



Reconfiguration of Acute Hospital Services Cork and Kerry

Non-Executive Advisory Board Chairman's Report to the Minister for Health, Dr Leo Varadkar

A roadmap to develop an integrated university hospital network

Bantry General Hospital

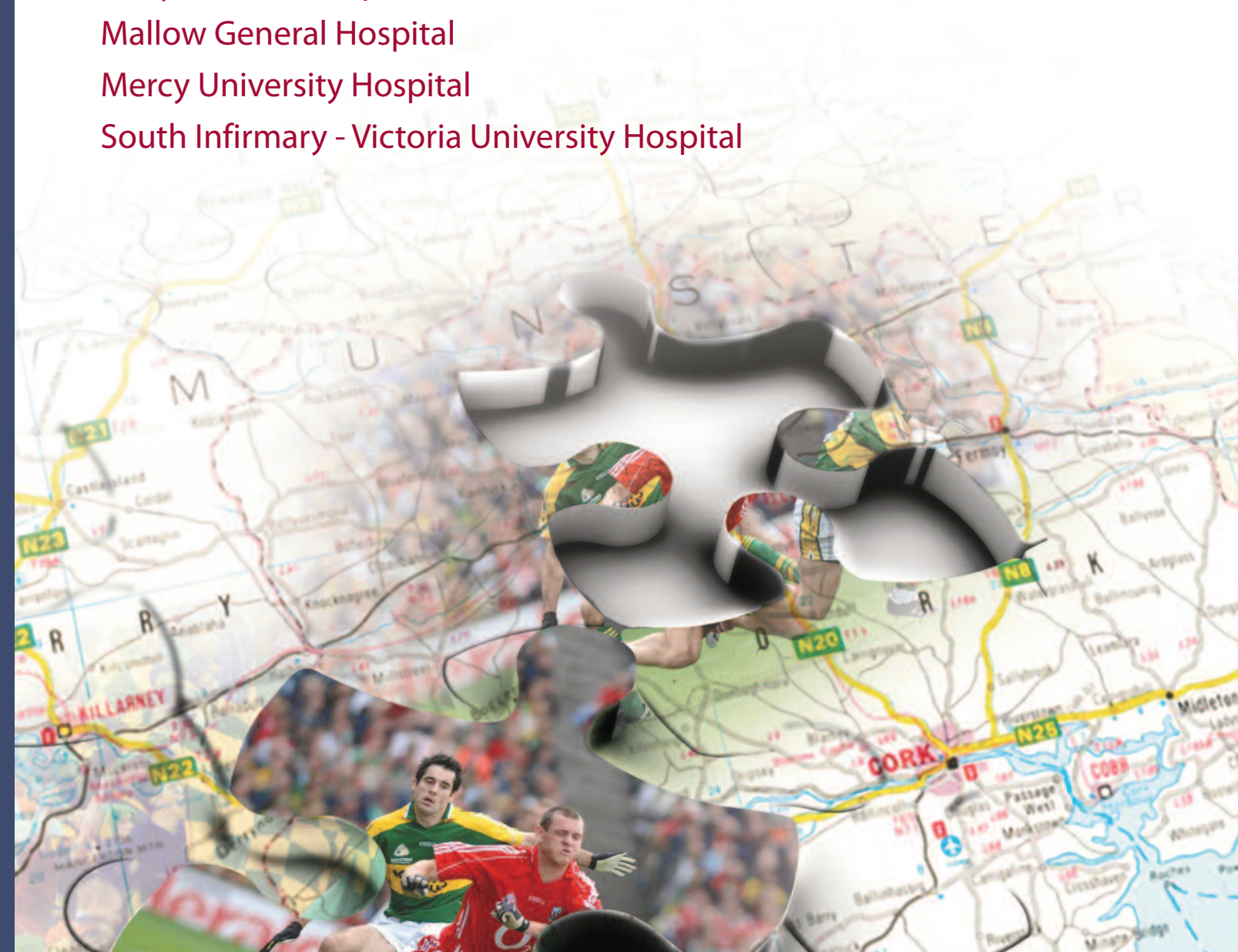
Cork University Hospital

Kerry General Hospital

Mallow General Hospital

Mercy University Hospital

South Infirmary - Victoria University Hospital





INTRODUCTION

Mr Michael O'Flynn, Chairman



There has been a sea change in the structures and delivery of the Irish Healthcare Services over the past decade. The number of patients coming through the doors of our acute hospitals has been rising annually. People are living longer and patients are presenting with more complex needs. Survival rates for victims of traumatic accidents, premature babies, cancer patients and others are much higher now than they were 10 years ago and this is an ongoing trend. New medicines are becoming available at an increasing rate and cost.

Clinicians, managers and our political leaders are struggling to cope with these growing burdens. We have no alternative but to reform fundamentally. Patients deserve better than the care that can be delivered under the current pressures.

In 2009, a small group of managers and professionals in Cork and Kerry decided to take a radical approach. They saw an overwhelming need to transform the way care is delivered and to increase internal efficiencies in both clinical and administrative areas, reduce medical errors and improve patient safety.

In March of that year, Prof. John Higgins was appointed as Director of Reconfiguration for Acute Hospital Services in Cork and Kerry and charged with reviewing all aspects of the design and delivery of acute hospital services and to develop a realistic, implementable roadmap for the future.

On his appointment, Prof. Higgins requested support from external experts in the areas of medicine, education, business, government and sport. This led to the establishment of the Non-Executive Advisory Board of which I am proud to have been its Chair.

Since our first meeting in 2009, we have striven to support Prof. Higgins and his team in designing, developing and implementing daring strategies and large change management projects in the hospitals. As a Board, we have backed changes to services and hospitals, some of which had never changed since they were established.

The Reconfiguration of Acute Hospital Services, Cork and Kerry, a Roadmap to Develop an Integrated University Hospital Network was published in 2010 following consultation with staff of the HSE South, the Mercy University Hospital, and the South Infirmary Victoria University Hospital, GPs, university academics, political representatives, patient advocates and others. Over 40 working groups representing every healthcare speciality delivered in this region, considered and recommended on the best way that each healthcare speciality should be delivered to patients.

As a result, the *Reconfiguration Roadmap* recommends a unique role for each acute hospital in the region. Each hospital is now developing an expertise in a range of healthcare services which are appropriate and safe for that hospital to deliver. In parallel, duplicate services are being removed from hospitals where it is wasteful to continue them. Clinicians are beginning to work in specialist teams across all hospitals in the region rather than in just one hospital.

I am pleased to report that, at the time of writing, we have succeeded in making a difference and driving unprecedented change in many areas. The Irish Government is restructuring the health services and forming the hospitals into groups nationally rather than continuing to operate as single entities. Therefore, it is timely that the work of the Reconfiguration Non-Executive Advisory Board comes to a close. While all the work outlined in the *Reconfiguration Roadmap* has not been completed, it is complementary to the work outlined for the new Hospital Group in this region, the South / South West Hospital Group.

At the final meeting of the Non-Executive Advisory Board, the incoming Chair of the Board of the South / South West Hospital Group, Prof. Geraldine McCarthy stated that the remaining work from the *Reconfiguration Roadmap* would be on the agenda for the first meeting of this new Board. Therefore, as I hand over the baton to Prof. McCarthy, I sincerely hope that those managing and working in the service will continue in their bold endeavours to finalise all the *Reconfiguration Roadmap's* recommendations to the benefit of patients, staff and all those working and living in the region.

It has been a pleasure to engage, debate and work with all those whom I have been in contact with during my time as Chair. On behalf of all the Board members, I wish to wholeheartedly thank Prof. John Higgins, Mr Pat Healy, Mr Gerry O'Dwyer, Ms Nora Geary and Ms Sinéad Glennon, for giving us insight and input into the strategic direction of a huge, public service organisation such as the HSE that engages with every member of the population at some point during their lives.

I also wish to express my immense gratification to my fellow members on this Non-Executive Advisory Board who gave of their time and expertise freely, proficiently and independently during the last five years in pursuit of an improved health service in Cork and Kerry.

MICHAEL O'FLYNN
CHAIRMAN



COMMENT

Prof. Geraldine McCarthy, Chair of the South / South West Hospital Group Board



It has been a privilege to be a member of the Non-Executive Advisory Board since its first meeting in 2009. In my new role as Chair of the South / South West Hospital Group Board, I will find the experience gained enormously helpful. The Non-Executive Advisory Board has kept its faith in the reconfiguration process and I am sure that the new Board for the South / South West Hospital Group will encounter many similar challenges and opportunities.

I would like to extend my thanks to the efforts of this Non-Executive Advisory Board and of Prof. John Higgins and his team, Mr Pat Healy and his team, and of all those clinical and managerial staff who have engaged in the reconfiguration process in Cork and Kerry. We are already a long way down the road of tackling what our Chairman Mr Michael O'Flynn has called *"those deep reforms that are required"*.

This report will be our initial beacon in re-organising acute hospital services more efficiently and effectively and to better meet the needs of patients attending the South / South West Hospital Group as a whole.

**Prof. Geraldine McCarthy,
Chair of the South / South West Hospital Group Board**



FOREWORD

Prof. John R. Higgins, Director of Reconfiguration and Chair of the Reconfiguration Forum



The Non-Executive Advisory Board has been of fundamental importance to supporting my work as Director of Reconfiguration of Acute Hospital Services in Cork and Kerry and then as Chair of the Reconfiguration Forum, a task which has occupied me for the past five years.

I can truthfully say that I could not have stayed the course without the members' unshakeable support and wise counsel. I am deeply grateful to Michael O'Flynn for his unwavering support and his clear and decisive chairmanship.

This report clearly demonstrates to the ups and downs, the highs and lows, along a journey that has brought, what began as an attempt to bring fundamental change to acute services in Cork and Kerry to a national level and to make it the driving agenda item for our new transitional Hospital Groups. The success or failure of Hospital Groups will be measured by the commitment they bring to this agenda and the success they achieve in addressing it. It is not complete in Cork and Kerry but I hope this report will show that we have tried our utmost to bring the key projects beyond a point of no return. We cannot and must not go back to the status quo ante.

I am enormously encouraged that this view is shared whole-heartedly by Prof. Geraldine McCarthy, the Chair of the South / South West Hospital Group board, who states clearly in this report her wish to see it as a public statement on where the work of the Non Executive Advisory Board on Reconfiguration ceases and the reforming work of the new South / South West Hospital Group Board begins.

The *Reconfiguration Roadmap* provides a master plan for the reorganisation of clinical services in the hospitals of Cork and Kerry. Implementing the *Reconfiguration Roadmap* in full will take more years yet but we have made a good start and we are committed to seeing it through.

Prof. John R. Higgins
Director of Reconfiguration, 2009-2011
Chair of Reconfiguration Forum, 2011-2014

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1. BACKGROUND

In March 2009, Prof. John Higgins was appointed as Director of Reconfiguration for HSE South, Cork and Kerry. Prior to his appointment, a small group of business and community leaders from the Cork area had expressed an interest in supporting the acute hospital system in Cork, particularly Cork University Hospital (CUH), and to give of their expertise and time freely to benefit the hospitals. On this premise, discussions took place with the National Hospitals Office (NHO) in early 2009 which coincided with Prof. Higgins' appointment. Upon his appointment, he asked the NHO if it was possible for the reconfiguration Cork and Kerry programme to have access to external expert advice from business, education and medical fields, which in the normal course of events would not easily be available.

The NHO introduced Prof. Higgins to the group and following some exploratory discussions, he invited the group and other experts and leaders in the business, education and medical fields to support the reconfiguration process as a Non-Executive Advisory Board.

The Non-Executive Advisory Board held its first meeting in September 2009 to discuss progress on the reconfiguration process to date. It was the first non-executive advisory board to acute hospital services in the public health service in Ireland. A Terms of Reference (see page 9) was developed and the members (see appendix 1) agreed to support Prof. Higgins and his team in restructuring the delivery of acute hospital services in Cork and Kerry.

It was agreed to meet six times annually at Cork University Maternity Hospital (see appendix 2). Subgroups of the Non-Executive Advisory Board were established to work on emerging issues and the Chair allocated members to each subgroup (see appendix 3 and 4).

The subgroups were as follows:

1. Governance and External Partnerships;
2. Change Management and Communications; and
3. Finance and Strategic Planning.

The *Reconfiguration of Acute Hospital Services, Cork and Kerry a Roadmap to Develop an Integrated University Hospital Network*¹ was accepted as part of HSE and Department of Health policy, and published in 2010, contains the recommendations to re-organise the structure and delivery of acute hospital services in Cork and Kerry. The implementation of the *Reconfiguration Roadmap* formed the basis for the advice, support and guidance provided by the Non-Executive Advisory Board.

1. Referred to from here on as the *Reconfiguration Roadmap*.

The *Reconfiguration Roadmap* is the HSE's response to the Horwath and Teamwork Review of Acute Services in Cork and Kerry². That review called for “a fundamental reconfiguration of the acute care system and processes, together with redeployment of existing resources, in order to optimise care in terms of effectiveness, quality, sustainability and affordability”.



**Original Members of the Non Executive Advisory Board November 2009
including *members of the Reconfiguration Team***

Back row (L to R): Mr Kevin Kenny, Mr Sean O'Driscoll, Mr Brendan Tuohy, Mr Pat Lyons, Mr Des Murphy, Mr Paul Breen, Prof Cillian Twomey, Dr Paddy Crowley and Mr Donal Horgan.

Front row (L to R): Ms Sinéad Glennon and Ms Nora Geary (Reconfiguration Team), Mr Michael O'Flynn (Chair), Prof John Higgins and Ms Norma Deasy and Mr Michael Hanna (Reconfiguration Team).

Missing from photo: Mr Michael Hall, Prof Geraldine McCarthy, Dr Michael Murphy, Mr Aidan O'Brien, An tUas Pádraig Ó'Riordáin and Prof Gerry O'Sullivan (RIP).

2. *Securing clinically safe and sustainable acute hospital services: A review of acute services in HSE South and a five year action plan for Cork and Kerry, Horwath and Teamwork, 2008. Available on HSE website.*

2. TERMS OF REFERENCE

The Terms of Reference were agreed in March 2010 as follows:

A Non-Executive Reconfiguration Advisory Board has been established with a terms of reference to advise on the implementation of the reconfiguration programme, including the single hospital system and to enable the Director to access expert advice from business, education and medical fields which, in the normal course of events, might not easily be available.

The role and purpose of the Reconfiguration Non-Executive Advisory Board is to:

1. To act as a “sounding board” for the Director of Reconfiguration and the HSE management on key reconfiguration issues.
2. To provide business advice and guidance on the reconfiguration programme.
3. To enable the Director of Reconfiguration test drive options for reconfiguration prior to decision and implementation.
4. To provide support for the reconfiguration programme.

To ensure confidentiality, all members of the Non-Executive Advisory Board signed ‘codes of standards and behaviours’ agreement in 2010 (see appendix 5).

3. THE WORK OF THE NON-EXECUTIVE ADVISORY BOARD

Since 2009, the Non-Executive Advisory Board has provided a continuous, frank and open forum on the implementation of the reconfiguration programme, advice prior to the publication of the *Reconfiguration Roadmap* (November 2010) and advice on issues arising while implementing the reconfiguration programme. Providing expert advice from business, education and medical fields, the Non-Executive Advisory Board gave support and guidance to the Director of Reconfiguration and his team, and from 2010 to other members of the HSE South Regional Management Team.

3.1 Recommendations of the Reconfiguration Roadmap

Progress to date in implementing the recommendations of the *Reconfiguration Roadmap* has had its challenges but phenomenal change has been achieved and the Non-Executive Advisory Board has played a strong guidance role in all aspects of implementation. The members have also provided expert advice to particular areas when their interjection was required.

The *Reconfiguration Roadmap* recommends that Bantry General Hospital (BGH), Cork University Hospital (CUH), Kerry General Hospital (KGH), Mallow General Hospital (MGH), the Mercy University Hospital (MUH) and the South Infirmity Victoria University Hospital (SIVUH) operate as an integrated university hospital network. This integration of the six hospitals will ensure:

- the best possible outcomes for patients;
- safer services;
- care being delivered locally - where possible;
- the elimination of duplicate services; and
- the best possible use of all resources.



Reconfigured Acute Hospitals

In order to create an integrated network, each hospital has been fundamentally changing the services it delivers and how they are delivered. To date, the following has been achieved in the hospitals:

Bantry General Hospital (BGH)

BGH provides a vital service to the people of west Cork, many of whom live in remote rural locations. This has been recognised by the Department of Health in its report *The Framework for Development – Securing the Future of Smaller Hospitals* (May 2013). The hospital provides consultant-delivered, undifferentiated/unselected acute medicine, geriatric medicine and rehabilitation medicine. Day surgery has become a principal part of its activity. It is a centre for outreach specialist services providing initial assessment and post-treatment follow-up care in an increasing range of services including gynaecology, orthopaedics, urology and gastroenterology. It has an Urgent Care Centre comprising a Medical Assessment Unit and a Local Injury Unit.



GPs can admit medical patients directly to the hospital's wards on a 24/7 basis. There should be at least five consultant physicians based at BGH in order that the hospital can maintain a viable consultant duty roster and play its full part in the regional hospital network envisaged in the *Reconfiguration Roadmap*. Its location, activity and integration with local primary and community care services make it an important teaching site for medical and other health profession students from University College Cork (UCC).

Cork University Hospital (CUH)

CUH is the main, regional tertiary centre for Cork and Kerry, continuing as a major teaching hospital of University College Cork (UCC).

Some services provided at CUH have been moved to alternative hospitals, allowing CUH to become the tertiary specialist hospital for complex conditions – emergency and elective – that require input from multiple specialist services, for example serious trauma, cancer and neurosurgery.



There is now a 24/7 emergency theatre and an additional emergency orthopaedic theatre since 2014 in operation at CUH. An Acute Medicine Unit and Short Stay Unit staffed by consultant physicians is open 24/7.

Work is underway to concentrate all cancer work at CUH. However, much of skin cancer care, for example, is not provided in CUH, nor does it need to be; similarly some urological cancer and some colo-rectal cancer care is provided in the MUH.

All maternity services in Cork county and all complex obstetrics care in Cork and Kerry are being delivered from Cork University Maternity Hospital. All histopathology services, apart from KGH, are now concentrated in CUH. Paediatric services will be concentrated at what will ultimately become a regional paediatric hospital on the CUH campus.

Kerry General Hospital (KGH)

KGH, a major teaching hospital of UCC, provides a range of acute services to the population of Kerry. It has a heavy caseload and traditionally has strong links with acute services in Cork. These links are being strengthened to ensure sustainable hospital services within an integrated regional university hospital network. It provides a

24/7 Emergency Department (ED) supported by general and orthopaedic (trauma) surgery. A new ED opened in April 2012 which is twice the size of the previous building and includes a separate treatment area for children. KGH continues to provide unselected, acute medical care, elderly care, obstetrics and mental health care.

Certain services such as cardiology and ear, nose and throat (ENT) have been strengthened by regional arrangements as follows:

- ENT – All emergency ENT patients are sent to the SIVUH for treatment.
- Cardiology – all code STEMI (ST-Elevation Myocardial Infarction) patients go straight to CUH and these patients are transferred back seamlessly to KGH after treatment.

The range of services at KGH needs to be increased through outreach and additional appointments of Kerry based consultants. The hospital has, over the years, built up links with the Institute of Technology Tralee and these should be nurtured in the interests of the people of Kerry. For the future, KGH will have greater connectivity to other hospitals in the region and is part of the South / South West Hospital Group. Its close proximity to the Bon Secours Hospital, Tralee holds out the prospect of greater collaborative arrangements.





Mallow General Hospital (MGH)

While MGH is less than 30 minutes by ambulance from CUH, it nevertheless provides a vital service to the population of north Cork. It will continue to be a teaching hospital of UCC. The future role of MGH will be as a focus for local healthcare to the population of north Cork. This role is also supported by the Department of Health in its 2013 report *The Framework for Development – Securing the Future of Smaller Hospitals (May 2013)*. MGH remains a vital and necessary location for the delivery of day surgery and outreach services, outpatients, diagnostics, pre and postoperative assessment and follow-up care. Outreach surgery has transferred from CUH. As techniques and therapies advance, more sophisticated healthcare will become accessible locally. A two-storey extension was built on to the hospital in 2013 comprising a new Medical Assessment Unit and a replacement Endoscopy Suite. MGH, situated ideally with respect to tertiary support in Cork should provide a particular focus for pioneering a wide variety of non-complex, and locally accessible healthcare services for the people of north Cork.



Consultant delivered services includes geriatric medicine and selected acute medicine. New consultant physician appointments to MGH, resulting in a total of 5 consultant physicians, allow the hospital to maintain a viable consultant duty roster and play its full part in the regional hospital network envisaged in the *Reconfiguration Roadmap*. Day surgery has become a central part of its activity and is being expanded to include multi-specialty surgical procedures. Outreach services include gynaecology, obstetrics, paediatrics, and other surgical and medical specialties. As it develops its range of services, it will become an important site for health education and training with respect to outreach, local services and integrated service delivery between the hospital and its local community of north Cork.

Mercy University Hospital (MUH)

The MUH, a major teaching hospital of UCC, provides a wide range of specialist services. It has a 24/7 ED and a 12/7 Urgent Care Centre. The Urgent Care Centre, treating patients, aged 10 and over, with minor injuries such as suspected broken bones, cuts and lacerations, opened on St Mary's Health Campus in 2012. Open daily from 8am to 8pm, it is treating patients within an hour of arrival.





A significant amount of acute medical services has been transferred from the SIVUH to the MUH. Inpatient medical services include acute respiratory and geriatric medicine, endocrinology, rheumatology and infectious diseases. The MUH admits unselected, acute medicine patients and is a priority site for new acute medical consultant appointments. It has developed an Acute Medical Assessment Unit, open 12/5. Out-of-hours acute medical patients are being seen by the on-call medical team. The hospital also provides out-of-hours medical cover for patients at the SIVUH.

Its broad range of medical and surgical diagnostic services includes the necessary work-up of patients (cancer and non-cancer) who may require a surgical procedure elsewhere. It is currently developing a regional gastroenterology diagnostic centre for ambulatory diagnostics and outpatients that includes the National Colorectal Screening Programme. The MUH will be the regional centre for elective general surgery, urology and vascular surgery supported by appropriate critical care.

It has become the regional centre for a new rehabilitation medicine service and a new regional amputee service for Cork and Kerry providing rehabilitation for young and mid-life adults suffering from acquired brain injury (including stroke) and amputee patients requiring rehabilitation. Building on the international reputation of the Cork Cancer Research Centre, the MUH now hosts a clinical research facility for UCC, which is part of a national initiative of the Health Research Board and the HSE to facilitate the transition into therapeutic form of biomedical sciences research in Irish universities.

South Infirmary-Victoria University Hospital (SIVUH)

The SIVUH is now primarily an elective surgical hospital and a major teaching hospital of UCC. It has a particular expertise in day surgery. It is now the regional centre for elective orthopaedics and orthopaedic trauma rehabilitation, plastic surgery, otorhinolaryngology (ENT), dermatology, pain medicine and benign gynaecology surgery. Plans to become the regional centre for elective ophthalmology services are underway along with the development of a “one-stop-shop” for gynaecology incorporating colposcopy (including the National Cervical Screening Programme), urodynamics and gynaecology outpatient services.



Capital development to incorporate the regional centres at the SIVUH includes three new orthopaedic theatres, a new pain medicine centre and construction is underway on a regional ophthalmology facility. The SIVUH also provides elective general surgical and maxillofacial surgical services. Furthermore, ambulatory and day services are provided in the following medical specialities, rheumatology, dermatology, endocrinology and oncology. The SIVUH no longer provides emergency care enabling it to focus on elective work thus ensuring guaranteed capacity for planned surgery.



3.2 Major Reconfiguration Projects Completed

Details on the major reconfiguration projects that have been completed are summarised as follows:

Acute Medical Unit opened at Cork University Hospital – January 2011

An Acute Medical Unit (AMU) opened in January 2011 at CUH. Open 24 hours a day, seven days a week, the AMU provides acute treatment and / or observes and investigates acute medical patients whose estimated length of stay is less than 48 hours. Accepting direct referrals from GPs, the AMU assists in alleviating pressure on the ED. Acutely ill medical patients referred to the AMU are being seen by a consultant within one hour of arrival. These consultants have ready access to diagnostics such as x-rays, blood tests, scans, etc.



Transfer of Cardiology from the SIVUH to Cardiac Renal Centre – November 2011

The Cardiac Renal Centre (CRC) in CUH, which opened in April 2010 is the specialist centre to treat cardiology patients in this region.

Cardiology services relocated from the SIVUH to the CRC in November 2011. The centralisation of services at the CRC allowed for the integration of acute cardiology services, inpatient and outpatient services and cardiac rehabilitation, in one readily accessible specialist unit for patients with cardiovascular disease. The new facility provides a much enhanced environment for all patients. Until the transfer, patients requiring cardiac catheterisation for diagnosis or treatment had to transfer to the CRC from the SIVUH. Similarly, patients requiring implantable defibrillators were transferred from CUH to the SIVUH. These examples illustrate how patients requiring treatment no longer have to transfer between hospitals for services. All cardiac patients from Cork and the surrounding area will eventually be seen at the CRC.



Transfer of St Mary's Orthopaedic Hospital (elective orthopaedics and trauma rehabilitation; pain and plastic medicine) to the SIVUH – December 2011

The transfer of elective orthopaedics and trauma rehabilitation from the former St Mary's Orthopaedic Hospital (SMOH) to the SIVUH was designed to improve efficiency and to provide orthopaedics in a setting with complementary services, with enhanced medical and anaesthetic supports.

It was also part of the reconfiguration process to transform the SIVUH into an elective acute hospital. Elective orthopaedic services transferred from SMOH to the SIVUH in December 2011. Three new orthopaedic theatres were built at the SIVUH to accommodate this move.



Since the transfer, patients have benefited as follows:

- Two orthopaedic consultants have been appointed (one new and one replacement post) with a special interest in paediatrics, which has meant that paediatric orthopaedic services returned to Cork in 2011 after a four year gap.
- New ways of working have been introduced, including 100% day of admission for elective orthopaedic patients which puts the SIVUH as the best in the country for length of stay for hip and knee replacements.
- All patients have pre-operative assessments prior to admission, which enables patients to be admitted on the day of their surgery rather than the night before.
- Locating elective orthopaedic and rehabilitative orthopaedic services in the same hospital as complementary services, such as plastic surgery and rheumatology, means that patients don't have to travel between centres for care as all specialist services are located on the one site.
- Development of a Post Operative Care Unit/High Dependency Unit on site and the presence of a 24/7 on-site medical and anaesthetic cover have led to a substantial reduction in the number of elective orthopaedic patients requiring transfer to CUH due to medical complications.

There are important synergies between orthopaedics, pain medicine and plastic surgery. Elective plastic surgery transferred from former SMOH to the SIVUH in December 2011. Development of a purpose-built regional pain service at the SIVUH was progressed to accommodate the pain service from SMOH in February 2012, and later the elective pain service from CUH in October 2012.

Transfer Medical Rehabilitation Unit to St Finbarr's Hospital – November 2011

Medical Rehabilitation - Services for Older People relocated from the SIVUH to the Rehabilitation Unit at St. Finbarr's Hospital (SFH) in November 2011 to consolidate rehabilitation services on one site.

Mercy Urgent Care Centre opened – March 2012

The Mercy Urgent Care Centre, treating patients with minor injuries, opened in March 2012 at St. Mary's Health Campus (former St. Mary's Orthopaedic Hospital). The new centre treats patients, aged 10 and over, with minor injuries such as suspected broken bones, minor burns, scalds and cuts requiring stitching with facilities to take x-rays and apply plaster casts.



The centre is open daily from 8.00am to 8.00pm for patients who self-refer or are referred from other services such as general practitioners and SouthDoc.

The centre was established as a support for the re-organisation of emergency services and transformation of the SIVUH into an elective acute hospital. Patients are currently being assessed and treated within an hour of arrival.

The centre has already exceeded its projected attendance rate of 10,000 patients per annum, and is currently seeing approximately 12,500 patients per annum and very high levels of patient and staff satisfaction are being reported. In addition, it provides a suitable medical facility to meet the needs of patients living on the north side of the city.

In the last 18 months, St. Mary's Health Campus has become a vibrant medical facility, with the Community Nursing Unit (Heather House), the Urgent Care Centre, and the transfer of HSE's Performance and Development Unit to the site.

Planning is at an advanced stage for the transfer of warfarin clinics from CUH and the SIVUH to the site, development of a new primary care centre, and development of an MUH OPD unit on site, as outlined in the *Reconfiguration Roadmap*.

Closure of the Emergency Department at the SIVUH - July 2012 (with the cessation of acute medicine and emergency surgery)

The completion of the re-organisation of emergency services was achieved in July 2012 with the transfer of ED services, acute medicine and surgery from the SIVUH to CUH and the MUH. In preparation, the SIVUH ED had already reduced its opening hours to 8am-8pm in December 2011.

This re-organisation consolidated services for acute medical and surgical patients at CUH and the MUH. Additional beds to provide for acutely ill patients, who would previously have been admitted to the SIVUH, were opened at CUH and the MUH. This has enabled the SIVUH to transition into a fully elective hospital, in line with recommendations of the *Reconfiguration Roadmap*. This ensures that elective surgery is protected from the fluctuations and cancellations associated with emergency services.

The ENT emergency service (which also provides ENT emergency cover to KGH patients) has remained on site at the SIVUH and the service has been enhanced by the consolidation of the maxillofacial service at the SIVUH co-locating with ENT services. Many patients would need the expertise of ENT and maxillofacial services. Having them co-located on one site is very beneficial.

Transfer of Pancreatic Cancer Surgery from the MUH to CUH – July 2012

In line with the National Cancer Control Programme strategy, pancreatic cancer transferred successfully from the MUH to CUH in July 2012.

Transfer of Elective Surgery CUH to the SIVUH – August 2012 to May 2013

Under the principles of the reconfiguration programme, it was envisaged that where possible, if a service moved out of one hospital, another service would move in. In line with the ED closure at the SIVUH, it was agreed that elective surgery (plastics, maxillo facial and general surgery) would transfer from CUH to the SIVUH. These transfers took place as follows: initial plastic surgery transferred in August 2012, maxillo facial in January 2013 and the remaining plastic surgery in June 2013.

Transfer of Elective Pain CUH to the SIVUH – October 2012

Development of a purpose-built regional pain service at the SIVUH was progressed to accommodate the pain service from SMOH in February 2012, and the elective pain service from CUH in October 2012. This purpose-built unit maximises workflow between the pain procedure rooms (which conform to radiology specifications), a day unit with eight trolleys and OPD. Consolidation of the service in one location, in conjunction with streamlining of processes facilitated by a purpose-built unit resulted in a 49% reduction in patients on the waiting list for elective pain procedures, representing a 76% decrease in wait time.



Opening of the MUH AMAU – January 2013

An acute medical assessment unit (AMAU) opened at the Mercy University Hospital in January 2013. The AMAU is open from 8am to 8pm from Monday to Friday. Urgent medical patients presenting at the ED are seen without delay by a senior medical doctor who will make a prompt clinical diagnosis, order specific investigations, decide on a treatment plan and on the most appropriate setting for that treatment and ongoing care. The benefit for the patient is that extended ED waiting times are avoided and patients are seen promptly by an experienced, senior medical decision maker. There are two avenues of admission to the AMAU. Patients are either admitted following a referral by their GP or referred directly from the ED.

Surgery Re-organisation at CUH – February / March 2013

A Surgical Assessment Unit was opened at CUH in February 2013 to streamline surgery patients from the ED, along with a dedicated emergency general surgery theatre and additional surgery beds in March 2013.

Reorganisation at Bantry and Mallow General Hospitals - March to July 2013

The reconfiguration programme at Mallow and Bantry General Hospitals aims to transform the delivery of healthcare in these small hospitals to a sustainable model that provides safe appropriate care to the populations they serve. This transformation is in line with the HIQA recommendations in its reports on Mallow and Ennis hospitals (2009 and 2011), the *Reconfiguration Roadmap* and the *Framework for Development – Securing the Future of Smaller Hospital* (2013).



Bantry General Hospital

Acute surgery ceased at BGH in May 2013 and the 24 hour Casualty Unit was replaced with an Urgent Care Centre comprising of a Medical Assessment Unit and Local Injury Unit. The Department of Medicine has maintained the capacity to admit undifferentiated medical patients 24 hours a day. Two highly experienced registrars in emergency and minor injury medicine were recruited to work in the Local Injury Unit. Day surgical services at BGH have been enhanced by visiting surgeons from Cork city hospitals.



Both MGH and BGH continue to provide the majority of acute hospital services that are required to meet the needs of the populations they serve. These services are now delivered in a framework which ensures patient safety and where there is appropriate governance across a group of hospitals.

Mallow General Hospital

Changes to acute services at MGH took place in March 2013. The 24 hour ED was replaced with a 12/7 Urgent Care Centre comprising of a Medical Assessment Unit and Local Injury Unit. The hospital has maintained the ability to admit medical patients on a 24/7 basis, with a GP referral. All acute surgery transferred to CUH in March 2013. Over the previous three years, the volume and complexity of inpatient surgery at MGH had been reducing. Scheduled inpatient surgery transferred from MGH to the SIVUH and the MUH in July 2013.



A purpose built Medical Assessment Unit (MAU) at Mallow General Hospital opened in September 2013 replacing the temporary facility that it had been operating in since that March.

The new eight bed MAU is open seven days a week from 8am to 8pm, treating patients who are referred directly by their GP/Southdoc.

Patients referred to the MAU are seen by a senior doctor within an hour of arrival and have ready access to diagnostics such as x-rays, blood tests, scans, etc.

A new endoscopy suite opened at Mallow General Hospital in December 2013. The new suite is a modern, patient-centred build with two procedure rooms, a first stage recovery room and a discharge lounge, which replaced the existing endoscopy facility. The following endoscopies can be performed: gastroscopy (upper intestine) sigmoidoscopy, colonoscopy (lower intestine) and bronchoscopy (lung and airways).



The new suite has the capacity to do an additional 1,000 endoscopies annually. Previously MGH performed approximately 2,000 endoscopies per year performed at Mallow General Hospital. A total of 2,362 endoscopies were performed in MGH in 2014 and it is planned to further utilise the additional capacity provided by the new unit in 2015.

Reorganisation of Gynaecology Services – September 2013

In September 2013, the first phase of the reorganisation of gynaecology saw the transfer of gynaecology cancer surgery from the SIVUH to Cork University Maternity Hospital (CUMH); benign elective gynaecology surgery from CUH/CUMH to the SIVUH; and benign elective gynaecology surgery from the MUH to the SIVUH.

Benign elective robotic procedures remain at CUMH. Patients needing treatment for gynaecology emergencies, gynaecological oncology or major surgeries are now treated at CUMH, while less complex, elective gynaecology patients attend the SIVUH.

This includes patients needing overnight and short hospital stays. This re-organisation endeavours to provide better patient care and ultimately, outcomes, by unifying services in the most appropriate treatment centres with care provided by expert staff in the area.

Patients attending for gynaecological oncology services are treated at CUMH, which is one of the eight designated cancer centres in Ireland. Emergency and major surgery gynaecology patients also receive their care at CUMH, which is a European leader in many gynaecological procedures, and has specialists in gynaecological oncology, uro-gynaecology, robotic surgery, minimal access surgery and ambulatory gynaecology.



Consultant obstetrician/gynaecologists and their teams are now operating as a single service across both hospitals and appointment referrals for all patients are made via a Central Appointments Office at CUH. This ensures that the service is managed as one department and that all appointments are booked on a priority basis depending on individual patients' needs.

Reorganisation of Ophthalmology Services – May 2014

A new regional centre in the SIVUH will provide a comprehensive Ophthalmology Department on one site, equipped to deal with all elective and emergency eye surgery as well as ophthalmology outpatient services.

A dedicated day unit and purpose-built outpatient facility are currently being developed at the SIVUH to accommodate the regional ophthalmology department and all services will be centralised at the SIVUH. In the first phase of this process, ophthalmology surgery services relocated to the SIVUH in May 2014.

Pre-Hospital and Emergency Care Services – 2009 to 2013

Pre-hospital and emergency care services feature strongly in the *Reconfiguration Roadmap's* recommendations.

Pre-Hospital Care Services

Enhancing pre-hospital emergency services was an essential element of preparing for reorganisation of services in smaller hospitals, namely Bantry and Mallow General Hospitals. Locating advanced paramedics in rural areas has strengthened the initial pre-hospital emergency response.

A team of advanced paramedics (APs) was established in Bantry in November 2009 and in Mallow in February 2013. This helped to build confidence for local communities around the preparation and supports put in place for the change process involved in the reorganisation of





services in Bantry and Mallow. The AP service is an additional service to the existing ambulance service. An AP is certified to perform advanced life support procedures including intubation, defibrillation and administration of certain drugs. APs can also perform life saving treatment at the emergency scene, which previously had to be done in hospital.

Intermediate care vehicles release emergency ambulances from patient transfer to concentrate almost exclusively on emergency calls. This off-sets any increase in requirements for ambulances to bring patients to Cork city hospitals, following the reorganisation. In 2012, an intermediate care vehicle service was introduced in Bantry and Mallow and in 2013 in Kerry and Cork city. This service is used for inter-hospital transfer of patients during core hours and has the capacity to free up to 30% capacity of existing ambulance time for emergency calls.

Emergency Care Services

Each acute hospital is providing varying degrees of emergency, trauma and minor injury treatment depending on the complexity of care each hospital provides.

Patients no longer have to attend the ED solely to get access to treatment. Patients are being assigned to the most appropriate treatment facility, as follows:

- Emergency Department - trauma services,
- Surgical Assessment Unit - surgical emergencies,
- Acute Medical Unit - medical emergencies, or
- Urgent Care Centre/Local Injury Unit - minor injuries.

Emergency Services now provided at each acute hospital are as follows:

Bantry General Hospital

- Local Injury Unit – 12/7, and
- Medical Assessment Unit -7/5.
(Medical patients can be admitted directly to hospital 24/7).

Cork University Hospital

- Emergency Department – 24/7,
- Surgical Assessment Unit – 5/7, and
- Acute Medical Unit – 24/7.

Kerry General Hospital

- Emergency Department - 24/7, and
- Acute Medical Assessment Unit – 12/7.

Mallow General Hospital

- Local Injury Unit – 12/7, and
- Medical Assessment Unit -12/7.
(GPs can admit medical patients directly to hospital 24/7).

Mercy University Hospital

- Emergency Department - 24/7,
- Acute Medical Assessment Unit -12/5, and
- Urgent Care Centre (Local Injury Unit) - 12/7.



Electronic General Referral Project for GPs – 2009 to 2014

Seven acute hospitals have introduced an electronic general referral system for GPs referring patients for public outpatient hospital appointments, as part of a national pilot project.

Using the general referral form developed by HIQA and the ICGP, to date all specialties at Bantry General Hospital, Cork University Hospital (with the exception of obstetrics), Mallow General Hospital, the Mercy University Hospital, the South Infirmity Victoria University Hospital, along with paediatrics at Tallaght Hospital have successfully introduced the electronic referral process.

The purpose of the pilot project was to develop an electronic referral pathway for public outpatient hospital appointments between GPs and the pilot site hospitals. Healthlink provides a web-based messaging service, which allows the safe, secure transmission of the electronic referral from a GP to the hospital and the GP receives an acknowledgement of receipt of the referral directly into the patients file in their practice management system via Healthlink.

Considerable work has been completed at each pilot site hospital to centralise and standardise the management of all out-patient department referrals to ensure that each electronic general referral results in an electronic triage response message to the GP within seven days. This triage response will detail if the patient has been categorised for an urgent or a routine appointment; the appointment date or if the appointment is not yet made; and details of the waiting list the patient has been placed on.

At present, over 60% of GPs in the Cork and Kerry area are using the electronic general referral system. The Mercy University Hospital were the first site to go live with electronic general referral in January 2013, and by September 2014, 72% of all public outpatient referrals were received electronically. With each referral responded to following consultant triage, this has provided confidence in the referral system to GPs and real time information regarding appointment or waiting list details for GPs and patients.



3.3 Presentations to the Non-Executive Advisory Board

Presentations were given at each meeting on the progress of key reconfiguration projects, which gave the Non-Executive Advisory Board members an opportunity to discuss progress face-to-face with project leads and provide advice from their areas of expertise. The presentations made to the Non-Executive Advisory Board were as follows:

2009

- Reconfiguration of Acute Hospital Services, HSE South - Prof. John Higgins (September 2009)
- Presentation on Communications Strategy - Ms Norma Deasy (November 2009)
- Presentation on Academic Health Centres - Ms Justine McCarty, Prospectus - (November 2009)

2010

- Presentation on Haemochromatosis Audit - Ms Caroline Joyce (January 2010)
- Presentation on Reconfiguration Subgroup reports - Ms Nora Geary and Prof. John Higgins (January 2010)
- Presentation on Acute Medical Units - Dr Jennifer Carroll (March 2010)
- Presentation on Theatre Utilisation Study - Dr Orla Healy (March 2010)
- Health Technology and Innovation Cluster; The Future of Healthcare - Prof. John Higgins (May 2010)
- Strategies to ensure the successful launch of the *Reconfiguration Roadmap* - Prof. John Higgins / Ms Norma Deasy (November 2010).

2011

- Presentation on Communications & Reconfiguration - Ms Norma Deasy (March 2011)
- Reconfiguration plans for the South Infirmaries Victoria University Hospital - Dr Ger O'Callaghan and Ms Margo Topham (May 2011)
- Transfer of Orthopaedics Services Project - Ms Margo Topham (March 2011)
- The Mercy University Hospital Strategic Plan - Mr Jim Corbett and Dr Colm Henry (July 2011)
- Presentation on Reconfiguration - Mr Pat Healy (November 2011).

2012

- Acute Medicine Programme - Dr Jennifer Carroll (January 2012)
- Reorganisation of Surgical Services, Cork City and County - Mr Denis Richardson (April 2012)
- Reorganisation of Acute Hospital Services Cork and Kerry Region - Ms Sinéad Glennon (April 2012)
- Reconfiguration of ED services and implications of National Emergency Medicine Programme - Prof. Stephen Cusack (June 2012)
- Update on February 2012 visit to the Netherlands - Mr Michael Hanna and Prof. John Higgins (June 2012)



- Progress on Implementation of the *Reconfiguration Roadmap* Priorities - Ms Sinéad Glennon (September 2012)
- Overview of *Reconfiguration Roadmap* - Ms Sinéad Glennon (November 2012)
- Future Health: A strategic framework for reform of the Health Service 2012 - 2015 - Mr Pat Healy (November 2012).

2013

- Sharing of Information between HSE and Voluntary Hospitals - Mr Mike O'Regan (January 2013)
- Update from the Labs Implementation Group - Mr Tadhg Hurley (January 2013)
- Update on Ophthalmology and movement other specialty services - Dr Ger O'Callaghan (March 2013)
- Update on the National Electronic General GP Referral Pilot Project - Ms Sinéad Glennon (March 2013)
- HSE Service Plan 2013 - Mr Pat Healy (March 2013)
- Reorganising Hospital Services for Children in Cork - Mr Tony McNamara (May 2013)
- Gastroenterology Services for the Cork and Kerry Region - Ms Sandra Daly (May 2013)
- Update on six Remaining Key Reconfiguration Projects - Ms Sinéad Glennon (July 2013)
- Protecting & Enhancing Ireland's National Interests at and from the Sea; The Value of Innovation - Commodore Mark Mellett (September 2013)
- Health Innovation Hub - Dr Colman Casey & Ms Aine Foley (September 2013)
- Pathology Services Implementation Group Project - Dr Julie McCarthy (September 2013)
- Transfer of Services from CUH/MGH/the MUH to the SIVUH & Ophthalmology Reconfiguration - Dr Ger O'Callaghan (November 2013).



The following updates were also submitted for consideration to the Non-Executive Advisory Board:

- HSE South Service Plan 2012 Update - Mr Pat Healy & Ms Raymonde O'Sullivan (January 2012)
- Update on Reconfiguration of Surgical Services – Prof. Richard Greene (November 2013).

3.4 Discussions on Key Topics Relating to the Reconfiguration Roadmap

Robust discussions took place on the following topics:

- The importance of staff, public, union and political engagement with the reconfiguration programme, the culture change required within the organisation and development of strategies to deliver this.
- The need to develop a new hospital in Cork to provide room for future expansion in a sustainable fashion, as would be required to develop a fully integrated University Hospital Network.
- Strategies to ensure the successful launch of the *Reconfiguration Roadmap* (November 2010).
- Models of Academic Health Centres in place internationally.
- Implementation of Lean training and concepts into the Cork and Kerry hospital system.
- The concept and advantages of a dynamic research and innovation technology campus to the development of the health service in Cork and Kerry and to the future development of biomedical and bioengineering research and development in this region.
- Future plans for the site of St. Marys Health Campus, Gurrabraher, Cork.
- Establishment of the Health Innovation Hub in Cork.
- Proposed health legislation on income generation, generic drugs and reference prescribing and the expected impact of each on the Cork and Kerry hospital system.
- The transition of the Irish hospital system into hospital groups.
- Data protection considerations in relation to healthcare provision.
- The importance of moving services out of CUH into smaller hospitals, given the role of CUH as the only level one trauma centre and main hospital for the treatment of cancer patients in the integrated university hospital network.
- The planned reorganisation of Integrated Service Area (ISA) structures in 2013.
- The potential for synergies between various healthcare providers including the Bons Secours Hospitals.


3.5 Particular Advice from the Non-Executive Advisory Board

The Non-Executive Advisory Board provided advice and recommendations in the following areas:

- The need for quick wins in the reconfiguration plan to build credibility of the reconfiguration programme.
- The requirement to identify a name for the new single hospital system which all staff could sign up to and identify with.
- The need to identify a site in Cork for a new hospital providing elective inpatient, day patient and ambulatory diagnostic services to complement the acute services delivered at CUH.
- A single mailing list of all staff in all hospitals to ensure consistency in communication.
- Advice on widening the communications strategy, developed to become the communications and engagement strategy, and in particular the Non-Executive Advisory Board highlighted the need to positively engage with the media.
- Using conflict resolution strategies to manage potential issues as they arise.
- The need to identify an overall vision of the end point of reconfiguration.
- The need for a strong emphasis on efficient and effective utilisation of resources in the *Reconfiguration Roadmap* (November 2010) including removal of duplication, particularly in light of budget cuts.
- The need to market positive achievements both to internal and external stakeholders – the Non-Executive Advisory Board recommended that the *Reconfiguration Times* magazine commence publication again in 2012 following cessation of approximately a year, but this recommendation was not adopted.
- The need to maintain a range of models, from small to larger units, to cater for all long stay patients and not solely to focus on the creation of larger units which maximise efficiency.
- Consideration should be given to contracting an external facilitator to assist in reaching agreement on the reconfiguration of surgical services if required.

3.6 Challenges faced by the Non-Executive Advisory Board

From its inception, the Non-Executive Advisory Board highlighted the need for clarity on the role of the Director of Reconfiguration and the Reconfiguration Team, including clarity on governance and reporting structures, (Non-Executive Advisory Board minutes 09.11.2011). Following further discussion between Dublin based members of the Non-Executive Advisory Board and the Minister for Health and the CEO of the HSE, the roles of the Regional Director of Operations HSE South and the Director of Reconfiguration in relation to the Reconfiguration Programme were defined in March of 2010 (see appendix 6). The agreement put in place was noted as important to address the perceived gap between the regional management structure and the reconfiguration process, (Non-Executive Advisory Board minutes 15.03.2010). Following this agreement, Mr Pat Healy, Regional Director of Operations HSE South became a member of the Non-Executive Advisory Board and the Director of Reconfiguration Prof. John Higgins became a member of HSE South's Regional Management Team.



In 2010, it was agreed at the Advisory Board meeting that the Finance and Strategic Planning group can be provided with the information required to enable them to provide advice (Non-Executive Advisory Board minutes 12.07.2010).

In May 2011, members of the Non-Executive Advisory Board noted their frustration at the lack of visible progress, in implementing the *Reconfiguration Roadmap* since its publication apart from Orthopaedic services, (Non-Executive Advisory Board minutes 16.05.2011).

In meetings with the then CEO of the HSE and the Minister for Health around this time, members of the Non-Executive Advisory Board contrasted the role of the Non-Executive Advisory Board during the development of the *Reconfiguration Roadmap* and following its publication.

Members of the Non-Executive Advisory Board believed it could have been utilised to greater effect since the publication of the *Reconfiguration Roadmap*. Members of the Non-Executive Advisory Board keenly stressed their non-operational role and the information and communication necessary to ensure a productive relationship between the Non-Executive Advisory Board and the executive, (Non-Executive Advisory Board minutes 18.07.2011).

In November 2011, following further discussions between the Director of Reconfiguration and the Regional Director of Operations, agreements reached were outlined to the Non-Executive Advisory Board (see Appendix 7). These included proposals for the re-launch of the Reconfiguration Forum, appointed by the RDO and operating under his terms of reference, which would “operate on the basis of consensus, collaboration and co-operation, providing consultation and advice on how the implementation process is staying true to the vision and principles of the *Reconfiguration Roadmap*”. Prof. Higgins’ role as Director of Reconfiguration was changed to become Chair of the Reconfiguration Forum. The RDO viewed the Non-Executive Advisory Board as acting as a valuable “sounding board” for the Chair of the Reconfiguration Forum and HSE management on key reconfiguration issues, providing business advice and guidance, test driving options prior to decisions being taken and providing support and access to key policy and decision makers at national and regional level.

It was envisaged that monthly meetings between the RDO and Chair of the Reconfiguration Forum, monthly meetings between the Chair of the Reconfiguration Forum and the two Area Managers for Cork and Kerry, and occasional meetings between the Chairs of the Non-Executive Advisory Board subgroups and the HSE South Regional Management Team would take place.

In addition, it was agreed that pre-meetings would be held in advance of all Non-Executive Advisory Board meetings between the Chair of the Board, the Director of Reconfiguration and the RDO to agree the agenda for each meeting, and that minutes of each meeting would be approved by all three prior to circulation to the wider group.

4. THE WORK AND CHALLENGES ENCOUNTERED BY THE SUBGROUPS

4.1 Governance and External Partnerships

This subgroup met three times between 2010 and 2012. Chaired by Mr Brendan Tuohy, the group discussed the Academic Healthcare concept, and argued its advantages and disadvantages and prepared the ground for an important meeting of all the potential Academic Healthcare Centre partners facilitated by Prospectus. This meeting was helpful in elucidating the relative positions of the partners and measuring the distance to be covered in achieving an integrated system that included the academic partner.

4.2 Finance and Strategic Planning

This group met three times between 2010 and 2012 with members of the HSE South Regional Management Team attending the 2012 meeting. Initial meetings focused on the need to identify a mechanism for the identification and transfer of resources with reconfiguration service transfers, to develop a validation process and to agree a summary description of the above processes for the *Reconfiguration Roadmap*. The 2012 meeting focused on the changing environment with reducing financial resources, reducing numbers of staff and the organisational changes within which the health services are operating and the impact of this on day to day management and delivery of services. It was recommended that plans should be prepared, focusing on the medium term perspective to position services for the next three years given the financial pressures. The Chair of the subgroup offered assistance with the further development of ideas discussed.

4.3 Change Management and Communications

This subgroup met four times between 2010 and 2012. The initial focus of the group was to facilitate discussion and provide advice in the lead up to the publication of the *Reconfiguration Roadmap* in November 2010, including the recommendation to create an “event” around the launch to show the system that business will be done in an open and transparent manner. This subgroup recommended an “away day” off site to stress test the plan prior to publication. These recommendations were adopted and proved very successful.

The 2012 meeting focused on the need to arrange town hall type meetings to engage staff at all levels and update them on progress at that point with reconfiguration. They also recommended the re-establishment of the magazine *Reconfiguration Times*, and completion of a feasibility analysis of the development of an orbital bus service. These recommendations were adopted by the wider Non-Executive Advisory Board, although were not executed.



4.4 Amendment of the Role of the Non-Executive Advisory Board Subgroups

In June 2012, the Chairman of the Non-Executive Advisory Board decided to ask the subgroups to look at some specific issues. In September it was decided that each subgroup should be asked to focus on one of the remaining big reconfiguration projects. This idea was further streamlined in early 2013 when it was proposed that individual members of the Non-Executive Advisory Board would be assigned to key remaining projects which could benefit from their expertise.

5. ENGAGEMENT WITH THE DEPARTMENT OF HEALTH

On several occasions, meetings took place between the Chair and members of the Non-Executive Advisory Board, the Director of Reconfiguration and the Minister for Health and his representatives in the Department of Health (DoH) to consult, update, review and advocate on various issues which arose during the implementation of the *Reconfiguration Roadmap*.

The Oireachtas Committee on Health invited Prof. Higgins to give an address on the Non-Executive Advisory Board on 13th July 2010. Further to his address, it was agreed that minutes of all Non-Executive Advisory Board meetings would be forwarded to members of the HSE South Regional Health Forum by HSE South.

6. CONCLUSION AND MAJOR OUTSTANDING PROJECTS

At the meeting in May 2013, the Chairman of the Non-Executive Advisory Board informed the members that it should dissolve by the end of 2013. This was due to evolving changes in healthcare structures with a Hospital Group Board and a new executive Management Team being appointed for the new South / South West Hospital Group. At its final meeting in January 2014, Prof. Geraldine McCarthy, incoming Chair of the South / South West Hospital Group, stated that the remaining key reconfiguration projects to be concluded will form the starting reconfiguration agenda for her Board at its first meeting. The status of these projects, at the time of going to print, is as follows:

6.1 Transfer of Ophthalmology from CUH to the SIVUH

A Regional Ophthalmology Centre is being developed at the SIVUH, which will provide all ophthalmology services, including elective and emergency surgery and outpatients, on one site. The transfer of ophthalmology from CUH provides an opportunity to upgrade existing facilities, improve efficiency and throughput through the introduction of pre-operative assessment for all patients and increased rates of day case surgery. The new facility at the SIVUH will provide a suitable environment for the provision of outpatient assessment and treatment. Services are transferring on a phased basis to the SIVUH and in a first step, ophthalmology surgical services relocated from CUH to the SIVUH in May 2014. A capital development is required to complete the transfer. Work has progressed on the design for a new purpose-built ophthalmology outpatients department and ophthalmic theatre at the SIVUH.

6.2 Development of a Regional Gastroenterology Service

The provision of gastroenterology services in the Cork and Kerry region, in its current format, does not lend itself to maximising capacity in all available units and ensuring equitable access to services for all, regardless of where they live. €11.2 million has been approved to develop a Regional Gastroenterology Centre at the MUH, which will provide capacity for approximately 13,000 procedures per annum. Construction is expected to commence in early 2015 and the expected time to completion is 18 months. This purpose-built, accredited unit will provide rapid access and routine gastroenterology services along with the regional colorectal screening service.

The concentration of consultant manpower at this new facility, and the provision of additional day case beds will ensure that the current day to inpatient ratio will increase from approximately 70/30% to 80/20% which will lead to a reduction in the requirement for inpatient beds for the gastroenterology service. Transfer of elective endoscopy from CUH to this new unit will improve access to endoscopy at CUH for acute inpatients.

6.3 Development of a Regional Laboratory Service

A Regional Laboratory Service for Cork and Kerry hospitals is being established in two phases. Phase One is to establish a Regional Department of Laboratory Medicine with a named clinical lead and to review recommendations of the *Reconfiguration Roadmap* in light of the HSE's national care programmes, cost containment and other regional issues such as the recommendations contained in the Department of Health's report *The Framework for Development – Securing the Future of Smaller Hospitals (May 2013)*. At the time of going to print, discussions were ongoing with the Irish Blood Transfusion Service, work was nearing completion on a revised clinical governance structure, resourcing of an additional clinical immunologist and additional clinical governance sessions were being progressed, and a statement of need was completed.


6.4 Consolidation of Paediatric Services at CUH

The existing Paediatric Department at CUH will be refurbished and extended. All paediatric services from the MUH will then transfer to CUH. Reconfiguration of paediatric services is planned using a phased approach. Each phase is outlined as follows:

- Phase 1: Development of the outpatients department, day ward and academic and research facilities. To enable expansion of the current paediatric unit, children will relocate to a vacant ward and a new building located over the main Outpatients Department in CUH (due for completion in March 2015). The construction of the new paediatric unit is expected to be completed in 2016.
- Phase 2: Development of an inpatient build for paediatrics. The statement of need, design brief and options appraisal have been completed and submitted to the National Estates Steering Committee and the decision from the committee has been forwarded for funding consideration.
- Phase 3: This involves the development of paediatric surgery in Cork, and consolidation of paediatric surgery at CUH. The approach of developing a third phase of the project has been endorsed by Ms Eilish Hardiman, CEO Children's Hospital Group.

6.5 Reconfiguration of General Surgery

As envisaged by the general surgeons in preparation of the *Reconfiguration Roadmap*, reconfiguration of general surgery involves consolidation of all emergency surgery at CUH with the creation of a single consultant on call rota for Cork, which has yet to be completed. Significant reconfiguration of general surgical services in Cork has already been achieved with the transfer of all emergency surgery from the SIVUH, MGH and BGH to CUH completed; the transfer of some



cancer surgery from MGH, the MUH and the SIVUH to CUH completed; and the transfer of elective day surgery from the city hospitals to MGH and BGH completed. A Surgical Assessment Unit, dedicated emergency surgery theatre and additional surgical beds were opened in CUH to accommodate these transfers. However, the transfer of emergency and certain cancer surgeries (prostate, upper GI and rectal) from the MUH to CUH and further elective surgeries from CUH to the MUH are required to complete full reconfiguration. The reconfiguration of general surgery remains the most important outstanding reconfiguration project. This project dominated the agenda of the Non-Executive Advisory Board meetings for the last two years. The vision is for a single, unified, surgical on-call roster for Cork, based at CUH, with a dedicated on-call team, a dedicated surgical assessment unit and a dedicated emergency theatre. While the infrastructural developments to accommodate this have been completed at CUH, the project team were unable to execute the planned transfer of emergency surgery from the MUH to CUH. This is a critical dependency in developing the single on-call rota and completing the full reorganisation of general surgery. It remains a strong challenge to complete this project.


6.6 A New Hospital for Cork

The need to identify a site in Cork for a new hospital envisaged as a specialist, elective facility providing outpatient, elective inpatient, day patient and ambulatory diagnostic services remains a work in progress. Together with CUH and KGH, with excellent telemedicine links to MGH and BGH, the new hospital would function as a key element in an integrated University Hospital Group. Transfer of suitable services to this new facility would provide:

- an opportunity to replace existing ward and theatre facilities in line with ISO standards,
- space to expand to provide sustainable services in the future,
- free up much needed clinical space at CUH for the expansion of acute complex inpatient care,
- improve access, environment and parking for patients and staff.

Of the three Cork city hospitals, only one was built in recent times. The MUH dates back to 1857 and the SIVUH dates back to 1760. Understandably, these old buildings pose challenges in meeting HIQA and ISO standards for patient treatment areas and expansion of existing units prove costly due to enabling works required. In addition, both city centre hospitals have very limited parking for patients and staff, and given its city centre location, the MUH does not even have adequate drop off facilities for patients.

The annual footfall into the Cork city hospitals each year is enormous. The combined total of outpatient visits was almost 263,000 in 2013. This is in addition to 90,000 emergency presentations, and other ambulatory visits to diagnostics, physiotherapy, etc.



Patients frequently report difficulty accessing the hospital, and once there, navigating their way around the long corridors within to get to their required destination. It was a recommendation of the *Reconfiguration Roadmap* that at least 20% of all outpatient visits should be transferred off the site of the main Cork city hospital campuses. A key learning from service transfers completed to date in line with the *Reconfiguration Roadmap*, is the efficiencies which can be achieved by moving a service to a purpose-built facility. This in turn increases patient throughput resulting in shorter waiting lists for all.

One of the first reconfiguration projects in Cork, was the transfer of the elective pain service from SMOH to a new purpose-built facility at the SIVUH. The design of the new unit optimises patient flow between the theatre and co-located day case trolleys. This allows maximum utilisation of staff with co-location of the OPD clinics, theatre and day accommodation. This has led to a 49% reduction in the number of patients on the waiting list and a 76% reduction in wait time within the first year post transfer. Similarly, creation of a new hospital with elective facilities for outpatients, elective and day surgery, and diagnostics, designed with Lean principles in mind, will reduce length of stay, ensure efficiencies of scale, reduce the need for multiple outpatient reception desks and have a positive effect on waiting lists.

It was a recommendation of the *Reconfiguration Roadmap*, endorsed by the Non-Executive Advisory Board, that this new hospital for Cork should be built in a modular fashion, using financial resources allocated to key reconfiguration projects to commence its development. A timeframe of 10 to 15 years was envisaged for this development, projecting a completion date between 2020 and 2025. A key starting point to allow this to progress would be the completion of an options appraisal and the identification of a site for the new hospital.

In the short term, several capital developments of Cork hospital facilities will progress to replace or expand existing infrastructure. University College Cork has also committed to moving the Dental Hospital from its existing location on the CUH campus. Rather than investing money in current dated infrastructure at the MUH and the SIVUH, capital developments in Cork required in the coming years could be directed to this site, allowing the modular build of a new facility over the long term. This presents an exciting opportunity to wisely invest capital money into Cork healthcare to develop sustainable facilities fit for purpose in the long term, requiring only a minimal initial outlay to secure a suitable site with further investment over time as resources become available.

Following discussion, this list of site selection issues were agreed as key considerations which any project group working on this should examine. These criteria include:

- Location: should be in close proximity to CUH, the regional tertiary hospital. This will enable both hospitals to function as a virtual “single hospital”, with the same clinical staff working on both campuses. It will also enable maintenance of operational and other service interdependencies.

- Scale of site: should be 100 acres to meet the population needs into the future. In view of previous hospital sites developed, such as CUH, Beaumont or Tallaght hospital, the site must be of sufficient scale to allow necessary expansion in the future. This will allow us to avoid costly enabling works in the future.
- Planning and Land Use Policies: such a development will have long term planning implications for Cork city and surrounding area. Therefore either Cork County Council or Cork City Council will have significant influence on the site location.
- Access: ease of access for patients and staff would be crucial. Sufficient parking and suitable access options via public transport are required. In addition, it is recommended that an orbital bus service is in place between the new site and other Cork healthcare facilities. Running at regular intervals throughout the day, it will facilitate the transportation of patients, staff and laboratory specimens between sites.
- Development in phases: sites should have potential to be developed on a phased basis.
 - Nature of Adjoining Developments: ideally the site should be in a clean and low noise environmental area.
 - Topography / Physical Characteristics: factors such as significant slopes, gradient, irregular shaping, underlying ground conditions, flooding potential, orientation will all have to be taken into account.
 - Available infrastructure: access to roads, public transport, public utilities: gas, power, etc will also have to be taken into consideration.
 - Existing buildings or areas of special conservation would significantly impact on the development / planning potential.

6.7 Development of a Memorandum of Understanding

The input of the Non-Executive Advisory Board was crucial in reaching agreement that the *Reconfiguration Roadmap* should set out the vision for an integrated University Hospital Network and that its first global objective would recommend:

A Memorandum of Understanding (MOU) setting out the framework for a formal collaborative partnership between the HSE statutory hospitals, the voluntary hospitals and the university and should be completed and signed within six months. This framework will be produced in the context of the discussions taking place nationally around the development Academic Health Care Centres.

Though no MOU was signed within the recommended timeframe, the second half of the recommendation has been fulfilled in the *Report to Minister for Health James Reilly on the Hospital Groups as a transition to Independent Hospital Trusts (May 2013)*, now government policy, and active discussions are about to commence in the region on just such a MOU.



As recommended in the *Hospital Groups* report, hospital groups can utilise an Academic Healthcare Centre model to provide overarching governance structures for the relationship between hospitals within a group and their relationship to their primary academic partner.

In the course of the past four years, the Non-Executive Advisory Board has provided crucial support for the reconfiguration of services in Cork and Kerry. Its relationship with executive management was challenging at times but it brought the views of academia, clinicians, business and corporate management to bear on the process in a way that was new and innovative. It also threw into focus, problems and difficulties relating to the current hospital system and highlighted the kind of positive challenge and support which a competency-based board can offer to executive management.



APPENDICES

APPENDIX 1: MEMBERSHIP OF THE NON-EXECUTIVE ADVISORY BOARD

Mr Michael O’Flynn	Chairman and Managing Director of O’Flynn Group <i>(Chairman, Reconfiguration Non-Executive Advisory Board)</i>
Prof John Higgins	Director of Reconfiguration, HSE South (Cork and Kerry) Head of College of Medicine & Health, University College Cork
Mr Des Murphy	Former Chair of the Mercy University Hospital Board <i>(until January 2013)</i> and Managing Partner Carroll Murphy Quantity surveyors
Prof Geraldine McCarthy	Emeritus Prof. and Former Dean of Catherine McAuley School of Nursing and Midwifery at the National University of Ireland, Cork.
Mr Paul Breen	Former Executive Vice President of Élan Corporation PLC and Former President and Chief Operating Officer of Élan Pharmaceuticals International Ltd
Mr Michael Hall	Former Chair of South Infirmary / Victoria University Hospital Board <i>(until May 2011)</i>
Prof Cillian Twomey	Retired Consultant Physician in Geriatric Medicine at Cork University Hospital and St. Finbarr’s Hospital, Cork
Dr Paddy Crowley	General Practitioner
Mr Kevin Kenny	Former Tax Partner, Ernst & Young
Mr Sean O’Driscoll	Chairman and Chief Executive of Glen Dimplex
Mr Pat Lyons	Chief Executive of Bon Secours Health System
Dr Michael Murphy	President, University College Cork
Mr Gerry O’Dwyer	Regional Director for Performance and Integration, HSE South <i>(following departure of Mr Pat Healy, July 2013)</i>
Mr Pat Healy	Regional Director of Operations, HSE South <i>(Member from 2010 - 2013)</i>

Past Members

- Prof Gerry O’Sullivan *(RIP)* Prof. of Surgery, the Mercy University Hospital and Director of Cork Cancer Centre *(Member from 2009 - 2012)*
- Mr Donal Horgan Managing Director, Musgrave Retail Partners Ireland *(Member from 2009 – 2011)*
- Ms Bríd McElligott Postgraduate Training and Media Relations Manager, Institute of Technology, Tralee, Co. Kerry *(Member from 2011-2012)*
- Mr Brendan Tuohy Retired Secretary General of the Department of Communications, Energy and Natural Resource *(Member from 2009 – 2012)*
- Mr Pádraig Ó Ríordáin Partner, Arthur Cox Solicitors, Dublin *(Member from 2009 – 2011)*
- Mr Aidan O’Brien Horse Racing Trainer, Coolmore, Tipperary *(Member from 2009 - 2011)*

Reconfiguration Team Members

- Ms Nora Geary Executive Lead, Reconfiguration of Acute Hospital Services, Cork and Kerry Region *(2009 - 2011)*
- Ms Sinéad Glennon Allied Health Professional Representative, Reconfiguration Team *(2009 –2011)*
Executive Lead, Reorganisation of Services, Cork and Kerry Region *(2011 onwards)*
- Mr Michael Hanna Reconfiguration Team Member, UCC
- Ms Norma Deasy Communications Lead for Reorganisation of Acute Hospital Services, Cork and Kerry
- Ms Laura Cullinane Secretary to the Non-Executive Advisory Board
- Ms Geraldine Keohane Director of Midwifery, Cork University Maternity Hospital & Nursing Representative to the Reconfiguration Team *(member from 2009 – 2011)*

APPENDIX 2: NON EXECUTIVE ADVISORY BOARD MEETINGS (2009-PRESENT)

2009
30 th September

2010
11 th January
15 th March
10 th May
12 th July
20 th September
17 th November

2011
24 th January
21 st March
16 th May
18 th July
14 th November
2 nd December

2012
23 rd January
16 th April
25 th June
10 th September
26 th November

2013
28 th January
4 th March
27 th May
22 nd July
30 th September
18 th November

2014
20 th January

APPENDIX 3: MEMBERSHIP OF THE NON-EXECUTIVE ADVISORY BOARD SUBGROUPS (2009- PRESENT)

Subgroup	Members
Governance and External Partnerships	<i>Brendan Tuohy, Co-Chair</i>
	<i>Prof Geraldine McCarthy, Co-Chair (from 2012)</i>
	Michael Hall
	Des Murphy
	Pat Lyons
	Prof Cillian Twomey
	Ger Reaney (<i>from May 2010</i>)
	Sinead Glennon
	Michael Hanna
	Dr. John O'Mullane
Subgroup	Members
Finance and Strategic Planning	<i>Sean O'Driscoll – Chair</i>
	Paddy Crowley
	Brid McElligott
	Raymonde O'Sullivan (<i>from May 2010</i>)
	Pat Healy (<i>from May 2010</i>)
	Geraldine Crowley
	Sinead Glennon
	Michael Hanna
Subgroup	Members
Change Management and Communications	<i>Kevin Kenny – Chair</i>
	Paul Breen (2011 -)
	Donal Horgan (2010 to 2011)
	Barry O'Brien (<i>from 2010 to 2011</i>)
	PJ Hathaway (<i>from 2011</i>)
	Michael Fitzgerald
	Michael Hanna
	Sinead Glennon
	Norma Deasy

* Mr Michael O'Flynn and Prof John Higgins attended subgroup meetings as and when required.

APPENDIX 4: ADVISORY BOARD SUBGROUP MEETING TIMETABLE (2009-2012)

4.1 Governance and External Partnerships

18th October 2010

5th July 2010

14th May 2012

4.2 Finance and Strategic Planning

12th July 2010

5th Nov 2010

5th April 2012

4.3 Communications and Engagement

27th August 2010

12th November 2010

8th February 2012

18th June 2012

APPENDIX 5: CODE OF STANDARDS AND BEHAVIOUR FOR NON-EXECUTIVE ADVISORY BOARD MEMBERS



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Reconfiguration of Acute Hospital Services
Cork & Kerry Region
5th Floor
Cork University Maternity Hospital
Wilton
Cork

CODE OF STANDARDS AND BEHAVIOUR FOR NON-EXECUTIVE ADVISORY BOARD MEMBERS

It is the individual and collective responsibility of members of the Non Executive Advisory Board to respect the highest standards of honesty and integrity. To ensure this they should adhere to the following principles:

Integrity – Board members should:

- not participate in discussions or decisions involving conflicts of interest whether or not such conflicts have previously been disclosed. Members must declare any conflicts of interest and stand back from decisions where such conflict arises
- avoid the use of the HSE resources or time for personal gain or for the benefit of persons/organisations unconnected with HSE or its activities.
- not acquire information or business secrets by improper means
- not use any information obtained by virtue of their position for the purpose of any dealing (direct or indirect) in shares, property or otherwise.



Information – Board members should:

- Respect the confidentiality of sensitive information held by the HSE, access to which membership of the Non Executive Advisory Board may entitle them.
This would constitute material such as:
 - commercially sensitive information (including but not limited to future plans or details of major organisational or other changes such as restructuring)
 - personal information
 - information received in confidence by the HSE
 - observe appropriate prior consultation procedures with third parties where, exceptionally, it is proposed to release sensitive information in the public interest
 - comply with relevant statutory provisions relating to access to information (e.g. Data Protection Acts and Freedom of Information Acts)

Confidentiality

Members of the Non Executive Advisory Board should ensure that they maintain the confidentiality of all information obtained by virtue of their position.

I agree to abide by the following code while a member of the Non Executive Advisory Board.

NAME (CAPITALS): _____

SIGNATURE: _____

DATE: _____

APPENDIX 6: ROLES OF THE REGIONAL DIRECTOR OF OPERATION & THE DIRECTOR OF RECONFIGURATION IN THE HSE SOUTH

Final 16/03/2010

Roles of the Regional Director of Operations, HSE South and the Director of Reconfiguration, HSE South (Cork and Kerry)

The Director of Reconfiguration of Acute Hospitals Services, HSE South (Cork and Kerry) will report to the Regional Director of Operations, HSE South with a strong dotted line reporting relationship to the National Director for Reconfiguration [and the National Director of Quality and Clinical Care] and with access to the Chief Executive of the HSE, as and when required.

He shall be a member of the regional management team, with delegated responsibility and authority from the Regional Director of Operations to lead and implement the reconfiguration programme for the acute services of Cork and Kerry, working together with his management team colleagues and the wider system on implementation.

Terms of Reference of the Reconfiguration Advisory Board

A non-executive Reconfiguration Advisory Board has been established with a terms of reference to advise on the implementation of the reconfiguration programme, including the single hospital system and to enable the Director to access expert advice from business, education and medical fields which, in the normal course of events, might not easily be available.

The role and purpose of the Reconfiguration Advisory Board is to:

1. To act as a "sounding board" for the Director of Reconfiguration and the HSE management on key reconfiguration issues.
2. To provide business advice and guidance on the reconfiguration programme.
3. To enable the Director of Reconfiguration test –drive options for reconfiguration prior to decision and implementation.
4. To provide support for the reconfiguration programme.

Signed copy 2 of 2



Final 16/03/2010

The Director of Reconfiguration HSE South (Cork and Kerry) will continue to have responsibility for updating the regular meetings of the Reconfiguration Advisory Board.

The Regional Director of Operations HSE South will also be a member of the Reconfiguration Advisory Board and arrangements are being put in place to provide for participation by Regional Management Team members, as appropriate (i.e Assistant National Director for Finance HSE South, /Assistant National Director for Human Resources HSE South, Network Manager et al).

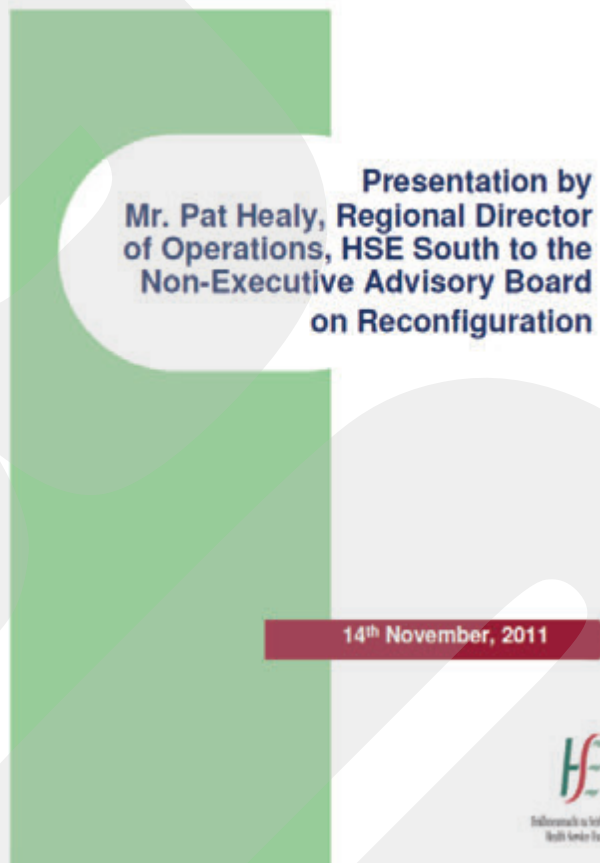
The Director of Reconfiguration HSE South (Cork and Kerry) will meet regularly with the Regional Director of Operations, HSE South to discuss the reconfiguration programme and its implementation.

Mr. Pat Healy
Regional Director of Operations

Prof. John R. Higgins
Director of Reconfiguration

Signed copy 2 of 2

APPENDIX 7:

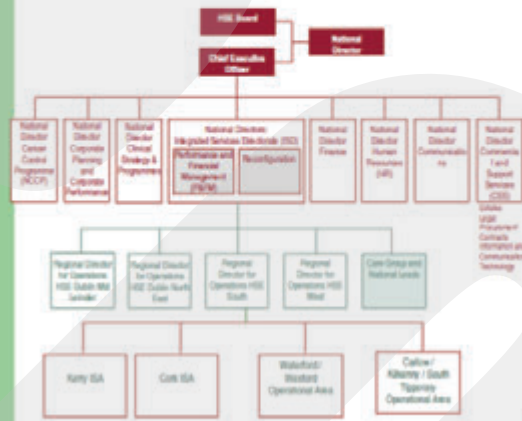


Note: excerpts from the presentation which relate to the Reconfiguration Roadmap



Governance and Accountability Structure

- National • Regional • Local



HSE South Acute Hospital Services Management Structures & Processes to support Clinical Directorates



What will the model achieve?

- Programme for Government & wider Public Sector reform.
- Clear governance and accountability.
- National Clinical Programmes
 - Acute Medicine Programme – 4 Models of Hospital
 - ED Programme
 - Surgical Programme
 - Critical Care
 - Others – COPD, Heart Failure, Diabetes etc.
 - National and Regional leads involved.
- NCCP
- Small Hospital Framework
- Special Delivery Unit (SDU)
 - ED
 - Inpatient
 - Outpatient
 - Diagnostics
- Patient Safety - HIQA Standards & Licensing
- Sustainable Cost Base & Workforce Plan



Role of the Executive Management Group – South West Network

- Membership will consist of the executive decision makers with responsibility for implementation of the Service Plan i.e. CEO / Hospital Managers, ECD's & CD's, Ops Manager Community
- Regional service plan focus:
 - Resource management – Finance & WTE
 - National Clinical Programmes
 - NCCP
 - Reconfiguration
 - NCHD's
 - Quality & Patient Safety
 - Hospital & Community interface
- Accountability will continue to rest with the Area Management Team and individual hospitals, however the process will support collaborative working and ensure coordinated implementation across the network.
- Quarterly the Regional Director of Operations, the Area Finance and HR Directors and the Regional Business Manager will attend the meetings by way of a strong support from the RMT and to facilitate "clearing" of system blocks or challenges in implementing the Service Plan & change agenda.
- The role of voluntary sector partners is recognised with mechanisms in place to ensure parity of esteem with the statutory sector.



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Role of Reconfiguration Forum

- The reconfiguration forum is a consultative and advisory forum which will provide a mechanism for engagement, consultation and advice to Senior Managers, Clinical Leaders, Project Managers and other key stakeholders involved in the implementation of the roadmap for Acute Hospital services in the Cork & Kerry area, to ensure that it stays true to the vision and principles of the plan.
- To identify key interdependencies between change projects and to provide advice and support to the executive leadership to enable any blocks to be removed.
- To receive reports and presentations from project implementation groups and hospitals.
- To review implementation plans for relocating services to ensure adherence to core principles and provide feedback on such proposals. To provide engagement, consultation and advice for the implementation of the roadmap.
- The Forum will provide reports/updates to the Regional Director of Operations which will support the work of the executive in managing the implementation through the service plan and overall progress on the reorganisation of acute services.
- To assist in communicating the need for reorganisation of services.
- The Reconfiguration Forum will work within the established protocols and procedures of the HSE.



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Role of the Chair of the Reconfiguration Forum

- To Chair the Reconfiguration Forum.
- To participate in the communication of the 'big picture' to the public, the political system and other key stakeholders and building a consensus of support for the roadmap.
- Project implementation groups can draw on the expertise of the Chair to support them in working through particularly contentious issues
- Provide clarity which may be required on the approach envisaged in the roadmap in relation to some speciality areas. This would be achieved through the Chair & Area Managers working in collaboration on these particular issues.

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Role of the Advisory Board

- To act as a "sounding board" for the Chair of the Reconfiguration Forum and HSE Management on key reconfiguration issues.
- To provide business advice and guidance on the reconfiguration programme.
- To enable the Chair of the Reconfiguration Forum and the HSE Management to test drive options for reconfiguration prior to decision and implementation.
- To provide support for the reconfiguration programme and to access key policy and decision makers at national and regional level.

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Processes required to support the Reconfiguration Forum and Non-Executive Advisory Board

- Administrative and related supports will be provided by HSE South.
- Meeting monthly between Chair of Reconfiguration Forum and Regional Director.
- Meeting monthly between Chair of Reconfiguration Forum and the 2 Area Managers for Cork & Kerry.
- Meeting between Chair of Reconfiguration Forum, Regional Director and Chair of Advisory Board prior to meetings of the Advisory Board.
 - Invite members of the Regional Management Team, HSE South to the Non-Executive Board meeting to enable all involved in implementing reconfiguration to have access to the outside expertise.
 - To have joint meetings between the Non-Executive Board and the Forum from time to time for the purpose of sharing information and views and reaching a common understanding of the key issues.

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Collaboration with Non-Executive Advisory Board – *immediate opportunities*

- Expert Advice on Strategic issues – Task Focused on key issues such as:
 - Translate vision of SMOH site into reality
 - Site for 2nd hospital & gastro centre
 - Reorganisation of surgery
 - Introduction of Electronic GP referrals 2012
- Building Consensus and Public Confidence
 - Ortho/Cardiology/Medical Rehab/ED Community Nursing Unit reorganisation (St. Finbarr's, Farranlea Road etc.)
 - Transfer of Cancer Services to CUH from the Mercy Hospital
 - Public Confidence in ED's. First quarter 2012 communication post the change underway around Acute Medicine Programme etc.

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Challenges to be addressed and the way forward

- The governance and accountability framework must be respected by all.
- Collaboration with Advisory Board to be challenging but supportive of the leadership team in the South
 - Regional Management and Area Teams
 - Broader Clinical Leadership that is now emerging
- Build trust and confidence together.
- Next Step – The Chairman and sub-group Chairs to meet Regional Director and team to move forward positively with this agenda.

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