Temple Street
Children’s University Hospital

Statement of Intent 2013
On behalf of the Board of Directors and Staff of Temple Street Children’s University Hospital, I am proud to present to you our Statement of Intent.

Our Statement of Intent is part of a wider development agenda which we are consistently working on to enhance our capacity to make swift and informed choices in the context of scarce resources. To ensure that Temple Street Children’s University Hospital is at the forefront of clinical care, research and innovation as the development of acute paediatrics converge in the creation of a new national paediatric hospital supported by a national model of care, we are working simultaneously on four interconnected areas of development – Strategy, Leadership, Transition and New Ways of Working.

This document – our Statement of Intent – is based on findings from an intense process of thinking together as a hospital about strategy by engaging in a meaningful way with staff and the Board of Directors during the course of 2012.

The leadership team is proud of the Statement of Intent and regard it as a resource that provides much needed vision and future direction in uncertain and complex times. The statement describes a “real, living, breathing, environment” and one which truly describes what it is like
to work in a contemporary healthcare context in Ireland. The process has led us to think differently. It is fast becoming our new way of working and doing our business. For example, through a service user engagement approach at all levels we are creating a more progressive, contemporary, open and all inclusive hospital. This is what we mean by Engaging Power, Engaging Passion, Engaging People – We’re doing it now!

We see the whole organisation as being on a learning journey in terms of building the confidence to work more and more through a culture of engagement. The six themes identified will be our priority focus to which everybody in the organisation is committed.

I am very conscious of the pressures that our staff face on a daily basis, both in terms of the resource constrained perspective and the stressful environment of acute paediatric health care that we all work within. At the same time as sustaining ourselves in doing this, we must also work towards an ambitious vision that strives to bring the care of sick children into a new and better reality.

Our culture of goodwill and cohesion amongst staff and our values driven approach of family centred care, combined with staff collegiality and commitment are the unique qualities that gels Temple St Children’s University Hospital together to make it the special place it is.

This Statement of Intent provides staff with a road map for the future that empowers us all to be creative and show leadership in our roles.

This journey would not have been possible without input from all staff ranging from board members, clinical, nursing, health and social care professionals, front line, administrative, support and all those who gave their best thinking in the Strategy Corner. Thank you to the extended Corporate Management Team who facilitated many of the focus groups we ran as part of the process and lastly and by no means least to Dr. Liz Hayes and Susan Coughlan, Corporate Community for their unending support and expertise and for challenging us to move away from our traditional approaches to a more contemporary, pan-hospital and all inclusive way of working.

As CEO, I am determined to work with staff to ensure that Temple Street continues its pioneering approach to the development of children’s healthcare in Ireland. I look forward to collaborating with our partners and key stakeholders in creating a more integrated response to meeting the needs of children and their families.

Mona Baker
Chief Executive Officer
May 2013
This document is a product that represents what matters to the board, staff and leadership of Temple St Children’s University hospital at this stage in its history and development.

It is not a strategic plan in the traditional sense. Rather it is a statement of strategic intention. It shows readers and stakeholders where TSCUH will put its focus for the next 3 - 5 years and it does this in the context of the bigger picture of paediatric health care in Ireland.

This document is based on findings from an intense process of thinking together about strategy by engaging TSCUH staff, leadership, board and consultants/clinicians over the course of 2012. The detail on the outcomes of this consultation process is available in a separate document called the Strategy Source Document and has been distributed to participating staff.

The Statement of Intent is already driving our strategic agenda, and the immediate priorities and next steps have already been agreed.
1. Characterising TSCUH

An Enduring History & Ethos

The Sisters of Charity and the Sisters of Mercy demonstrated a remarkable foresight in supporting and developing Temple Street 140 years ago this year. Temple Street evolved in a unique inner city location and grew to care for ever-increasing numbers of sick children and their families. It survived the Easter Rising the War of Independence and learned to flourish in the new Irish state. It managed to cope with World War II when money and equipment were in short supply. It anticipated the need to care for future generations by investing in teaching and training doctors, nurses and health practitioners in paediatric care and research. It is now the largest paediatric training hospital in the country.

A Legacy of Care

Our legacy and ethos is one of Christian service. The current Board and Staff are the fifth generation custodians of this legacy of commitment to care for sick children, their families and communities and are part of the continuum of care at Temple Street. We know the importance of care and empathy in circumstances where pain and stress are present in the lives of sick children, teenagers and their families. We care to provide an environment of ‘home away from home’ in TSCUH.
The Voice of the Child

In contemporary Irish Society our constitution and institutions are changing in order to be more explicit about protecting the rights of all children. In health, we are taking on the challenge of changing so that our whole system and way of doing business is re-orientated to being more child-centred. At TSCUH we will continue to honour our ethos and legacy by advocating for a truly child-centred and values-based approach to care in the formation of the new national children’s hospital and the development of countrywide paediatric services.

TSCUH Culture & Values

TSCUH is described by board and staff alike as a hopeful place to be where there is a creative openness and a drive to doing things differently and doing them better. The values that are held in common across 140 years of care for sick children and across all those involved in the hospital whether they be staff (clinical or corporate), board members, members of the leadership team, fundraising or other areas associated with TSCUH are:

Child & family centered with a specific commitment to inclusion and diversity
Dignity & respect
Collegiality & team spirit
Collaboration
Creativity and innovation

2. Strategy Overview
We in TSCUH are determined to continue making our unique contribution to the development of national acute paediatric services in ways that ensure that children and their families are at the heart of service provision.

We see the need to enhance multi-disciplinary decision-making and inter-professional learning as critical factors in delivering on our key priorities in clinical care and corporate accountability. Our focus goes beyond the location of the new National Paediatric Hospital. We are determined to play a leading role in the creation and delivery of acute paediatric services in Ireland in this time of uncertainty, rapid change and resource constraint.

Our priority is to create the conditions that will enable a quality comprehensive merger of the three paediatric hospitals that will ultimately shape and lead the delivery of our national paediatric service.

We remain ambitious, optimistic and proactive about change and are ready to take up the many challenges that lie ahead.

Our focus on creating a culture of engagement is at the heart of our commitment to making a genuine and sincere effort to include the needs, voice and rights of the child as critical in any future culture change agendas. Our unique culture is informed by core values that create a warm, open, family-friendly and collegiate atmosphere that is supportive and encouraging of staff creativity and critical thinking and that values our staff’s commitment to serving the public good.

We will use our expertise and influence to ensure that the current transition processes are well designed and properly managed. Staff will be empowered to compete and supported to play a leading role. We see this not only in respect of clinical care issues but in addressing merger and transfer challenges.

We will achieve this but by building on our current successes in engagement and innovative whole hospital development strategies.
We are committed to:

Developing strategic and collaborative partnerships with our potential merger colleagues and with all the acute paediatric services across the country.

Maximising opportunities for service and infrastructural improvement while taking account of the short, medium and longer term implications of our decisions regarding allocation and use of resources.

Shaping an ambitious and effective model of paediatric care where prioritisation of services is undertaken in a manner that ensures:
- All key stakeholders are engaged with to articulate needs and concerns,
- Decisions are made in the context of a well-informed evidence base and
- Implementation is transparently progressed.

Advocating for a contemporary values inspired approach in all our work. One that places the voice of the child at it’s centre.

### Six Strategy Themes

The most significant outcomes in terms of strategic direction are **six critical themes** identified as the priority focus of the hospital, and to which everyone in the hospital is committed. These are:

<table>
<thead>
<tr>
<th>The Voice of the Child</th>
<th>Collaboration</th>
<th>Interdisciplinary Working</th>
<th>Staff Empowerment</th>
<th>Patient Safety</th>
<th>Learning and Development</th>
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<tbody>
<tr>
<td>Put the experience and voice of the child at the centre of how services are designed and delivered</td>
<td>Promote collaborative approaches in positively influencing the development of acute paediatric services</td>
<td>Support creative, cutting edge interdisciplinary leadership and decision-making and build on our reputation for clinical excellence</td>
<td>Foster the commitment, energy and expertise of staff appropriate to the needs of a complex health service</td>
<td>Focus on continuous quality improvement to ensure high quality, effective, and safe patient care</td>
<td>Enhance the role of teaching and research through a commitment to being a learning organisation</td>
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3. **Our way of doing strategy**

Creating time, space and support for coming together across all departments, grades and areas of the hospital to critically reflect on what we are doing and how we are doing it and work together to craft new solutions and ways forward.

Engaging ever broader groups of stakeholders in our ‘doing strategy’ conversations. This means involving them in the conversation and feeding back to them when things begin to shift and change as a result.

Experimenting and doing – trying new things, learning from our actions and then modifying them.

Sustaining the momentum for change and transition with regular facilitated sessions and communications.
Our approach to strategy is rooted in the understanding that to create transformative change in an environment of complexity and uncertainty, a dual model or dual operating system is required.

This involves moving from the traditional ‘hierarchical’ approach that characterises the day-to-day operational environment and the ‘network’ approach that characterises the way TSCUH thinks about strategy. The network approach is actively being encouraged and supported as a ‘new way of working’ within the hospital.

Keeping two ‘operating systems’ in dynamic interaction means:

- Continuously improving operations whilst also adding value through creative thinking and strategic action;
- Delivering and maintaining long established models of care whilst also finding new ways to do business based on population health;
- Working through traditional hierarchical and siloed organisational structures whilst also creating multi-disciplinary teams that address clinical and corporate outcomes;
- Being appropriately governed as a leading healthcare institution whilst also supporting staff to improvise and learn together in uncertain times;
- Advocating for the rights of the child and their family in recognition of the vulnerability of the sick child whilst also ensuring that the voice of the child is a proactive ingredient in all decision making;
- Sustaining the sense of belonging and meaning in this special caring community whilst also creating the conditions for caring and belonging to be core to the culture in the new NPH and development of wider national paediatric service;
- Ensuring the care is always provided in a well managed and safe way whilst also encouraging an environment of innovation and creativity where staff are empowered and have the courage to take appropriate action.
4. Our strategic themes and decision-making framework

In developing our strategic thinking we used this model of four interconnected areas of action under which the themes will be implemented and assessed.

The process of thinking about action and next steps is fluid and emergent and in response to a view of the whole hospital as deeply interconnected.

Continue to make our unique contribution to the development of national acute paediatric services in ways that ensure that children and their families are at the heart of service provision.
Criteria for Selecting Strategic Actions in 2013 and Onwards

1. Has the potential for impact in improving the health of sick children in Ireland.

2. Builds on the Temple Street capacities and strengths discovered in the development work with staff, board and key collaborators over the last two years.

3. Progresses at least two or more of the strategic themes identified in 2012.

4. Improves the day-to-day realities of delivering care in Temple Street.

5. Has the potential to positively impact the wider health environment and particularly the national acute paediatric service.

Criteria for Design, Delivery and Review of Strategic Action in 2013 and Onwards

1. Engages people, passion and power in all aspects of the work.

2. Respects formal governance/accountability structures and is capable of generating ‘thinking outside the box’ and involving people from across the whole organisation.

3. Demonstrates well informed and reflective responses to the development of a national paediatric service in a very dynamic and uncertain context.

4. Sustains the sense of belonging and meaning in the Temple Street community and creates the necessary stamina for proactive engagement in the on-going development of a national paediatric service.
5. Where we are headed
Empowering Collaborative Action

All staff regularly try new solutions or ideas in response to complex problems and feel supported in this.

The culture of TSCUH demonstrably supports staff initiative, creativity and collaboration.

Staff use an engagement lens and are in touch with the idea of themselves as leaders of change.

TSCUH does not wait for the perfect moment but rather takes action in small but significant ways and learns from what happens.

Choices, actions and collective decisions are informed by a framework that staff have contributed to, understand, and are familiar and comfortable with using.

TSCUH has a reputation for punching above its weight and we believe it
6. The Next Steps

The test of this statement will be the extent to which it gets progressed and implemented. Our ambitions are considerable and we know that it’s not possible to ‘eat the whole elephant in one bite’. The continued leadership and support from the board, CEO, executive and senior management is critical and we are committed to a rigorous review of our progress, learning and impact in mid 2014. In a challenging and uncertain context, we know that change will be ongoing and cyclical and that we will constantly need to adapt and bring the best of our expertise and creativity to the work. We intend to learn more about how best to ensure that staff are supported to work through the many challenges we face and we are determined to advocate and act in the best interests of all children.

In the past few months we have been involved in a further process of engaging with the executive and senior management team as well as with consultants and clinicians to agree a shared representation of what the statement of intent looks like in practice in 2013. In coming to decisions on the specific actions for enacting the Statement of Intent we became very clear that tangible, visible and practical actions are necessary alongside longer-term actions that lead to cultural and other shifts. Within the process we sought to maintain a balance between different interests, needs and priorities and to ensure opportunities for the whole hospital to work together in the service of sick children, their health and wellbeing are to the forefront.
What follows are five immediate priority actions resulting from our Statement of Intent. These actions provide the platform for the realisation of our six cross-cutting themes:

- Experience and voice of the child
- Commitment energy and expertise of staff
- Continuous quality improvement
- Teaching and research
- Creative, cutting-edge, interdisciplinary leadership and decision-making
- Positive influence and collaboration

All of our six themes are present in these priority actions with some more to the foreground than others.

The five priority areas of action are:

1. **Culture of Engagement**
   Sustain and improve our understanding of doing business through engagement

2. **Interdisciplinary decision-making**
   Take a whole-hospital approach to developing a flagship project that transforms the patient’s experience of access and in so doing nurtures the decision-making interface between clinical and corporate leadership within the hospital

3. **Patient Safety**
   To be known for how TSCUH is evolving innovative quality improvement practices to ensure Patient Safety

4. **Voice of the Child**
   Develop a renewed interpretation of child-centred care

5. **Positioning and Profile**
   Have an established profile and brand that’s more consistent and contemporary and reflects TSCUH’s ambition and ethos. These are underpinned by an orientation to how we organise ourselves that increasingly seeks to maximise shared leadership and creativity and collaborate amongst all our staff, partners and stakeholders.
**Culture of Engagement**
Sustain and improve our understanding of doing business through engagement

**Actions**
Pay particular attention to creating the conditions so that staff are empowered to work to their full potential and share in the re-design and delivery of children’s healthcare in/from an acute hospital setting

Design and deliver the staff development programme to enable this new way of doing business

Continue to acknowledge staff contribution and address practical staff concerns through well-being programmes and other initiatives.

Continue with the Strategy Corner to enable big picture thinking and create a learning organisation

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**Interdisciplinary decision-making**
Take a whole-hospital approach to developing a flagship project that transforms the patient’s experience of access and in so doing nurtures the decision-making interface between clinical and corporate leadership within the hospital

**Actions**
Proactively inform the design of a new national paediatric model of care in collaboration with the National Care Programme Leads and ensure it becomes the adopted model for the new National Paediatric Hospital.

Contribute to transforming the standard of emergency paediatric care across the country by building on unique TSCUH expertise and creating a new and more integrated model of urgent care on a regional basis

Consider how best to progress necessary internal conversations re improved decision-making and establishing an integrated approach to introducing the clinical directorate model
Patient Safety
To be known for how TSCUH is evolving innovative quality improvement practices to ensure Patient Safety

Actions
- Engage with the clinical governance structures of the three hospitals to reduce preventable harm rates by using and adapting the paediatric trigger tool model.
- Enhance the patient safety culture through delivering a quality improvement training programme for frontline clinical staff in partnership with the Royal College of Physicians. Up to fifty consultant, nursing and health & social care professionals will complete this in 2013.
- Build a research component to how TSCUH achieves practitioner based quality to ensure patient safety to an international standard level.

Voice of the Child
Develop a renewed interpretation of child-centred care

Actions
- Figure out what ‘The Voice of the Child’ means through internal staff engagement.
- Prioritise making the Voice of the Child central in implementing our strategy. Identify one or more initiatives that communicates this in a way that is highly impactful for staff, for example, creating a new physical space or piloting making wifi available to patients in a responsible and appropriate way.
- Host a public event that involves wider engagement on the theme of the Voice of the Child with others who share an interest.
- Take Service User Engagement to the next level.
- Advocate for voice of parent on the new NPH Administration Board.
- Continue to support and involve the cross hospital Youth Advisory Council.
Positioning and Profile
Have an established profile and brand that’s more consistent and contemporary and reflects TSCUH’s ambition and ethos

Actions
Address the question of brand coherence and the interface with fundraising as the new NPH organisation gets created

Build ownership of the new approach amongst staff using the Pulse and other platforms and proactively communicate with staff about enacting the Statement of Intent

Take up a proactive leadership role around the NPH

Launch a new website in a way that reflects Engaging Power, Passion and People.

Getting Organised and Sustaining Focus and Momentum

Implementation of our strategic direction as set out in our Statement of Intent is down to all staff enacting shared leadership and follow through. We believe the ideal is to have a structure to support the enactment of the Statement of Intent that is minimal, reasonably fluid and transparently accountable. This is why we are committed to developing a clear system for how we will determine shared milestones for implementation and measure success. We are committed to annually reviewing enactment and implementation in a way that engages staff, senior management and clinicians. We will communicate the outcomes of such review processes with all staff in the form of an annual progress update on lessons learned and progress made.

In addition we are committed to identifying and investing in specific external expertise such as experience based learning, facilitation, training, creative conflict management and organisational design and strategy to support the ongoing development of the hospital.

Finally, we are committed to continually aligning our Service Plan and Quality Improvement processes with the process of enacting our Statement of Intent.