Employee Engagement Roadshow 2017





Agenda

- 1. Information Update
- 2. Finance Update
- 3. HR Update
- 4. Key Priorities for the Group in 2018
- 5. Site Specific Priorities
- 6. Capital and ICT Developments on Site and for the Group
- 7. Strategic Developments for Group
- 8. Integration Project Update



Information Update

Service Plan 2018 Key Priorities

National Patient Experience Survey Results

Patient Flow Project

Board Update

National Developments

Waiting List Update

Winter Plan Update





Key Priorities for the Group in 2018

National Patient Experience Survey

Quality, Safety & Risk

Winter Plan 2017-2018

Health Care Associated Infections - (CPE, C Diff etc.) and Hand Hygiene

Flu Vaccine

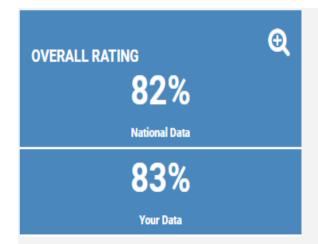
Waiting List Targets

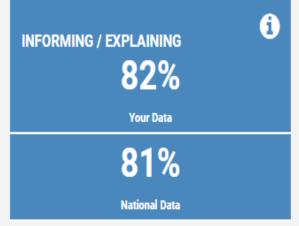
Scheduled Care Plan 2018 onwards

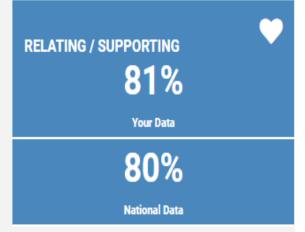


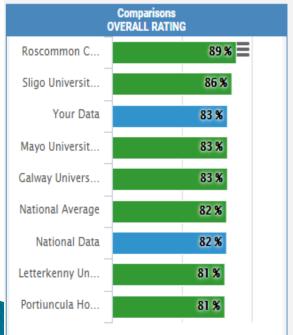


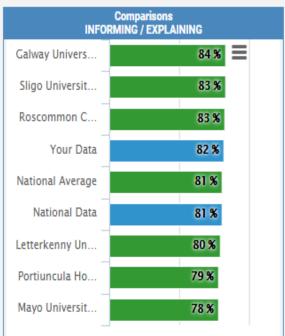
National Patient Experience Survey

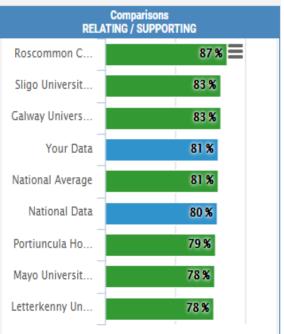






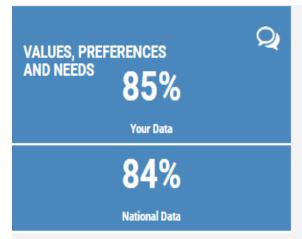


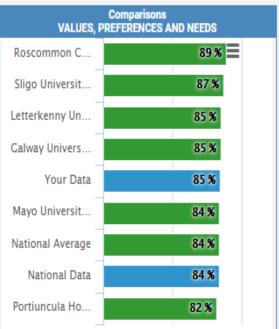


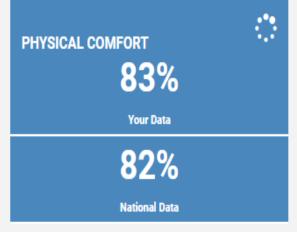


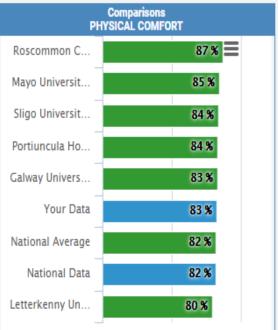


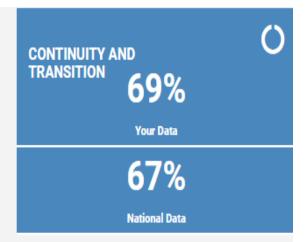
National Patient Experience Survey

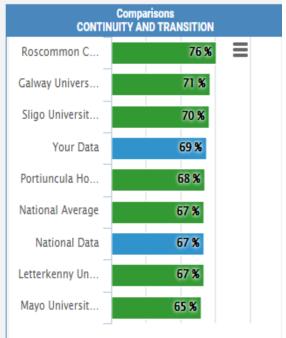






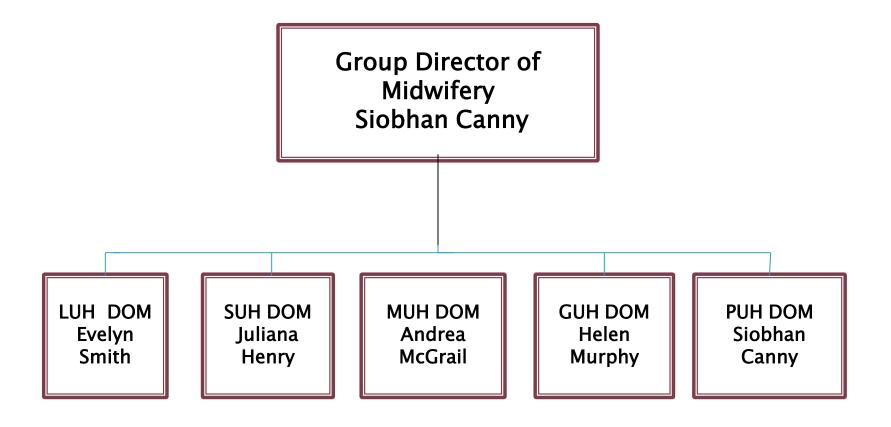








Midwifery Governance Structure





Influenza Vaccination

Why should Health Care Workers be vaccinated? Healthy people can get seriously ill from flu

20% of HCWs get flu every year (may only have mild symptoms and continue to work)

Provides indirect protection against influenza to the high-risk patients.

20 enthusiastic Peer Vaccinators in the Group in addition to OH clinics.

Over 400 staff vaccinated = over 4,000 children helped in the first week (1 'flu vaccination = 10 Polio vaccinations to UNICEF)

UNICEF "19.4 million children missed out on basic vaccines needed to stay healthy last year".

Uptake of flu vaccinations in Saolta

2015/2016 - 16%

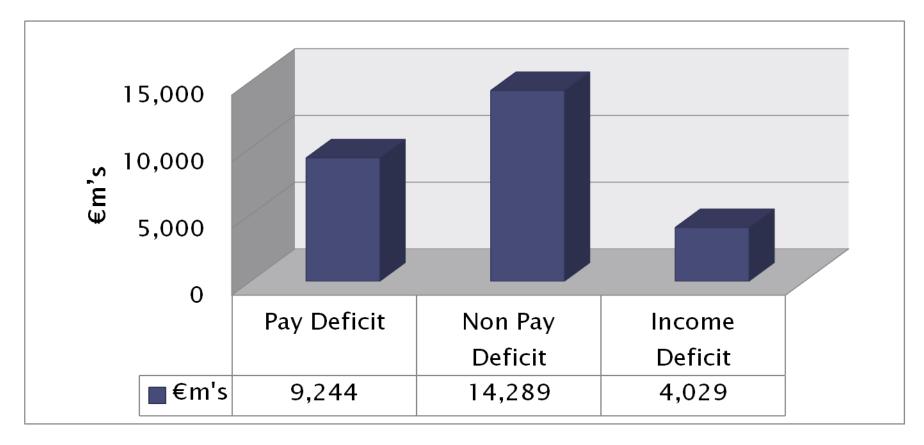
2016/2017 - 24%

2017/2018 - let's make it over 40%

Play your part - get your vaccine.



Finance Update - Deficit as at end September 2017



At the end of September the Group has a total expenditure of €564.3m this is a deficit of €27.6m on budget. There has been an increase of €30.0m on last years expenditure – €17.9m relates to payroll costs.



ABF Performance

Activity Based Funding (ABF) for Saolta is currently showing a surplus of €5.4m when comparing ABF spend to ABF revenue (July 2017 results).

The ABF model aims to increase the Value for Money achieved over time and fund the hospitals for actual activity undertaken



WTE Growth Trend January 2012 to September 2017

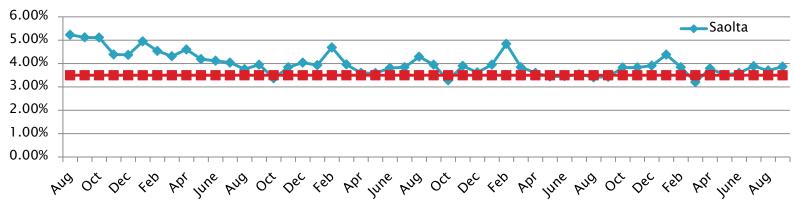




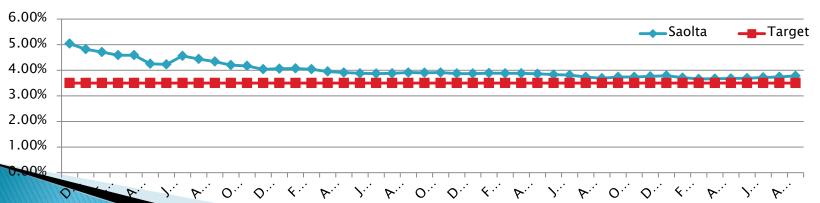
WTE – lows and highs

	Lowest WTE	Date	Highest WTE	Date	(September	lowest to	% WTE change lowest to current
LUH	1,326	Aug-13	1,498	July 2017	1,515	12.97%	14.25%
Saolta	7,594	Oct-13	8,613	April 2017	8,629	13.42%	13.63%

Absence Levels



	September 2016	September 2017	12 month running average
GUH	3.02%	3.82%	3.44%
PUH	2.38%	3.59%	3.49%
RUH	4.75%	3.35%	3.89%
LUH	3.99%	4.38%	4.52%
SUH	3.50%	3.99%	3.76%
MUH	4.15%	3.48%	4.04%
Saolta	3.43%	3.89%	3.78%





'Healthy Ireland'

2016 Annual Report highlights significant progress in a number of areas

'Flu vaccination initiative – a 50% increase in uptake but still very low level (24%). 2017/18 season underway and ambitious target set.

Stress control training on all sites with more scheduled for Winter.

A lot of work has been done in relation to Calorie posting, Vending Compliance, Arts in the workplace, Arts for Patients, Exercise programmes, Walking Trails, Pilates, Yoga, Mindfulness etc.

Other initiatives include Website development, partnership with the CHOs and supporting two initiatives in relation to Bariatric services.

Published a Health and Wellbeing Training Plan - first in Ireland.

Challenges remain with respect to the Tobacco-free campuses



Capital Developments

LUH

Radiology rebuild project

Medical Rehabilitation Ward upgrade

Fire Safety works

SUH

Diabetic Day Centre – uplift of funding agreed, proceeding to next stage.

ED/Surgical Block Sligo – Stage 2a report nearly complete will be submitted for approval to proceed to stage 2b in last quarter 2017.

CSSD upgrade

Adult Mental Health Unit

Coronary Care upgrade just completed

PUH

50 bed Ward Block





Capital Developments



ED

Heli-pad

Cath Labs

Orthopaedic Theatres MP

Blood and Tissue Laboratory

MUH

Tenders out for design services for HSSD, Pharmacy Isolator, Mortuary, Fire Upgrade

Additional Capacity AMU/ED

RUH

Rehabilitation Unit - going to tender for design team in coming weeks.

ICT Developments for the Group

Group PAS – workshops underway, discussions with CHOs have taken place on project governance

EDRM - 'Evolve'. Contract signed June. Go live first specialty - end of Q2 2018

MOCIS - UHG and MUH

AFIS

E-Health

NIMIS - Letterkenny went live on Tuesday 26th September

ICT Core Rooms – UHG and PUH design process in progress. An action plan is being progressed in relation to ICT infrastructure in PUH – capital submissions in progress.



Key Challenges/Information for LUH Staff

Emergency Department and Bed pressures

Rebuild Update - Radiology; Mortuary

Capital Projects - Lifts; Medical Rehab; CSSD

Medical & Nursing recruitment and retention

Waiting Lists

ICT - NIMIS; Financial Stabilisation; Wifi

Training and Development Schedule

Saolta Healthcare Awards

Strategic Developments

Group Integration

2. Group Clinical and Corporate Strategies



Saolta University Health Care Group Vision

Our Vision is to be the leading academic Hospital Group, delivering excellent integrated patient-centred care through skilled caring staff.



Saolta Guiding Principles

To work in partnership with other healthcare providers across the continuum of care:

- To deliver high quality, safe, timely, and equitable patient care by developing and ensuring sustainable clinical services to meet the needs of our population.
- 2. To deliver integrated services across the Saolta Group Hospitals with clear lines of responsibility, accountability and authority whilst maintaining individual hospital site integrity.
- To continue to develop and improve our clinical services supported by research and innovation in partnership with NUIG and other academic partners.
- 4. To recruit, retain and develop highly-skilled multidisciplinary teams through support, engagement and empowerment.



A Clinical-led/professionally managed integrated governance structure will enable:

Bringing decision making closer to the point of care – responsiveness

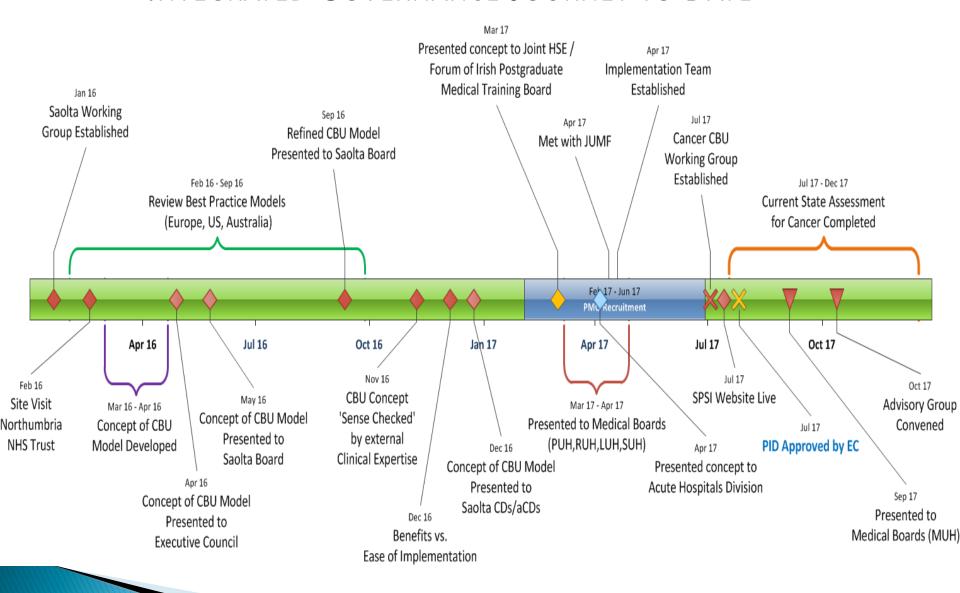
More streamlined clinical pathways for patients within and across specialities

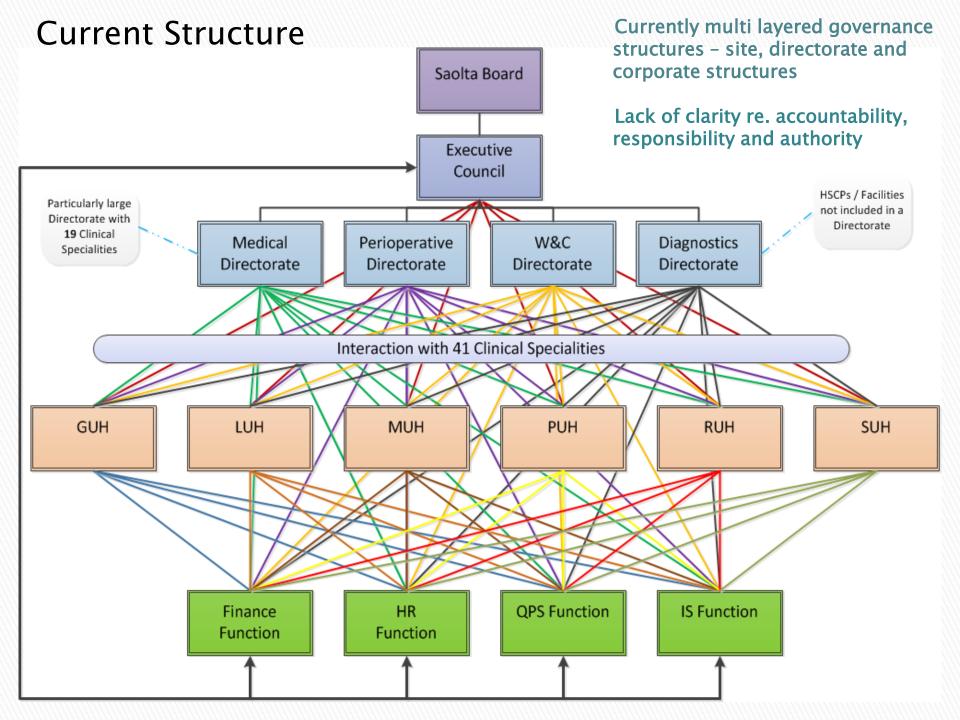
Clarity of responsibility and accountability

Integrated planning across the pathway of care

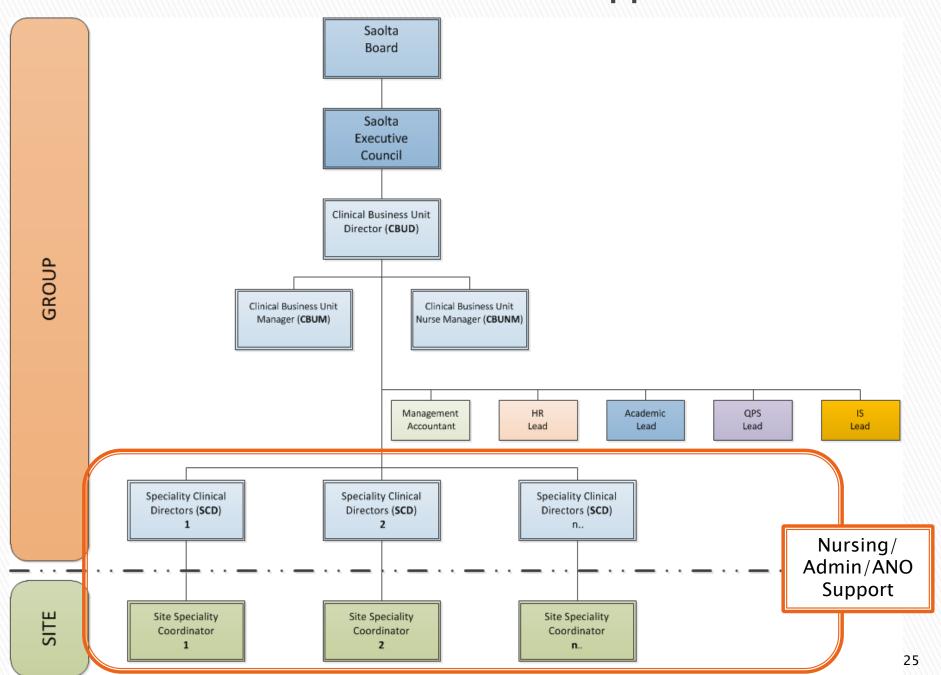
Optimisation of resources across services and hospitals in Saolta

INTEGRATED GOVERNANCE JOURNEY TO DATE



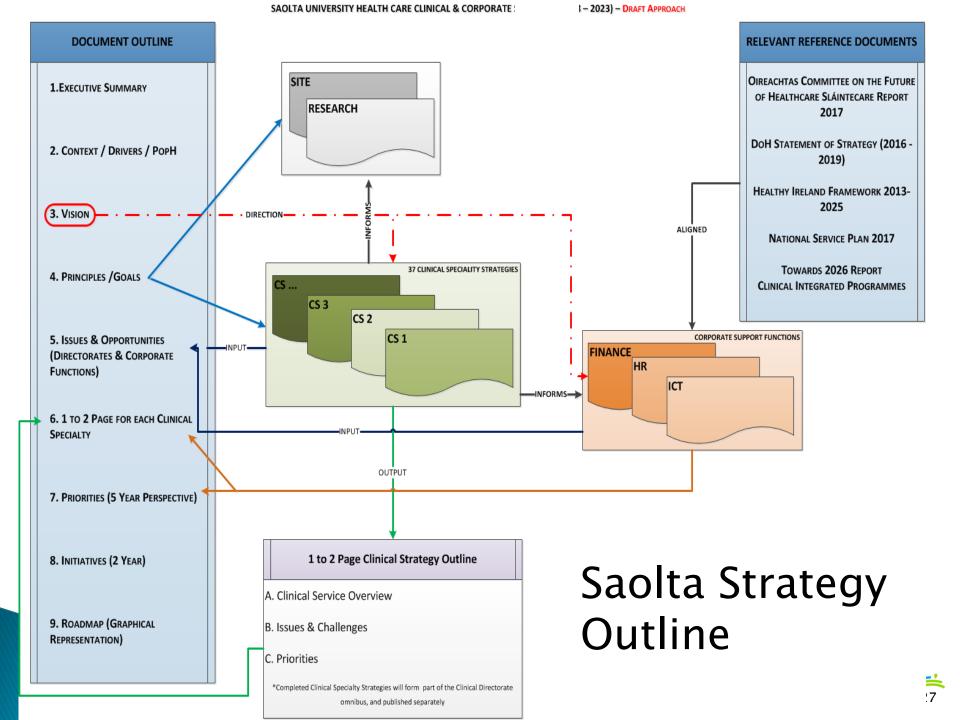


Clinical Team Based Approach



Clinical Business Unit Working Model

UNSCHEDULED CARE	CBU2	CBU3	WOMEN'S & CHILDREN'S	CANCER	DIAGNOSTICS/HSCPs	SHARED CLINICAL SERVICES	SUPPORT SERVICES
Acute Medicine	Cardiology	Rheumatology	Women's Services	GI Surgery / Upper	HSCPs	Anaesthetics	Medical Records
Elderly Care /Stroke Care	Cardiothoracic Surgery	Orthopaedics	Paediatrics / Neonates	Gl Surgery / Lower	Laboratory	ICU /HDU	Central Appointments
Emergency Medicine	Respiratory	Immunology		Breast	Radiology	Theatres /CSSD/Endoscopy	Central Services
General Surgery	Gastroenterology	Dermatology		Medical Oncology	Pharmacy	Outpatients	Maintenance
	Vascular Surgery	Plastic Surgery		Radiation Oncology		Bed Management	Portering
	Infectious Diseases	Maxillofacial Surgery		Palliative Care		Day Services	Housekeeping
	Nephrology	ENT		Haematology		Infection Control	Catering
	Urology	Endocrinology					Stores
		Ophthalmology					Medical Physics/Clinical Engineering
		Neurology					



Key Strategic Themes Informing Goals

- Patient Access
- 2. Quality & Safety
- 3. Governance & Integration
- 4. Staff Support/Development
- 5. Information, Communication & Technology
- 6. Education, Research & Innovation
- Infrastructure



Thank You.



