The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts

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May 2013
Context

• Programme for Government
• ‘Section 10’ letter - March 2012
• Project Team and Strategic Board - June 2012
Rationale

• Large number and range of acute hospitals, operating in relative isolation

• Duplication and fragmentation of resource

• Difficulty in recruitment and retention of key clinical staff

• Non-compliance with EU directives

• Inequitable distribution of workload and resources
Vision

The formation of hospital groups which will transition to independent hospital trusts will change how hospitals relate to each other and integrate with the academic sector. Over time, it will deliver:

- Higher quality services
- More consistent standards of care
- More consistent access to care
- Stronger leadership
- Greater integration between the healthcare agenda and the teaching, training, research and innovation agenda
Process

- Communication and Engagement
  - Fixed Agenda
    - Meetings
    - Submissions
    - Follow-up meetings

- Acute Hospital Profiling
  - Questionnaire Distribution
  - Data Analysis
    - Hospital Activity
    - Hospital Transfer Patterns
    - Population Patterns
    - Travel Times

- DOH Liaison
Criteria for Assigning Hospitals to Groups

- Contiguous geographical areas
- Consistent with existing acute hospital care pathways for the population
- Combine varying model, size and specialty hospitals
- Cohesive entities; rebalancing, rationalisation and reorganisation of services
- Population base and infrastructure to maintain the viability and gain efficiency from common business processes
- Capable of managed competition
Criteria for Assigning Hospitals to Groups

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• Robust academic linkages
• Attract and retain sustainable staff numbers
• Maximise cross-border health service arrangements
• Deliver internationally comparable quality care for patients, regardless of where they live.
Hospital Groups

- Each hospital group must agree a new name by which it will be known.
Hospital Groups

- The Chief Executive Officer (CEO) and interim group board will act to deliver safe equitable access to high quality care for the population they are employed to serve.
Hospital Groups

- The CEO of the hospital group will, within one year of appointment, present to his/her board a strategic plan for service configuration and integration consistent with national objectives for the delivery of patient services.
Hospital Groups

• The HSE or its successors must ensure appropriate co-operation and balance between hospital groups and other elements of the health and personal social services system nationally.

• Hospital groups may acquire or where necessary purchase services from other groups.
Hospital Groups

- All staff, clinical and non-clinical, should be appointed to groups with maximum flexibility in deployment - a key instrument to maximise effectiveness in service provision.
Hospital Groups

- Joint liaison structures with primary and community care practitioners should be established to ensure that community hospitals operate to their full potential as key linking institutions between hospital and community care. Each hospital group must consider the inclusion of community hospitals in their group.
Hospital Groups

• The Strategic Board and Project Team consider that the effectiveness of each hospital group must be evaluated in advance of statutory trust formation.
Hospital Groups

- Existing cross-border service level arrangements should be enhanced, initially by way of well targeted commissioning contracts, with the potential to develop formal cross border hospital networks.
Hospital Groups

- Each hospital group has a primary academic partner. This relationship must be of sufficient depth to ensure the capability of the hospital group to deliver the healthcare teaching, training, and research and innovation agenda in a joined up way. This should not prevent groups from providing clinical educational services to other third level institutions.
Hospital Groups

It is recommended that there should be six hospital groups in Ireland.

Groups will be of varying sizes with a geographic or Functional connection – large enough to operate efficiently and provide a reasonable range of services and small enough to be effectively managed, in order to deliver safe, high-quality patient services.
Recommended Composition of Hospitals

**Dublin North East**

- Beaumont Hospital
- Our Lady of Lourdes Hospital, Drogheda
- Connolly Hospital
- Cavan General Hospital
- Rotunda Hospital
- Louth County Hospital
- Monaghan Hospital

**Academic Partner:**

*Royal College of Surgeons in Ireland (RCSI)*
Recommended Composition of Hospitals

*Dublin Midlands*

- St James's Hospital
- The Adelaide & Meath Hospital, Dublin, including the National Children’s Hospital
- Midlands Regional Hospital Tullamore
- Naas General Hospital
- Midlands Regional Hospital Portlaoise
- the Coombe Women & Infant University Hospital.

*Academic Partner: Trinity College Dublin (TCD)*
Recommended Composition of Hospitals

Dublin East

- Mater Misericordiae University Hospital
- St Vincent's University Hospital
- Midland Regional Hospital Mullingar
- St Luke's General Hospital Kilkenny
- Wexford General Hospital
- National Maternity Hospital
- Our Lady's Hospital Navan
- St Columcille’s Hospital
- St Michael’s Hospital Dun Laoghaire
- Cappagh National Orthopaedic Hospital
- Royal Victoria Eye and Ear Hospital

Academic Partner: University College Dublin (UCD)
Recommended Composition of Hospitals

South / South West

- Cork University Hospital/CUMH
- Waterford Regional Hospital
- Kerry General Hospital
- Mercy University Hospital
- South Tipperary General Hospital
- South Infirmary Victoria University Hospital
- Bantry General Hospital
- Mallow General Hospital
- Lourdes Orthopaedic Hospital, Kilcreene

Academic Partner: University College Cork (UCC)
Recommended Composition of Hospitals
West / North West

- University Hospital Galway and Merlin Park University Hospital
- Sligo Regional Hospital
- Letterkenny General Hospital
- Mayo General Hospital
- Portiuncula Hospital
- Roscommon County Hospital

Academic Partner:
National University of Ireland, Galway (NUIG)
Recommended Composition of Hospitals

Midwest

- Mid-Western Regional Hospital, Limerick
- Ennis General Hospital
- Nenagh General Hospital
- St John's Hospital Limerick
- Mid-Western Regional Maternity Hospital
- Mid-Western Regional Orthopaedic Hospital

Academic Partner: University of Limerick (UL)
Governance of Hospital Groups

• Each hospital group will be established on an non-statutory basis. These arrangements are transitional and will need to be formally evaluated in light of the emerging UHI model before the establishment of independent hospital trusts.
• Hospital groups can utilise an Academic Healthcare Centre (AHC) model to provide overarching governance structures for the relationship between hospitals within a group and their relationship to their primary academic partner. Within the AHC model, any proposed overarching board must meet the criteria outlined in the recommendations below for interim group boards.
Governance of Transitional Hospital Groups

- Each hospital group will establish an interim group board to which the management team reports. Ideally, this board should have a minimum of six and maximum of nine members.

- The primary function of the interim group board is to oversee the delivery of high quality, safe patient care to meet the needs of the population it is appointed to serve.
Governance of Transitional Hospital Groups

• In a hospital group where there are pre-existing voluntary boards with statutory authority, it is critical that these boards fully support the decisions of the interim group board during the transition phase. Common membership should be considered as a way of securing this support.
Governance of Transitional Hospital Groups

• Pending the enactment of legislation establishing independent hospital trusts, the interim group board will provide regular reports through the CEO/Chair, to the Director General of the HSE/Director of Acute Hospitals or the equivalent in any successor to the HSE.
Governance of Transitional Hospital Groups

• The Chair of the interim group board will be appointed by the Minister.

• The Chair will nominate the interim group board membership for ministerial appointment.

• The role of the Chair and CEO will not be combined.
Governance of Transitional Hospital Groups

• The interim group board will comprise the necessary skills, competencies and experience which will enable them to make a contribution to the performance of the hospital group. Membership must ensure demonstrable expertise including but not limited to at least the following domains: Clinical; Business; Social; Legal; Medical Academic; Patient Advocacy. (HIQA, 2012)
Governance of Transitional Hospital Groups

- Each hospital group will agree an annual business plan/memorandum of understanding (MoU) with the Director General of the HSE/Director of Acute Hospitals or the equivalent in any successor to the HSE.
Governance of Transitional Hospital Groups

- The Interim group board must proceed towards full implementation of the governance recommendations in the *HIQA Tallaght Hospital Investigation Report* (HIQA, 2012) and other recommendations as contained in but not limited to the Ethics in Public Office Act (1995).
Governance of Transitional Hospital Groups

• Hospital groups will adhere to the terms of Business Plan/MoU (for the group) or contracts for the provision of services set out for them by the HSE or its successors as a component of the national service plan agreed with the Minister.
Governance of Transitional Hospital Groups

- Where a hospital group has one or more pre-existing hospital boards, the hospitals in the group must work, through voluntary delegation of powers and common membership, to reach a position where the interim group board is the effective decision-making body for all hospitals in the group.
Leadership Posts

• The consolidated management team of transitional hospital groups must comprise at least the following six key posts:
Chief Executive Officer

• The Chief Executive Officer will provide leadership for the hospital group and prepare it for trust status. S/he will lead group formation on the basis of an agreed strategic vision and will direct the corporate activity of the whole group. S/he will be appointed by way of expressions of interest from staff in publicly funded health agencies.
Chief Clinical Director

- The Public Appointments Service (PAS) will recruit for appointment for the Hospital Groups, the Chief Clinical Director, from within the consultant medical staff in the group, and in accordance with Section 62 of the Health Act 1953.
Chief Academic Officer

- The Chief Academic Officer’s remit will be education, research and innovation in the group. The CAO should have a senior executive role in both the hospital group and the primary academic partner institution. The Chief Academic Officer will be appointed by open competition.
Chief Director of Nursing

- The Chief Director of Nursing will be appointed by way of expressions of interest from staff in publicly funded health agencies.
Chief Finance Officer

- The Chief Finance Officer will be appointed by way of expressions of interest from staff in publicly funded health agencies.
Chief Operations Officer

- The Chief Operations Officer will be appointed by way of expressions of interest from staff in publicly funded health agencies.
International “Buddy”

• Each group must identify a leading international hospital of international repute with the experience and expertise to provide on-going support, organisational mentoring and advice to the group.
Leadership Posts

- The establishment of hospital groups must be achieved within the existing framework of public service human resources and pay policy. To this end the formation of the transitional management teams must fully utilise all the management potential as it exists in the wider public health service.
Management Functions

• Hospital groups will be led by a group Chief Executive Officer (CEO) who, under current legislation, will be legally accountable to the Director General of the HSE/Director of Acute Hospitals or equivalent. Powers are delegated by the CEO so all personnel in the group are ultimately accountable, and report to, that officer and s/he reports on an administrative basis, fully and frequently, to the Chair of the interim group board.
Management Functions

• The requirement for individual hospital management teams will be determined by the size of the hospital and the range of services provided at each site. For instance, it is envisaged that large Model 4 hospitals would have their own management teams while Model 2 hospitals may be under the direct management of a Model 4 hospital.
Management Functions

• The key role of the management team is to deliver high-quality, safe patient care to meet the needs of the population it is appointed to serve. They will prepare the group for trust status. Early work will target the sharing of common corporate business platforms such as Human Resources (HR) and Information Communication Technology (ICT) and the rationalisation of support activities to achieve maximum cost savings.
Management Functions

- Where hospitals have been governed under different arrangements (HSE or voluntary/joint board hospitals) in the transition phase, the hospital managers within the group will continue to manage their own hospitals but will also be accountable to the CEO of their Hospital Group either directly (HSE hospitals) or via their board (voluntary/joint board hospitals).
Recruitment of Trust CEO

Well functioning Hospital Groups will transition to Hospital Trusts. The report makes three recommendations on trust CEO recruitment, cognisant of the importance of the role to the success of Hospital Trusts.

• Under the auspices of the Public Appointments Service (PAS), there will be an open international competition for the post of CEO.
Recruitment of Trust CEO

- The CEO will be appointed for a period of five years, renewable only on the basis of a performance review by the board.
Academic Involvement

• Engagement on tripartite mission;
  – Service, Research, Education
  – Primacy of service imperative but “research, education and training are crucial for innovation that can sustainably improve service provision. For this reason this report correctly emphasises the importance of academic linkages for effective hospital groups”

• Primary academic partner for each group
• Chief Academic Officer key member of management team
• Academic Health Centre model of acute hospital care provision
Implementation

- Two groups established
  - Galway and Midwest.
- Implementation Plan (2/12)
  1. Meeting with each new hospital group
  2. Hospital Groups Implementation Team (HGIT) and Hospital Groups Steering Group (HGSG) establishment
  3. A Chairperson will be appointed for each Hospital Group.
  4. Commence appointment of Group CEOs
  5. Front-line information and consultation at all acute hospitals
Thank you for your attention

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Comments and Questions