

Employee Engagement Road Show

Merlin Park University Hospital
June 2015.



What we will cover.....

Governance

Board Governance - NED

Executive Governance – FMcH

Challenges and Priorities – MP

Site information - General Manager

Communications - CM

Finance and IT- TB

Quality Safety and Risk - JK

Public and Patient Engagement -
JK

Human Resources and Staff
Engagement – JS

Healthy Ireland – JS

Saolta University Health Care Group

Sligo Regional



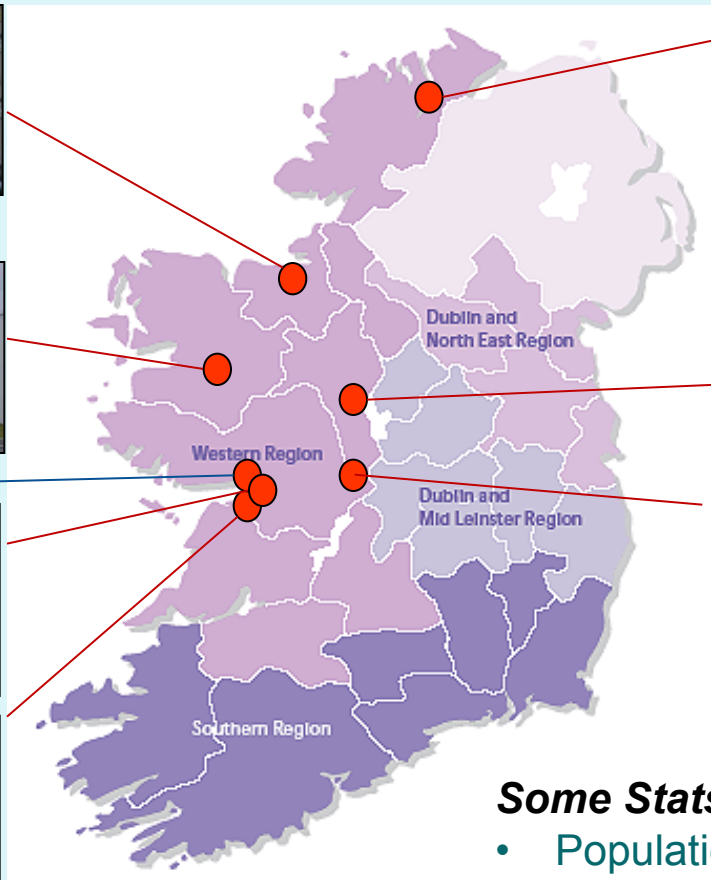
Mayo General



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+

Dr John Killeen
Interim Chair
(appointed 26th 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

HCD



Mr Tony Baynes
Chief Financial Officer



Ms Fiona McHugh
Board Secretary &



Governance - Board Structure

Board

Board
Subcommittees

Executive
Council

Finance

Audit

Quality
& Patient
Safety

Strategic
Manpower
Planning

- **CEO**
- **COO**
- **CFO**
- **Chief DONM**
- **Chief CD**
- **HR Director**
- **CAO**
- **Clinical Directors**
- **General Managers**
- **Group HCD**

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 (soon to launch Saolta site)

Launch of Group HR Strategy 2014-2018

Launch of Group Service Plan 2014 and 2015

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 Annual Report 2013 and 2014

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

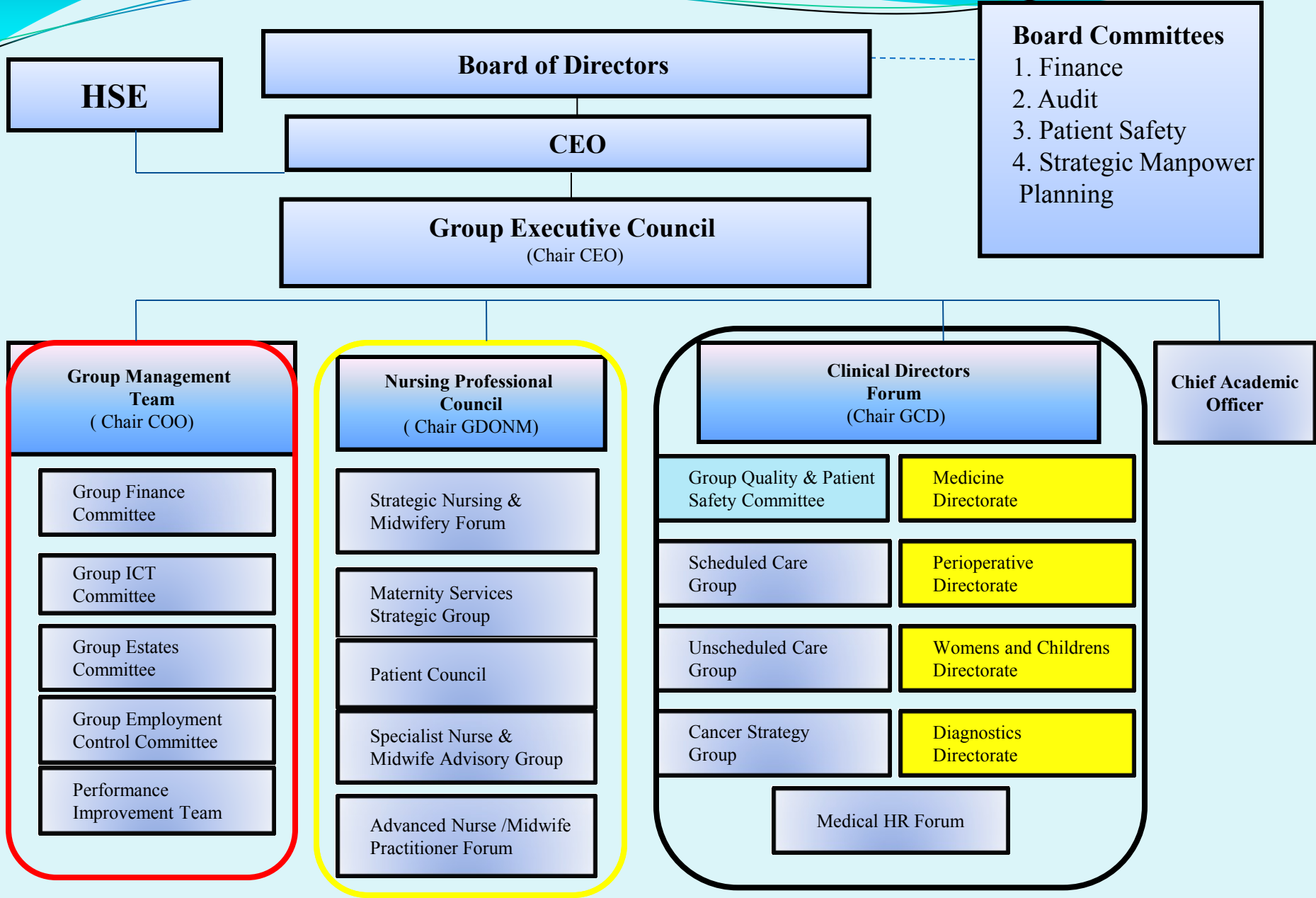
Foundation Strategic Plan 2014-2017

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

Existing Governance Structure



HSE

Board of Directors

CEO

Group Executive Council
(Chair CEO)

Board Committees

1. Finance
2. Audit
3. Patient Safety
4. Strategic Manpower Planning

Group Management Team
(Chair COO)

Group Finance Committee

Group ICT Committee

Group Estates Committee

Group Employment Control Committee

Performance Improvement Team

Nursing Professional Council
(Chair GDONM)

Strategic Nursing & Midwifery Forum

Maternity Services Strategic Group

Patient Council

Specialist Nurse & Midwife Advisory Group

Advanced Nurse /Midwife Practitioner Forum

Clinical Directors Forum
(Chair GCD)

Group Quality & Patient Safety Committee

Scheduled Care Group

Unscheduled Care Group

Cancer Strategy Group

Medical HR Forum

Medicine Directorate

Perioperative Directorate

Womens and Childrens Directorate

Diagnostics Directorate

Chief Academic Officer

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

MG
H

SRH

LGH

Recommended Model

CEO (Executive Council)

Group Clinical Director (CD Forum)

Medical Directorate
CD - D Reddan

Perioperative Directorate
CD -

Diagnostics Directorate
CD - C O'Donnell

W & C Directorate
CD - G Gaffney

Chief Academic Officer
A O'Regan

MGH
Assoc CD - F Lavin

MGH
Assoc CD - P O'Grady

MGH
Assoc CD - R Ryan

MGH
Assoc CD - M O'Neill

PHB/RCH
Assoc CD

PHB/RCH
Assoc CD

PHB/RCH
Assoc CD

PHB/RCH
Assoc CD

SGH
Assoc CD

SGH
Assoc CD

SGH
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SRH
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GUH
Assoc CD

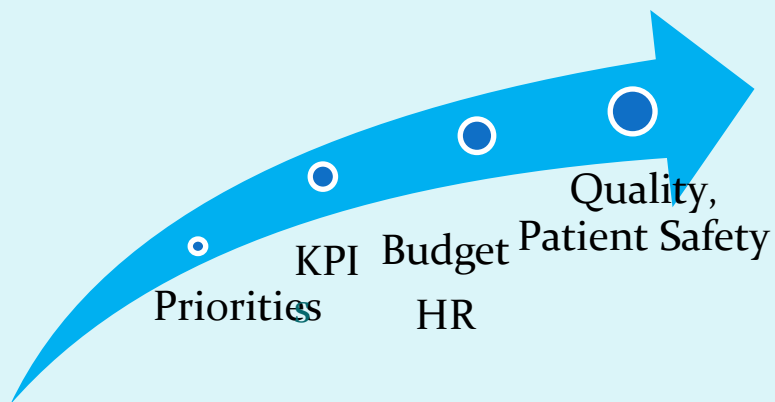
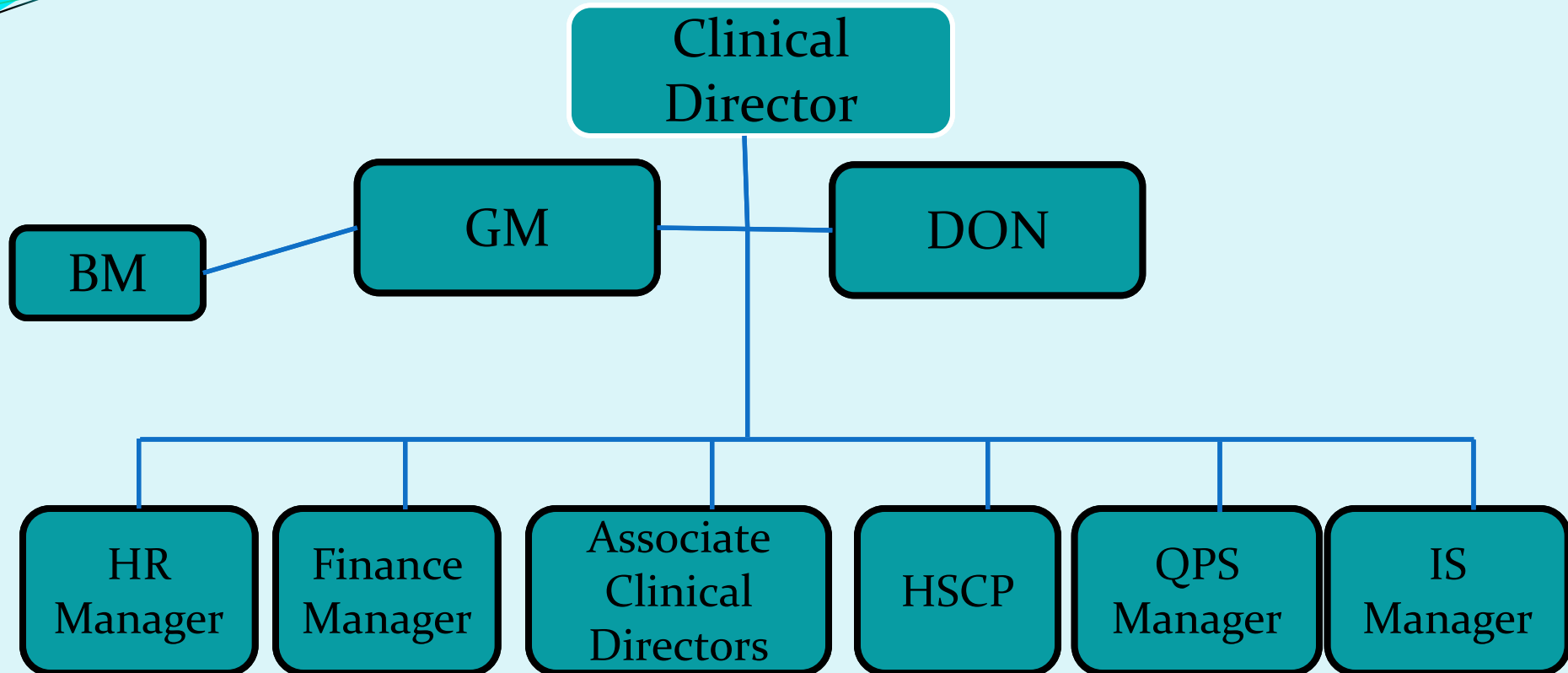
GUH
Assoc CD

GUH
Assoc CD

GUH
Assoc CD

+ Group Wide
Specialty
Leads

Clinical Directorate Structure



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

Communications

<i>Internal Communications</i>	<i>External Communications</i>
Support/advice to staff on communications issues e.g. Event management and writing press releases	Liaising with the media, both local and national on positive and negative news items.
Saolta Staff Newsletter, contributing to other health publications e.g. HSE Health Matters	Communications link with the HSE, Department of Health and other Government departments, third level institutions
Media Training	Parliamentary questions, Regional Health Forum, local public representative briefing
Staff updates & notifications (eServices)	External enquiries via Saolta website
Corporate publications e.g. Annual report	
Corporate Branding (http://branding.saolta.ie)	
Social Media updates	
Digital Signage	
Updating News Content (Saolta Website) Comms.saolta@hse.ie	



Saolta
Grúpa Oileáil Cúram Síolta
University Health Care Group

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Hospital Appointments

Recent News
PORTIUNCULA HOSPITAL RECEIVES RE-ACCREDITATION UNDER WHO/UNICEF INITIATIVE

Saolta University Health Care Group 328 followers

Recent Updates
Saolta University Health Care Group
Roscommon Hospital receives €7.85 million funding for development of new Rehabilitation Unit
saolta.ie · Roscommon Hospital has been approved funding of €7.85 million for the development of a new 20 bed Specialist Rehabilitation Unit which will be located to the rear of the existing hospital building. Commenting Elaine Prendergast General Manger of...



Saolta
Grúpa Oileáil Cúram Síolta
University Health Care Group

TWEETS 18 FOLLOWING 98 FOLLOWERS 116 FAVOURITES 1

Tweets Tweets & replies Photos & videos

Saolta @saoltagroup Jun 5
Thank you to everyone for supporting the @IrishHospice #sunflowerdays this weekend, helping Irish hospice services.

Saolta e-Newsletter
Issue 21: April 2015

Portiuncula Hospital - Celebrating 10 Years of Baby Friendly Accreditation

PHB Maternity and Hospital Staff celebrating success in Baby Friendly re-accreditation

Portiuncula was the first organisation in Ireland to achieve Baby Friendly Accreditation in 2004, the organisation was re-assessed in 2009 and again in 2014/15 and has demonstrated compliance with the 64 standards required to meet Baby Friendly status. The Baby Friendly Hospital (Health) Initiative accreditation is a globally recognised award which is given to organisations who provide high levels of infant feeding care, with a particular emphasis on breastfeeding and related maternity care practice.

Implementing and maintaining the Baby Friendly standards ensure a supportive environment where mothers are enabled to get off to a good start with breastfeeding. Mothers who cannot breastfeed or who make an informed choice not to breastfeed are equally supported in their infant feeding choice, and staff are supported to provide high standards of care.

The BFHI standards of care are assessed every five years by a team of external auditors. To achieve success the organisation implemented the National Infant feeding policies of 2009, and 2012, at which point the policy was aligned with the BFHI Standards.

Continued on page 15



GUH
Staff Briefing
10th June 2015

Employee Engagement -Local Implementation Group

Ms. Ann Cosgrove, General Manager

Ms. Sarah Mooney, Clinical Specialist Radiographer

Mr. Geoff Ginnetty, Services Manager

Mr. Andre Davies, CNM II, Acute Medicine Unit

Ms. Mary Hynes, Human Resources Manager

Ms. Emma Croke, Finance Department

M. Julie Nohilly, Acting Director of Nursing

Ms. Ursula Kilbane, Assistant Staff Officer, Surgical Department

**Ms. Maura Mullin, Assistant Director of Nursing
MPUH**

Ms. Martina O'Connor, Haemovigilance Department

Ms. Judith McLucas, Business Manager

Ms. Hannah Kent, Nurse Practice Development Co-ordinator

Ailish Mohan, Staff Officer, HR Department

Dr. Amy Purcell, SHO, Respiratory, Merlin Park University Hospital

Ms. Pauline Burke, Occupational Therapy Manager

Dr. James Gleeson, SPR, Neurology, Merlin Park University

Mr. Sean Walsh, Portering Services

Mr. John McNamee, Supervisor, Sterile Services Department, UHG

Recommendations to EE LIGs

Key Action Areas – most relevant themes

1. Communication/Engagement
2. Recognition of Performance/Caring for Staff
3. Visible Leadership
4. Performance Management

Sub-groups established to implement actions

Communications

- HR Line Manager Briefing Sessions (Information Sessions May 2015 – ongoing)
- Team Meetings – Questionnaire Survey Issued

Staff Engagement

- Executive Quality and Safety Walkabouts
- Monthly General Manager Performance Report (available on Q Pulse)

Recognition of Performance

- CEO Awards and National Health Care Awards

- **Quality and Patient Safety**
- **Achieve Activity Targets : Inpatients, outpatients, day cases, Emergency Department presentations, Births and outpatients**
- **Deliver National Targets: Inpatient and outpatient lists. ED/Unscheduled Care**
- **Continued control and prevention of HCAs**
- **Achieve Financial Targets**
- **Continued Implementation of National Clinical Care Programmes**
- **Continued development of Clinical Directorate Structure**
- **Staff Engagement – Progress Key Action Areas**
- **Progression of Key Capital Projects**
- **Ongoing work partnership with PCCC and other agencies**

GUH Budget 2015

- Budget 2014 € 261.9m
- Budget 2015 € 267.4m
- Forecast 2015 € 277.4 m
- Current Position € 5.7m over budget
- Cost Pressures
 - Drugs
 - Med & Surgical Supplies
 - Lab Supplies
 - Agency

Cost Containment

Medical Agency Costs

Nursing and Support Agency

Debt Reduction

Transport

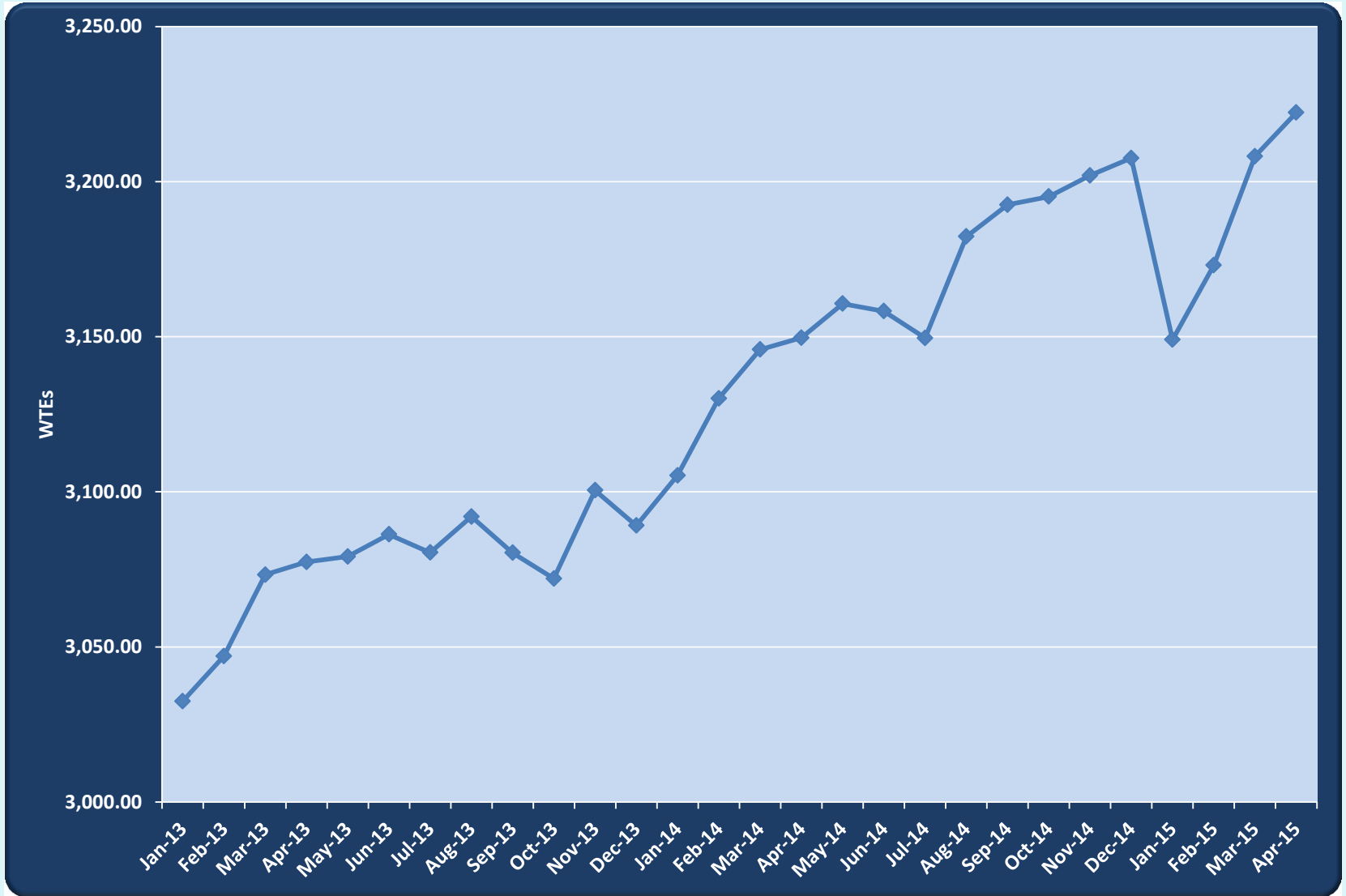
Laboratory

IT Equipment

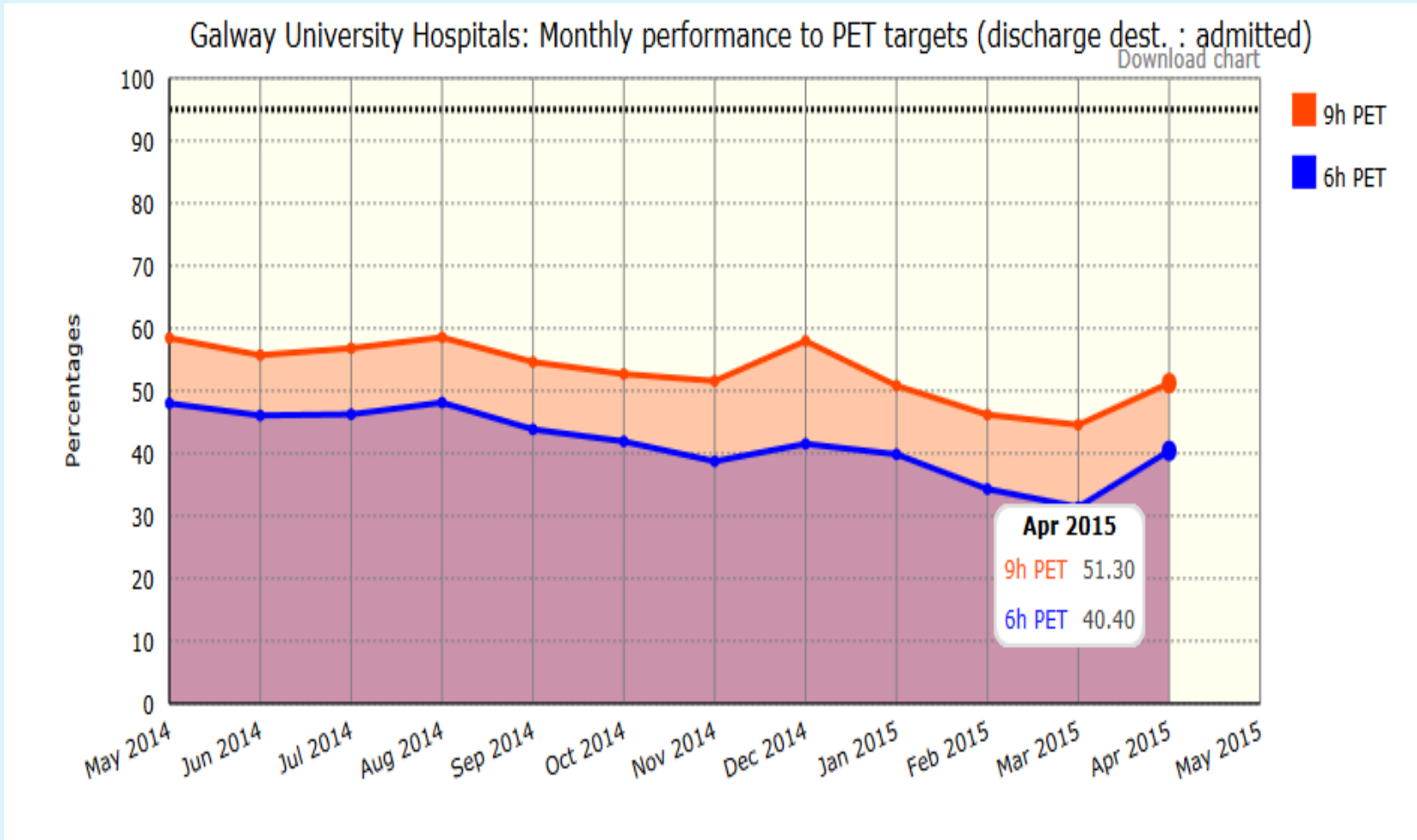
Nursing Home Fees

Cleaning/Catering

GUH Staffing Levels

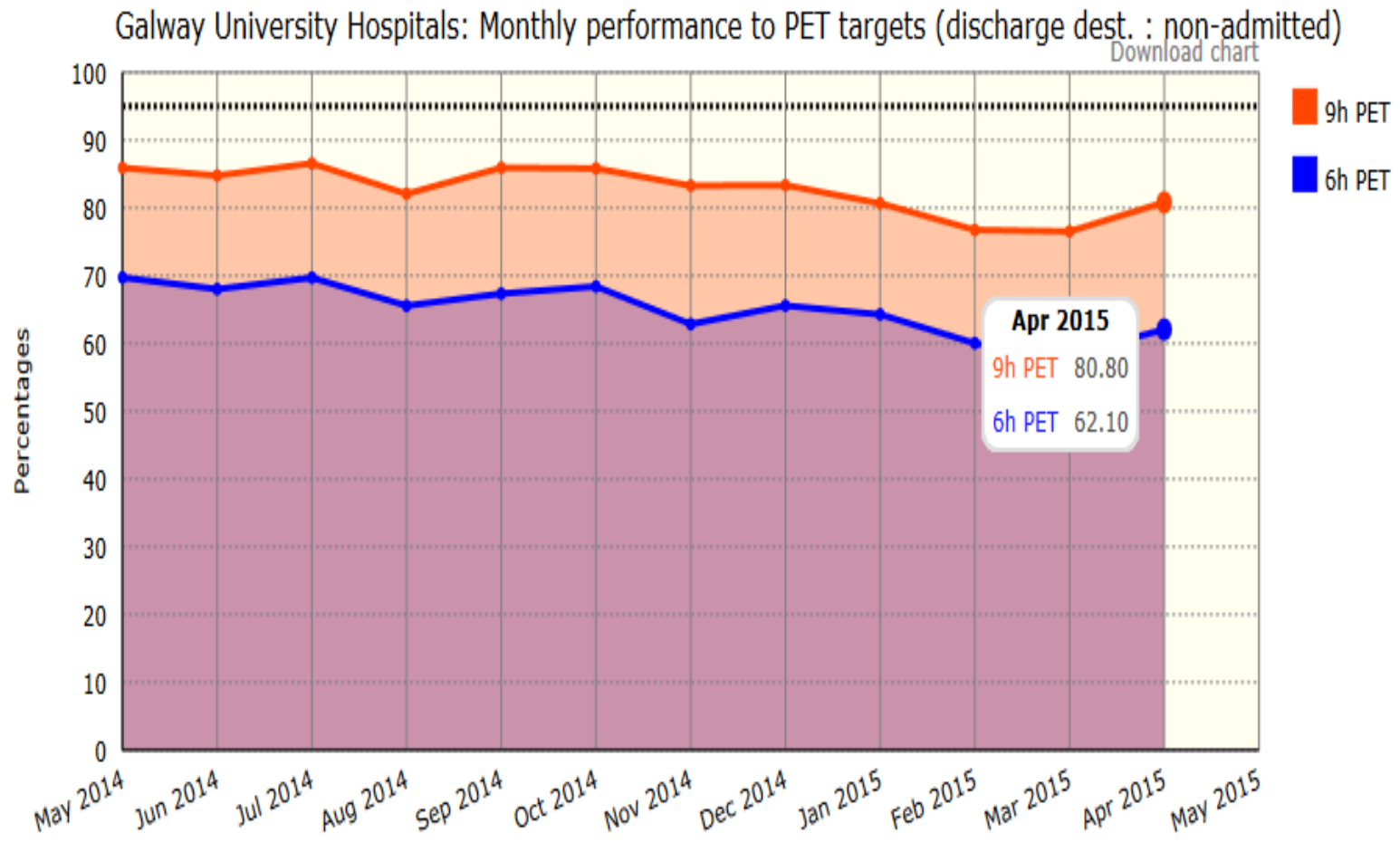


ED Patient Experience Times – Admitted Patients



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

ED Patient Experience Times – Non- Admitted Patients



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

Activity Report April 2015

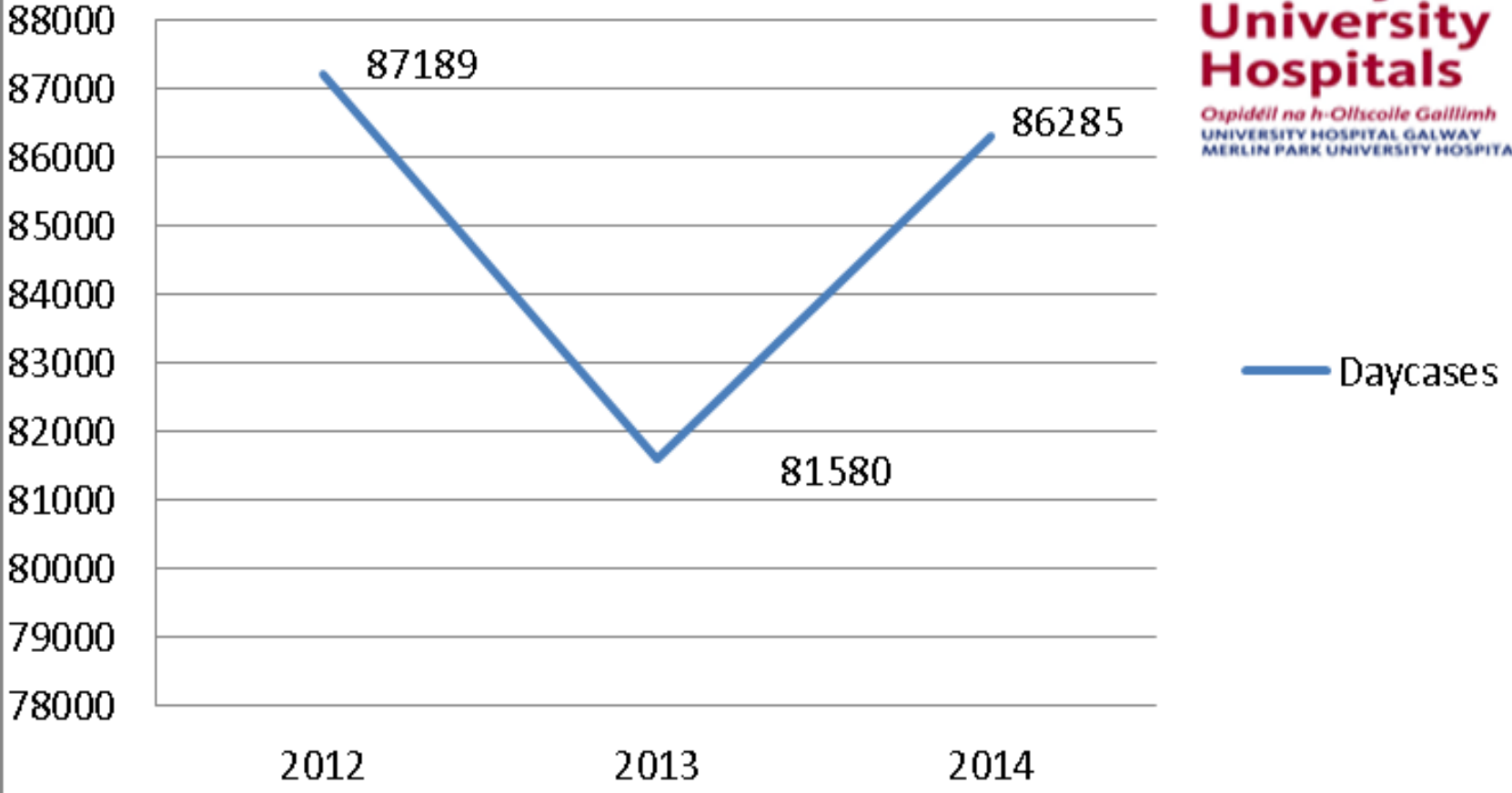
	2014 Actual	Year to date Target	Year to date Actual	Year to Date Variance	% Var YTD v YTD Last Year
Inpatient Discharges	38336	12578	12529	-49	0%
Day Case Discharges	86285	28224	30164	1940	7%
OPD Attendances	245134	80584	83862	3278	4%
Emergency Presentations (Obs)	1512	497	503	6	1%
ED Attendances	62100	20432	20372	-60	0%
ED Admissions	15653	4992	5409	417	8%
Births	1038	1038	949	898	8.6%



GUH Daycases 2012-2014

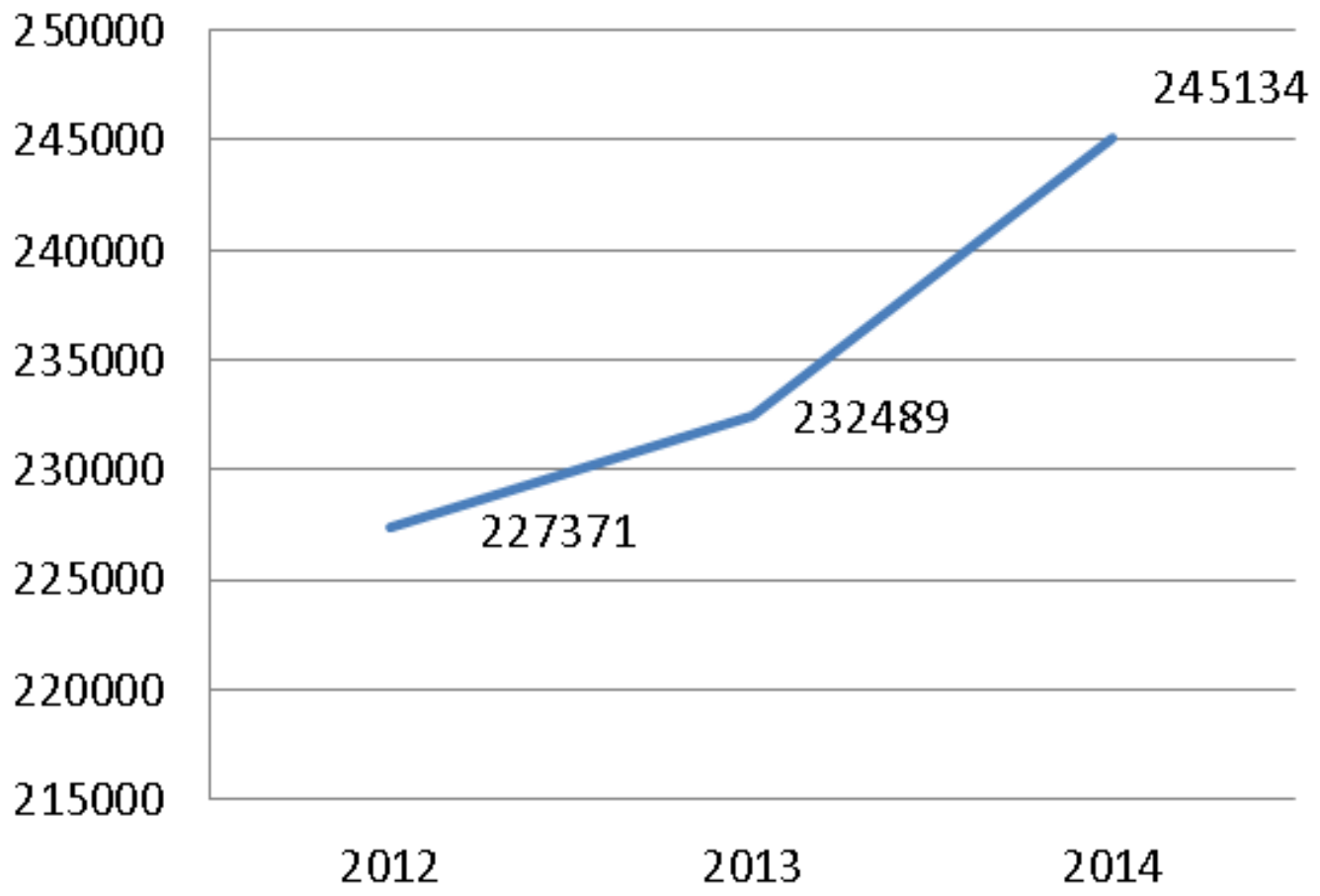


Galway University Hospitals
Ospidéal na h-Ollscoile Gaillimh
UNIVERSITY HOSPITAL GALWAY
MERLIN PARK UNIVERSITY HOSPITAL





GUH Outpatients 2012 - 2014

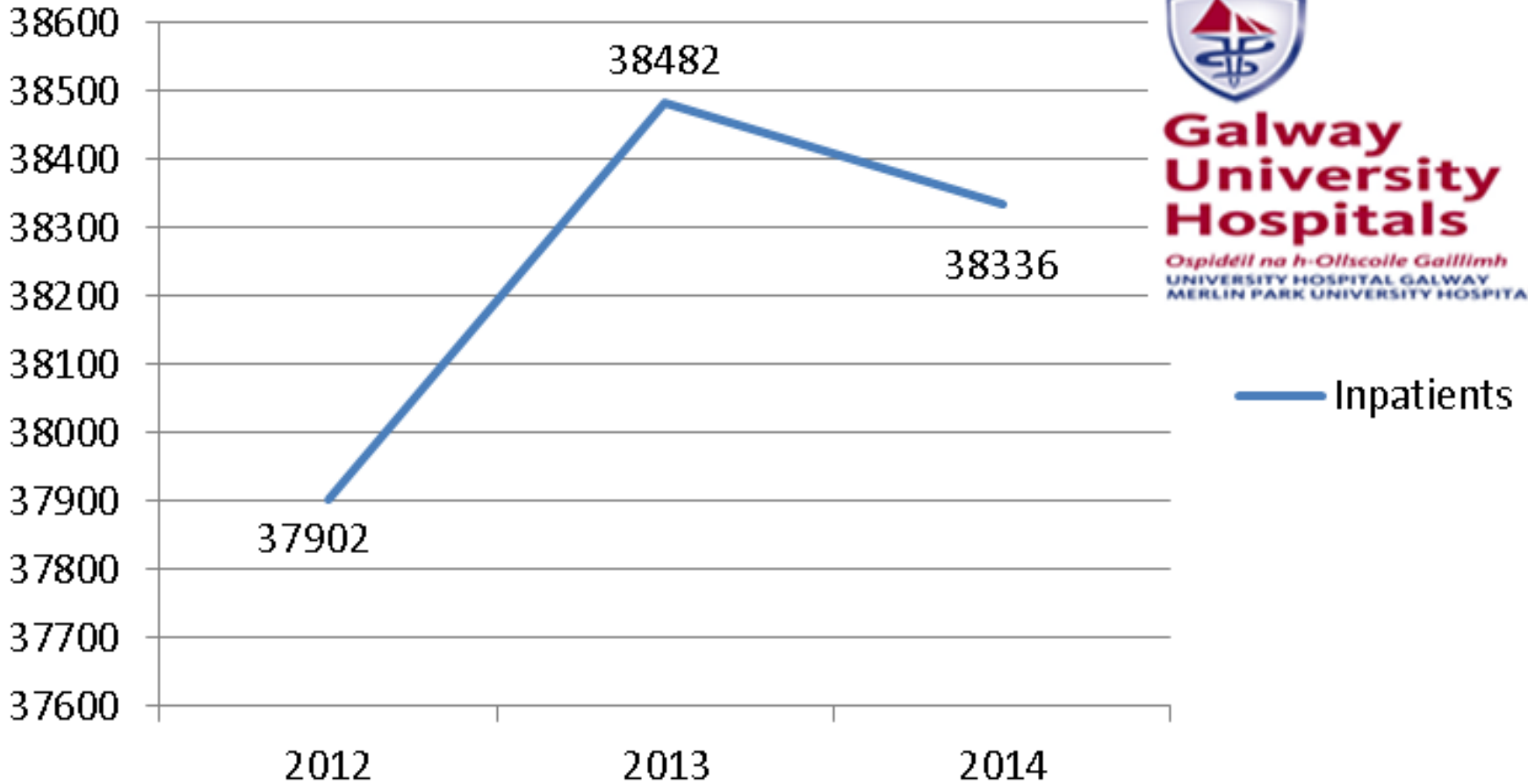


**Galway
University
Hospitals**

Ospidéal na h-Ollscoile Gaillimh
UNIVERSITY HOSPITAL GALWAY
MERLIN PARK UNIVERSITY HOSPITAL

— Outpatients

GUH Inpatients 2012-2014



Cancer Services

Cancer Strategy Group in place – Chair Prof. Michael Kerin

Cancer Information Team in place

Cancer Sites – data for 2nd Annual Report – Launched on 19th Dec by Mr Tom Kenny, Patient Advocate

Collaboration with NCCP with regard to roll out of 2006 National Cancer Strategy – plan to submit Group proposal to the national cancer forum for the New 2016-2015 National Strategy

Ongoing plan for the transfer of Rectal Cancer surgery to GUH

Screening Programmes: Breast Check ; Cervical Check; Bowel Screen Commenced – Q1 2014

Rapid Access Clinics: Prostate; Lung

Phase 2 build Radiation Oncology (NPRO)

Primary Care Reimbursement Oncology Scheme - PCRS

Cancer Clinical Trials – Centre for Phase 1 Trials

Cancer Services Annual Reports 2012-2013

Cancer Services - Focus on KPI's

The NCCP National KPIs for cancer sites are continuing to drive service improvement in the Saolta Group. The KPIs help to focus resources and attention on areas of highest priority.

KPI's are returned monthly for the following cancer sites: Symptomatic Breast (GUH/LGH), Rapid access Prostate, Lung, Radiotherapy and Medical Oncology (GUH, PHB, MGH, SGH, LGH). There are also KPIs in relation to upper GI and colorectal cancer.

Each service continues to monitor and validate the patient cohort outside KPI and these equate to capacity, clinical decision or patient choice. The Lead Clinicians are actively involved in the surveillance of any patients not meeting KPI.

Service Improvements/Developments 2015

In Progress

- Rehabilitation Unit MPUH
- Completion of CRF/TRF – Official Opening July/August 2015
- Emergency Ward
- Interim ward block
- Radiation Oncology and Enabling Works
- Progression of Blood and Tissue Stem Cell Laboratory
- Equipment Replacement Programme
- Maternity Patient Flow – Minor Refurbishments
- Paediatric Ambulatory Care

To be Progressed

- Replacement Emergency Department
- Elective Endoscopy on MPUH site
- Adolescent Unit UHG
- Car parking MPUH
- Other Developments in discussion for MPUH , ICRU, Hospice, Bariatric OPD

Key Challenges

Hospital Capacity

Sustained Increase in Emergency Admissions

Access Targets

ED – Patient Experience Times

Waiting List – inpatient, daycases and outpatients

Financial Management

Staff Recruitment and Retention

Population Demographics

Key Appointments

New Consultant Appointments

Associate Clinical Directors X 4

Paediatric Diabetes – Insulin Pump Service – Consultant, Nursing and Dietitian

Nursing Appointments: PALs Co-ordinators X 2 , 15 ANP's, CNS X 5, CNM₃ Organ Donation

Therapy Staffing – Frail Elderly, Musculoskeletal (MSK), Early Supported Discharge

Laboratory – Histopathology, Blood and Tissue Establishment

Radiation Oncology – Radiographer, Radiation Therapist to support Extended Working Day.

Support Services – Porter/HCA's, conversion from Agency to HSE Contracts

Good News

Opening of Paediatric Cystic Fibrosis Outpatient Facility

Design and Dignity Grant awarded to St Monica's Ward

Antimicrobial Pharmacy Team win Pharmacy News Award for development of mobile Antibiotic App.

Opening of new family rooms in the Intensive Care Unit

Primary Percutaneous Coronary Intervention (PCI) Service - 267 Patients referred in 2014

Transcatheter Aortic Valve Implantation (TAVI) Service

Interventional Radiology GUH – only hospital in Ireland and the UK hosting 'live cases' for international conference.

Cairde Othair na Gaillimhe

Complete Wi-Fi infrastructure in place across both sites.

Hand Hygiene

Requirement for all staff to be trained

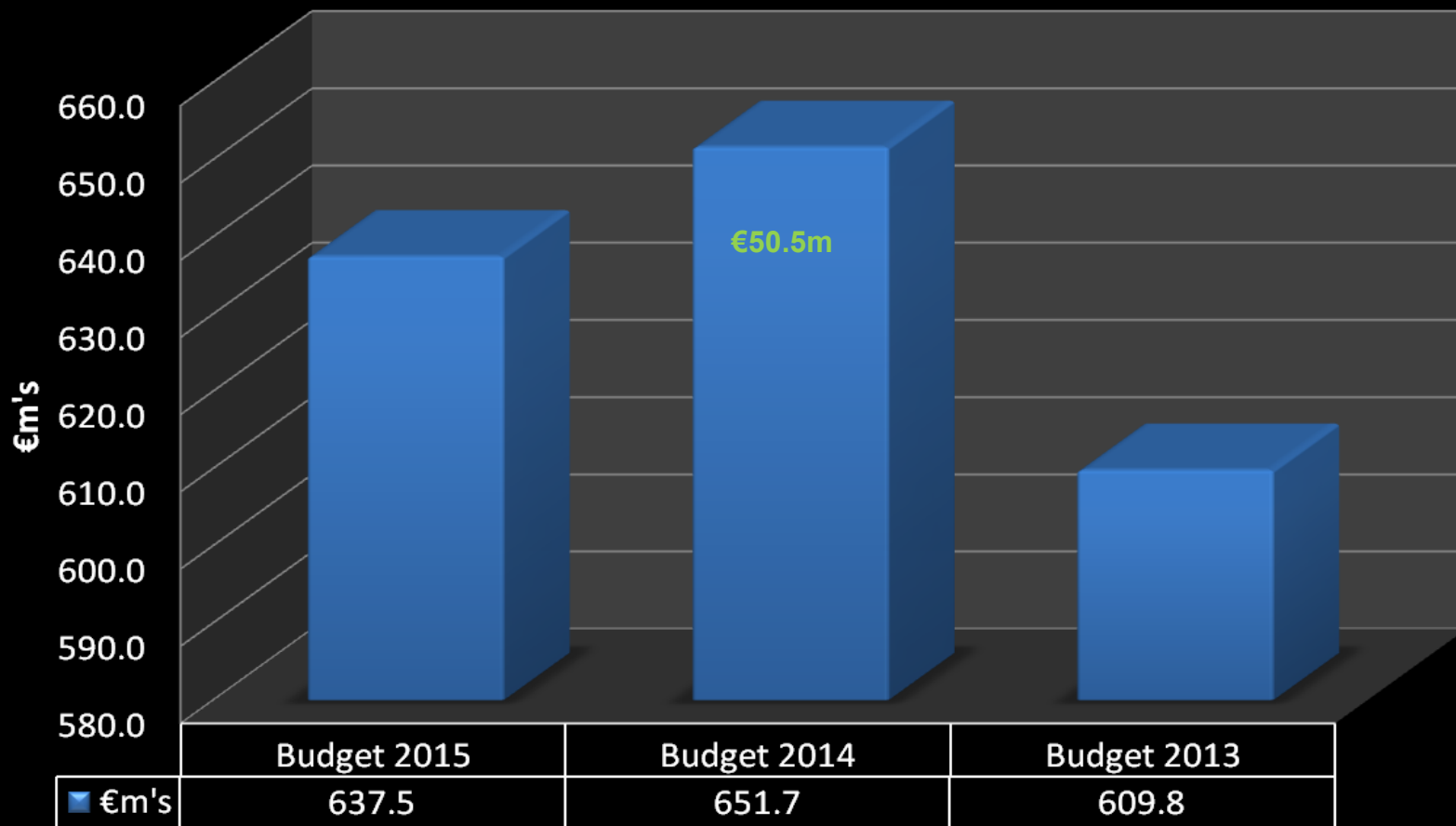
Responsibility of all line managers and staff members regardless of area of work **to undergo this training.**

Clean Hands Save Lives!



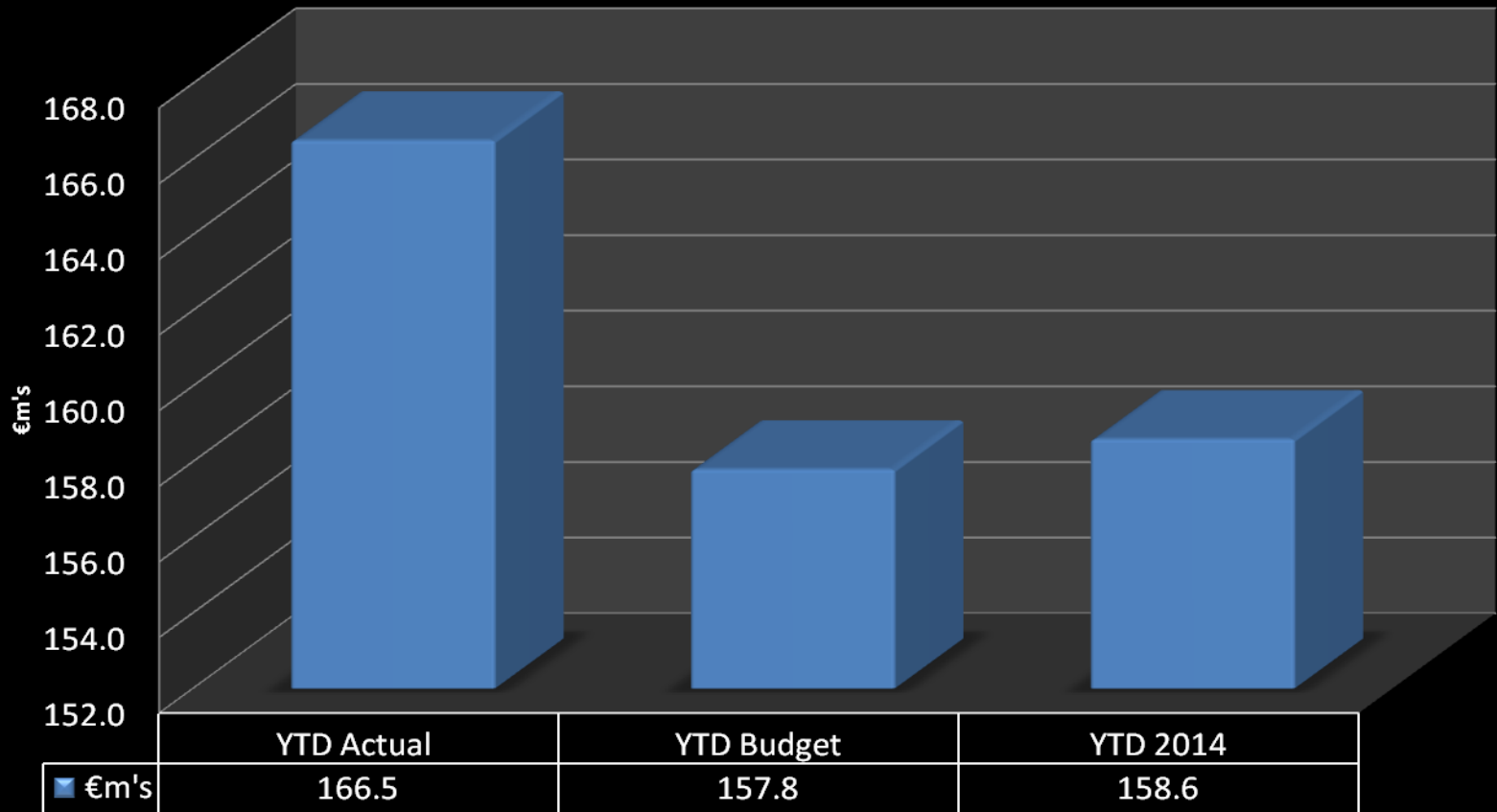
Finance - Budget 2013 to 2015

Saolta University Health Care Group Budget



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 McEllhinney (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

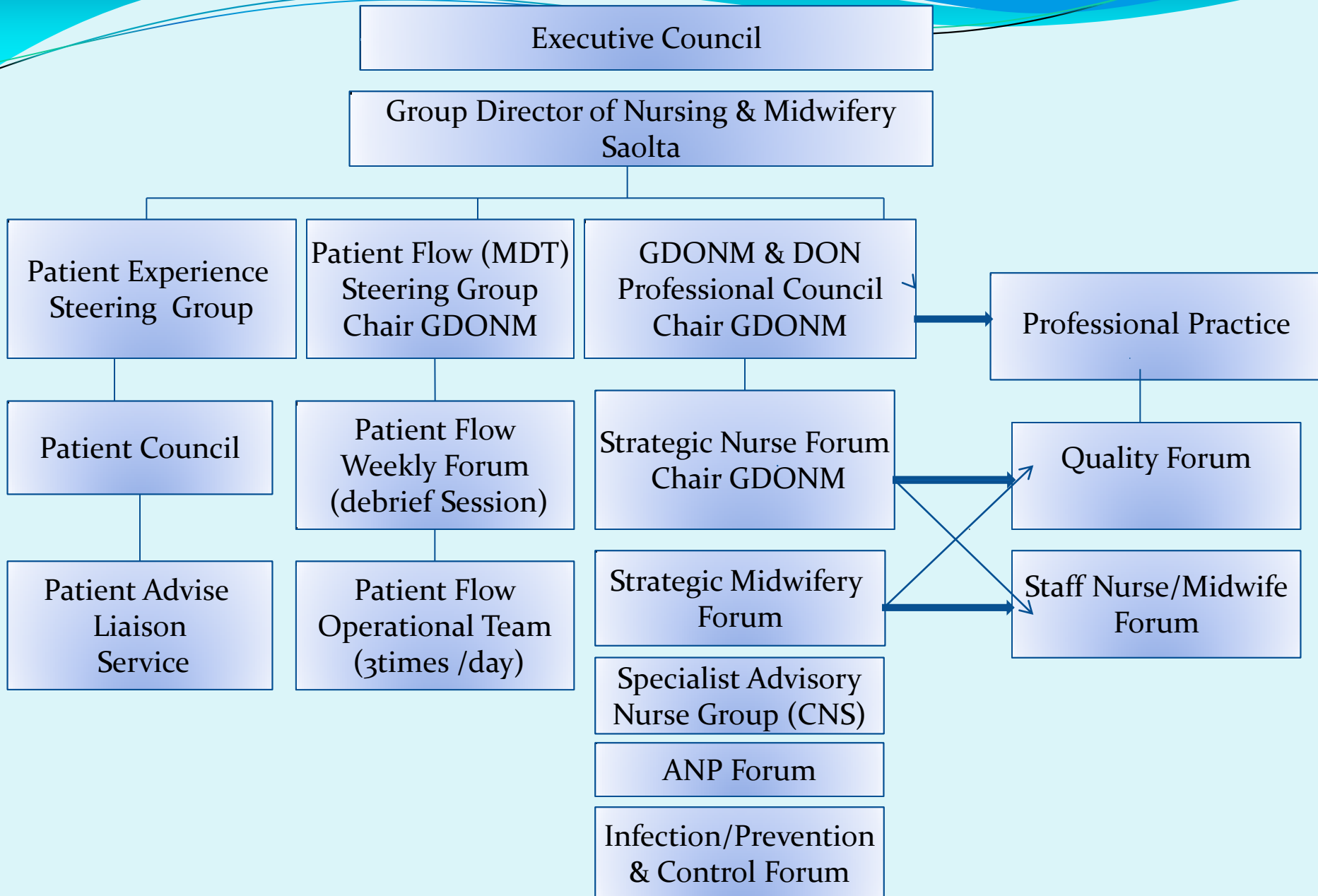
Quality Improvement Plans

Clinical Programmes

Q-Pulse

Education and Research

Nursing & Midwifery Governance Structure



Nursing

3500 Nurses/Midwives

200 CNS

34 Advanced Nurse Practitioners

Education

Professional development

Support

Family Friendly

Chief Director of Nursing Midwifery

Patient safety

- Workforce planning
- Education and Professional Development
- Capacity
- Assurance-national and local metrics
- National and local policy implementation
- Executive walkabouts

Health and Wellbeing

- Healthy Ireland actions for staff and patients
- Coaching, stress management and mindfulness.

Public Patient Involvement Strategy

Developed as a three year plan.

Development of Patient Advise Liaison Service (PALS) in all hospitals. There are 2 in GUH.

Patient experience committee.

Patient Council.

Patient Forums.

Listening - gathering Information.

Patient Council



‘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

Theme 1 - Better Communication & Engagement

Team Meetings

Group internet – www.saolta.ie

Town Hall Meetings

Group Social Media Twitter @saoltagroup;
Linkedin

Heads of Department Meetings

Group Newsletter – *Saolta e-Newsletter*

Local site newsletters

Notice Boards

Staff input to local and Group newsletters

Suggestion Boxes

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

Listening forum

Quarterly Briefing Sessions for staff

Roadshows

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

Dignity at Work Sessions for staff

Digital signage roll-out across sites (Q4 2015)

Communication of Key Messages via PC screen
savers i.e. Hand Hygiene, Flu Vaccine, Fire
Safety Training

Theme 2 - 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**

Theme 3 - 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 underway

Informal 'walkabouts' continue

GMs and DoNMs will **increase** their **visibility** also

NEDs will **visit** sites, **meet staff** and learn from them

Theme 4 -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 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 - RCPI '**Diploma in Quality and Leadership in Healthcare**' over the last two years

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

Standardising **KPI set** in the Hospitals, 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

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

LIGs under GMs to progress the priorities identified in the survey - Group and site-specific.

Group HR Strategy

Staff Recognition

The CEO Awards

Staff Support

Employee Support Service – stress

Health and Well-being programme

‘Working Parents’

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