



# Employee Engagement Road Show

Sligo Regional Hospital

May 2015.

# What we will cover.....

## Governance

Corporate - MP

Clinical - PN

Board – Non Executive Director

## Challenges – MP

## Group Priorities – MP

## General Manager – Site information

## Performance Metrics - TC

## Communications – TC

## Finance and IT- TB

## Quality Safety and Risk - PN

## Human Resources and Staff Engagement – JS

## Healthy Ireland – JS

## Public and Patient Engagement - JK

# Governance – Criteria for creation of Groups

Geographical



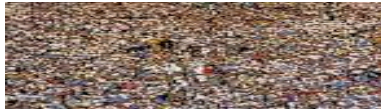
Clinical Pathways



Hospital Size



Population Base



Academic  
Partners



Cross Border



International  
Benchmark



# Saolta University Health Care Group

**Sligo Regional**



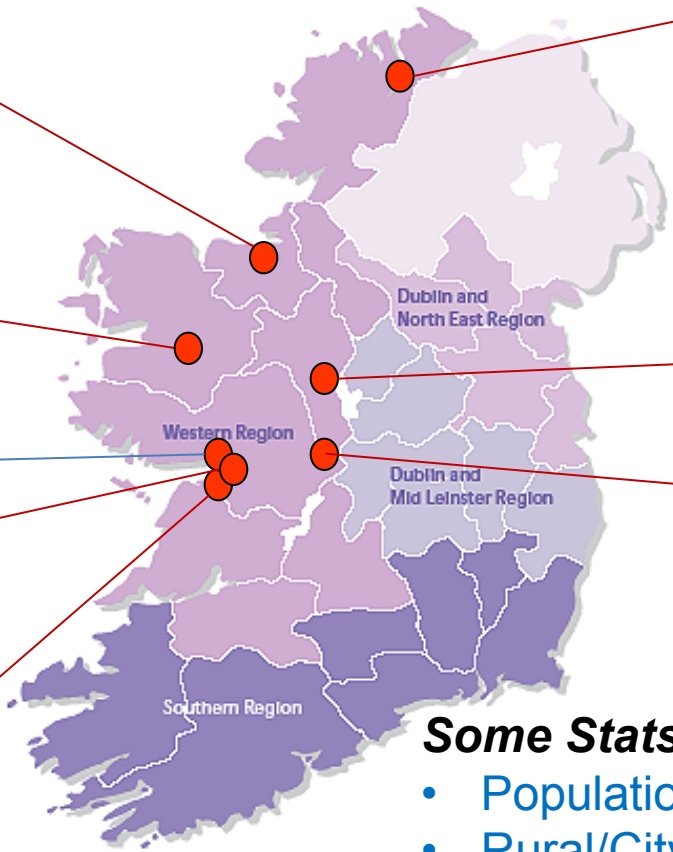
**Mayo General**



**NUI Galway**



**University Hospital & Merlin Park**



**Letterkenny General**



**Roscommon**

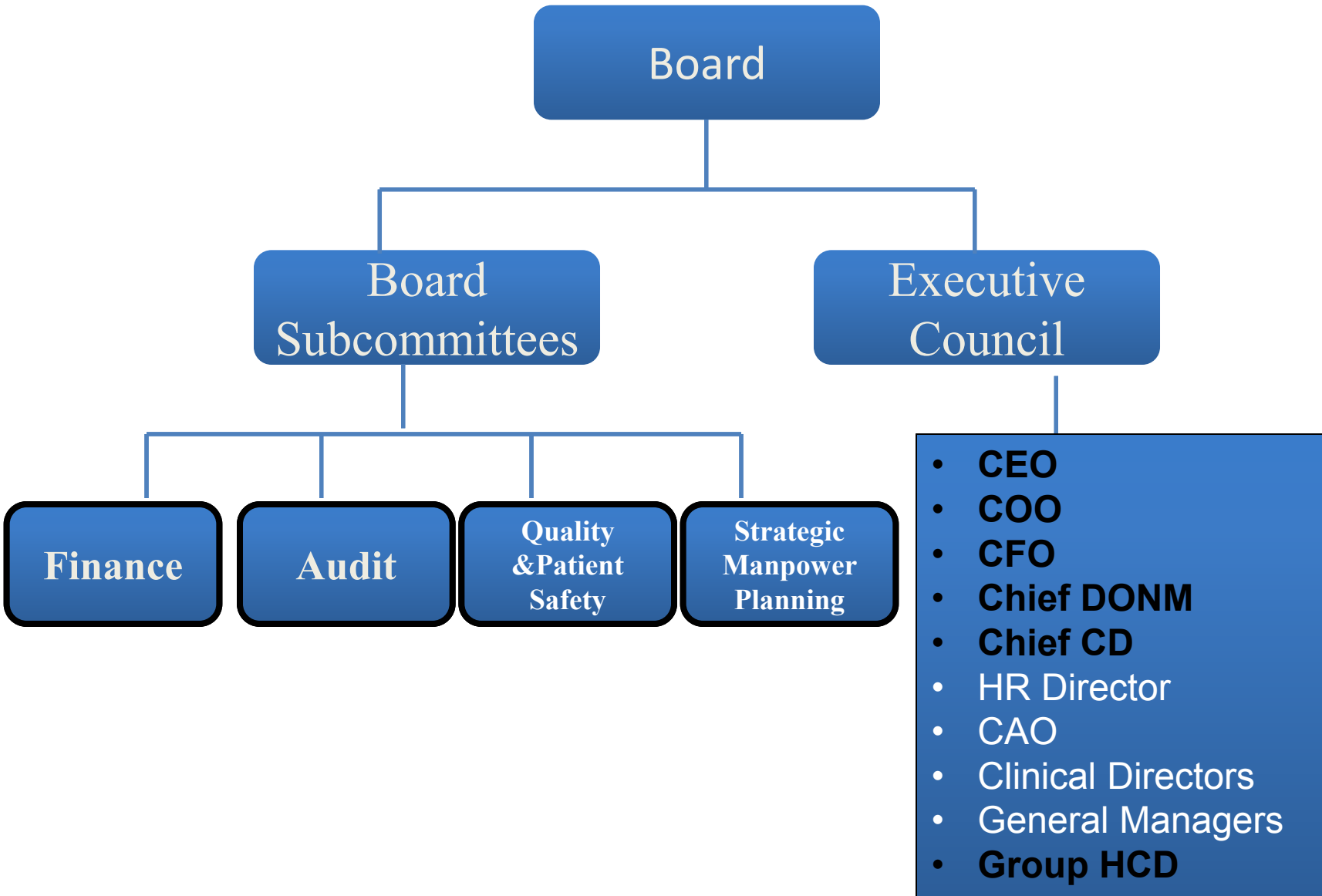


**Portlincula**

## Some Stats..

- Population: 800,000 +
- Rural/City Ratio: 70%+
- Geographical Area: 25% of Country!
- Number of Hospitals: 6 on 7 sites
- Number of Beds: 1,800+
- Staff Numbers: 9,258
- Financial Turnover: €820m+

# Governance - Board Structure



# Board Members

**Dr John Killeen**  
Interim Chair  
(appointed 26<sup>th</sup> June 2014)



**Dr. Jim Browne**  
President,  
National University of Ireland, Galway  
(appointed January 2013 )



**Dr. Brendan Day**  
GP, Turloughmore, Co. Galway  
(appointed January 2013 )



**Phyllis MacNamara**  
Business Woman and  
Console Group Advocate  
(appointed January 2013 )



**Zubair Javeed**  
Chief Financial Officer of Creganna-Tactx  
Medical  
(appointed January 2013 )



**Sharon Moohan**  
Solicitor  
(appointed July 2013 )



**Gerry McManus**  
Managing Director Compupac IT  
(appointed July 2013 )



**Colam O Neill**  
Retired Managing Director of Allergan  
Ireland  
(appointed July 2013 )



# Board Executives attendees

Mr Maurice Power  
CEO



Dr Pat Nash  
Chief Clinical Director



Mr Tony Canavan  
Chief Operating Officer



Ms Jean Kelly Chief Director  
of Nursing and Midwifery



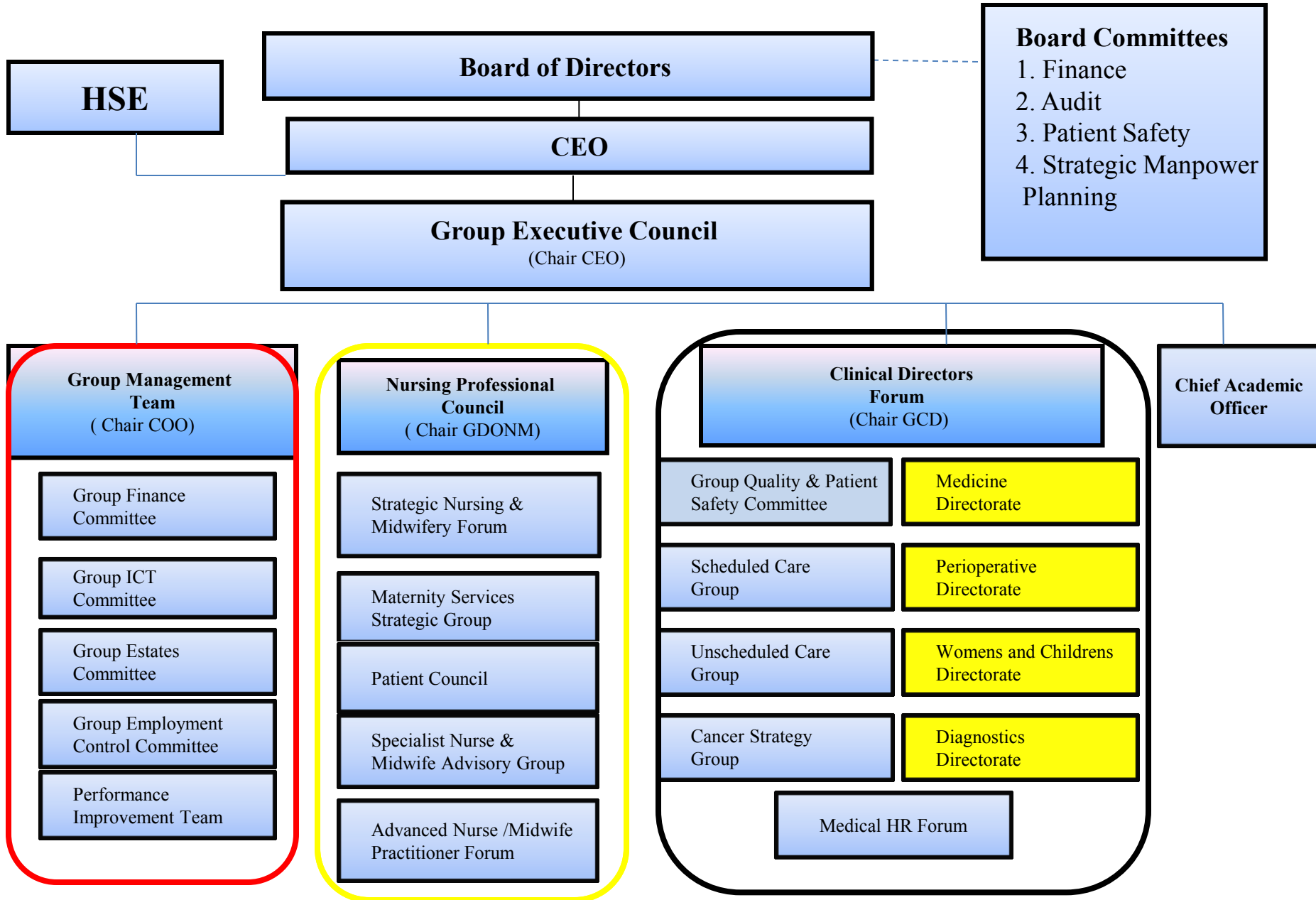
Mr Tony Baynes  
Chief Financial Officer



Ms Fiona McHugh  
Board Secretary & HCD



# Existing Governance Structure





# Proposed Integrated Governance Structure

Saolta Board

CEO/Group Executive

Group CD - Medicine



Group CD - Perioperative

GM GM GM GM GM GM

Group CD - Diagnostics



Group CD – Womens and Childrens

GUH

PHB

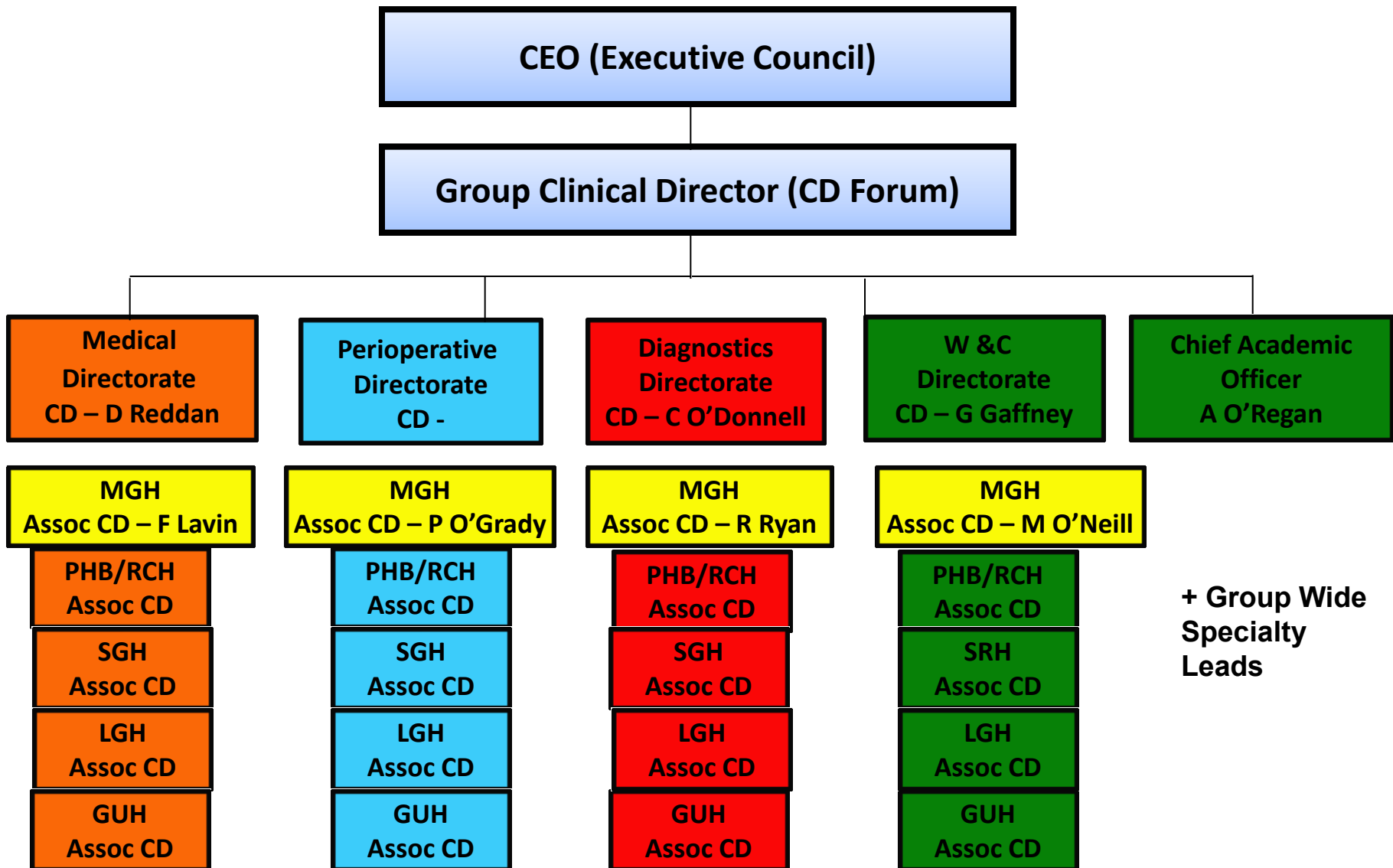
RCH

MGH

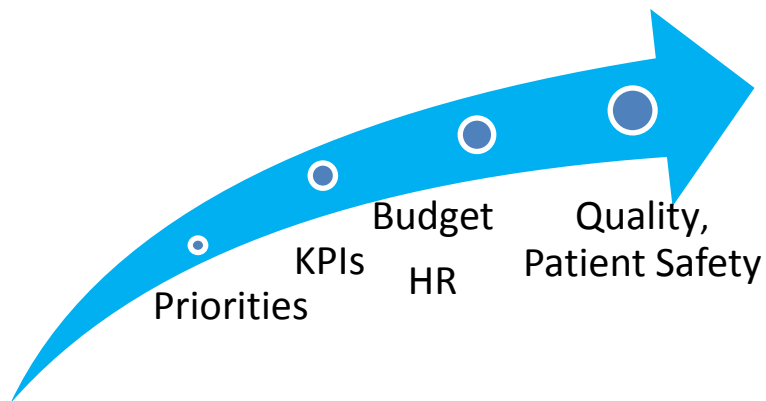
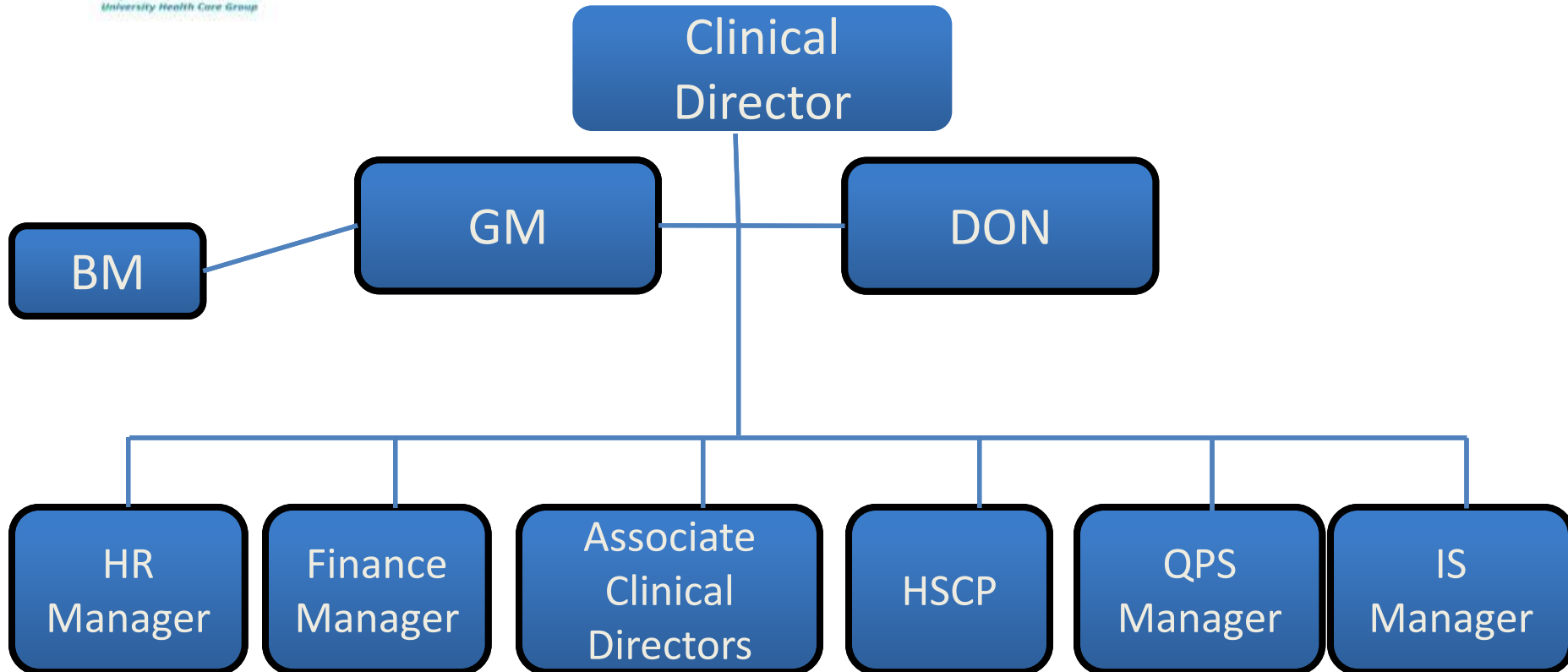
SRH

LGH

# Recommended Model



# Clinical Directorate Structure



# Board Governance

The Board guide the CEO and Executive Council in:

- Formation of a coherent and effective Hospital Group
- Development of the Groups Strategy
- Providing Assurance and Accountability
- Implementation of the Smaller Hospitals Framework
- Development of collaborative Stakeholder relationships
- Development of integrated services
- Listening and meeting the needs of patients and the public

# Board Events

Mission, Vision and Values for the Group endorsed

Launch of West North West Hospitals Group Website

Launch of HR Strategy Plan for Group

Launch of Group Service Plan 2015

Launch of Group Annual Report 2013

Launch of Second Annual Conference “ From Groups to Trusts - Reforming the Health Service”

Launch of new Branding for the Group “ Saolta University Health Care Group”

Launch of Healthy Ireland Implementation Plan for Saolta University Health Care Group

Launch of Patient Council for Saolta University Health Care Group

Launch of Service Plan 2014

Launch of Annual Report 2013

Launch of Cancer Services Annual Report for the Group 2013

Second Board Development Day

# Non Executive Directors Participation

Saolta Five Year Strategy Plan

Ministerial Visits

Staff Engagement Roads Shows

Friends of Hospitals

Cross Border Initiatives

Patient Council

Executive Walkabouts

Sub Committees of Board

Hand Hygiene Training

Memorandum of Understanding

Foundation Strategic Plan 2014-2017

This is not an exhaustive list, but gives a flavour of the Board's activities during 2014 and 2015 and without your help could not have been achieved.

Annual CEO Awards

Universal Health Insurance



# Board Committees

## **Finance Committee**

Chair - Mr Zubair Javeed (NED)

## **Audit Committee**

Interim Chair – Mr Gerry McManus (NED)

## **Patient Safety Committee**

Chair - Ms Sharon Moohan (NED)

Deputy Chair - Ms Phyllis MacNamara (NED)

## **Strategic Manpower Planning**

Interim Chair - Dr John Killeen (Interim Chairman)

# Challenges we face - External

Ageing population

Long term conditions

Increasing patient and stakeholder expectations

Technology and treatment advancements

Rising costs/finite resources

Major policy reform





# Challenges we Face - Internal

Governance and Leadership

Group Integration

Implementation of Clinical Directorate Structures

Financial Challenge

Delivery High Quality and Safe Services

HR Challenges (Engagement, Recruitment, Retention)

Listening to our Patients and Stakeholders

# Group Priorities 2015

Continue to develop Group Configuration/Integration

Achieve key patient access targets

Implement Group Quality and Safety Governance structure

Develop and implement Group-wide Clinical Strategies

Develop and maintain relationships with key Strategic partners (CHOs, GPs, CAWT, Academic partners)

Implement Group Strategy over a 5 year period

Progress next phase of Money Follows the Patient

Achieve Financial breakeven

Commence implementation of the Information Communications Technology Strategy

## Group Priorities 2015

Continue Implementation of the HR Strategy

Further develop the Group Foundation

Ensure compliance with the Audit programme

Deliver key Capital projects

Implement the Sepsis Management National Clinical Guidelines across all our hospitals

Continue the Quality Improvement Programmes in the areas of healthcare associated infections and HIQA's PHCAI standards

Continue to implement the recommendations of the Portlaoise Reports

Implement the National Policy on Safeguarding Vulnerable Persons at Risk of Abuse

Implement National Ambulance turnaround times and monthly monitoring

# Staffing Briefing 12<sup>th</sup> May 2015



Grainne Mc Cann, General Manager

Noreen Montgomery, Acting Chief Medical Scientist

Marion Ryder, Interim Director of Nursing

John O Donnell, Human Resources

Patricia Lee, Support Services Manager

Joe Casey, Support Services

Suzanne Watters, Clinical Admin Support

Patricia Dolan, Clinical Admin and Medical Records Supervisor

Fergal Hickey, Consultant in Emergency Medicine

Karen Mc Hugh, SPR, Emergency Medicine

Anita Deane, Senior Cardiac Technician

John Williams, Pathology Manager

Martha Saba, Medical Manpower Manager

Gerard Walshe, Occupational Therapist Manager

## **Key Themes**

- Communication
- Staff Engagement
- Recognition of Performance
- Visible Leadership

### **Initiatives**

- Staff Recognition
  - Letters of Full Attendance
  - CEO Awards & National Healthcare Awards
  
- Executive Quality & Safety Walkabouts
  
- Communication Hub: Library
  
- Roll out of Team Meetings (Information Sessions June 2015)
  
- Monthly Hospital Report & KPI Display

# Sligo Regional Hospital Key Priorities

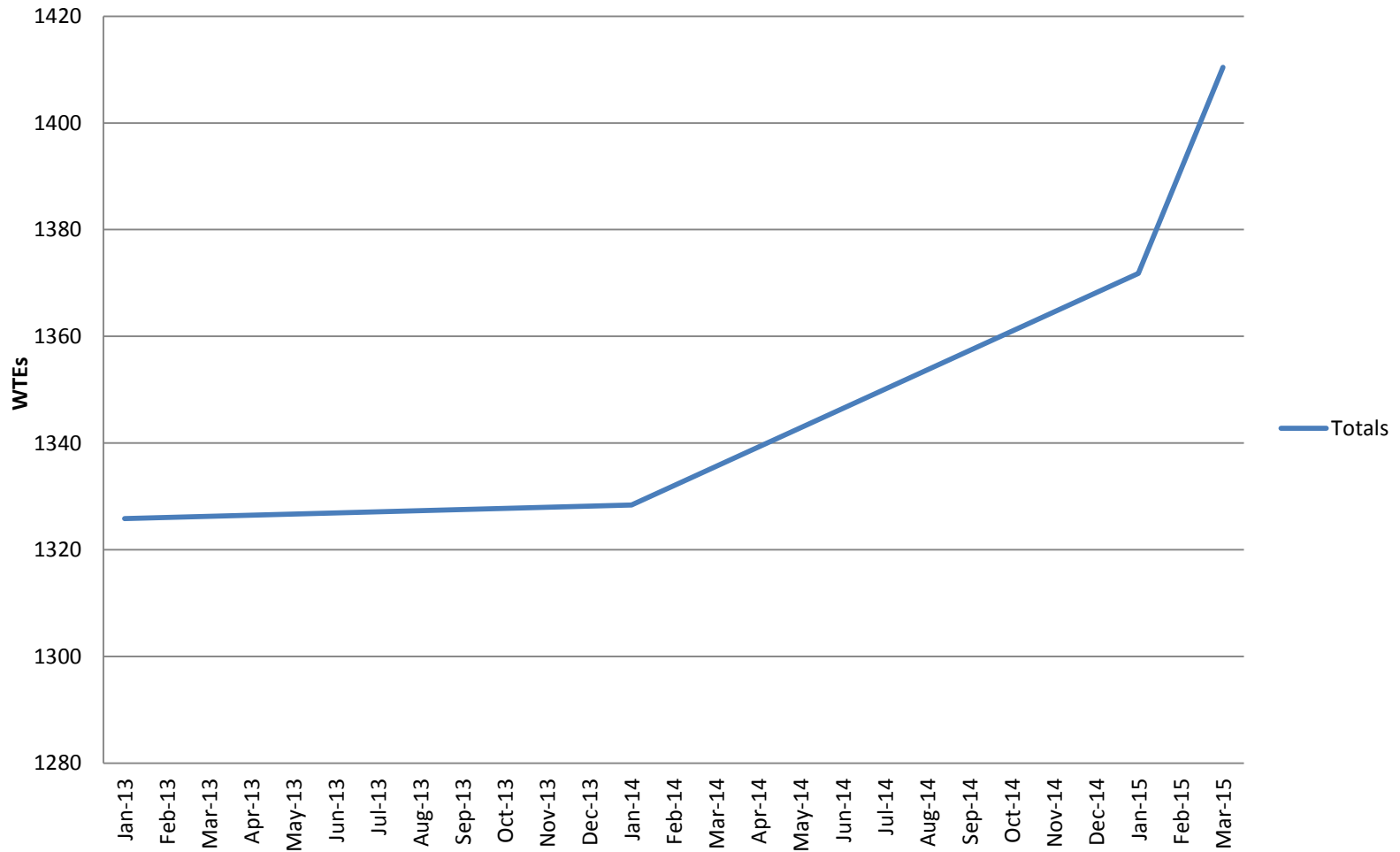




# SRH Budget 2014-2015

- Budget 2014                    €97.2m
- Outturn 2014                    €110m
- Budget 2015                    €105.7m
- Forecast 2015                    €112m
  
- Cost Pressures                    Agency  
  New Appointments  
  Drug costs  
  Equipment and Repairs

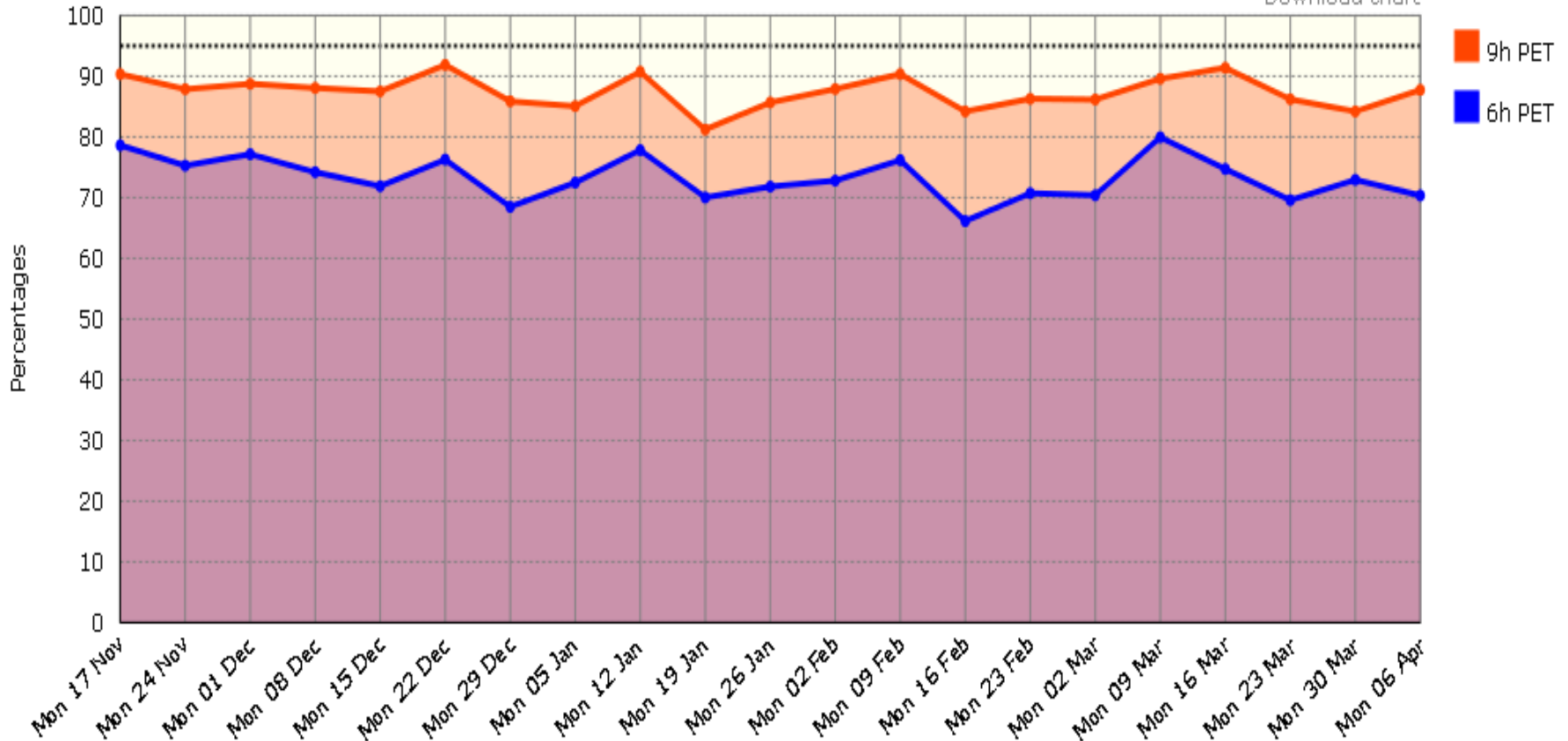
## Staffing Levels



# ED Patient Experience Times

Sligo Regional Hospital: Weekly performance to PET targets

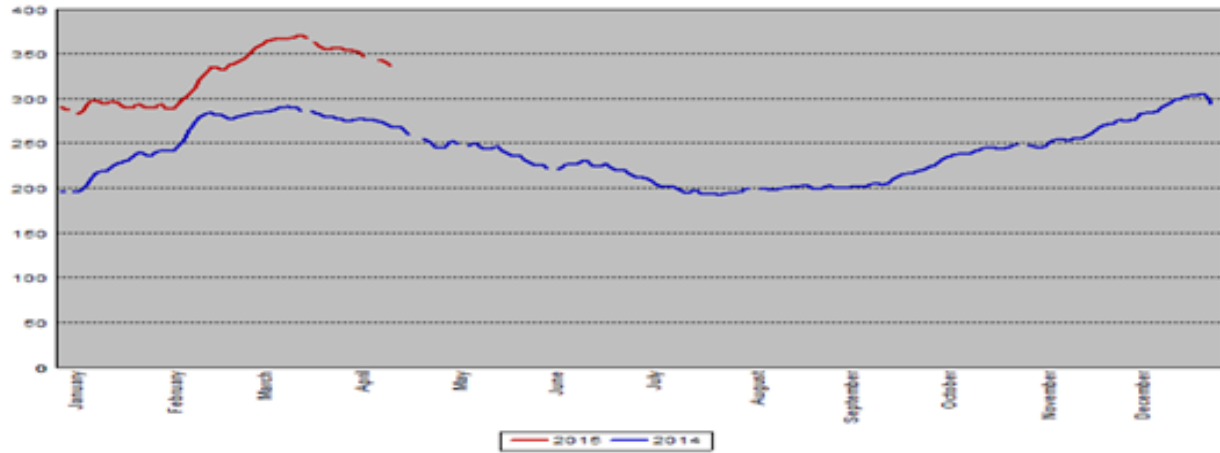
[Download chart](#)



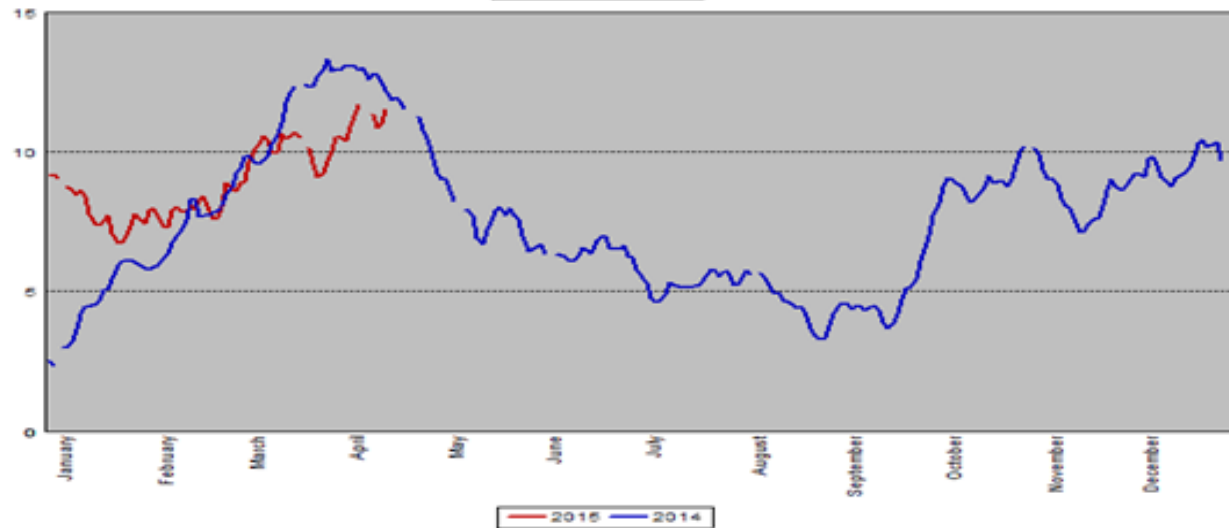
**Target:- 95% within 6hrs, 100% within 9hrs**

## 30 Day Moving Average - Week Ending 10<sup>th</sup> April 2015

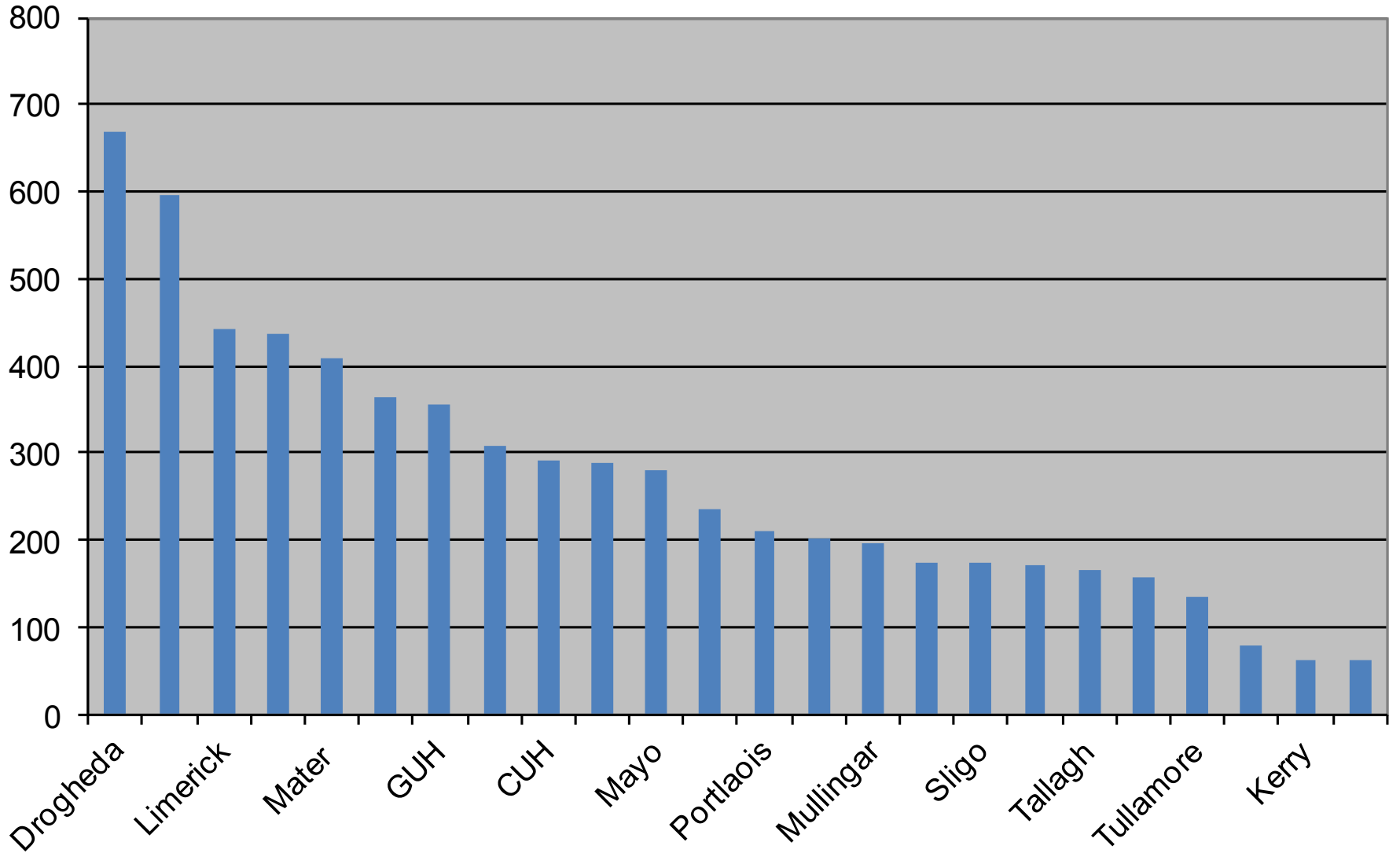
National



Sligo Regional Hospital

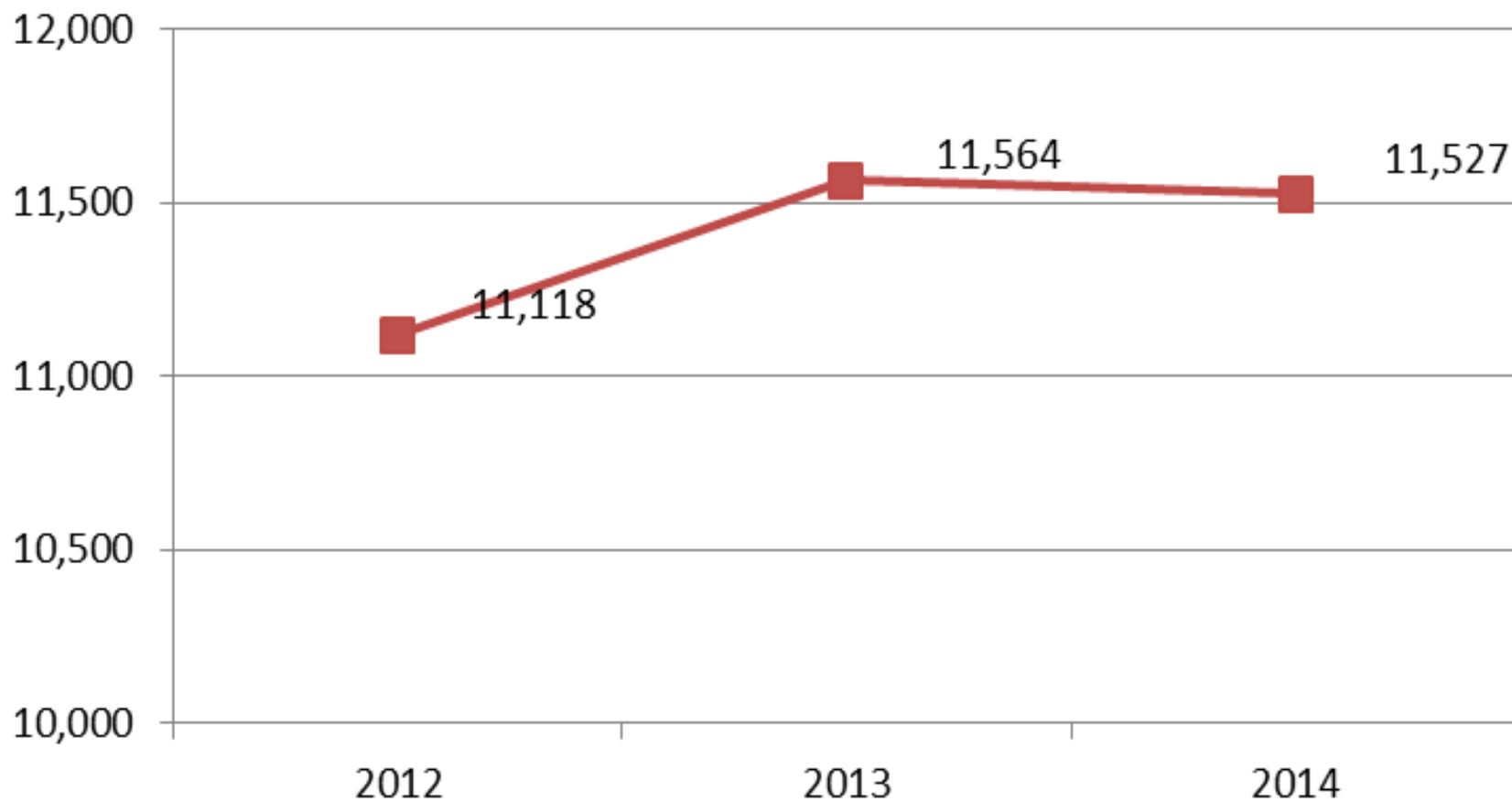


# INMOTROLLEY COUNT JANUARY 2015

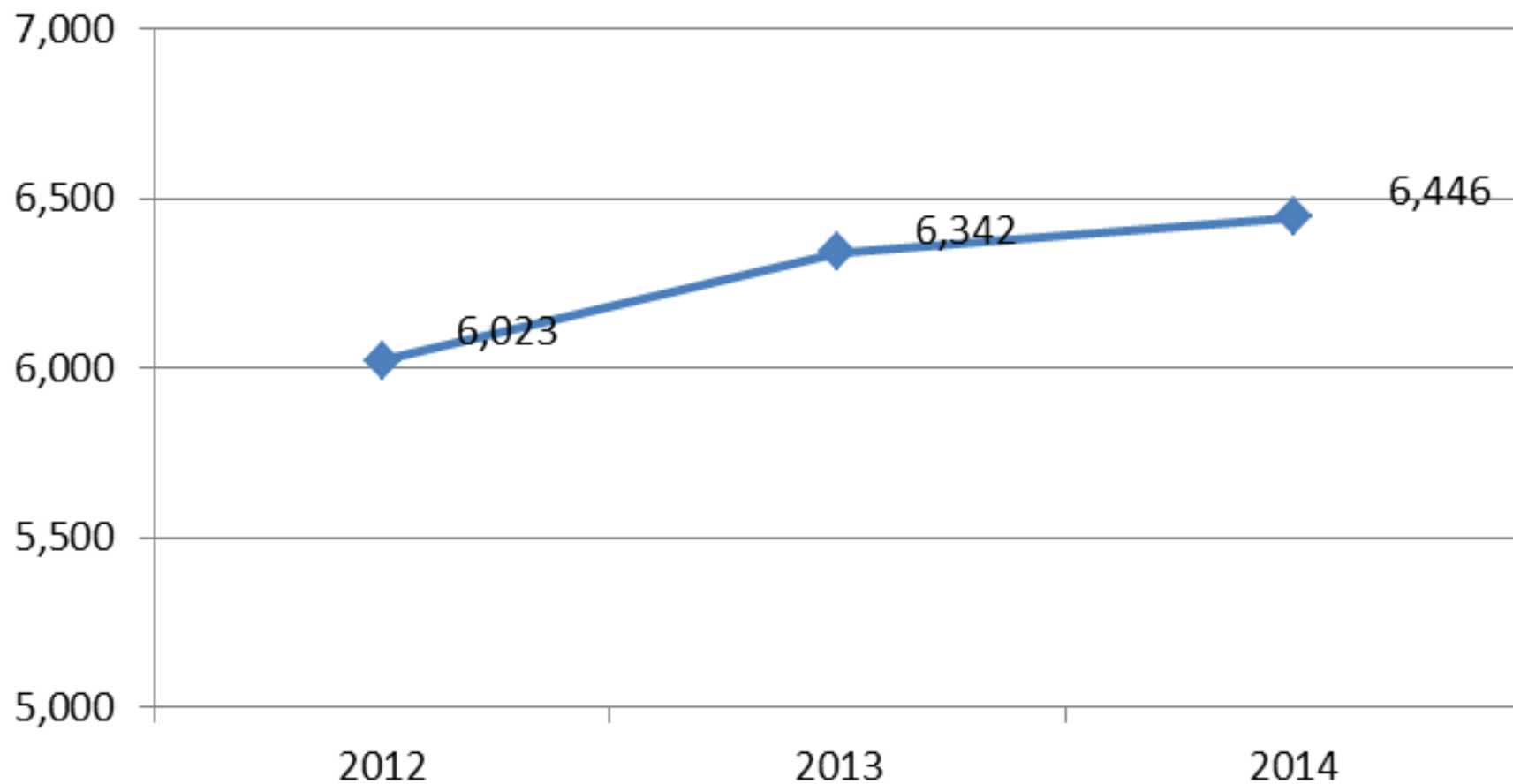


	Outturn 2014	Provisional NSP 2015 Target	Reported Actual YTD	Same Period Last Year	% Var YTD v YTD Last Year
Inpatient Discharges	17661	17661	4470	4130	8.23%
Day Cases	25015	25015	5978	8502	-8.06%
ED Presentations (only)	33630	33630	8192	8041	1.88%
Emergency Admissions	13783	13783	3517	3274	7.42%
Emergency Presentations (inc ED & Fetal Assessment & Direct ward attendance)	40886	40886	10190	9815	3.82%
Births	1401	1401	350	338	3.55%
Outpatients	107116	107116	28799	23991	20.04%

## Day case activity

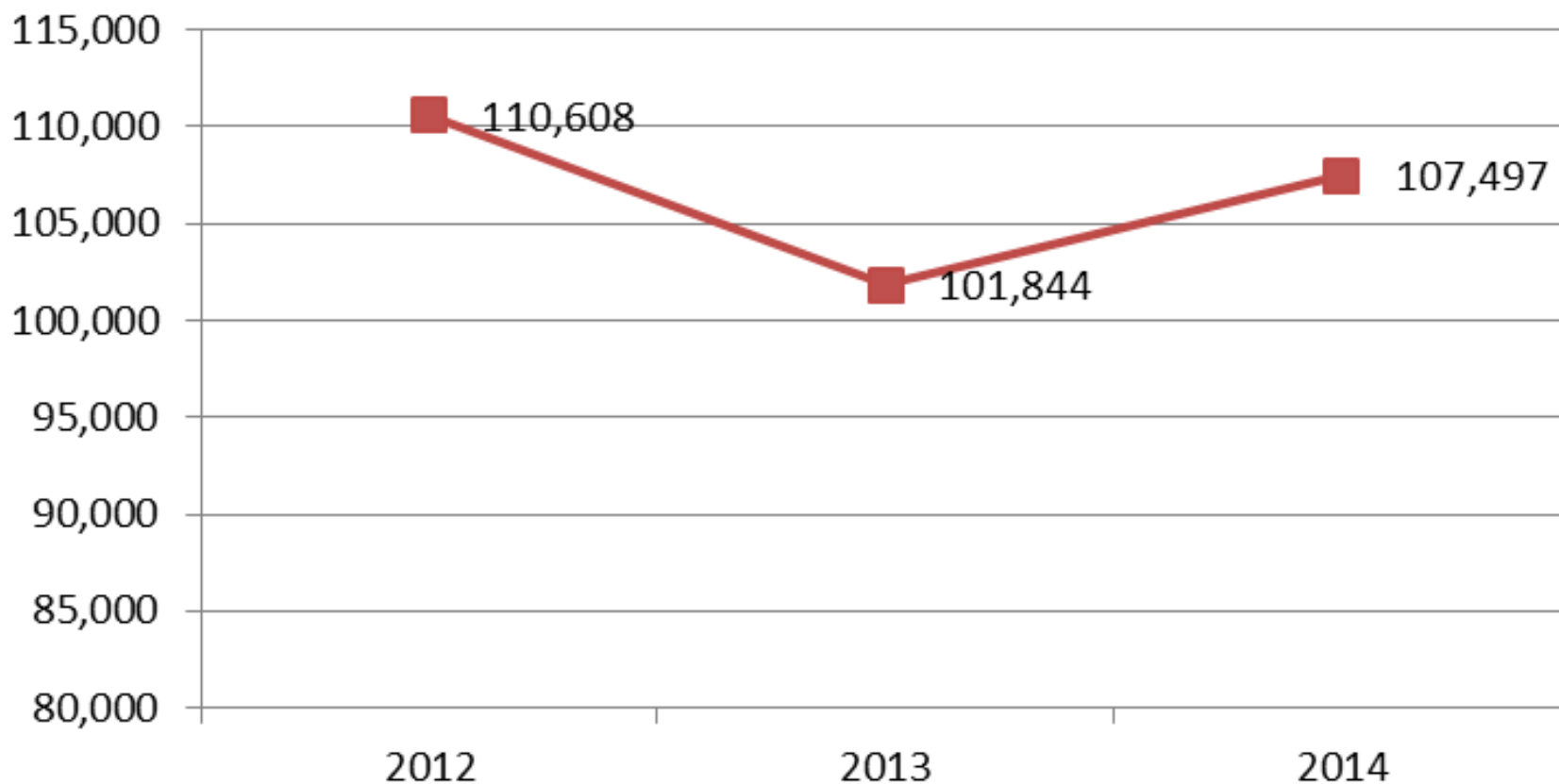


## Surgical inpatient activity





## Out-Patient Activity



# Service Improvements/ Developments 2015

- Completion of Stage 1 Design of New ED/Surgical Block- May 2015
- Mortuary Upgrade- April 2015
- Commencement of Paediatric Insulin Pump Service in Northwest- Feb 2015
- NUIG Medical Academy New Build- September 2015
- Upgrade to Interventional Radiology Suite
- Upgrade of CCU and preparedness for future Cath Lab

- Finance Management
- Accommodation/Space in the Hospital
- Speed of Staff Recruitment
- Increase in Emergency Admissions in Q1 2015
- Waiting List Targets
- Building Works onsite

## National Healthcare Awards

### Winners:

- Public Hospital of the Year
- Changing the face of post operative Ophthalmology through best use of technology
- Improvements in Pre Assessment Clinic

### Runner Up

- Medical South – Clinical Handover process

# European Operating Room Nurses Association

- 1<sup>st</sup> Prize for Poster “Safe Sharps” – Margaret Given
- Best Presenter – Teresa Donnelly

CNS and Dieticians for Paediatric Insulin Pump Service

Consultant Histopathologist

Consultant Surgeon (4<sup>th</sup> post)

4<sup>th</sup> Obs/Gynae Consultant

Consultant Cardiologist

Consultant Nephrologist

Consultant Haematologist

Radiology Services Manager

Quality & Safety Manager

**Pending Approval:** 4<sup>th</sup> Consultant in Emergency Medicine;  
Consultant Anaesthetist  
Consultant Rheumatologist

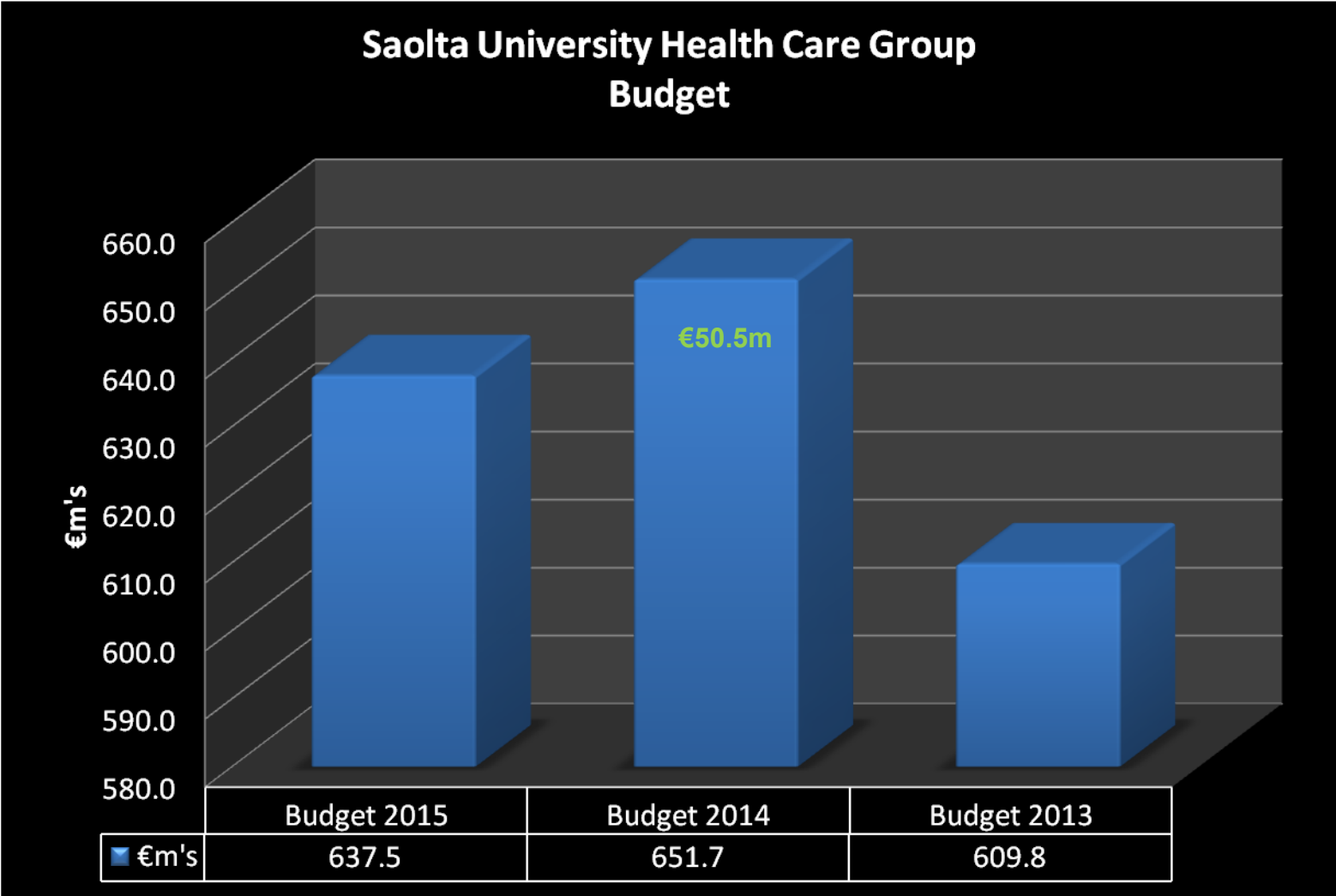
# Chief Operating Officer

**Performance Metrics**

**Communication & Engagement**

# Finance

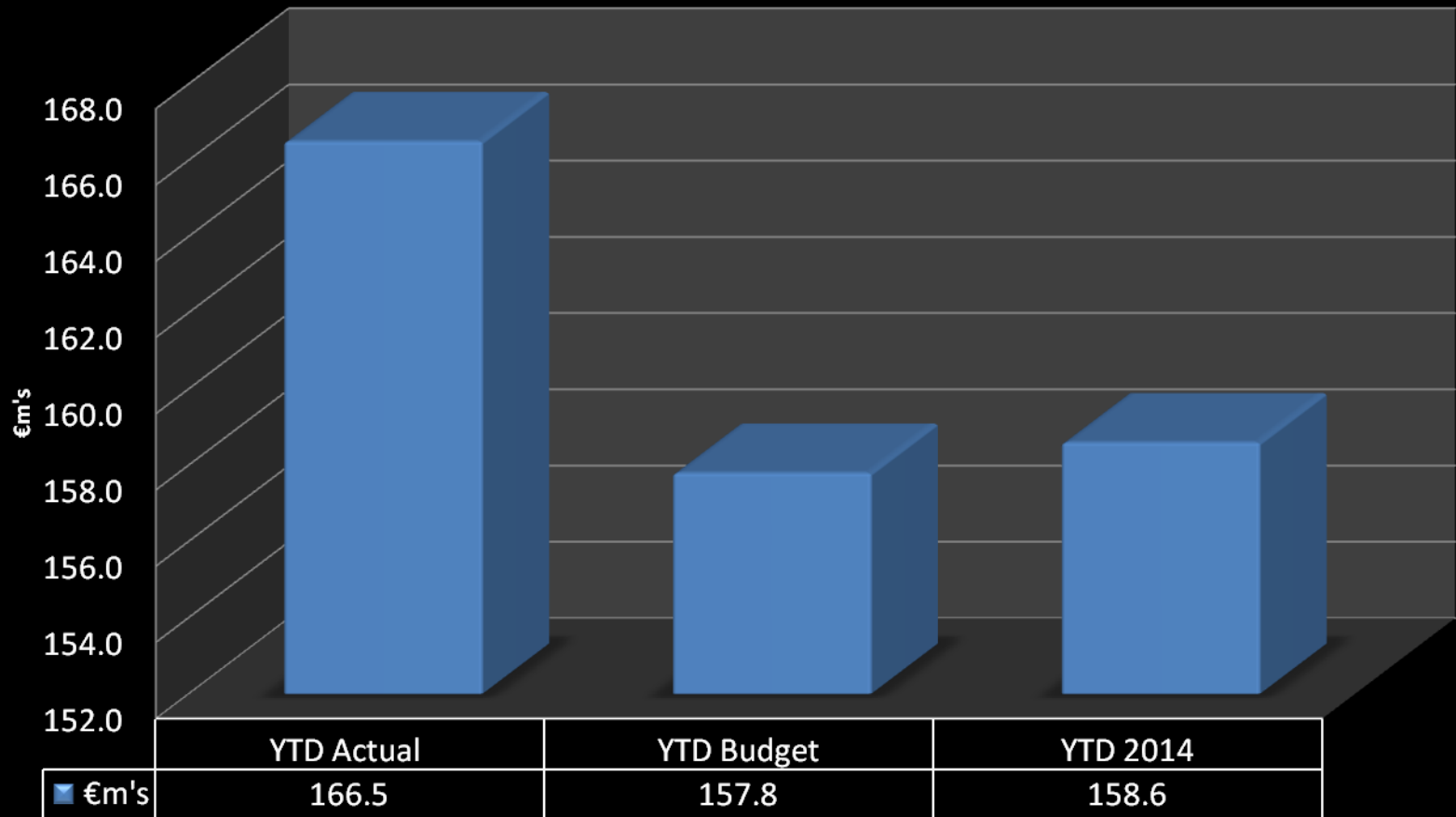
## Budget 2013 to 2015





# Expenditure as at end March 2015

Actual 2015 v Budget 2015 v Last Year



# Savings Plan

- Budget 2015 - large increase on the allocation of previous years (before supplementary budget)
- At the end of March, Group predicting €32.8m deficit on budget before Cost Containment Plans
- Need to make savings to achieve breakeven
  - Significant emphasis on the conversion of agency staff to HSE employed staff, particularly medical agency staff
  - Nationally set nonpay procurement target
  - Local hospital procurement targets
  - Focus on debt collection
    - National initiatives – MOU
    - Local initiatives - hospital

## Group Financial Priorities

- Continue implementation of financial governance framework.
- Implementation of business financial support model for Saolta.
- Continue roll out of Claimsure to all hospitals
- Develop and implement a system wide Financial Management Information System
- Develop business plan and obtain funding for implementation of integrated Group wide HR/Payroll system

# Group Financial Priorities

- Develop a finance strategy in line with hospital Directorate structure
- Continue to develop Internal Audit function
- Establish MOU with private insurance companies to assist with timely payment of invoices.
- Money Follows the Patient
  - Group
  - Hospitals

# Group IT Priorities

- Development of Group ICT Strategy.
- Implementation of Oncology Information System
- Develop Unscheduled Care Information System
- Working with all hospitals to plan for short, medium and long term needs for Business Intelligence
- Direct Payment System – on-line payments for patients
- Laboratory System – Hardware upgrade
- Microsoft Project Upgrade – upgrading PCs and Servers



# Quality and Safety

## The Quality Team

Dr Pat Nash GCD (Executive Lead)  
John McElhinney (Group QPS Manager)

## The Quality Strategy

Group framework – end of 2014 (in tandem with roll-out of Q-Pulse)

Roll out of Q-Pulse (Electronic reporting of incidents/complaints/policies/risk registers etc) - Target end of 2014

HIQA Standards

Serious Incident Management Team

Maternity Services Implementation Group

# Quality, Safety and Risk

Clinical Governance

Incident management

Risk Register

Quality Improvement Plans

Clinical Programmes

Q Pulse

Education and Research

## ‘Have Your Say’ – Group responses

Lots of areas to do better on:

58% of staff felt no one has talked to them about their progress in the last 6 months

57% of staff feel the organisation doesn’t deal with poor performers

53% of staff expressed contentment in working in the Group

Only 40% feel change is managed well

Only 38% feel they are valued as an employee

Only 30% know generally what the Board of Directors does.





## 'Have Your Say' – Action Plan

Local Implementation Groups (LIGs) now working on each site

Action Plans in place and LIGs delivering on both local and Group priorities

First reports on progress to the Board and Executive Council in January and second one to issue soon



# Better Communication & Engagement

Team Meetings

Town Hall Meetings

Heads of Department Meetings

Local site newsletters

Staff input to local and Group newsletters

Monthly General Management Performance Report (available on Q Pulse monthly)

Quarterly Briefing Sessions for staff

Message Alert System to staff via TV screens/PC's

Group internet

Group Newsletter

Notice Boards

Suggestion Boxes

Listening forum

Roadshows

Dignity at Work Sessions for staff

Communication of Key Messages via screen savers throughout the PC's in the Hospital i.e. Hand Hygiene, Flu Vaccine, Fire Safety Training



# Better Recognition of Staff

Letters of full attendance recognition when the appropriate improvements have been made by a staff member who has a poor attendance record

Sympathy letters to staff who lose a close relative

Written recognition of excellent staff performance personally signed

Letters to issue to staff on retirement to thank them for their service

Recognition of exemplar compliance with the Hand Hygiene regulations

The use of Notice Boards to promote individual, department and hospital achievements

The use of the Group Newsletter to publicise matters like staff presenting at a Conference, completed Audits, Social Club donations to charity etc.

Introduce Long Service Awards

The CEO Staff Awards



# Visible Leadership

Formal 'Executive Walkabouts'

Affords staff an opportunity to brief management on concerns or positive developments

11 took place in 2014 and a schedule for 2015 has been arranged

Informal 'walkabouts' continue

GMs and DoNMs will increase their visibility also

NEDs will visit sites, meet staff and learn from them



# Performance Management

EES Steering Group proposed that a PM Project Team be set up on each site

PM - Includes staff involvement on decisions concerning their work

Opportunity for employer and employee to improve performance and standards

Training continues for LMs in PM

LMs have been asked to commence Performance Management of their team

Performance Improvement Plans (PIPs) to be used when shortfalls identified



## Group HR Strategy – Progress Update to the Board in January

Workforce Planning, becoming an attractive employer and retaining staff

**'Soft' aspects** – L&D Programmes; Succession Planning, EES and recognising staff efforts.

**Location Promotional Booklets** - the attractions, services, facilities and benefits of working for us.

**National Workforce Planning** Strategy and Framework in production which will apply to us.

Safeguarding the **Family Friendly policies** without impacting on service where possible.

Developing a proposal for an **'Employee Recognition and Reward Scheme'**.

Further developing staff

Improving **site-based education** and development opportunities - six sites have an L&D programme.

**Limited funding** to attend **conferences, seminars and courses** and for **formal academic courses**.

3 Future Leaders; CNM/CMM Development Programme; 'Leading in Uncertain Times'; Medical Directorate Programme; Clinical Directorate Development Programme; Financial Management.

A Development Programme for Clerical/Administrative Staff is also in the early stages of planning.

# Group HR Strategy

Working proactively with Unions to promote strong employee relations – JUMF

The National Leadership Programme

**22 staff** through the RCPI '**Diploma in Quality and Leadership in Healthcare**' programme over the last two years

Further roll out Key Performance Indicators and Performance Management across the Group

A standardised **KPI set** in the Hospitals, the Directorates and Support Functions (e.g. HR, Finance and IT).

**Individual Performance Management** - progress is slow.

Support the launch of the Website in collaboration with key stakeholders

HR collaborating in respect of **HR services, functions, contacts, policies, procedures, forms**, etc.

Re-launch the new-look Newsletter across the seven sites

HR continue to **coordinate the collection and collation** of the core material for each edition.

Deliver on developments from 'Have Your Say', the Employee Engagement Survey

The EE **Roadshow** took place on all sites in September **2014**. The Spring **2015** Roadshow is now underway.

GMs have established **LIGs** to progress the priorities identified in the survey - Group and site-specific.

The **CEO Awards**

# Group HR Strategy

## Develop HR Support role to Directorates and Business Units

Four **HR Managers** have been identified to provide **support to the Clinical Directorates**.

## Work with Shared Services and National IT and implement HR Systems

The proliferation of 'bolt on', antiquated, diverse and incompatible systems is inefficient and a legacy of the PPARS debacle of some years back.

Discussion has taken place with **Health Services Business (HSB)** with regard to the dearth of the IT systems available to support a fit for purpose HR service to the Group – this is a work in progress.



# Healthy Ireland

Saolta Healthy Ireland Plan launched by An Taoiseach last October

Expert Steering Group was established to guide us on first principles

Saolta **Implementation Group** then established to **roll out** the initiative

A Due Diligence was conducted to establish the **'as is'**

Now we know our position in respect of the 59 actions

We have **varying degrees of compliance** and completion on each site

Resource short-fall for key positions (e.g. Smoking Cessation, Health Promotion etc)

**Site-based Implementation Groups** to be set up

Aim to make very significant progress between now and 2017

# Public and Patient Involvement



Three year plan

Development of Patient Advise Liaison Service (PALS)

Links to patient safety, safety pauses, senior management walkabouts

Patient Council

Patient Forums

## Public Patient Involvement Strategy – 4 Elements

### 1. Communicating - Inform and Educate



- Health literacy committee has been established in GUH, currently involved in a research study with NUIG ,GUH is participating in a European project about health literacy and older people called IROHLA (Intervention Research on Health Literacy among the Aging Population, (see [www.irohla.eu/](http://www.irohla.eu/)).
- Health literacy work has been identified as a key priority area in the HIQA self assessment audit process and in SAOLTA healthy Ireland implementation plan in recent times.

## Public Patient Involvement Strategy – 4 Elements

2: Listening - gathering  
Information



- Patient Experience Management Survey (PEMS) report generated monthly via Northgate , 3 wards GUH & 1 ward PHB., last survey gathered in Feb, awaiting overall annual report.
- **Dr Randal Parlour Study within Saolta Group on ‘An exploration of the relationship between positive patient experiences in acute hospital settings and person-centred care activities’, data has been collected, results currently being collated , report awaited.**
- **Promoting service user feedback via ‘your service your say’ is underway in GUH, with the promotion of gathering feedback on all wards being developed & re-energised.**

## Public Patient Involvement Strategy – 4 Elements

### 3. Engaging - Work to Involve



- Patient Advice Liaison Service (PALS) commenced in GUH July 2014 , ED PALS Coordinator appointed Oct 20
- Group Patient Council established Q4 2014, 2 meetings held to date. Neil Johnston was elected Chair. Members represent all 6 hospitals in Saolta.





## Public Patient Involvement Strategy – 4 Elements

4 .Partnering - Develop  
together



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In GUH planned Patient Council members to participate in the following committees:

- Hygiene committee
- Capital projects committee
- Patient experience committee