:<br>Budget Expenditure<br>Staff Levels<br>Case Mix | Hospital Executive Committee                                    |
| Compliance with standards to achieve full accreditation                         | Hospital Executive Committee                                    |
| On-going Infection Control audits   | Infection Control Committee                                     |

### 12.2.2 Future Developments

We recognise that in order to measure and assess the implementation of our strategic objectives we need to adopt a modern management tool that integrates all aspects of hospital activity. ('What cannot be measured cannot be managed'). We propose therefore to agree, adopt and implement a performance management framework to measure our activities from the following perspectives:

- The Patient/Client Perspective
- The Internal Process Perspective
- The Learning and Growth Perspective
- The Financial Perspective

Performance in relation to goals will be measured through the development of local key performance indicators.



## 13. Conclusion

### 13.1 Implementing the Strategic Plan

In recognition of the importance of making the hospital's strategic objectives concrete and feasible to implement specific actions were developed for each strategic objective.

The Implementation Plan, which supports this Strategic Plan, outlines the actions for each strategic objective, the group or individual who has responsibility for carrying out the action, and the potential timeframe for implementation of the action. Some of these actions are ongoing, and therefore are relevant for all five years of the Strategic Plan. Others can be initiated and completed in the first year or two of the Strategic Plan.

An additional, and crucial component of the Hospital's Strategic Plan is the evaluation of progress on the strategic objectives and actions included within it. The Implementation Plan will be reviewed regularly, with progress reports presented to the Hospital Executive Committee. The strategic objectives will be evaluated using the performance measures identified for each strategic objective. Evaluation of progress towards the strategic objectives and the performance measures can serve as a tool to create awareness of future directions for the hospital and of the progress in implementing the specific actions.

### 13.2 Concluding Remarks

In this document, we have sought to provide a framework for the future development of services at Connolly Hospital Blanchardstown over the next five years. It sets out key objectives to ensure the delivery of service improvement to patients and the public reflecting national requirements and local issues.

Fundamental changes in the way health services are organised and delivered, both locally and nationally, as well as the wider political and social context will mean that it is not possible to forecast every detail with certainty and elements of this Strategic Plan will inevitably vary over time.

The Hospital Executive Committee deem this Strategic Plan to be a working document with clear timescales and targets. It will be subject to regular review and modification informing and being informed by the more detailed annual service planning process. However, the values that underpin this document will not change, nor will the hospital's commitment to providing high quality health services, which are accessible to patients and responsive to their needs, delivered by a supported, appropriately skilled and dedicated workforce.

In the months and years ahead we will be faced with difficult choices and many challenges as we implement our Strategic Plan. Our strategic aims and objectives will guide us over the long-term providing direction to keep us on course and focused on our vision. Our dedicated, professional and valued staff will be the key in ensuring the success of this strategy.

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