A Hospital Without Walls

Beaumont Hospital Strategy

2015 to 2020
The chestnut tree is symbolically associated with foresight, provision, prevention, abundance, invigoration and longevity.

A mature chestnut tree stands at the heart of the Beaumont campus.

Contents

Foreword 3
Introducing Beaumont 10
Strategic Context 18
Implementation Plan 2015 to 2018 31
As a Chair and Board approaching the mid-point of our three-year term, we are fully committed to helping shape a clear strategic direction which places Beaumont at the forefront of transforming acute care in Ireland.

There is widespread acceptance that health systems worldwide are overstretched and challenged to keep pace with advances in medicine and capability to treat. It is of course positive that we are living longer, losing fewer infants, and treating more disease. For those charged with responsibility for organising and managing healthcare provision, there is a significant requirement for collaboration and integration, enabling shifts towards supporting care in the community, improved self-care and prioritising wellbeing as well as contributing to the prevention of disease.

Hence the core vision of A Hospital without Walls captures Beaumont’s commitments very well in this respect.

The strategy is launched at a critical juncture in the context of the establishment of Hospital Groups, an important transformation in the future health service. This strategy aligns totally with the concept of reorganising healthcare delivery based on population health needs, to improve access and quality for a catchment population of in excess of one million, and for the national population associated with Beaumont’s very distinct national specialties.

The strategy also places a huge value on strong governance and stewardship, ensuring efficiency, fairness and transparency, so that those depending on Beaumont are assured high quality safe and compassionate care.
A Hospital without Walls builds on the development work of Beaumont over the years and identifies a clear vision and direction for the hospital at every level. This is vital in ensuring that staff are clear about their individual role and the contribution this makes to the overall objectives. I am very aware of the extent of the work ahead to drive improvement in safety, quality, efficiency, productivity and morale alongside the integration of the hospital and community providers. This requires a shift in culture, further blending of existing good practices, and finding ways to overcome obstacles in order to embed a culture that is focused on the delivery of world-class patient outcomes.

A great deal of work has already been undertaken and, as a Hospital Board, we place our trust in committed and dedicated staff, managers and leaders across the diverse spectrum of disciplines and professions. I am pleased that A Hospital without Walls – Beaumont Hospital Strategy 2015-2020, which encompasses a detailed three-year implementation plan, sets out both an ambitious and pragmatic ‘road map’ for the next five years.

Ann Fitzgerald
Chair, Beaumont Hospital Board
It gives me great pleasure to introduce *A Hospital without Walls: Beaumont Hospital Strategy 2015-2020*.

In this strategy we are acknowledging that the current model of service provision, focused mainly on hospitalised care, is not sustainable. Beaumont faces considerable challenges, many of which are experienced by other healthcare institutions, nationally and internationally, alongside some aspects that could be considered particular to the hospital in the context of its catchment and regional demographics.

This region has a population of 1,022,184 and is showing the largest population percentage increase of any of the four HSE regions since 2006. The increased population of older people living in Ireland is occurring at a greater rate in North Dublin than in other parts of the country, including other parts of Dublin. In 1997 only 5% of Dublin’s over 65s lived in the Beaumont catchment area and this has increased significantly to 24% by 2011. Overall the 85+ age group increased by 20% between the 2006 and 2011 census, whilst the corresponding increase for Beaumont’s catchment area was 60%. Projections going forward indicate a further increase of 44% in the population of North Dublin over 65 years of age by 2026.

The challenge of keeping a focus on strategy and longer-term development during periods of major structural and policy change is well documented. In this instance we are dealing with the impacts of austerity and the public health service having been severely constrained. Beaumont and many acute providers are facing external pressures and requirements to meet new standards and targets.

Ultimately these pressures serve to highlight that considerable shifts in direction, orientation and culture are required. Consultations with interdisciplinary staff groups, patients and other service users, together with local health and wider community stakeholders, contributed to informing the need to truly redesign acute care around the
needs and well-being of patients. These consultations were concluded by engagement at Senior Management Team and Hospital Board level. *A Hospital without Walls* therefore characterises our commitment to ongoing collaboration and engagement both within and beyond the walls of Beaumont.

At national level, Hospital Groups signify the recognition of needing a more integrated health system, and in creating *A Hospital without Walls*, we have given careful consideration to Beaumont’s positioning role and contribution to the RCSI Hospital Group. The core themes of *A Hospital without Walls* also align perfectly with the recently announced HSE Corporate Plan 2015-2017 which describes the vision for the health service as ‘a healthier Ireland with a high quality health service valued by all’.

From my perspective having a sense of clear direction and shared values, which are consistent with overall national priorities and Group plans, is both stabilising and inspiring. However, I don’t underestimate the extent of challenge (and opportunity) associated with the kind of change required. It is all too easy to get ‘stuck’ in habitual thinking and unquestioning adherence to time honoured traditions and behaviours. Notwithstanding the hard work and dedication of many people, every day we encounter the negative impact of fragmented services and gaps in the delivery system for patients. My objective is that Beaumont’s care must be safe, effective patient centred, timely, efficient and equitable and we must provide care that does not vary in quality because of age and other characteristics.

I consider *A Hospital without Walls* a catalyst for mobilising the whole hospital to act together to deliver high quality care and I value the enormous commitment and dedication of all staff, service users, funders and partners.

*Liam Duffy*  
*Chief Executive*
So many people have informed *A Hospital without Walls*. Our approach of involving staff in design as well as implementation, educating/developing new knowledge and understandings, utilising skills and expertise across disciplines, as well as seeking input from a wide selection of external stakeholders over the past three years, has had a significant influence on this strategy.

Therefore, in terms of saying thank you it is most important to acknowledge the collective contribution of staff across all areas of the hospital, who work tirelessly performing roles to the best of their abilities. Thank you for your cooperation, commitment and everyday inspiration.

To external stakeholders — patients, their families and carers, and a range of other service users in the wider community — we truly appreciate your confidence in us and your desire for our continuous innovation and progressive provision of enhanced service and care. We also acknowledge your ‘candour’ and constructive feedback, much of which we endeavour to incorporate in our strategic and operational planning.

Beaumont is a public hospital; therefore we sincerely thank our funders, policy makers and all the Agencies with which we interact and on whom we heavily depend for support and enablement. *A Hospital without Walls* is our means of preparing ourselves to interface and collaborate with National and Group strategy and forthcoming developments.

Finally, as often is the case, whilst there were ‘many hands’, the responsibility for overall co-ordination and management of the process, and all that goes in to producing a document such as this, was in the hands of a much smaller group who require unreserved thanks and appreciation.
The team involved is comprised of Beaumont Organisational Development and Education Learning and Development Departments: special thanks to Ann Quinn, Amy Anslow, Lisa White, Dee Mooney, Kate Costelloe, Fiona Gregory and Paula Chapman, for your persistence and focus throughout the entire process.

To Corporate Community — Liz Hayes, Susan Coughlan and Margaret Barry — we are indebted for your unflagging belief in the staff of Beaumont and your relentless commitment to enabling us reach our true potential.

To Margaret Lonergan, Visual Communications Consultant, and Teresa Murray, our Editor, thanks for your creativity, exceptional talents and personal commitment to Beaumont.

Finally, I wish to acknowledge the unending support and guidance of Liam Duffy and the staff of the Chief Executive’s Office, Claire Tyrell (since retired), Tracey Whittaker and Jenny Boggan.

Anne McNeely
Head of Organisational Development
Introducing Beaumont
Beaumont Hospital opened in 1987, following the closure of two inner-city Dublin hospitals — the Charitable Infirmary, Jervis Street and the Richmond Hospital — and their amalgamation on to one site, i.e. Beaumont. From the outset, therefore, we were building on a long and proud tradition of pioneering clinical research and innovation in advancing patient care. Beaumont Hospital is now one of the largest public teaching hospitals, with 820 beds serving a population of 290,000 in the North Dublin/North-East region. As a modern, Level 4, acute-care facility, services are designed and delivered though a range of collaborations and across physical sites, including St. Joseph’s Hospital, Raheny, and the recently opened Community Nursing Unit. Since 1987, Beaumont has grown from being a one-site, single building to a multi-site campus that houses emergency and acute care, rehabilitation and day services, with a range of national specialities, including the national referral centre for Neurosurgery; Renal and Pancreatic Transplantation; and Cochlear Implantation. Beaumont is the regional referral centre for Neurology; ENT (Ear, Nose and Throat); and Gastroenterology. As part of the National Cancer Strategy 1 (2006), we proudly became a Designated Cancer Centre for Symptomatic Breast Disease; Upper GI Surgery; Colo-rectal Surgery; and Radiotherapy.

Beaumont is the only Level 4 hospital in the Dublin North-East region (RCSI Hospital Group) and the principal teaching hospital for the Royal College of Surgeons, Ireland’s largest medical school, and we welcome health professionals from over 50 different countries to train alongside our staff. Each year we work with a range of academic partners, including Dublin City University (where nursing and other programmes are offered), in promoting a learning environment and empowering staff to continuously develop knowledge and skills throughout their career in health.

The hospital employs just under three thousand staff members. We celebrate the rich mix of our diverse international staff with the many staff members who grew up in the local community, who have deep personal and family connections with the hospital and the area. We all share a common goal of ensuring that our patients receive the best care possible, and we want to contribute more to the health and wellbeing of people locally, regionally and nationally. Our staff are already making change happen and taking a proactive role in moving beyond traditional models of delivering acute care in this country.

This short overview alone demonstrates the proud traditions of medicine and research, the vibrant diversity of expertise and knowledge, and the exceptional commitment and goodwill that surround Beaumont: as a hospital, as a place of employment for 3,000 employees, and as a consumer of multiple businesses and services.

Beaumont’s potential to contribute to the bigger picture of transforming healthcare is thus very significant and, as the Level 4 hospital in the Dublin–North East (RCSI Hospital Group), it is very important that Beaumont takes up its role to help shape new visions for improving health and wellbeing. However, we remain committed to addressing our current operational challenges and putting patients and the wider public at the centre of delivering effective and high quality health services.
Beaumont hospital is on a 38-acre site encompassing 1 million square feet.

Approximately 5,000 people come through the main entrance on a daily basis.

More than 1,000 patients are admitted via emergency transfer to the Neurosurgical Department in Beaumont every year.

In 2013, we reached the milestone of our 4,000th kidney transplant.

152 consultant-led clinics are run in Beaumont per week across 28 specialties.

At any one time we are remotely monitoring approximately 600 patients through implantable cardiac devices.

The National Cochlear Implant Programme provides lifelong support for approximately 800 patients.

The annual Children’s Remembrance Service, for families bereaved by the death of a child has an average attendance of 250 people.

In any one day, prescriptions for approximately 7,500 individual drugs are reviewed by the pharmacy department.

Beaumont Hospital Library receives approximately 6,250 visits per month.

Beaumont Hospital provides under- and post-graduate clinical training and placements for students from more than 20 national and international universities.
Our ambition to act as ‘a hospital without walls’ involves doing all that we can to address the wider social causes of health inequality. Globally, other healthcare institutions share a similar motivation and have to find the courage to look afresh at what is possible as populations grow and age and require more integrated health provision. Our challenge is to get more proficient at relating to our growing and aging population, take up our role as a Level 4 hospital in an emerging hospital group structure, and enhance our ability to meet increasing demand with limited capacity, resources and infrastructure.

1. Beaumont Hospital is the only Level 4 hospital for the Dublin North East region, serving a total population of 1,022,184. This region has shown the largest population percentage increase of any of the four HSE regions since 2006 (10.2% = 94,774).

2. The age profile of patients being admitted is increasing due to an aging population in our local catchment area. The increased population of older people living in Ireland is occurring at a greater rate in North Dublin than in other parts of the country including other areas of Dublin. According to census information:
   a. only 5% of Dublin’s over 65’s population lived in Beaumont Hospital’s catchment area in 1996. This increased significantly to 24% by 2011.
   b. the 85+ year age group increased by 20% between 2006 and 2011. The corresponding increase in Beaumont Hospital’s catchment area was 60%.

Based on future demographic data, between 2011 and 2026 there will be a 44% increase in the population of North Dublin over 65 years of age.

3. Beaumont Hospital has among the highest number of new patients weekly requiring long term care and home care packages combined, and whose discharge is delayed as a result, compared to any other hospital in Ireland.

Beaumont Hospital has the highest number of onsite patients with delayed discharge compared to any other hospital.

4. Analysis has shown that the residential care bed capacity in Dublin North is not adequate to meet the needs of the growing elderly population. There is also a shortage of residential facilities and care that will provide for the increasing number of older people with specialised care needs, e.g. dementia and challenging behaviour and a severe deficit in respite facilities within Dublin North.

5. In light of the closure of surgical services in other hospitals within our region and group, a key challenge for Beaumont is balancing the treatment of a high volume of local, regional and national surgical patients who have increasingly complex care needs, with the demand for unscheduled care provision which currently makes up 70% of our activity.

6. The Organisation for Economic Co-operation and Development (OECD) recommends an upper limit of 85% hospital bed occupancy. A research study carried out between 2009 to 2011 showed occupancy levels of 94% on average across 18 public hospitals in Ireland in 2013. In the same year, Beaumont’s bed occupancy ranged from 98-106%, consistent with a three-year average of 102% (2012 to 2014).

7. As a designated centre for cancer care, medical oncology day activity in Beaumont continues to rise by 11% year on year.

---

8. As the only Level 4 hospital within the RCSI Hospital Group, we can anticipate more pressure associated with defining services and balancing workloads to meet patient needs in the early stages of group formation.

9. This structure brings many of the hospitals between Dublin and the border with Northern Ireland into one group. As the Level 4 hospital operating within the group, we will have the opportunity to develop stronger / enhanced cross-border linkages and work within formal cross-border networks.

10. Between 2008-2014, Beaumont Hospital’s financial allocation dropped 18% while we showed a concurrent 17.5% increase in in-patient/daycase activity, and an 11% decrease in our allocated staffing.

11. The Beaumont Hospital Information System is now 25 years old and becoming progressively unstable which inhibits the integration of new systems, technologies and devices.

12. As a 30-year old building, it is generally accepted that many of the core areas of the hospital require significant investment and upgrading (e.g. ED, ICU, Ambulatory Care, single rooms, administration facilities) in order to create a modern, fit-for-purpose environment.
Strategic Context
A Hospital without Walls: Beaumont Hospital Strategy 2015-2020 acknowledges that the current model of service provision, focused mainly on hospitalised care, is unsustainable. As an acute hospital, we recognise that considerable shifts of emphasis towards supporting care in the community, imparting knowledge and skill to improve self-care, and enhance social, emotional and economical well-being is required. Our commitment to delivering the highest quality of patient care and excellent training and learning opportunities in a friendly, stimulating and professional environment is a constant motivator, throughout changing contexts and emerging developments.

Linking strategies

The previous Beaumont Hospital Strategy 2006-2010 was reviewed in its final year, resulting in the creation of revised strategic priorities. This review, embracing national policy developments together with a dynamic Organisational Development agenda, robust corporate and clinical strategies in areas such as Human Resources, Information Technology, site development, nursing, health and social care professionals, and divisional/directorate business plans, has provided overall direction in the interim.

Moving between strategic operations and keeping a focus on longer term strategic ambitions and direction

At a time when long-term, strategic, planning processes seem less able to respond to resource-strapped and uncertain environments, there is a question about the value a future-focused strategy adds, when, in reality, hospital leadership and managers are having to think and act strategically day to day. Nevertheless, it is also clear that the requirement for creating a compelling vision in collaboration with key stakeholders is
very strong, and the need for innovative and creative plans for influencing the external environment could rarely be greater. We also recognised that our strategy needed to be more grounded and resonant with hospital staff, so that strategy formation and day-to-day decision-making is more interconnected. As a hospital we maintain ongoing engagement and interaction with a wide range of internal and external stakeholders, and we have endeavoured to capture their views, perspectives, needs and ambitions for Beaumont.

This has enabled the Hospital Board and Senior Management Team to be well-informed and to focus on immediate/near-term priorities required to mitigate current risks and challenges, as well as on longer-term sustainability objectives. Developing a new strategy, therefore, acted as a catalyst for collaboration and identification of needs from across a broad spectrum of perspectives.

The importance of listening and taking on board the views and perspectives of diverse stakeholders is central to building a healthcare provider that can influence the external environment, and secure the best possible future for the communities we serve.
In the process of developing the strategy, cognisance was taken of global phenomena and trends, many of which are already starting to have impacts at least on a random basis, and the significant Irish health reforms underway.

Globally, many health systems are struggling with the pace of innovation: discovery of new methodologies and treatments; the flood of highly intelligent, interconnected medical devices; and the degree of specialisation and niche-orientated workforce, which results in skills wars and workforce-planning challenges. The emergence of preventative medicine and the conceptualisation of virtual bio-connected networks shifts the focus from the more prevalent reactionary acute-care models to a 'hospital without walls'.

There is a growing pressure to increase patient safety in all aspects of healthcare delivery. Becoming ultra safe requires healthcare systems to abandon traditions and autonomy to reduce preventable events and risks. At the same time, there is a need to create the conditions for innovation and courage in situations where there is a high dependency on the unique expertise and judgement of the clinical practitioner. These two seemingly contradictory requirements need to be managed alongside each other.

While many of the above developments are positive in terms of improving and prolonging life, it must be noted that they add expense to an already squeezed healthcare budget, and the implications for publicly-funded healthcare models cannot be overstated.

More locally, recent government policy to reconfigure hospital services and acute hospital groups/networks changes our landscape and operating environment. As the only Level 4 hospital in the Dublin North-East Group, Beaumont is well positioned to be at the focal point of redesigning acute care in the region so that highly specialist services are available for the patients who need them. We are keen to develop partnerships and networks which better support patients and their families as they transition between primary, secondary and tertiary services. This strategy is designed to embrace the new realities. As the primary, leading hospital for the Royal College of Surgeons, Ireland, with significant existing educational and research interests, we are confident that the benefits of translational research, clinical innovation and leading edge corporate and clinical governance practices can be accessed by the wider pool of patients and staff.

Our analysis of the wider context, suggests that Beaumont must continue to re-frame its role as an acute-care provider and become part of an integrated care platform that works from a deep awareness of the impact of service provision on patients, their families and communities.
It is clear that there is an urgent need for fundamental change in how Health Services are organised and delivered. Current government policy acknowledges as much:

“The current system is unfair to patients; it often fails to meet their needs fast enough; and it does not deliver value for money. The system is facing major challenges including significantly reducing budgets; long waiting lists; capacity deficits; an ageing population; and a significant growth in the incidence of chronic illness. It is simply not possible to address these challenges within the confines of the existing health system. We must implement large-scale change that delivers fundamental reform.”

Beaumont hospital endorses the over-riding objective that all patients should receive the right care, in the right place, at the right time. Fundamentally we accept that the model of a large, acute, Level 4 hospital, with a ‘magnetic attraction’, drawing in all levels of illness, is no longer sustainable or in the interests of patients. We also realise that internal structures and processes need to change and continuously evolve in order to both respond to and influence developments in the wider system. A significant step on this pathway was the restructuring from a traditional professional silo-based model to seven inter-disciplinary medical directorates, supported by strong interfaces with corporate and non-clinical functions. This approach, not in any respect unique, is modelled on many of the transformation principles of the NHS and health organisations across Europe, the USA, Australia and New Zealand and can be adapted and aligned with group structures. Empowering clinicians to become involved as the key designers and leaders of modern health services, in collaboration with a broad range of healthcare professionals, has proven to be successful in terms of enhancing team-working, shared decision-making and creating better conditions for delivering high-quality, safe, patient care.

Ultimately, our ambition is to be at the forefront of re-designing acute care, so that the highly specialist expertise can be accessed by those who need it most, and be available across a range of settings and in ways that better meet the needs of patients and communities. We are committed to preparing and developing staff to enable their participation in central roles of influencing and delivering new models of care.

In future, we want to be judged by the reach and quality of our physical and virtual networks, and the extent of our relationships and collaborations across local, regional, national and international contexts. We also want to extend our scope, bringing our knowledge and advances in medical care to patients across many communities. We look forward to taking up the opportunities to meet the needs of online health communities, and the development of the virtual hospital. Having well-established networks and staff who are developing and providing outreach services shows that we are already acting from an orientation of ‘A Hospital without Walls’, and this strategy sets an innovative pathway for us to grow and expand.

By setting direction in this way, we believe that Beaumont will:

- Span the boundaries of a traditional hospital and be an early adopter when it comes to shaping a new vision for acute care in Ireland
- Exemplify its role and position as a dynamic teaching, research, and service provider that is entirely committed to learning and continuous improvement to deliver the best quality of care for our patients and our communities
- Be a strong advocate for autonomy, accountability, and advocacy on behalf of patients and communities
- Empower the Board, Leadership and Staff to create their own destiny and optimism for the future
- Ensure the hospital’s long term sustainability and development by setting direction, and implementing immediate priorities over the next three years
Beaumont Hospital’s strategic directions, objectives and actions are set out here.

This table contains a combination of more immediate priorities and encompasses ongoing and futuristic ‘shifts’ and changes that will become necessary as the wider health system evolves and transforms.

The final section of the strategy contains a three-year implementation plan, where detailed actions have been scoped out and aligned with the strategic directions and objectives.

<table>
<thead>
<tr>
<th>Strategic Directions</th>
<th>Strategic Objectives</th>
<th>Strategic Actions</th>
</tr>
</thead>
</table>
| **Take a leading role in planning and providing best care as the Level 4 hospital in the RCSI Hospital Group** | • Re-organise treatment as part of a Hospital Group • Create the conditions for equitable patient access • Shift the focus towards a population health approach • Transform acute care through translational research, clinical innovation and education | **Enabling Infrastructure**
BHIS • Smart Technology • Telephony/IT Integration
• Lab Modernisation Programme • Working across boundaries • Business Planning
Care for Older People in the Acute Setting
Care of the Elderly National Clinical Care Programme • Enhance current services & plan sustainable change |
| **Making a commitment to developing the environment and continually improving our clinical and corporate infrastructure and processes** | • Develop the Beaumont Campus as a thoroughly modern healthcare facility offering best in class standards of care • Turning data into an organisational asset • Developing an ‘enabling infrastructure’ • Creating the conditions to optimise staff contributions to ongoing development | **Campus Improvement**
New ED • Support planned improvements
Campus Development
Capital Investment in Beaumont Campus
Patient Pathways
POA/DDS Build • CPD • RTT
• St. Joseph’s Hospital • Patient Flow |
| **Ensuring strong clinical and corporate governance to deliver high quality, safe care and demonstrate effective stewardship of public funds** | • Delivering ‘safe-care’ beyond ‘paper-safe’ accountability to the patient • Independent governance • Strategic investment of resources • Play a lead role, as a public hospital, in reducing health inequalities | **Providing Safe Care**
Clinical Governance • National Standards for Safer Better Healthcare • Risk Management
Culture and Engagement
Patient Engagement • Community Partnerships • Staff Commitment to a Culture of Shared Values
Strategic Finance
Financial Governance • Activity Based Finance Management |
| **Embrace a system-wide perspective, working closely with partners, patients and healthcare staff to help meet growing demand and take up a greater role in promoting well-being** | • Whole-systems organisation development • Delivering our mission as a teaching hospital • Striving to be a practice-based learning organisation • Connecting to our community and building effective partnerships | **The Workforce**
3 Year HR Strategy • Performance Management • Continuing Professional Development • Inter-Disciplinary Learning • Organisational Change & Leadership Development
Influencing Policy & Future Directions
Ongoing Influencing & Positioning of Beaumont |
Strategy implementation

The implementation of this strategy will be carried out through a combination of Senior Management Team-led development projects and local directorate and departmental implementation actions. The strategy contains a hospital-wide Implementation Plan designed to provide a high-level framework to guide the strategic actions required at Board and SMT level in order to promote, support and monitor effective implementation. The aim of the Implementation Plan is to ensure an action-focus, setting out key actions in greater detail in a structured manner, taking account of relevant linkages and assigning lead roles and timelines.

The Implementation Plan covers a three-year period from 2015-2018 in the first instance and includes some developments/initiatives which are currently either underway or planned as it was felt important to pull things together and establish priorities which are aligned to mitigation of key operational risks and challenges.

The Implementation Plan also includes a number of "enabling actions", which represent the need to put processes in place which serve to prepare the hospital for more radical shifts in models of care and changes of culture and behaviour necessary to transform acute care now and into the future.

As the entire strategy spans a five-year period the Implementation Plan needs to be a working document reviewed, adapted and updated at regular intervals.

Performance managing our strategy

The Chief Executive and Lead Clinical Director have overall responsibility to the Hospital Board for the implementation of the strategy. The Senior Management Team, in effect, will act as the Strategy Steering Group.

The SMT will schedule quarterly review/updates for each Action Theme. Following presentation to the SMT a progress report will be provided to the Hospital Board or relevant subcommittee as appropriate.

The SMT will identify a strategy manager who will have responsibility for project managing the Implementation Plan, scheduling updates, standardising reports, tracking and updating progress, lodging implementation risks, communications of status and key details to the wider hospital and generally supporting implementation and execution.

The responsibility column lists the person(s) with responsibility for leading each Action Theme identified to complete the action.
This person is responsible for overall coordination and leadership of the activities associated with driving the action forward. Specified actions will involve different approaches/methodologies, i.e. programme/project management, process review, business planning/analysis, change management etc. The lead person is responsible for developing the necessary “working structures” to support delivery/achieved agreed milestones.

The responsible person(s) is required to link with the strategy manager to provide all the relevant information for the overall implementation plan update and monitoring.

1. **Widespread input and involvement**

   Significant time and effort will be required from staff in the hospital and in particular from senior management and senior clinical staff to progress the actions identified in the implementation plan. It is envisaged that a number of different working groups and project teams will be required in order to progress specific actions.

2. **Funding/Resources**

   Many of the actions identified rely heavily on appropriate funding, either revenue or capital and, in some instances, both. Therefore, the extent to which the actions can be implemented, and the timeframe for that implementation, will be determined to a large extent by the funding that is made available. Dedicated resources in the form of project management, strategy implementation mapping, impact analysis, etc., are required to drive and co-ordinate the large range of activities associated with this strategy.

Beaumont Hospital is committed to fully progressing actions and developments within the scope of our control, utilising conventional methodologies and processes including project management, key performance indicators etc. Each project plan will clearly identify opportunities and developments that we believe we can successfully drive within the existing resources and specify external contingencies and requirements. In parallel, the enabling actions and external influencing will contribute to positioning our needs and help to demonstrate the benefits for prioritising investment in Beaumont.
IMPROVED
INHALER
FOR WATERS, INFUSIONS &c.
WATER—USED WITH THIS
WATER, BE BOILING & THE
INHALER NOT MORE THAN
HALF FULL.
MADE IN ENGLAND

WATER INFUSIONS &c.
WATER, MUST
BE BOILING & THE
INHALER NOT TO BE
MORE THAN HALF FULL.
### 1. Enabling Environment / Infrastructure

<table>
<thead>
<tr>
<th>Key Actions</th>
<th>Success Criteria / Outcomes</th>
<th>Responsibility</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1 Progress the replacement of Beaumont Hospital Information System (BHIS)</strong></td>
<td>• The provision of a modern and future-proofed electronic patient record system that removes the current BHIS instability and risk, and acts as an enabler of improved outcomes for patients, decision-support for clinical staff, more effective completion of day-to-day administration tasks and facilitating enhanced interfaces between hospitals in the Group and between primary and secondary care.</td>
<td>Head of IT/ Chief Executive</td>
<td>Ongoing work with HSE for replacement of BHIS</td>
</tr>
<tr>
<td>• Implement a new patient information system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Implement electronic ordering (ORDER COMMS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Procure/implement an interface engine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Seek a partnership with RCSI Hospital Group to progress existing Electronic Health Record (EHR) Business Case as the basis for a Group EHR supporting connectivity and patient movement throughout the Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1.2 Implement the Laboratory Modernisation Programme</strong></td>
<td>• Integration of biochemistry, haematology, immunology and serology tests onto a common analysed platform with pre-analytical robotics and tract automation to support delivering a high quality service which also improves efficiency, effectiveness and value for money.</td>
<td>Laboratory Directorate/ Head of OD</td>
<td>April 2017</td>
</tr>
<tr>
<td>• Develop a detailed programme plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Reconfigure and streamline pre-analytic, analytics, and post-analytic processes in the core blood science laboratories</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Implement the National MedLis information system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Design and undertake skill mix and workforce reconfiguration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Development of a Hub and Spoke Laboratory Services model across all laboratory disciplines, building capacity to be the Hub Lab for RCSI Hospitals Group</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 1.3 In an environment of ongoing collaboration and working across boundaries

- Ensure clarity of roles, accountability and decision-making process
- Strengthen autonomy and ‘freedom to act’ at Directorate Management Team level
- Designing models for devolved resource allocation including financial, workforce, service provision, as appropriate
- Review and update structures in alignment with emerging Group Clinical Directorates models

| **A revised model for the allocation of resources, budgeting and staffing, based on the principles of developing autonomy; designed and contributing to better integrated and more informed decision-making which enhances quality, safety and efficiency of patient care** | **Chief Executive & Lead Clinical Director** | **Sept 2016** |

### 1.4 Business Planning

- Work with the hospital group to develop a mechanism to integrate local business planning into the wider system
- Establish a process to streamline business planning, using evidence to support business plans, ensuring a whole organisation approach is taken, particularly in terms of prioritising cases aligned to the hospital strategy
- Create a transparent feedback mechanism to Directorates to demonstrate where business cases are in the ‘whole’ system

| **A process designed to align business plans with the identified strategic priorities and create a platform for influencing and interfacing with service reconfiguration developments across the group for the purpose of improving timely access to the appropriate services for patients** | **Head of Clinical Services & Business Planning** | **Dec 2016** |

### 1.5 Implement ‘smart technology’

- Promote sustainable energy applications virtual servers, and a full scale roll-out of virtual desktops reducing energy consumption and offering increased functionality to users
- Further develop smarter working infrastructure and devices offering secure real time access to hospital systems and data from anywhere in the world
- Expanding the simple sign-on/follow-me access options which facilitates personal desktop activation and authentication and contributes considerably to working across hospitals as well as reducing accessing time within departments

| **The implementation of the identified smart technologies as part of an ongoing commitment to automate time and resource-consuming activities to free up capacity for value-adding work across all areas of patient pathways and communications** | **Head of IT** | **Ongoing** |
### 1.6 Telephony/IT Integration

Explore and implement unified communication tools to create ease of communication for staff both inside and outside the hospital including capacity of instant messaging, desktop sharing, video conferencing and virtual meetings

The phased implementation of IT-enabled communications supporting integration and interoperability across clinical and administration information flows

Head of IT  
December 2016

### 2. Care for older people in the acute setting

#### 2.1 Commit to deliver on the objectives of the Care of the Elderly (COTE) National Clinical Programme

- Recognise the rights of the older person to a medical diagnosis to be able to access comprehensive geriatric assessment including therapy and mental health services in an appropriate setting in a timely manner
- Collaborate with Community Health Organisations (CHO) to promote the principals of:
  - maintenance of the older person in their own home where possible
  - admission avoidance
  - early supported discharge

- Implementation of the frailty score on admission to enable early identification of frail elderly and subsequent appropriate streaming of this patient group to Care of the Elderly (COTE)
- Enhance understanding and work in collaboration with the CHO to improve the service to the older persons.

Head of Clinical Services & Business Planning/ Chief Operations Officer/ Director of Nursing/ Medicine Directorate Management Team  
Underway and Ongoing  
Ongoing with completion 2016

#### 2.2 Support/enhance services already in existence and plan for sustainable change

- Extend existing Day Hospital services from 2 days per week to 5 days developing as a navigational hub for an integrated service
- Expand complex rehabilitation capacity to help meet growing demand
- Engage with the CHO to better integrate services and to expedite discharge of patients not requiring acute care, freeing up capacity to respond to patients in the community requiring acute intervention.

- A functioning five-day-a-week Day Hospital with a Comprehensive Geriatric Assessment available as required (those deemed clinically urgent to access within 5 days)
- A plan developed to improve the workflow associated with the identification of patients for rehab and optimise available resources in order to support a reduction in the waiting times for discharges to rehab and a reduction in Rehab LOS.
- Enhanced information to support requirements for community supports, nursing home access and specific services such as dementia with a view to services being developed further.

Head of Clinical Services & Business Planning/ Chief Operations Officer/ Director of Nursing/ Medicine Directorate Management Team  
December 2015  
June 2016  
June 2016
Making a commitment to developing the environment and continually improving our clinical and corporate infrastructure and processes.

## 3. Campus improvements

<table>
<thead>
<tr>
<th>Key Actions</th>
<th>Success Criteria / Outcomes</th>
<th>Responsibility</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.1 Plan for the development of a new Emergency Department</strong></td>
<td>Clear line of sight on the preferred location, size, design form and function of a new Emergency Medicine Department at Beaumont Hospital. An agreed Project Plan incorporating the capital development, process redesign and implementation of a fully functioning emergency department</td>
<td>Chief Executive/Head of Facilities</td>
<td>Jan 2016, Jan 2016</td>
</tr>
<tr>
<td>• Undertake a feasibility study to inform site, size, design form and function</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Put in place a process to examine demand patterns, projections and relevant emerging trends and work with all stakeholders to design streamlined patient-friendly pathways and processes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Work with HSE Estates to secure funding sanction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Create a capital development programme incorporating timelines for completing tendering process, building works, service continuity/decanting arrangements and detailed implementation plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3.2 Implement planned campus improvements</strong></td>
<td>Successful implementation of the identified development/service improvement for the respective patient groups</td>
<td>Chief Operations Officer/Head of Facilities/NPRO</td>
<td>December 2015, October 2015, March 2017</td>
</tr>
<tr>
<td>• Undertake the structural developments as identified to support delivering the Living Donor Programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Deliver on the planned extension of the Histocompatibility &amp; Immunogenetics (H&amp;I) Laboratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Develop a project to support the delivery of the national expansion of Radiation Oncology capacity in the St. Luke’s Radiation Oncology network on the Beaumont Campus</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 4. Campus development

**4.1 Influence to position the reconfiguration of the Beaumont Campus (30 years old) as a significant capital development priority**

- Early dialogue with the Group Chief Executive, Head of Acute Hospitals, Secretary General, HSE Estates and other relevant stakeholders
- Enter into a technical dialogue process in advance of any formal, competitive tendering to invite informal discussions with the market regarding current learning-approach to acquiring expertise and support, communication and lobbying services, funding provision mechanisms, legal advice, spatial planning, etc.
- Developing an influencing/lobbying strategy and tactics in conjunction with key stakeholder groups

- Building commitment externally and sustaining internal momentum and belief
- Successful navigation to get a technical dialogue with the market

<table>
<thead>
<tr>
<th>Role</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Board/Chief Executive/Lead Clinical Director</td>
<td>December 2018</td>
</tr>
</tbody>
</table>

---

### 5. Patient pathways

**5.1 Pre Operative Assessment/Day of Surgery Admissions**

- Develop new purpose-built facility for pre-operative assessment and day-of-surgery admission (DOSA)
- Complete capital development/build
- Redesign patient pathway/flow for new and existing patients
- Develop and position business case to support fuller extension of service

The successful build of a new facility to enable an extension of the pre-operative assessment and day-of-surgery admission (DOSA) services & increase the number of patients who are pre-assessed and admitted on day of surgery

<table>
<thead>
<tr>
<th>Role</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of OD/Directorate Management Teams</td>
<td>July 2016</td>
</tr>
</tbody>
</table>

---

**5.2 Out-Patients Service**

- Continue standardisation of administrative processes for outpatients in line with the National Outpatient Improvement Programme
- In line with national policy, introduce collaborative outpatient pathways with GPs and community services for the management of chronic disease
- Develop capacity and demand models to assist with planning and services across the Group

- The implementation of the National Outpatient Improvement Programme to meet and sustain the national outpatient wait time targets
- Identify opportunities to work with GP’s and community services to enhance the outpatient pathways for a specific patient group.
- A process designed to utilise capacity and demand modelling to support service planning across the group

<table>
<thead>
<tr>
<th>Role</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Operations Officer/Directorate Management Teams</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>December 2016</td>
</tr>
</tbody>
</table>
| 5.3 | **Redesign patient pathways from referral to discharge**  
Sustain and expand the programme of work to reduce wait times, eliminate waste and improve the patient experience across specific patient groups | Improvement in the patient wait time and experience for specific patient groups | Directorate Management Teams | June 2018 |
| 5.4 | **Further develop elective day and short stay services at St Joseph’s site**  
- Seek funding for the development of a minor procedure room for Dermatology, Plastic Surgery and General Surgery  
- Convert local anaesthesia theatre sessions to general anaesthesia with the provision of anaesthetic staff for additional General Surgery procedures to be performed  
- Following successful transfer of the Beaumont pain-treatment service to St Joseph’s Hospital (Feb 2015), continue to develop service to optimise capacity. |  
- A functioning minor procedure room in St. Joseph’s  
- An increase in the number of general surgery procedures being carried out in St. Joseph’s Hospital  
- Increased capacity to treat leading to a year-on-year reduction in the wait time for patients | Chief Operations Officer/Critical Care & Anaesthetics Directorate Management Team | December 2016 |
| 5.5 | **Enhance patient flow**  
- Utilise bed-capacity modelling and core wards to improve patient flow and to create capacity for long-waiting elective patients (output = reduced length of stay).  
- Improve patient processing through the acute floor through standardised pathways and ED avoidance | Attain & sustain a year-on-year reduction in in-patient length of stay (LOS) and acute floor patient experience times (PET) | Chief Operations Officer/Medicine Directorate Management Team | Ongoing |
Ensure strong clinical and corporate governance to deliver high quality, safe care and demonstrate effective stewardship of public funds.

<table>
<thead>
<tr>
<th>Key Actions</th>
<th>Success Criteria / Outcomes</th>
<th>Responsibility</th>
<th>Timeframe</th>
</tr>
</thead>
</table>
| **6.1** Clinical Governance/Improving Clinical Outcomes | • A process designed for sharing and comparing clinical outcomes data  
• Structured arrangements to ensure accountability and minimise patient safety risks with reference to national audit findings  
• Full review, update and audit of Clinical consent process completed  
• Implementation of ‘Safe Site Surgery’ in 100% of surgeries  
• Implement a process for reviewing serious falls (i.e. where the patient sustained a serious injury) to allow for shared learning at local and hospital level  
• Reduction in in-patient serious falls | Chair of Clinical Governance/Chief Executive | Underway and Ongoing  
December 2016  
December 2016  
Underway, for completion 2016 |
| **6.2** Implementation of the National Standards for Safer Better Health Care | • National Policy on Open Disclosure implemented for 100% of staff involved in patient care  
• Performance Improvement plans in place.  
• Full implementation of the National Incident Management System. | Head of Integrated Quality and Safety/ Directorate Management Teams | Underway  
March 2016 |
### 6.3 Risk Management

- Enhance risk-management processes, including ongoing development of corporate risks register, provision of risk management training, and monitoring of action plan progress status

- Visibly enhanced risk management processes in place.

| **Head of Integrated Quality and Safety/Directorate Management Teams** | **Underway** |

### 7. Culture and engagement

#### 7.1 Further develop patient engagement and feedback processes

- Ongoing development and consolidation of the Patient Advisory Liaison Services in the hospital
- Extend existing drop-in options and a visible patient information kiosk
- Put in place enhanced volunteer services
- Work closely with Hospital Communications Manager to better utilise hospital websites and electronic media
- Work with Directorate Management teams to promote good customer relations and develop visible dashboards/communications to reinforce good practice and highlight areas for improvement

- Reduction in the number of patient complaints
- Increased opportunities to communicate and engage with patients and their families
- Increase in numbers of volunteers, enhancing links with our local community as well as internal services for patients

| **Head of OD/ Patient Advisory & Liaison Manager** | **April 2016** |

#### 7.2 Continue to implement and innovate ‘Beaumont Listening’, our hospital-wide approach to engaging with patients and families

- Develop roll-out plan in collaboration with Directorates to encourage a culture of shared learning from patient experience.
- Explore opportunities to engage patients and staff through the lens of a particular patient experience or circumstance e.g. disease-specific groups
- Build on the work progressing under the ‘Better Health, Better Living’ programme and continue to seek opportunities to partner with patients as peers, both in the management of their own health and in the design of healthcare services

- Supported by an organisational framework, each directorate has ownership and is actively involved in creating opportunities for listening to, learning from and acting on the experience of patients
- A cross-directorate model designed to capture learning on patient experience and distil this learning into visible service quality improvement.
- Increased recognition across the organisation of the value and business impact of working with patients as partners and peer learners.

| **Head of OD/ Quality and Standards Manager** | **Underway and Ongoing** |
### Community Partnerships / Alliances

- Engage with healthcare and community health and social care service providers to collaborate on holistic solutions and interventions, optimising prevention and healthy living strategies
- Continue to work with local community representative groups through projects, such as the ‘Healthy Communities’ initiative co-ordinated by the Northside Partnership, to highlight issues affecting local communities and to participate in the development of a local Community Health Plan and strategy for managing health inequalities through local action
- Expand the Beaumont Age-Friendly Alliance, bringing together key partners i.e. Beaumont Hospital, Age-Friendly Ireland, HSE, Dublin City Council, Fingal County Council and the Netwell Centre at Dundalk Institute of Technology to influence and develop a system that supports the health and wellbeing of older people
- Further develop and implement the EDEN project (a quality-of-life initiative for residents in residential settings – striving to add value to lives of nursing home residents)

### Staff participation – continuing the commitment to whole systems organisation development

- Support of local and community health promotion and healthy living initiatives
- Provision of expert training where appropriate to support local self-management programmes
- Beaumont actively involved in the development of a local Community Health Plan in collaboration with the Northside Partnership

<table>
<thead>
<tr>
<th>Senior Management Team</th>
<th>Underway and Ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaumont Hospital</td>
<td>Visibly improved quality of life for our elderly patients through implementation of the EDEN project</td>
</tr>
<tr>
<td>Beaumont Hospital recognised as a model for 'age-friendly' healthcare</td>
<td></td>
</tr>
</tbody>
</table>

### 7.4 Staff participation – continuing the commitment to whole systems organisation development

- Support and encourage staff to embed a culture of shared values in their daily work
- Develop facilitation skills and large group work as a core organisational resource
- Design processes to engage and mobilise front-line staff to have a voice in shaping change
- Collaborate with staff to utilise projects and improvement methodologies to create whole-system change and learning in action
- Convene and design opportunities to better support creative leadership at all levels

<table>
<thead>
<tr>
<th>Head of OD</th>
<th>March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>A process designed to support staff to reaffirm shared values</td>
<td></td>
</tr>
<tr>
<td>Greater numbers of staff trained in facilitation skills</td>
<td></td>
</tr>
<tr>
<td>A process that continuously creates opportunities for staff to have their voices heard</td>
<td></td>
</tr>
<tr>
<td>Expansion of staff trained and applying improvement methodologies and contributing to whole systems change</td>
<td></td>
</tr>
<tr>
<td>Enhanced understanding of leadership approaches and styles required in a complex system</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Underway</th>
<th>Ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visibly improved quality of life for our elderly patients through implementation of the EDEN project</td>
<td></td>
</tr>
<tr>
<td>Beaumont Hospital recognised as a model for 'age-friendly' healthcare</td>
<td></td>
</tr>
<tr>
<td>Enhanced understanding of leadership approaches and styles required in a complex system</td>
<td></td>
</tr>
</tbody>
</table>
8. Strategic finance

<table>
<thead>
<tr>
<th>8.1</th>
<th><strong>Formalise Beaumont’s Finance Strategy in alignment with Board and RCSI Group priorities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Procure finance expertise and advice to craft strategy incorporating leading international best practice and horizon scanning</td>
</tr>
<tr>
<td></td>
<td>• Work within the context of “Future Health: A Strategic Framework for Reform of the Health Service” and national strategy to strengthen Beaumont’s core ethos</td>
</tr>
<tr>
<td></td>
<td>• Tender complete May 2015</td>
</tr>
<tr>
<td></td>
<td>• Incorporate recommendations from Grant Thornton review undertaken in 2014.</td>
</tr>
<tr>
<td></td>
<td>• Future department/service development</td>
</tr>
<tr>
<td></td>
<td>• Capitalise on National Programmes and initiatives to the benefit of Beaumont</td>
</tr>
</tbody>
</table>

|   | Director of Finance/Chief Executive |
|   | November 2015 |

<table>
<thead>
<tr>
<th>8.2</th>
<th><strong>Configure Beaumont Finance to meet future needs within revised structures</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Develop activity based management in line with the move to a National Clinical Funding Model</td>
</tr>
<tr>
<td></td>
<td>• Align Beaumont to best practice Financial Governance in preparedness for Financial Reporting Statement 102</td>
</tr>
<tr>
<td></td>
<td>• Migrate from traditional transaction processing to value-adding business partnership</td>
</tr>
<tr>
<td></td>
<td>• Redesign reporting to incorporate non financial information</td>
</tr>
<tr>
<td></td>
<td>• Staff completing external training to update skills</td>
</tr>
<tr>
<td></td>
<td>• Internal Lean review of processes</td>
</tr>
<tr>
<td></td>
<td>• Process streamlining and greater technology utilisation</td>
</tr>
<tr>
<td></td>
<td>• Finance support at directorate level</td>
</tr>
</tbody>
</table>

|   | Director of Finance |
|   | June 2015 |
|   | Ongoing |
|   | Ongoing |
Embrace a system-wide perspective, working closely with partners, patients and healthcare staff, to help meet growing demand and take up a greater role in promoting well being.

### 9. The workforce

<table>
<thead>
<tr>
<th>Key Actions</th>
<th>Success Criteria / Outcomes</th>
<th>Responsibility</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 Develop a new 3-year HR Strategy in consultation with relevant stakeholders which, among other matters, will address specific initiatives to ensure that the hospital maintains a focus on staff as the key enablers and drivers of change and the primary interface for the delivery of quality patient care</td>
<td>An updated HR Strategy which ensures that the hospital has the right people and skills in place to deliver current and future objectives through a structured succession planning process</td>
<td>HR Director/Chief Executive</td>
<td>December 2016</td>
</tr>
<tr>
<td>9.2 Further embed the Hospital's Performance Enhancement Framework to all levels and disciplines within the organisation, aligning individual performance management with hospital priorities and objectives</td>
<td>The continued roll-out of the Performance Enhancement Framework to help create clarity and accountability for individuals in their specific roles and as members of integrated business and clinical teams</td>
<td>HR Director</td>
<td>Ongoing</td>
</tr>
<tr>
<td>9.3 Form an interdisciplinary-learning development and education forum consisting of academic providers and practice-based educators</td>
<td>The establishment of an interdisciplinary LDE Forum which is supported by clinical and corporate management</td>
<td>Head of OD/Head of LDE/Clinical Directors/DON</td>
<td>June 2016</td>
</tr>
<tr>
<td>9.4</td>
<td><strong>Strive to improve the IT infrastructure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- eLearning capabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Virtual learning environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Learning management systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>An agreed decision to invest in a Learning Management System (LMS) to support the move towards eLearning modules, discussion forum, virtual classroom events, podcasts, etc. which greatly enhance the availability of knowledge and learning materials to all staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Head of LDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>October 2016</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9.5</th>
<th><strong>As a Level 4 teaching hospital develop specialist post graduate programmes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Work with academic partners to continuously review/update undergraduate training and develop accredited programmes at all levels</strong></td>
</tr>
<tr>
<td></td>
<td><strong>New/additional specialist programmes developed to support skills development required to sustain our specialist workforce</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Director of Nursing</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Underway and ongoing</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9.6</th>
<th><strong>Develop the potential of advanced practitioners in applicable professions as significant contributors to the delivery of care in the Academic Teaching Hospital setting</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>New advanced practitioner posts configured and developed</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Director of Nursing/Head of Clinical Services &amp; Business Planning</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Underway and ongoing</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9.7</th>
<th><strong>Develop accredited learning programmes and collaborate with academic and service stakeholders to design and launch the next iteration of Leadership and Organisation Change Masters</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Revised Leadership Development Programme designed to attract talented staff who are committed to leading and inspiring others</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Head of OD</strong></td>
</tr>
<tr>
<td></td>
<td><strong>December 2016</strong></td>
</tr>
</tbody>
</table>
## 10. Influencing policy / future directions

### 10.1 Ongoing influencing and positioning

- Position Beaumont as a provider of expert advice on health policy (through membership of expert groups, national fora, etc.
- Develop strong links with decision makers in the new healthcare structures including Hospital Group and Community Health Organisations
- Promote Beaumont as a pilot site for new service developments and innovations
- Play a leadership role in developing the network approach to the delivery of care (managed clinical networks, joint-training initiatives, staff exchanges, etc.)
- Proactively engage with RCSI to establish an agreed research agenda throughout the hospital
- Promote success of Beaumont as a research institution and promote the benefit of research to patients/industry

Beaumont Hospital as a significant influence and health policy leader within the RCSI Hospitals Group and nationally

Chief Executive/Lead Clinical Director/ SMT/ Hospital Board

Ongoing
Wisdom is the art of being courageous and generous with the unknown.

John O’Donohue
The chestnut tree is symbolically associated with foresight, provision, prevention, abundance, invigoration and longevity.

A mature chestnut tree stands at the heart of the Beaumont campus.