# Employee Engagement Road Show

## University Hospital Galway
### July 2015.

# What we will cover……………….

Governance

Board Governance – NED (GMcM)

Executive Governance – FMcH

Challenges and Priorities – MP

Communications  - CM

GUH presentation - AC

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
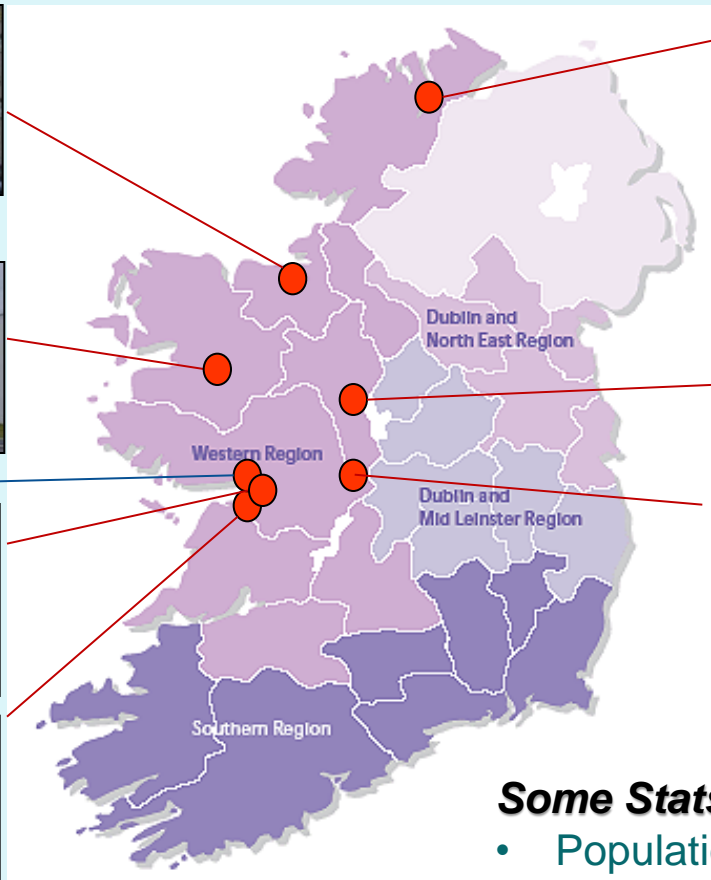


**Sligo Regional**

**Mayo General**

**NUI Galway**

**University Hospital & Merlin Park**

**Letterkenny General**

**Roscommon**

**Portiuncula**

## 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

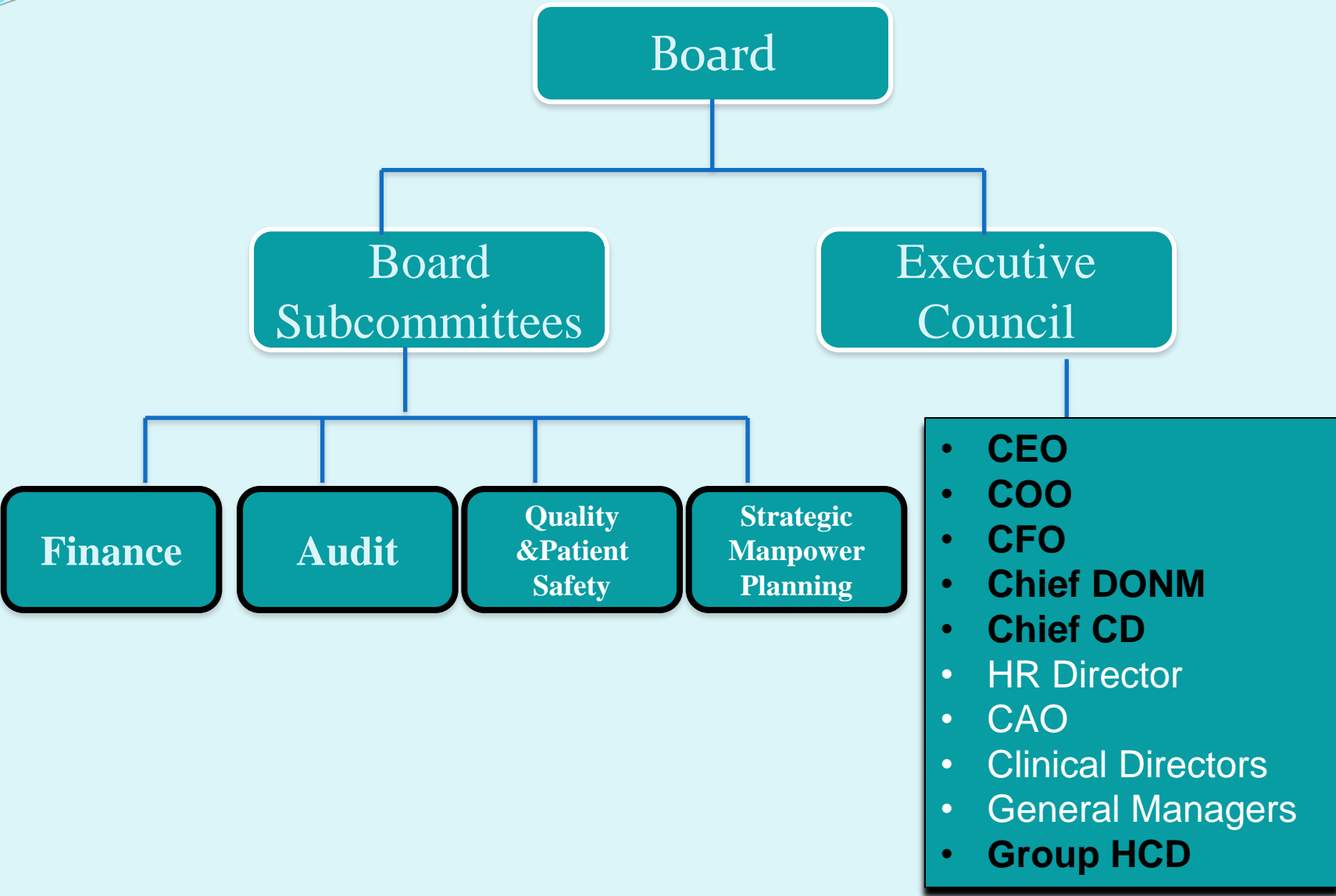Ms Jean Kelly Chief Director
of Nursing and Midwifery

Mr Tony Baynes
Chief  Financial Officer

Ms Fiona McHugh
Board Secretary & HCD

# Governance - Board Structure

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                            ┌─────────────┐
                            │    Board    │
                            └──────┬──────┘
                ┌──────────────────┴──────────────────┐
        ┌───────┴────────┐                    ┌────────┴────────┐
        │     Board      │                    │   Executive     │
        │ Subcommittees  │                    │    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

Staff Engagement Roads Shows

Cross Border Initiatives

Executive Walkabouts

Hand Hygiene Training

Foundation Strategic Plan 2014-2017

Annual CEO Awards

Universal Health Insurance

Ministerial Visits
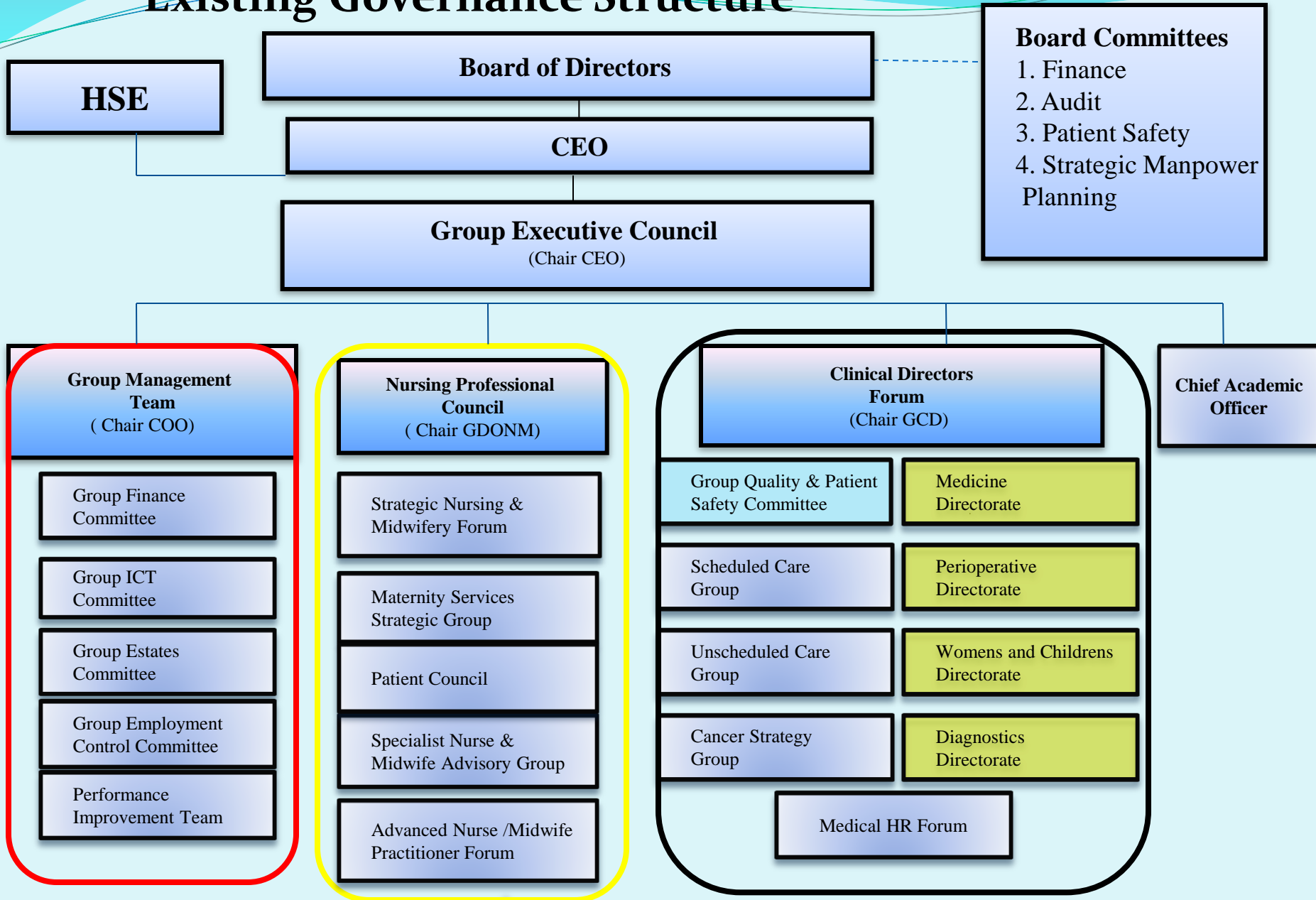
Friends of Hospitals

Patient Council

Sub Committees of Board

Memorandum of Understanding

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.

# Existing Governance Structure

**Board of Directors**

**CEO**

**Group Executive Council**
(Chair CEO)

**HSE**

**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
- Medicine Directorate
- Perioperative Directorate
- Womens and Childrens Directorate
- Diagnostics Directorate
- Medical HR Forum

**Chief Academic Officer**

# Clinical Directorate Structure
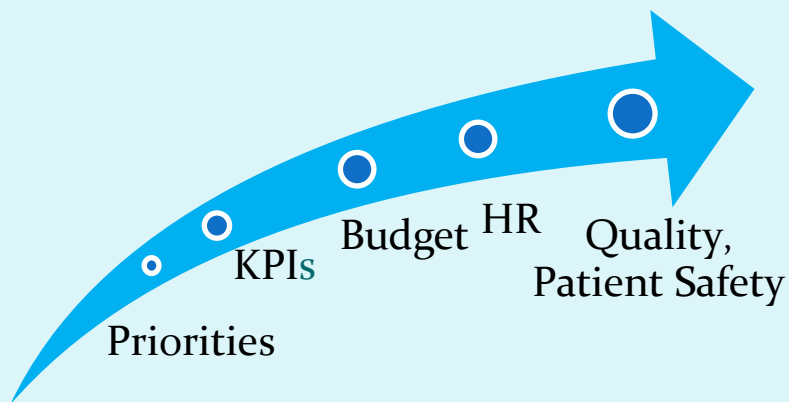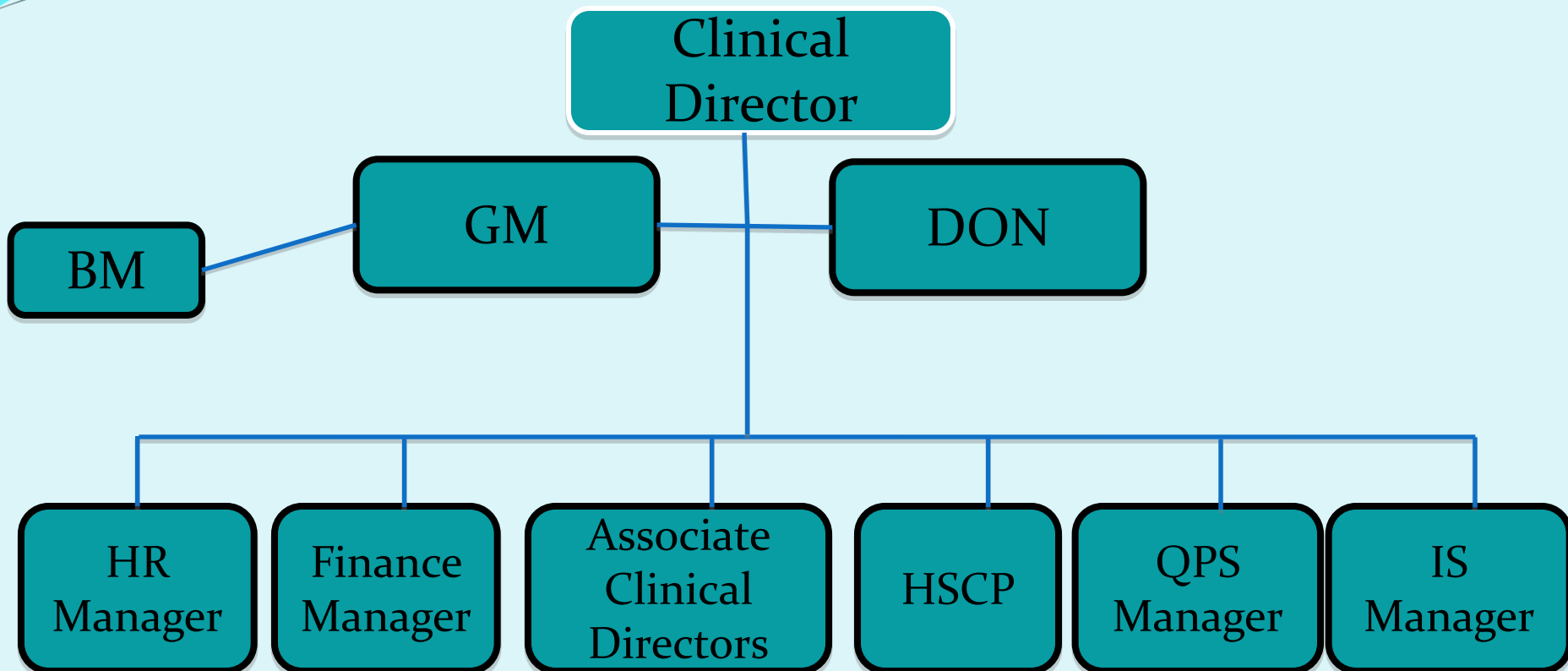
## Challenges we face - External

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

| Internal Communications | External Communications |
| --- | --- |
| 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 ||

# Communications Digital Media



Twitter     LinkedIn     e-Newsletter     Saolta Website

**GUH
Staff Briefing (UHG)
7th of July 2015**

# Employee Engagement  Local Implementation Group

Ms. Ann Cosgrove, General Manager

Mr. Geoff Ginnetty, Services Manager

Ms. Mary Hynes, Human Resources Manager Unit

M. Julie Nohilly, Acting Director of Nursing

Ms. Maura Mullin, ADON, MPUH

Mr. John McNamee, Supervisor, HSSD

Ms. Sarah Mooney, Clinical Specialist Radiographer

Ms. Ursula Kilbane, ASO, Surgical Department

Ms. Martina O'Connor, Haemovigilance Dept.

Ms. Hannah Kent, Nurse Practice Development Co-ordinator

Mr. Sean Walsh, Portering Services

Ms. Emma Croke, Finance Department

Mr. Andre Davies, CNM II, Acute Medicine

MS. Ailish Mohan, Staff Officer, HR

Ms. Judith  McLucas, Business Manager

Dr. Amy Purcell, SHO, Respiratory, MPUH

Dr. Amy Purcell, SHO, Respiratory, MPUH

Dr. James Gleeson, SPR, Neurology, MPUH

Ms. Pauline Burke, OT Manager

## 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

# Galway University Hospital Key Priorities

- Quality and Patient Safety

- Achieve Activity Targets
    Inpatients, outpatients, day cases, Emergency Department
      presentations, Births and outpatients

- Deliver National Targets
    Inpatient and outpatient waiting lists.
    Emergency Department/Unscheduled Care

- Continued control and prevention of HCAIs

- 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

- May 2015 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
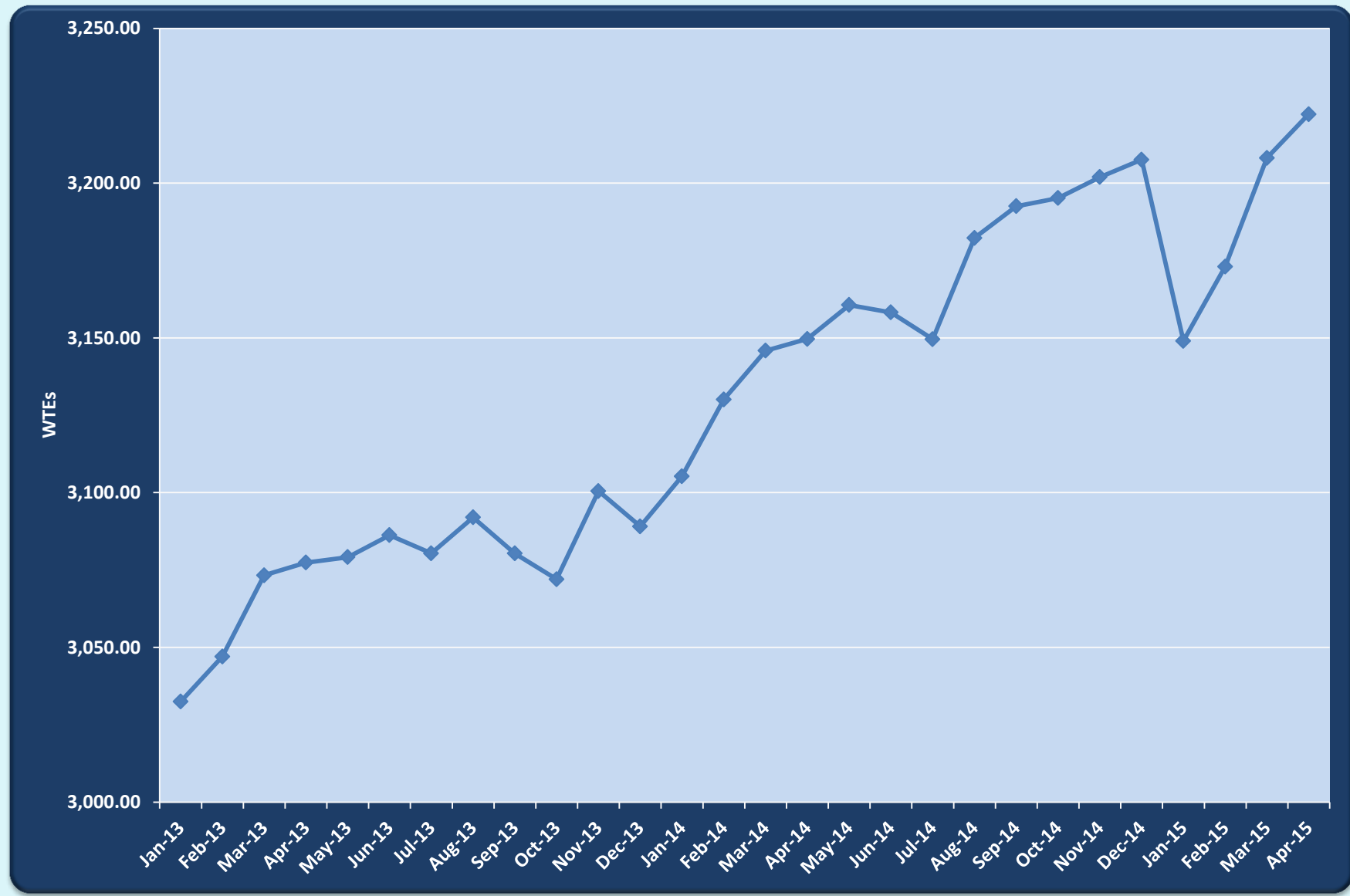
# ED Patient Experience Times – Admitted Patients
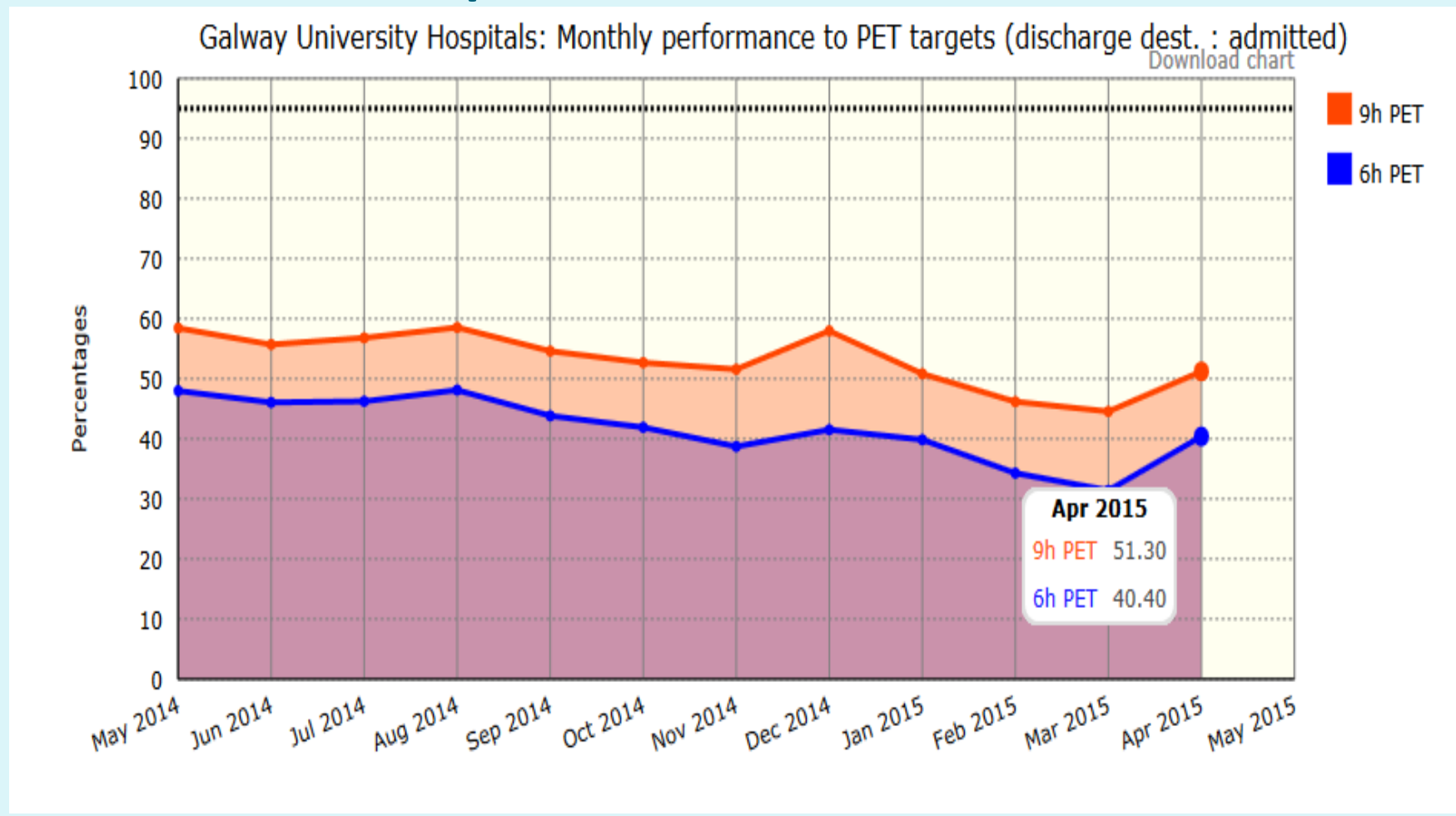


Target:- 95% within 6hrs, 100% within 9hrs

# ED Patient Experience Times – Non- Admitted Patients



Galway University Hospitals: Monthly performance to PET targets (discharge dest. : non-admitted)

Apr 2015
9h PET 80.80
6h PET 62.10
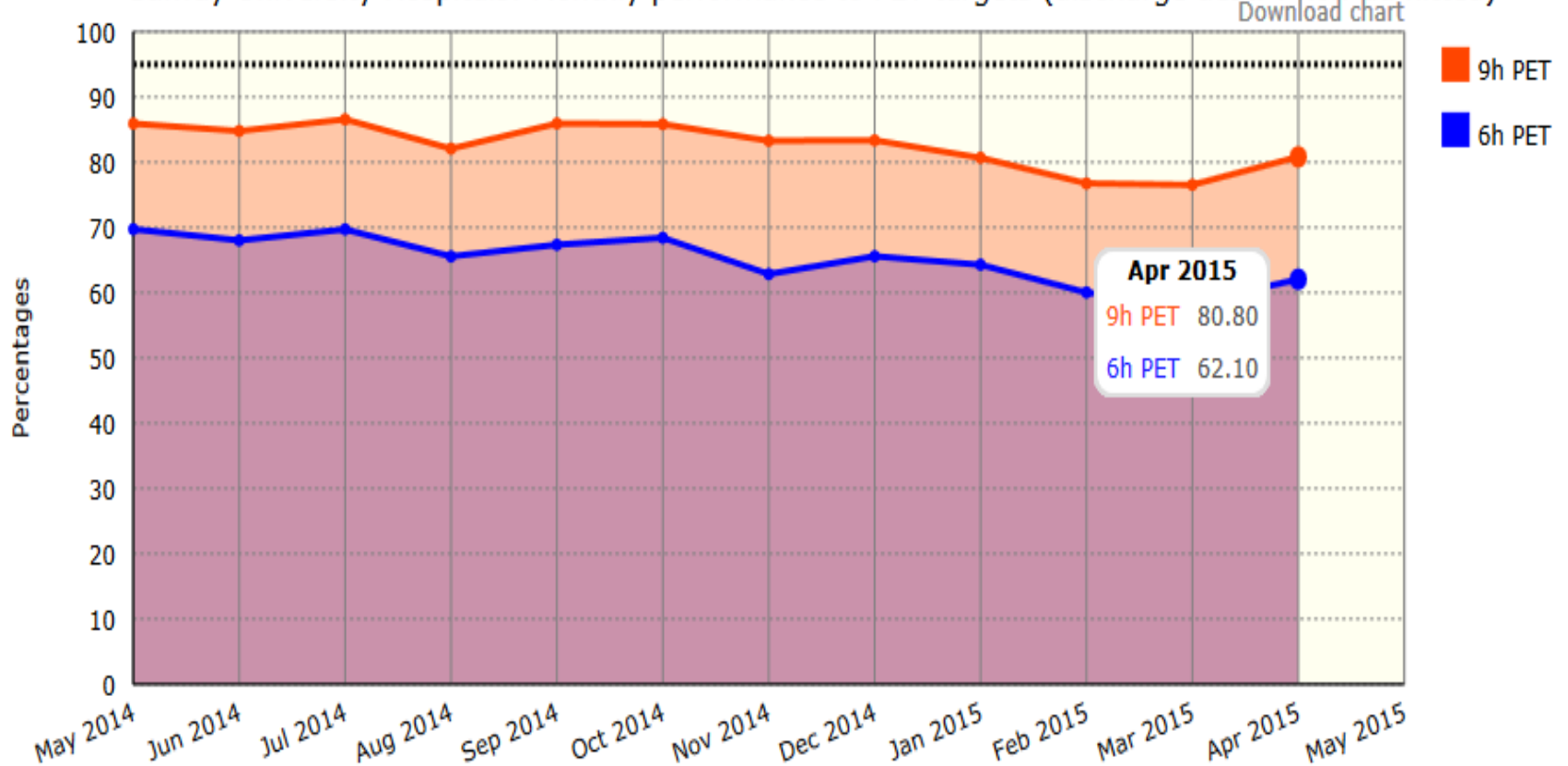
**Target:- 95% within 6hrs, 100% within 9hrs**

# Activity 2014

| Category | Previous Activity | Current Activity | Target Activity | Variance year on year | Variance vs target |
|---|---|---|---|---|---|
| Births | 3144 | 2754 | 2889 | -12.40% | -4.67% |
| Day cases | 81580 | 86285 | 79134 | 5.77% | 9.04% |
| ED Presentations | 63827 | 62100 | 63827 | -2.71% | -2.71% |
| ED Admissions | 15121 | 15653 | 15121 | 3.52% | 3.52% |
| Inpatients | 38482 | 38336 | 38528 | -0.38% | -0.50% |
| Outpatient | 232489 | 245134 | 232489 | 5.44% | 5.44% |

# Activity May 2015

| Category | YTD Actual | 2014 YTD Actual | % Variance against Target |
|---|---|---|---|
| Births | 1220 | 1291 | -5.5% |
| Day cases | 37349 | 35405 | 5.5% |
| ED Attendances | 25772 | 25830 | -0.2% |
| ED Admissions | 6798 | 6531 | 4.1% |
| Inpatients | 15872 | 16022 | -0.9% |
| Outpatient | 104437 | 102210 | 2.2% |

This table shows activity against actual performance for the same period in 2014.

Activity end of May 2015 v end of May 2014

# Cancer Services

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 2015-2016 National Strategy

Cancer Strategy Group – Chair Prof Michael Kerin     Cancer Information Team in place

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

Plan for the transfer of Rectal Cancer surgery to GUH

Screening Programmes     Rapid Access Clinics
    Breast Check     Prostate
    Cervical Check     Lung
    Bowel Screen Commenced – Q1 2014

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**

CRF/TRF – Official Opening September 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

Rehabilitation Unit MPUH

**To be Progressed**

Replacement Emergency Department

Elective Endoscopy on MPUH site

Adolescent Unit

Car parking

# Key Challenges

- Hospital Capacity

- Sustained Increase in Emergency Admissions

- Financial Management

- Staff Recruitment and Retention

- Access Targets
  - ED – Patient Experience Times
  - Waiting List – inpatient, day cases and outpatients

- 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 – Portering/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 to GUH in 2014

Transcatheter Aortic Valve Implantation (TAVI) Service

Interventional Radiology GUH – only hospital in Ireland and 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.**
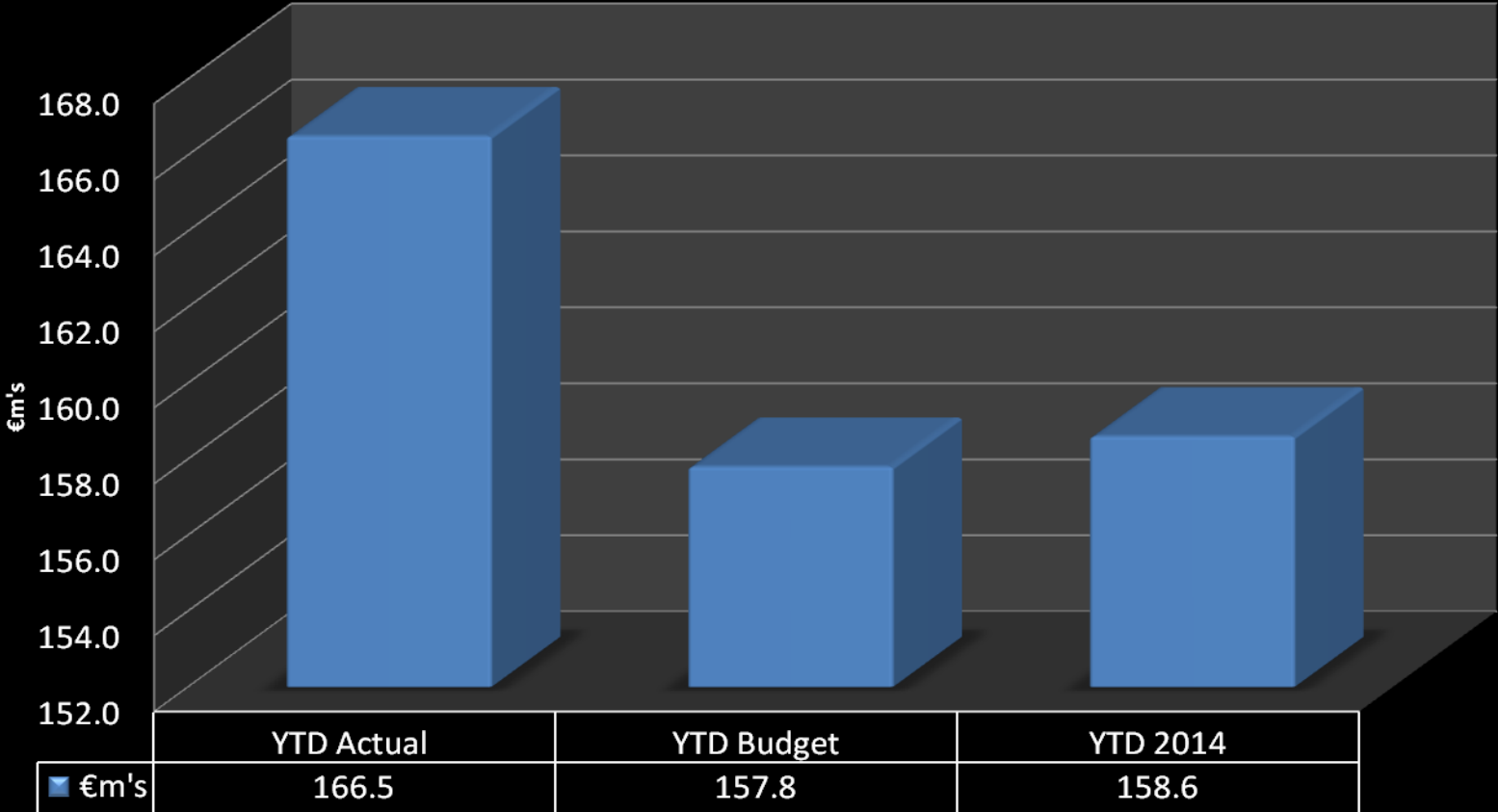
**Clean Hands Save Lives**!

# Chief Operating Officer

## Performance Metrics

## Communication & Engagement

# Expenditure as at end March 2015



**Actual 2015 v Budget 2015 v Last Year**

| €m's | YTD Actual | YTD Budget | YTD 2014 |
|---|---|---|---|
| €m's | 166.5 | 157.8 | 158.6 |

# 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

Executive Council

Group Director of Nursing & Midwifery Saolta

Patient Experience Steering Group

Patient Flow (MDT) Steering Group Chair GDONM

GDONM & DON Professional Council Chair GDONM

Professional Practice

Patient Council

Patient Flow Weekly Forum (debrief Session)

Strategic Nurse Forum Chair GDONM

Quality Forum

Patient Advise Liaison Service

Patient Flow Operational Team (3times /day)

Strategic Midwifery Forum

Staff Nurse/Midwife Forum

Specialist Advisory Nurse Group (CNS)

ANP Forum

Infection/Prevention & Control Forum

# 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

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

Digital signage roll-out across sites (Q4 2015)

Group internet – **www.saolta.ie**

Group Social Media Twitter *@saoltagroup;* Linkedin

Group Newsletter – ***Saolta e-Newsletter***

Notice Boards

Suggestion Boxes

Listening forum

Roadshows

Dignity at Work Sessions for staff

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

# 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