



2016 Employee Engagement Road Show

Mayo University Hospital 21st September 2016



Agenda

1. CEO Update on the Saolta University Health Care Group
2. Financial Status
3. Service Challenges
4. Capital Developments
5. Human Resources
6. Group Programme for Service Improvement
7. Patient Safety and Quality

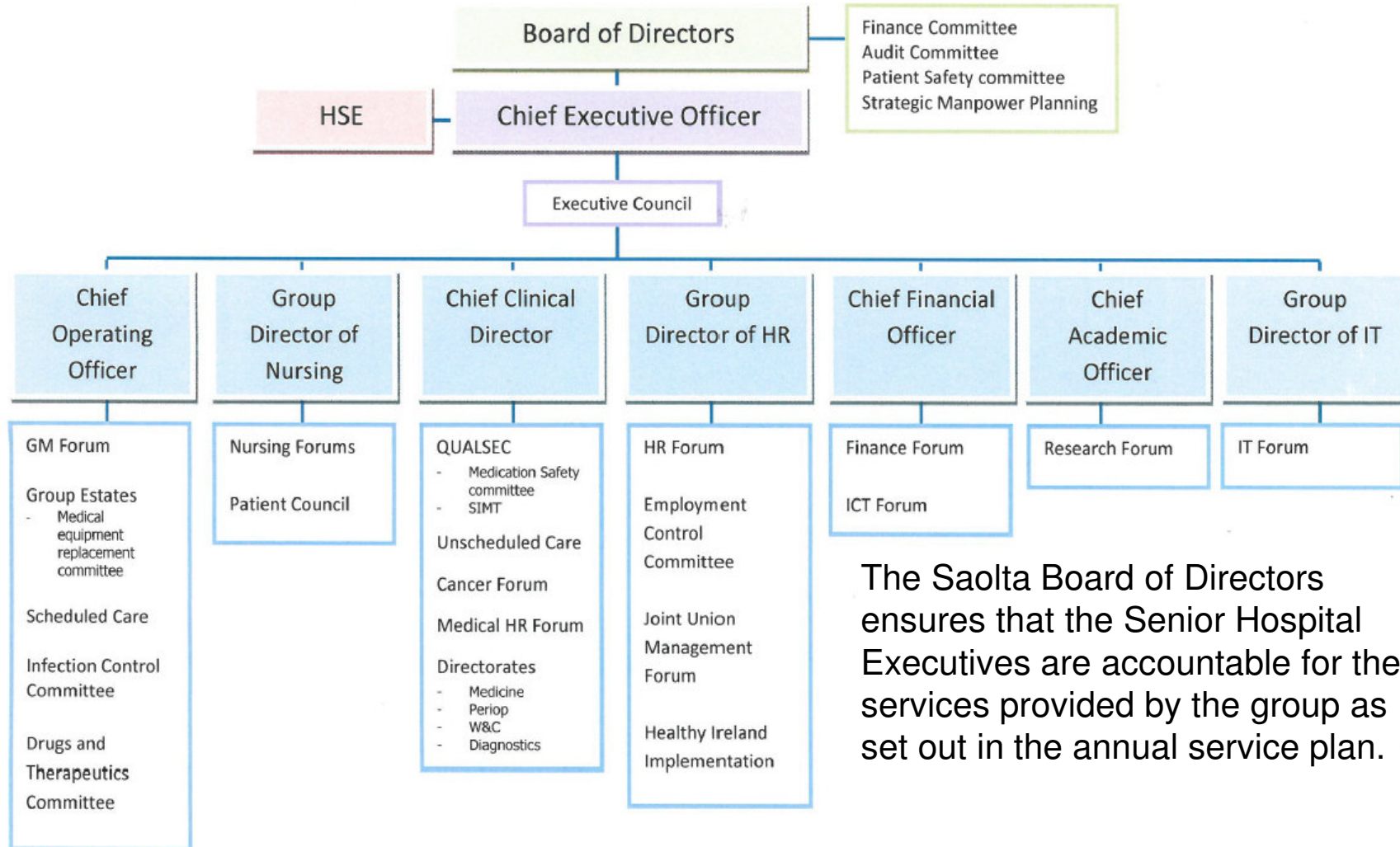


1. CEO Update

- Current status of the Hospital Groups
- Links with Academic Partners
- Accountability Framework
- Operational Issues
- Main Capital Developments in 2016
- Future Developments:
 - Transformation Programme
 - Group ICT 3 Year Plan
 - Capital Projects
 - Group HR Strategy
 - Activity Based Funding

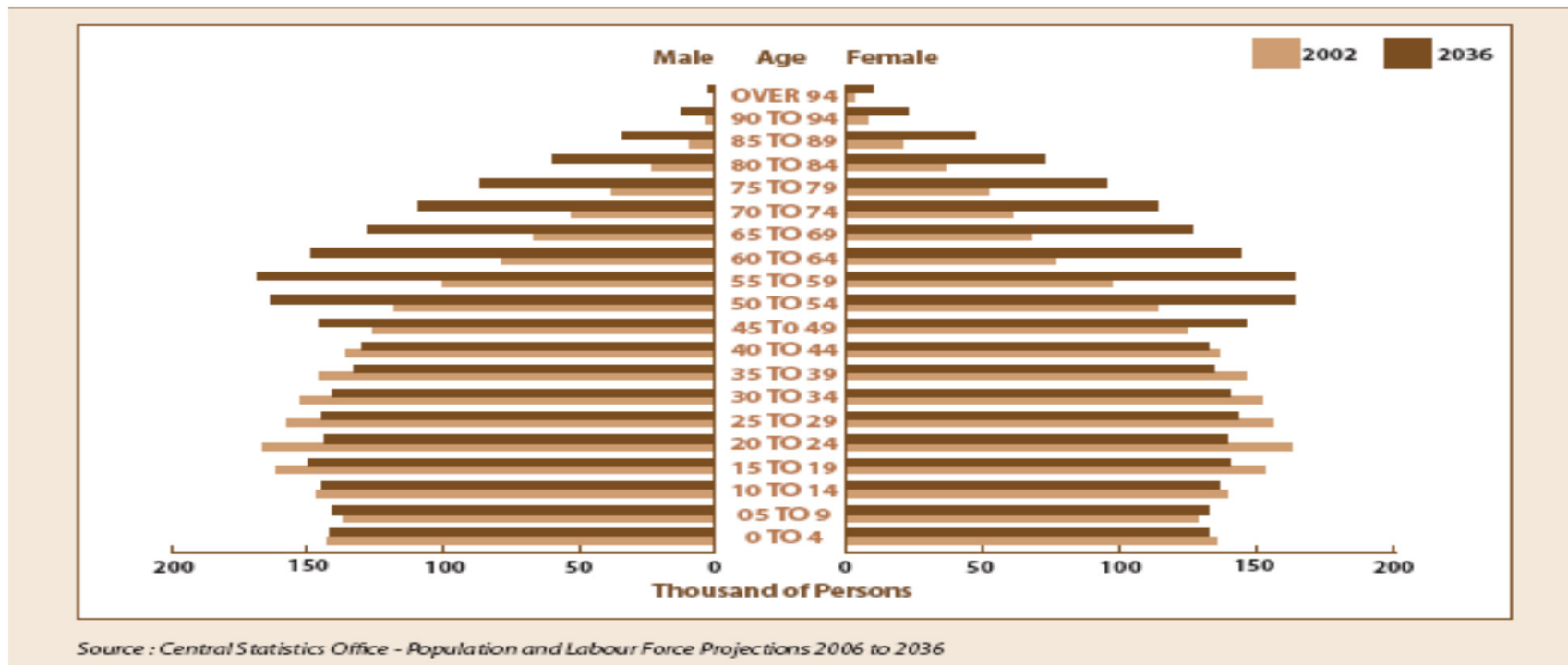


Saolta University Health Care Group Governance Structure



Our Population

- The Saolta region stands at approx 820,000 people. The region consists of the most rural and deprived areas nationally, with a rapidly aging population. The national population of those aged 85 or over, increased by 22% since 2006 Census.
- By 2017, 14% of the population will be over 65 years old.



2. Financial Status

Pre allocation of additional
€500 million

	2016	2016	
	Net Forecast	Budget	Deficit
	€	€	€
Galway	296.3	277.3	-19
Letterkenny	121	109.4	-11.6
Sligo	122.3	111.4	-10.9
Mayo	90.8	86.7	-4.1
Portlincourt	61.3	54.8	-6.5
Roscommon	20.9	18.5	-2.4
GHQ	3.2	3.3	0.1
Total	715.8	661.4	-54.4

Post allocation of additional
€500 million

	2016	2016	
	Gross Forecast	Gross Cap	Var
	€	€	€
	347	345.6	-1.4
	131.9	130.5	-1.4
	137.9	137.2	-0.8
	101.6	101.1	-0.5
	68.6	68.2	-0.4
	23.5	23.3	-0.2
	3.8	4	0.2
Total	814.4	809.9	-4.5

Activity Based Funding

Hospital	2015 Total Expenditure	2015 Inpatient & Daycase Costs	% of Total	2015 Result of ABF based on Average Price
Letterkenny	€125,731,000	€91,317,894	72.6	-2,229,342
Mayo	€96,376,000	€72,491,224	75.2	2,572,800
Portiuncula	€67,361,000	€50,156,323	74.5	-4,262,236
Sligo General	€131,506,000	€88,722,800	67.5	-1,975,830
University Hospital Galway	€333,265,000	€242,262,060	72.7	1,068,889
Group Total	€754,239,000	€544,950,302	72.3	-4,825,719

Saolta Group ABF Plan:

- A significant shift in how we are funded and manage our services
- Plan is in draft format, shortly for presentation to the Exec Council
- ABF will become the basis for financial management for the Group/Directorates

How you can help:

- Point of admission Full list of diagnostics
- Full list of procedures Patient interaction with therapies, specialties, etc
- Register all activity Discharge details to include all the above



3. Service Challenges

Saolta Activity 2015 v 2016

Category	July 2015 Activity YTD	July 2016 Activity YTD	Variance year on year
Births	5548	5473	-1.35%
Daycases	101,498	107,286	5.70%
ED Presentations	111,379	116,310	4.43%
ED Admissions	34,658	33,764	-2.58%
Inpatients	66,026	66,045	0.03%
Outpatient	341,725	357,677	4.67%

Emergency Departments

January to July 2016	Attendances			TrolleyGar		
	2015	2016	% Change	2015	2016	% Change
GUH	37,257	37,614	1.0%	5,319	4,049	-23.9%
LUH	20,983	23,368	11.4%	1,549	659	-57.5%
MUH	20,255	21,785	7.6%	1,477	1,416	-4.1%
PUH	13,606	15,303	12.5%	1,241	347	-72.0%
SUH	20,419	21,052	3.1%	1,551	1,840	18.6%
Saolta Total	112,520	119,122	5.9%	11,137	8,311	-25.4%



Waiting List Targets

- The Scheduled Care priorities identified to year end in the National Service Plan 2016 requires: -
 - no patient will be waiting ≥ 18 months for an elective procedure (inpatient and day case)
 - 95% of adults will be waiting ≤ 15 months for an elective procedure (inpatient and day case).
- The recently launched National Treatment Purchase Fund's Endoscopy Waiting List 2016 Initiative will aim to reduce the waiting list and waiting times for endoscopy procedures for those patients who are currently waiting over 12 months.



Targets by year end 2016

- In light of the increases in the waiting lists the Minister has set specific measures to be undertaken between now and the end of the year.
- **4 Key Actions** have been identified for hospital groups
 1. Immediate clinical validation of all IPDC waiting \geq 15 months
 2. The elimination of those waiting over 36 months as at July 2016
 3. Focus on \geq 18 month IPDC with a focus on reducing same by 50% by year end
 4. Process improvement Programme (with site visits by SDU)

Saolta Waiting Lists

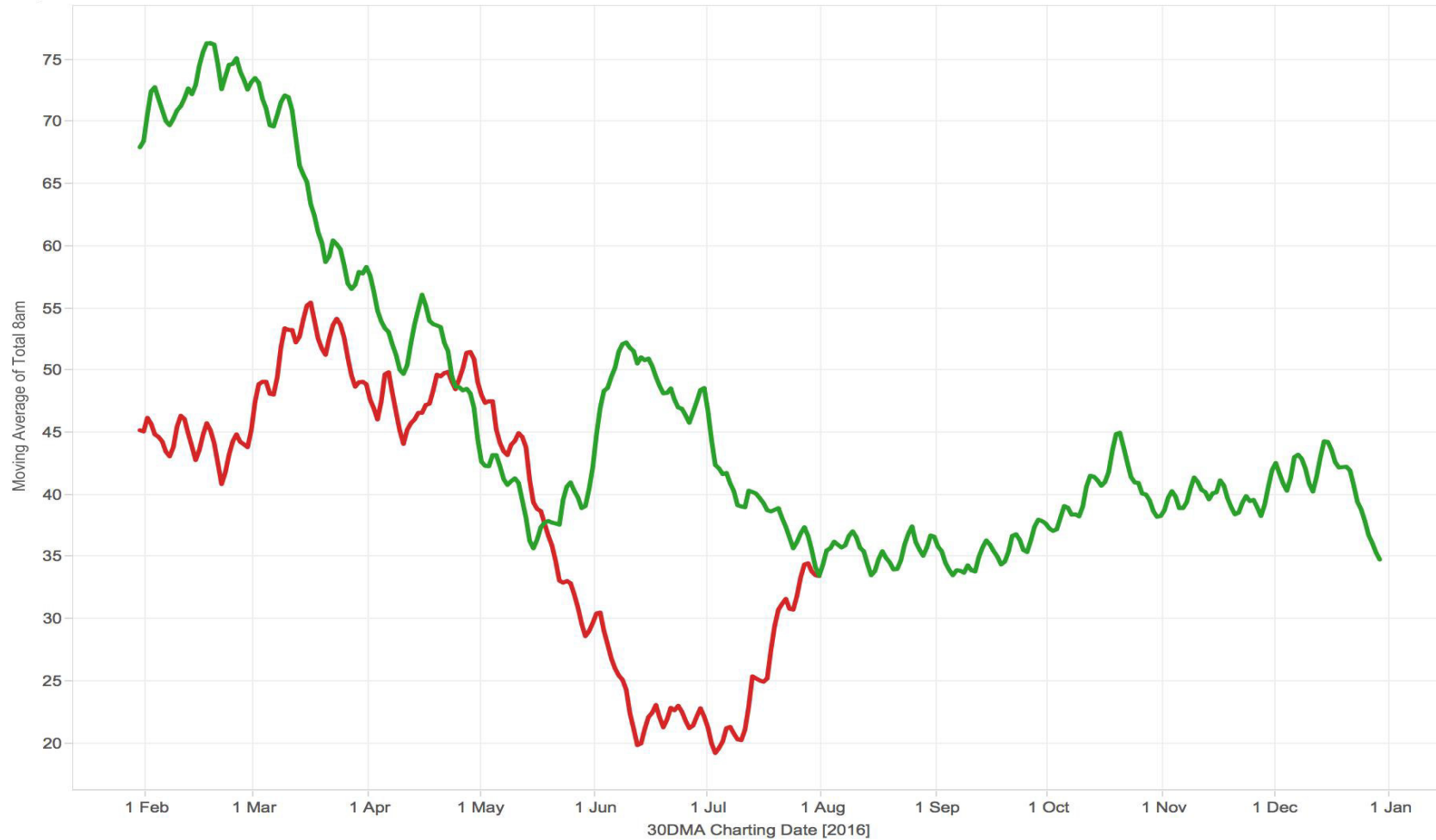
Total Saolta Waiting Lists	Date	Saolta	GUH	LUH	MUH	PUH	RUH	SUH
Total Inpatient / Day Case Waiting List	08/9/16	23,247	13,591	2,458	1,460	176	2,407	3,155
Total Outpatient Waiting List	08/9/16	55,327	25,895	10,736	5,295	2,276	2,287	8,838
Total Scopes Waiting List	08/9/16	3,455	1,839	339	279	30	626	342

Waiting List Breaches

Inpatients	Date	Saolta	GUH	LUH	MUH	PUH	RUH	SUH
15 month Breaches	08/9/16	2721	2544	96	1	0	14	66
18 month Breaches	08/9/16	1544	1481	42	0	0	6	15
36 month Breaches	08/9/16	5	5	0	0	0	0	0
48 month Breaches	08/9/16	0	0	0	0	0	0	0
Outpatients	Date	Saolta	GUH	LUH	MUH	PUH	RUH	SUH
15 month Breaches	08/9/16	5612	2781	1145	1066	70	294	256
18 month Breaches	08/9/16	3214	1412	827	686	21	152	116
36 month Breaches	08/9/16	72	5	61	5	0	1	0
48 month Breaches	08/9/16	25	1	24	0	0	0	0
Scopes	Date	Saolta	GUH	LUH	MUH	PUH	RUH	SUH
Current Breaches	08/9/16	1622	1164	20	186	4	232	16

Saolta 30 Day Moving Average 2015 v 2016

30 Day Moving Average Year to Year Compare
Saolta Healthcare University Hospital Group
Hospital - All



Year of Target Date

- 2015
- 2016



4. Capital Developments

- Blood and Tissue Establishment & Integrated Medical Sciences Laboratory GUH
- Expansion of Endoscopy decontamination Unit MUH
- Endoscopy Unit RUH
- 50 bed replacement ward PUH
- 75 bed Ward Block UHG
- Flood Rebuild Programme LUH
- Development Control Plan MUH
- ICU MUH upgrade
- Upgrade of Medical Ward (A Ward) to provide an additional 6 in-patient spaces
- Medical Academies MUH, SUH, LUH
- Equipment Replacement Programme – all sites



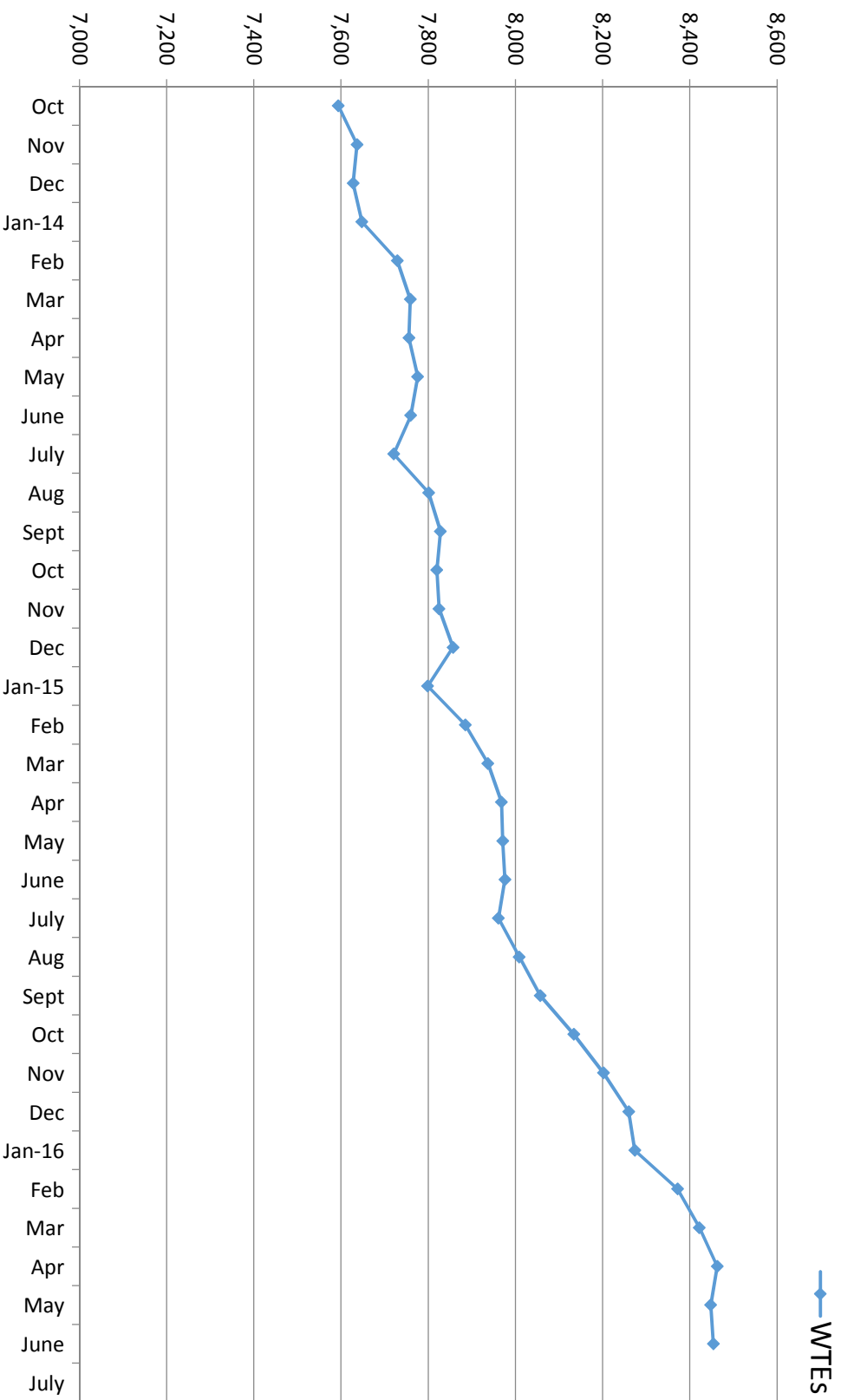
5. Human Resources

- WTE Uplifts
- Absence Trends
- Healthy Ireland
- Human Resources and Staff Engagement



Employment Growth Trend

October 2013 to August 2016





MUH 2012 to 2016

Hospital	EE SUB-GROUP	Aug-12	Aug-16
MUH	AHP	99	120
	CONSULTANT	41	45
	MAIN/TECH	21	21
	MAN/ADMIN	158	153
	NCHD	91	110
	NURSING	427	454
	SUPPORT	132	132
	MUH Total		968

WTEs – lows and highs

	Lowest WTE	Date	Highest WTE	Date	Current WTE (August 2016)	% WTE change lowest to highest	% WTE change lowest to current
GUH	3,006	Oct-12	3,427	April 2016	3,394	14.00%	12.91%
PUB	639	Aug-12	697	August 2016	697	9.08%	9.08%
RUH	268	May-14	297	August 2016	297	9.76%	9.76%
LUH	1,326	Aug-13	1,477	June 2016	1,463	11.39%	10.33%
SUH	1,319	Jan-12	1,544	April 2016	1,528	17.06%	15.85%
MUH	955	Dec-12	1,047	June 2016	1,035	9.63%	8.38%
Saolta	7,594	Oct-13	8,547	April 2016	8,514	12.55%	12.11%



HR Summary

- Since October 2013 Saolta has added 836 WTEs (not including OLHM)
- + 369 WTEs September 2015 to August 2016
- 194 WTEs in the first half of this year (22.4% of the total increase in the Acute Hospitals Division)
- Saolta hospitals have an additional 191 WTEs on the payroll each week through agencies

Absence Levels

	Aug 2015	Jan 2016	July 2016
GUH	4.13%	3.72%	3.10%
PUB	3.47%	3.98%	3.86%
RUH	5.70%	3.41%	5.35%
LUH	5.12%	4.57%	3.97%
SUH	4.76%	3.98%	3.70%
MUH	3.14%	3.96%	3.69%
Saolta	4.27%	3.95%	3.54%



Healthy Ireland

- Saolta Healthy Ireland Plan launched by An Taoiseach in Oct 2014
- 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
- Site-based Implementation Groups are being set up
- Aim to make very significant progress between now and 2017



Staff Engagement

- 2016 Survey recently completed
- Currently being analysed with reports to issue and summaries to all staff
- Will benchmark against previous results
- Have included some additional areas



6. Saolta Programme for Service Improvement

- National Programme- (formally Systems Reform Group)...
 - Hospital Groups/ CHOs/ NAS/ Corporate Services
- Within Saolta:-
 - Working group meeting since Jan 16
- Workstreams :-
 1. Saolta Clinical Services Strategy Project
 2. Saolta Integrated Governance Project
(Communications /Change Mgt)



Clinical Strategy - Why ?

- Need clear vision for delivery and further development of clinical services across all hospitals within the Saolta Group
 - Based on best practice – cognisant of the group layout
- Set a roadmap for the way forward
 - high quality, timely and consistent clinical care
- Need to ensure **safe, sustainable and services** across the Saolta Group for each speciality making the best use of all resources on each site.



Clinical Services Strategy Project - Update

- Each Speciality to develop a group-wide 5 year clinical strategy by end Quarter 1 2017
- These will be integrated with current hospital site strategies into directorate strategies and an overall Saolta clinical strategy
 - Set the vision for the coming 5 years
- Engagement has commenced – with specialty groups
 - “as is”
 - Best practice?
 - Setting strategy for that specialty for the next 5 years.
- Critical to the overall Hospital Group Integration plan
- Led by Elaine Dobell supported by PwC



Integrated Governance Project:- Why Change?

- Want to improve quality, safety and access for patients by developing an integrated, clinically driven governance structure across hospitals within the Saolta group
- Currently multi layered governance structures – site, directorate and corporate structures
 - Lack of clarity re accountability, responsibility and authority
- Need :- integrated governance structures along clinical pathways
 - Optimise utilisation of all staff and other resources across the group focusing on standardising patient care across the sites .



Saolta Integrated Governance Project (Aim):-

- To develop a model for enhanced integrated governance structure across the Saolta group.
- This will be based on cross site, integrated, and clinically driven management structures that facilitate optimal patient care
 - Clinical business units
- Fundamental concept:- to move from the current site based management structure to group wide clinically driven governance structures



Saolta Integrated Governance Project

- Small representative group (GM, DON, CD, AHP – led by chief CD) working to create a potential model
- Engage with all stakeholders to refine and develop model
- Develop an implementation plan
 - Programme lead – Pat Nash
 - Programme Manager – Jo Shortt



7. Patient Safety and Quality

Structure

- Group Clinical Lead – advertised
- Group Quality and patient safety manager (John McElhinney)
- Directorate QPS leads
- Site QPS staff



Patient Safety and Quality

Risk Management:

- Serious Incident management Team
- Risk management Group
- Risk register

Quality Improvement Team (Recruitment ongoing)

- HIQA standards/National recommendations – compliance audit
- Policies/Procedures/Protocols/Guidelines development – compliance audit
- Clinical audit

Infection Prevention and Control Group:

Drugs and Therapeutics Committee (Medication Safety)



Thank You

Questions & Answers