



# HSE West and North West

Staff Engagement Webinar  
*11 December 2024*



# Overview of West and North West Health Region Implementation Programme



# WIDER NATIONAL VISION

HSE regions aim to facilitate comprehensive integrated person-led, community first health and social care through the full alignment and better integration of health and social care services (acute and community) within each region.

Objectives of the HSE Health Region implementation are aligned with Sláintecare's overall aims/objectives:

- Increase integration of community and acute services
- Introduce a population based approach to service planning
- Improve clinical governance
- Improve corporate governance and accountability





# PURPOSE & APPROACH

The **Purpose** of the HSE West and North West Health Regions Implementation Programme is to:

Develop a Governance structure that facilitates fully integrated care for all patients and service users across the West and Northwest and that achieves the national vision, goals and objectives to include:

- 4 Integrated Health Areas (IHAs)
- Regional Networks of Care – numbers to be clarified - ? 9

## Approach

- **Co-design** of Regional structures, IHAs and Networks of Care by community and acute and other stakeholders with the aim of developing fully integrated health and social care services.



# INITIAL WNW 6 STEP APPROACH

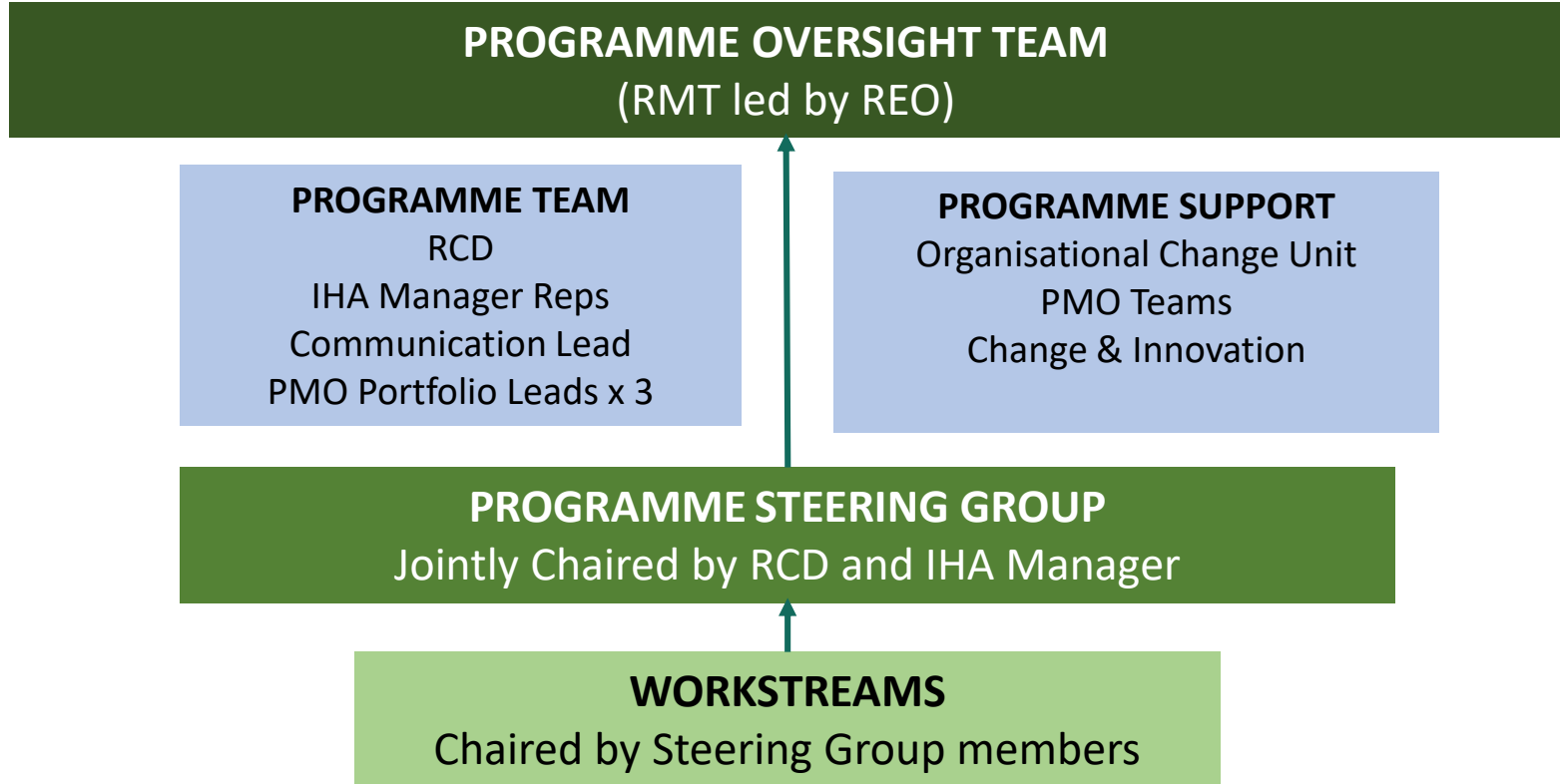
## The 6 Step Approach for Engagement / Transitioning Phase:

1. Define the vision and mission for our organisation and set the goals, objectives and guiding principles for this programme of work (Initial draft – Regional Management Team – Nov Wed 27<sup>th</sup>)
2. Agree the project governance structure – refer to National Terms of Reference for Implementation Groups (Nov – Wed 27<sup>th</sup>)
3. Document the “as is” structures and staffing including roles/responsibilities and reporting lines and current governance structures – (Dec - Fri 13<sup>th</sup>)
4. Detailed Design of future governance model with stakeholder engagement– (end of Feb)
5. Implementation Phase – Mar 2025 onwards
6. Stabilisation and Refinement – 2025





# PROGRAMME GOVERNANCE STRUCTURE





# West and North West Health Region Implementation Programme – DRAFT (RMT 27/11)

Theme	Guiding Principles for the West & North West Health Region Implementation Programme
Person Focused, Safe, Integrated Care	We will ensure our services are <b>person focused</b> and deliver high-quality, safe, integrated health and social care services, which maximise health and wellbeing and provide care closer to people's homes, ensuring equity of provision based on the local population needs.
Governance and Accountability	We will ensure integrated (remove design) <i>development</i> of structures with a clear definition and understanding of governance, scope of mandate, clear lines of accountability and reporting lines for the Regional Management Team, IHAs, Networks of Care and all services across the Health Region.
Devolved Decision-making and Activities	We will support empowered, devolved decision-making at a local level to enhance autonomy in our service delivery entities and ensure decisions made and the services delivered, meet the needs of the community in which the patient/service user is based.
National and Regional Consistency	We will implement a design which enables standardisation, avoids duplication, and which enhances regional consistency in appropriate areas (e.g., models of care and patient safety standards) to improve effectiveness and deliver economies of scale where appropriate
Our People	We will ensure that the WNW is an attractive health region to work in and staff feel valued and proud of their service, allowing staff to maximise their potential, by providing opportunities for career progression and skills development and maximizing opportunities for service improvement, research and innovation
Maximise Data and Information	We will empower staff with tools and resources to collect, leverage and enable the use of data and information in respect of regional, and local populations, to drive holistic insight across the region and inform evidenced-based decision-making, in line with the relevant regulatory, policy standards and frameworks
Collective Leadership and Collaboration in Design	Consider and incorporate insights from all impacted stakeholders through engagement on local design and implementation. Enable a collaborative approach to design, seeking input on national and local parameters from regional and local leadership.
Clear Interfaces and Partnerships	Ensure clear interfaces for WNW health and social care system stakeholders and partners, both internal and external including citizens/service users, enabling transparent communication, continue to build on positive trusted relationships and partnerships and enhanced collaboration
Evidence-Based Design and Integration	Consider evidence from multiple sources, including international lessons and national experience, and ensure design is informed by relevant regulatory standards, policy standards, and frameworks.



# West and North West Health Region

## Key Objectives for next 3 months – Draft RMT 27/11

1. Design Integrated Governance Structure
2. Develop Stakeholder Engagement and Communications Plan
3. Deliver on the Agreed Implementation Plan





# Introduction to Networks of Care

# **Vision for Networks of Care**

**“Enhance Clinical Governance”**

Pat Nash – Regional Clinical Director

West and NorthWest Region

# CLINICAL GOVERNANCE

- Clinical governance is the system through which healthcare teams and service providers are accountable for the quality, safety and experience of patients/service users<sup>1</sup>
  - Essential to assure the delivery of safe, high quality and patient centred care
- Successful organisations align their leadership, core processes and measurement systems with clear lines of accountability and a common mind set from patient/service user interface to CEO

# WHAT DO WE WANT FROM SERVICES

- **Integrated care** – across hospital, community and primary care
  - Follows patient/service user pathway rather than location
  - “one service across many sites”
  
- **High Reliability**
  - High quality and safe care – best practice based
  - High level of consistency – from Donegal to Galway...
  - Sustainable

# KEY ENABLERS

- Clear, consistent and agreed vision and purpose for Networks of Care
- Service design that ensures clear collaborative collective governance incorporating IHA/community area structures and Networks of Care
  - Avoid siloed design
- Shared Accountability – Regional leadership/IHA/Networks of Care
  - Achievable without undermining roles of “Delegated Accountable Officer”
- Multidisciplinary Team

# SAOLTA EXPERIENCE - MATRIX

- 6 MCANS – managed clinical academic networks
  - Group wide
  - Clinical leadership (doctor, nurse, manager)
  - Matrix interaction with 6 sites
  - Each site had an associated CD/nurse lead for the relevant MCAN who were part of the site management team and part of the regional MCAN
- Women's and Children's
- Cancer
- Medicine
- Perioperative
- Radiology
- Laboratory

## Regional Leadership

NoC

NoC

NoC

NoC

NoC

NoC

IHA  
Galway/Roscommo

**Hospital = Community = Primary Care**

n

IHA  
Mayo

**Community = Primary Care = Hospital**

IHA  
Sligo/Leitrim

**Primary Care = Hospital = Community**

IHA  
Donegal

**Primary Care = Hospital = Community**