



Employee Engagement Road Show

Mayo General Hospital

June 2015.

What we will cover.....

Governance

Board Governance - NED

Executive Governance – MP/TC/PN

Challenges and 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

Saolta University Health Care Group

Sligo Regional



Letterkenny General



Mayo General



Roscommon



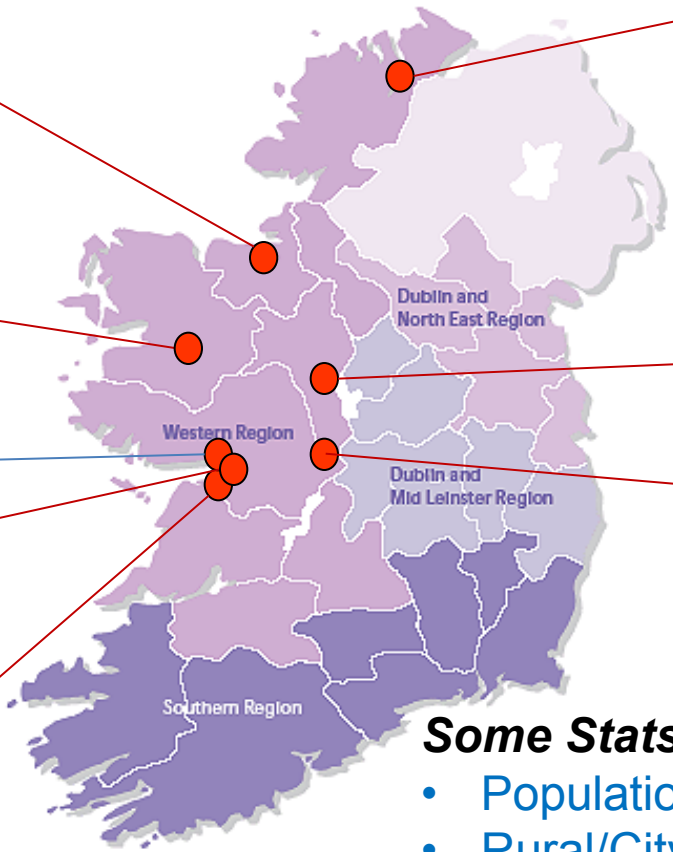
NUI Galway



Portlincula



University Hospital & Merlin Park



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+

Board Members

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



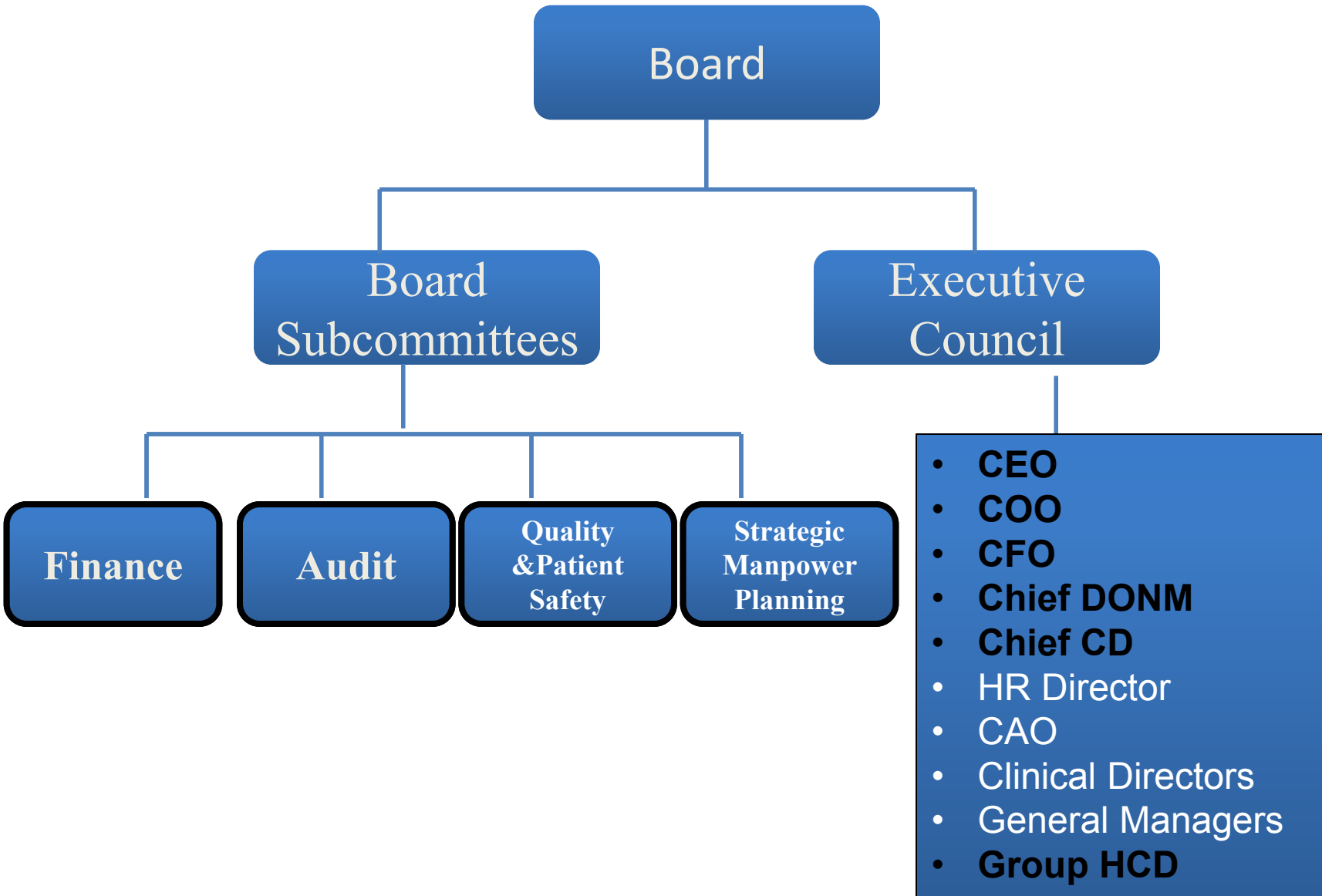
Mr Tony Baynes
Chief Financial Officer



Ms Fiona McHugh
Board Secretary & HCD



Governance - Board 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

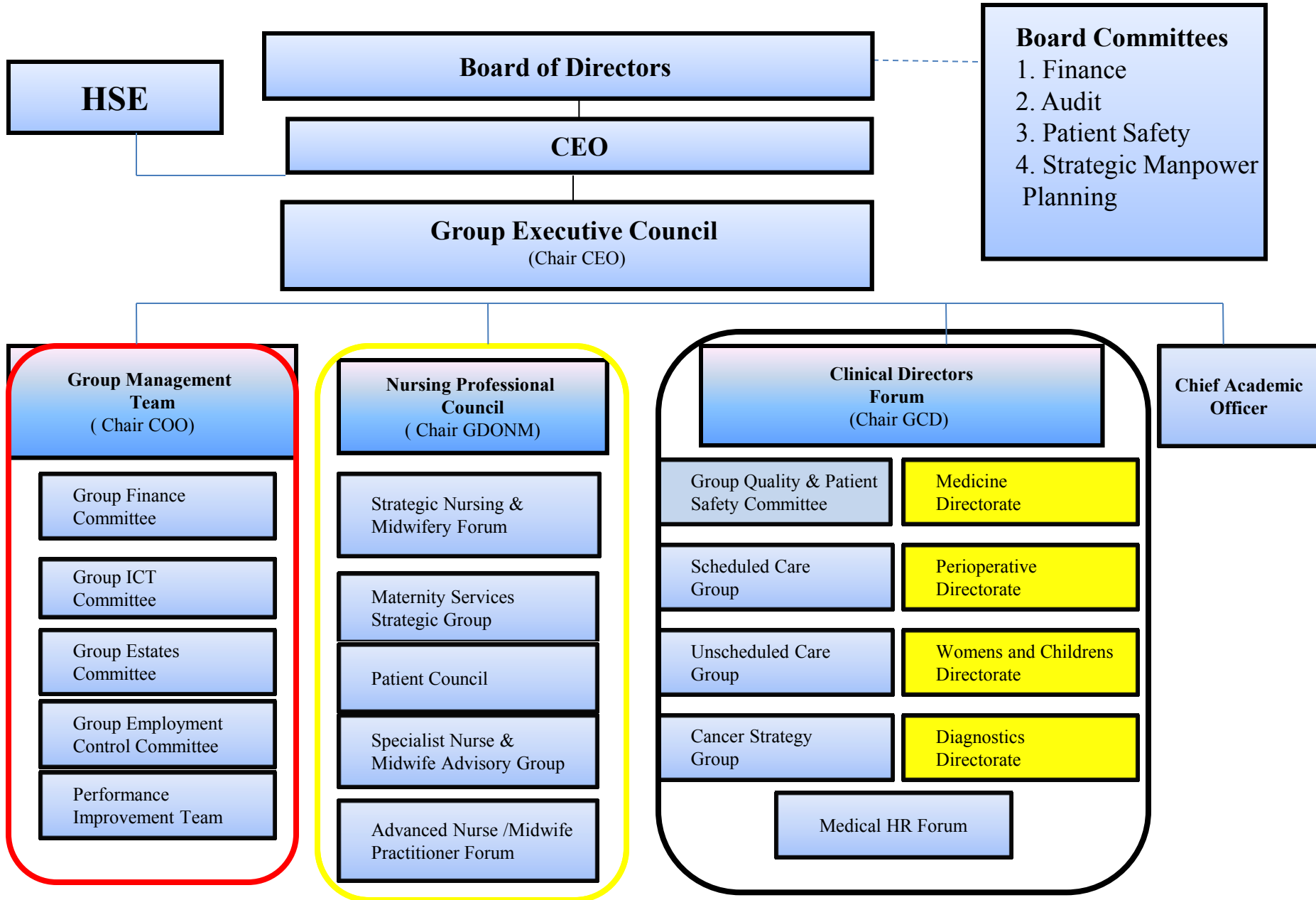
Foundation Strategic Plan 2014-2017

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

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

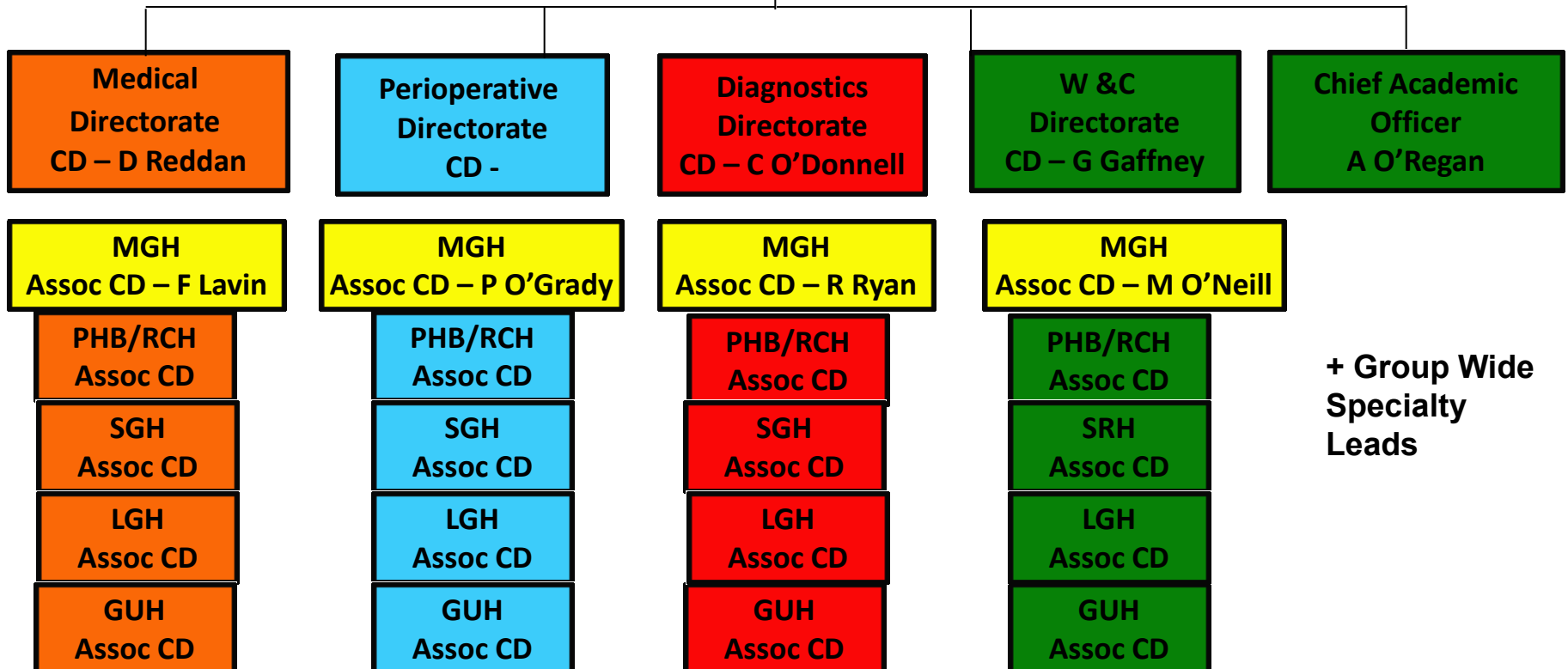
SRH

LGH

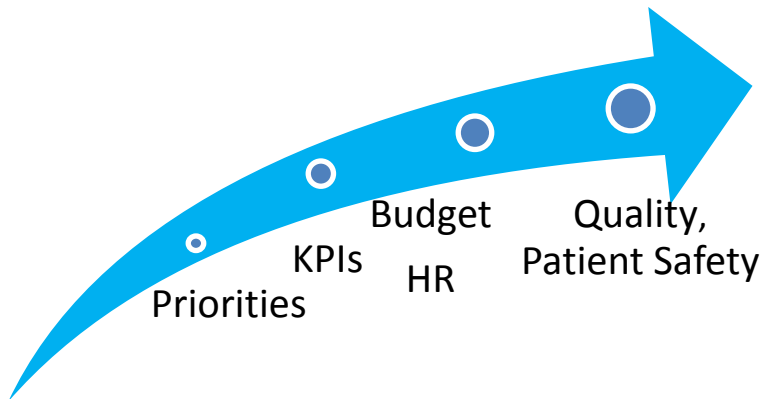
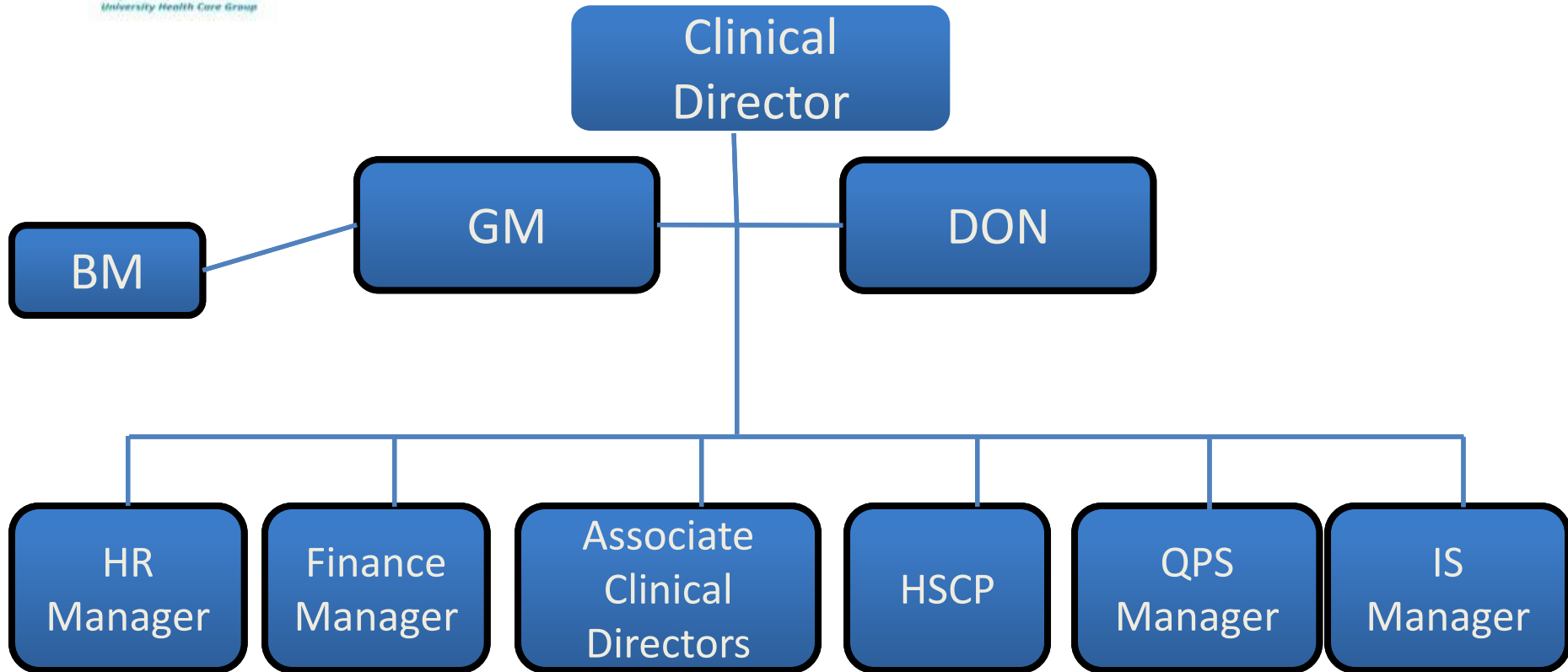
Recommended Model

CEO (Executive Council)

Group Clinical Director (CD Forum)



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



**MAYO GENERAL
HOSPITAL**

**STAFF BRIEFING
2ND JUNE 2015**



- Mayo General Hospital is an integral part of Saolta (West Northwest Hospital Group) since August 2013
- Expanded Hospital group of 7 Hospitals, Galway University Hospital , Merlin Park, Portiuncula (Ballinasloe), Roscommon, Mayo, Sligo and Letterkenny
- Mayo General Hospital provides acute general hospital services to the population of Co. Mayo 130,552 and a proportion of the populations of West Roscommon, North Galway and Sligo.

- Mayo Hospital, Saolta University Healthcare Group

- Mayo General Hospital
 - 306 in-patient
 - 51 day beds.

Saolta



Activity MGH 2013 v 2014

Category	2013 Activity	2014 Activity	2014 Target	Variance Year on year	Variance vs target
Births	1,724	1,738	1,724	0.81%	0.81%
Day Cases	19,763	22,359	19,368	13.14%	15.44%
ED Presentations	34,192	33,704	34,192	-1.43%	-1.43%
Inpatients	19,714	19,051	18,925	-3.36%	-0.66%
Outpatient	61,154	64,932	61,154	6.18%	6.18%

Activity variance year on year - April 2015

Category	2014 Activity	2015 Activity	2015 Target	Variance Year on year	Variance vs target
Births	166	141	166	-15.06%	-15.06%
Day Cases	1,879	1,918	1,879	2.08%	2.08%
ED Presentations	2,996	2,852	2,996	-4.81%	-4.81%
Inpatients	1,699	1,598	1,699	-5.94%	-5.94%
Outpatient	5,771	5,589	5,771	-3.15%	-3.15%

Our Patients

Overall there is a high level of patient satisfaction with services at MGH

1. In an independent survey by Irish Society for Quality and Safety in Healthcare (ISQSH) and University of Ulster
 - 94.4% of people who used our services said they would recommend the MGH to a friend or family member if they needed similar medical attention
 - 96.3% said they were always treated with dignity and respect
2. Internal audits

Our Staff

Headcount 1300

One of the largest employers in Mayo

- 1180 HSE staff (1006 WTE)
- 120 staff employed through contracted services
 - ISS and Aramark
- Mayo General Hospital is an integral part of the community we serve
- Absenteeism 3.63% in April 2015, 3.38% 2014

Commitment to Quality and Safety

- Quality and Patient Safety Symposium, 2014, 2015
- Declaration of commitment to Quality and Patient safety
- National standards
- Patient Safety Flow system - Patient Safety Awards 2015
- Incident Reviews – initiatives
- Quality Matrix
- Protected time for audit and education
- Local ownership with Corporate accountability

Budget 2015

€83m, increased allocation of €6m on 2014 budget

Cost containment

- Elimination of agency costs
- Increase Income

Money follows the patient - Mayo would benefit €1.8m

Budget overview

- Year to date the hospital is overspent by €807K (2.9%) compared to budget.
- There is a negative variance of €210K (-3.5%) compared to the same period in 2014.
- The forecast deficit for 2015 at the end of April is €2.2m.
- Agency costs of €1.2m have been incurred in the first quarter of the year. However the trend across all categories or agency is that agency is reducing month on month.
- Conversion of agency
- Consistently increasing levels of unsubmitted debt/claims waiting consultant action
- Unfunded outsourcing costs of €200K YTD.
- Requirement to implement plan of action in relation to local cost containment responsibilities, in the areas of printing, bad debt recovery and agency reduction.

Service Plan priorities 2015

- Vision/plan for Hospital within Saolta University Healthcare Group
 - Restructuring Governance in line with Directorates
- Medical Department Flow to reduce trolleys
 - Concentrating on 2 day length of stay
 - Capacity - ?Short Stay Ward
 - Maintain PET times
 - Delayed Discharges – additional beds in Ballina
 - Community integration
 - Continued development of Clinical Programmes
 - Show case success of programmes to date
- Waiting Lists – out-patients
 - ENT, Dermatology, Urology and Medicine
 - Improving processes
 - Approval for Consultant Physicians with specialist interest in Gastroenterologist and Respiratory Medicine
 - Out sourcing/Additional clinics

Service Plan priorities 2015

- Waiting list – In-patient/Day Case
 - Additional Orthopaedic Consultant
 - PAC clinics - Multidisciplinary
- HIQA recommendations
 - Hand hygiene
 - Environment
 - Overcrowding in Oncology
- Quality and Patient Safety
 - Activist teams
 - Develop of patient safety and quality team
- Implement Maternity Service recommendations
- Develop MGH as a centre of excellence in intermediate surgery
- ED review

Positive initiatives 2015

- INAB accreditation
- In-patient waiting list on target
- Intermediate Surgery
- Targeted recruitment of Medical staff, Nursing and Allied Health Professions.
 - Restrictions on recruitment of Clerical/Admin staff

Capital Projects

In progress

- Mayo Medical Academy, €2.2 m, October
- Endoscopy/Decontamination Upgrade, €1.8m
- Upgrade in ED, €700,000, end of July
- Cystic Fibrosis Unit, €1.2m opening shortly, July
- High Observation Unit, additional Nursing staff recruited

Hospital Priorities over next 3 years

- Expansion of ED to meet current and future demand
- Medical short stay beds
- Oncology Unit
- Theatre/ICU upgrade and expansion
- Surgical Day Case expansion
- Telemetry

Conclusion

MGH continues to deliver substantial quality improvements during unprecedented challenging environment

Commitment to Quality and Safety

Effective and efficient, Money follows the patients, Mayo would benefit €1.8m

Capacity to do more to meet demand if we address constraints both capital and human resource

We in MGH will work as an integral part of the Hospital Group to ensure that the people of Mayo and the wider population will have easy access to high quality care and services

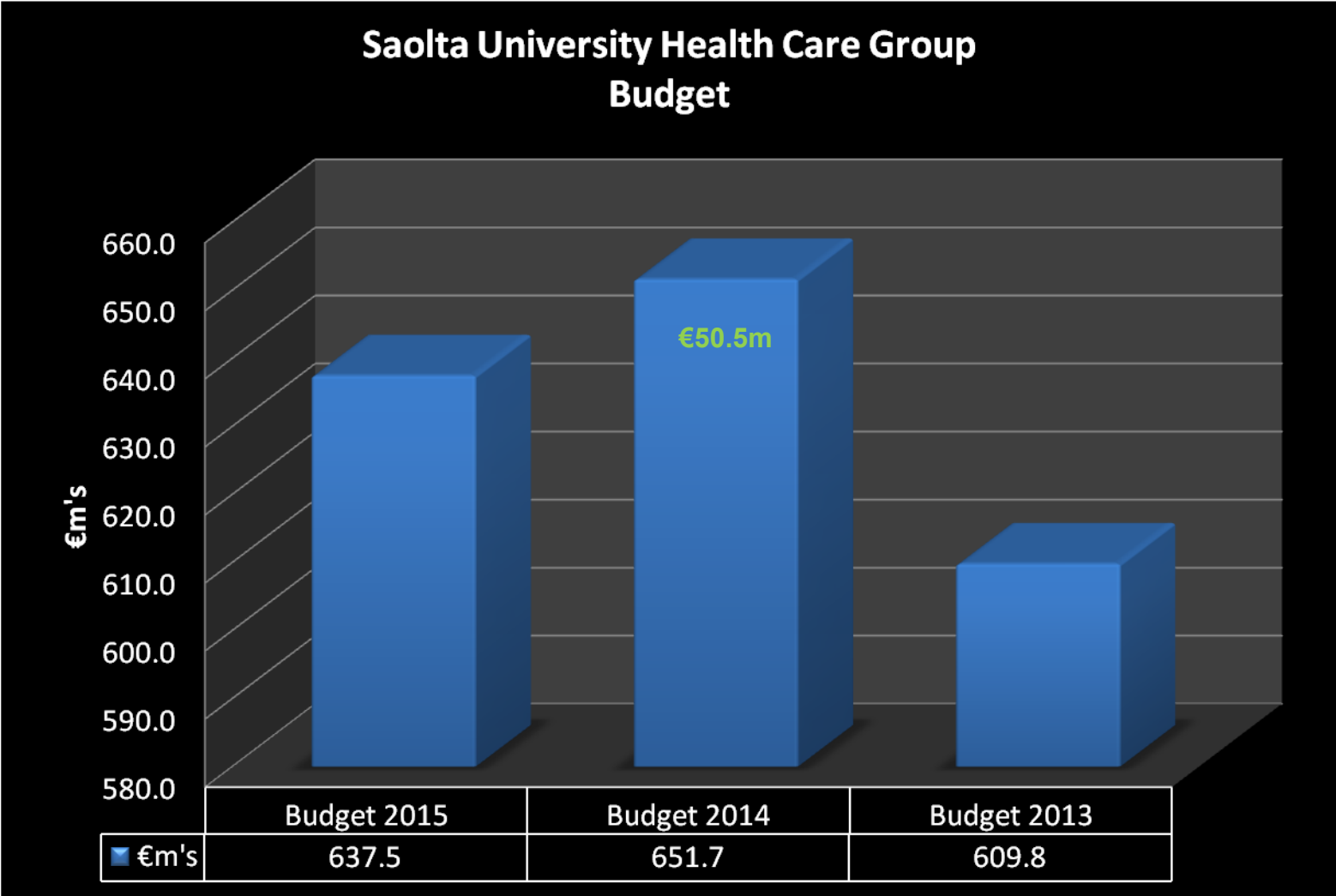
Chief Operating Officer

Performance Metrics

Communication & Engagement

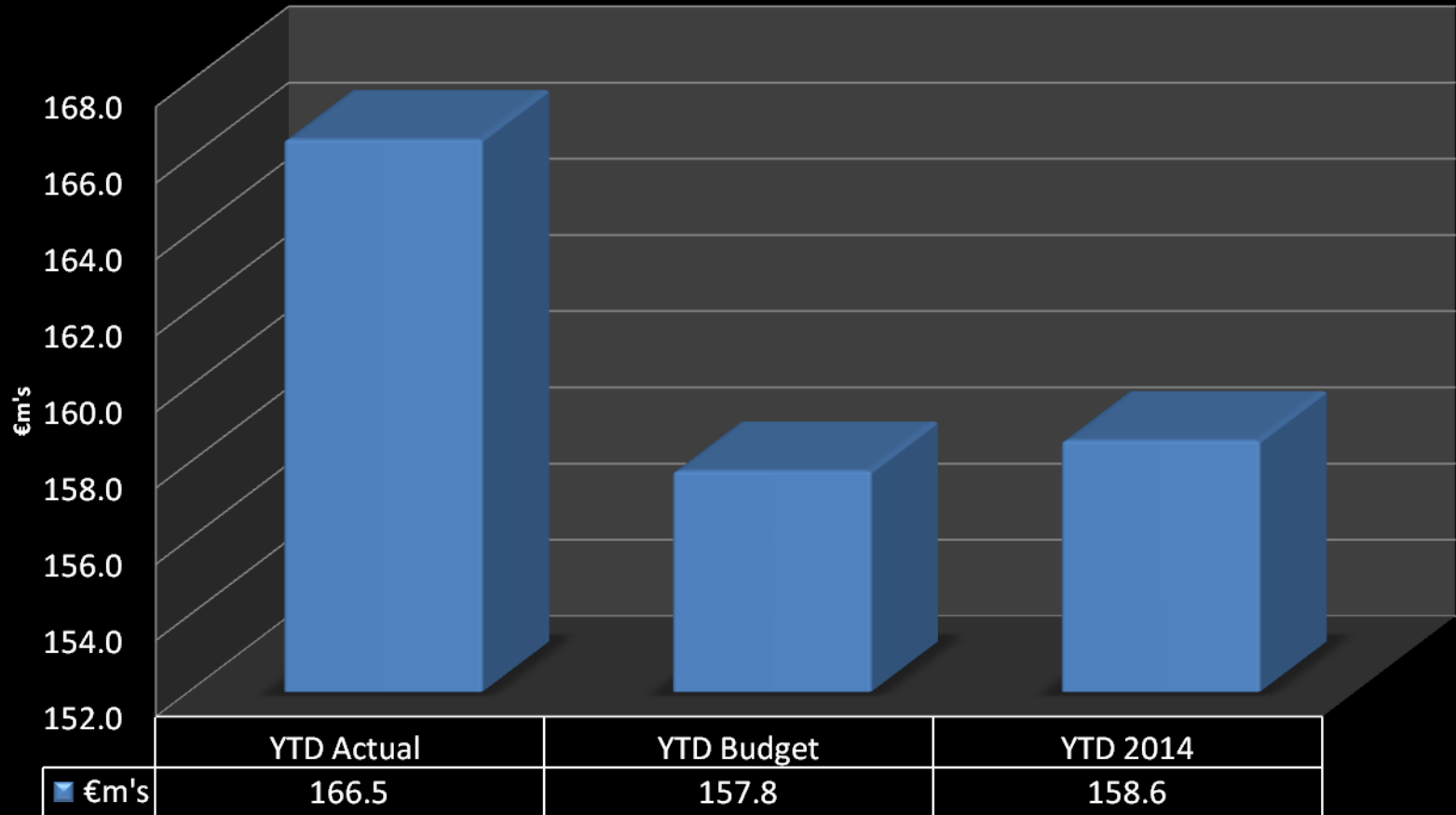
Finance

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



Theme 1 - Better Communication & Engagement

Team Meetings

Group internet

Town Hall Meetings

Group Newsletter

Heads of Department Meetings

Notice Boards

Local site newsletters

Suggestion Boxes

Staff input to local and Group newsletters

Listening forum

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

Roadshows

Quarterly Briefing Sessions for staff

Dignity at Work Sessions for staff

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

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**

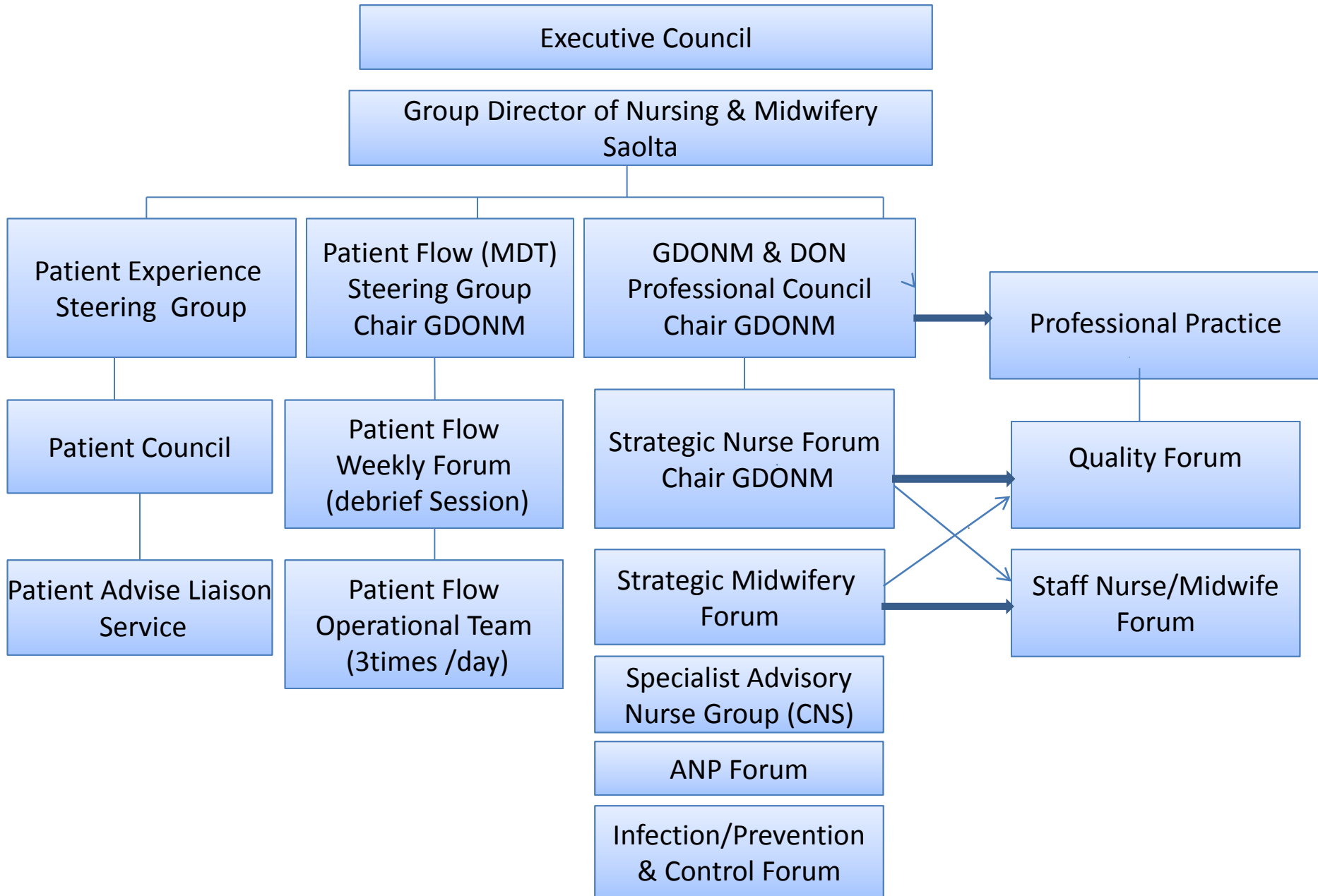
We have **varying degrees of compliance** and completion on each site

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

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



Thank you