Employee Engagement Road Show

Portiuncula General Hospital Ballinasloe

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
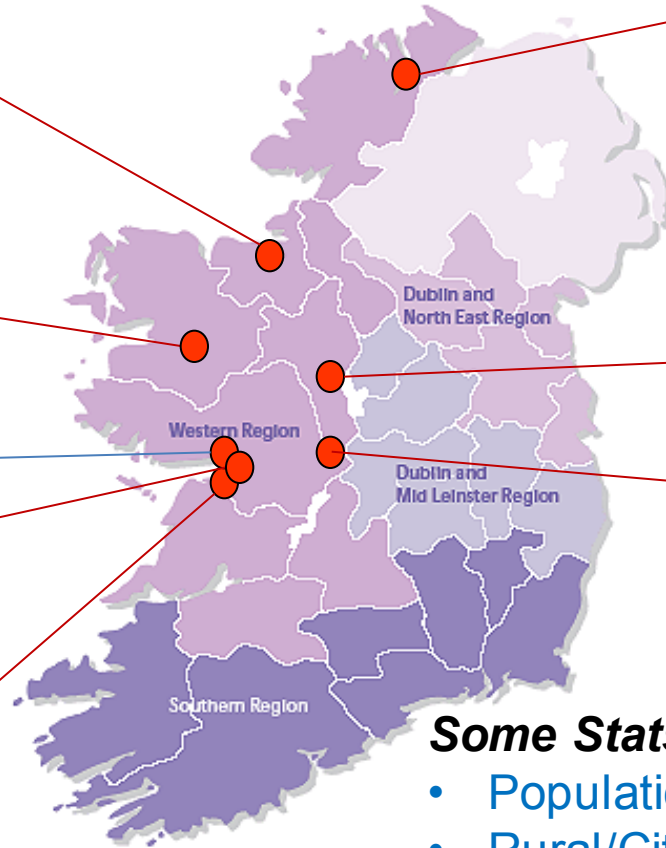
Sligo Regional

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

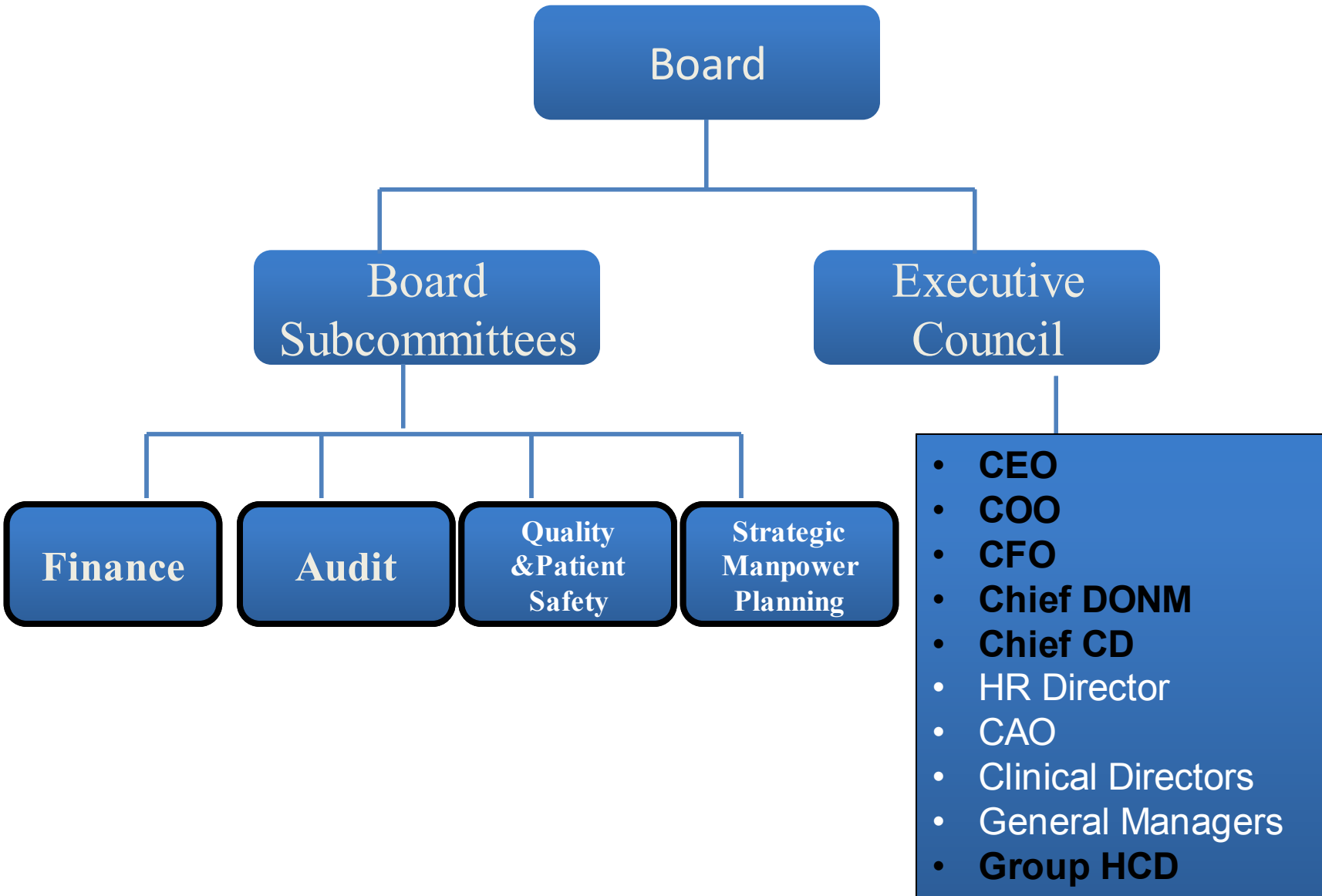Ms Jean Kelly Chief Director
of Nursing and Midwifery

Mr Tony Baynes
Chief Financial Officer

Ms Fiona McHugh
Board Secretary & HCD

Governance - Board Structure

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                          │    Board    │
                          └──────┬──────┘
              ┌──────────────────┴──────────────────┐
    ┌─────────────────┐                    ┌─────────────────┐
    │      Board      │                    │    Executive    │
    │  Subcommittees  │                    │     Council     │
    └────────┬────────┘                    └────────┬────────┘
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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
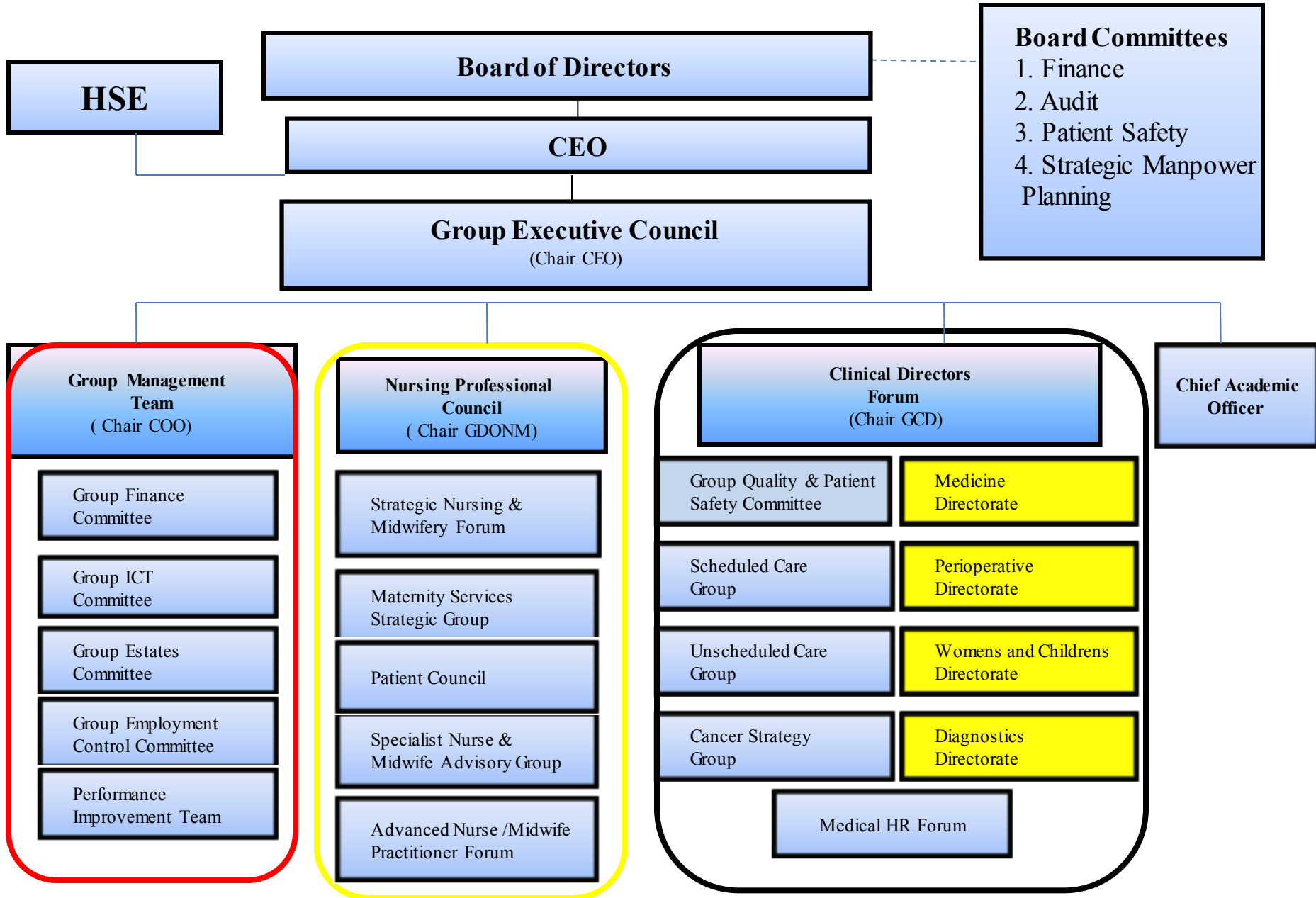
This is not an exhaustive list, but gives a flavour of the Board's activities during 2014 and 2015 and without your help could not have been achieved.

Existing Governance Structure

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
- Medicine Directorate
- Scheduled Care Group
- Perioperative Directorate
- Unscheduled Care Group
- Womens and Childrens Directorate
- Cancer Strategy Group
- Diagnostics Directorate
- Medical HR Forum

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
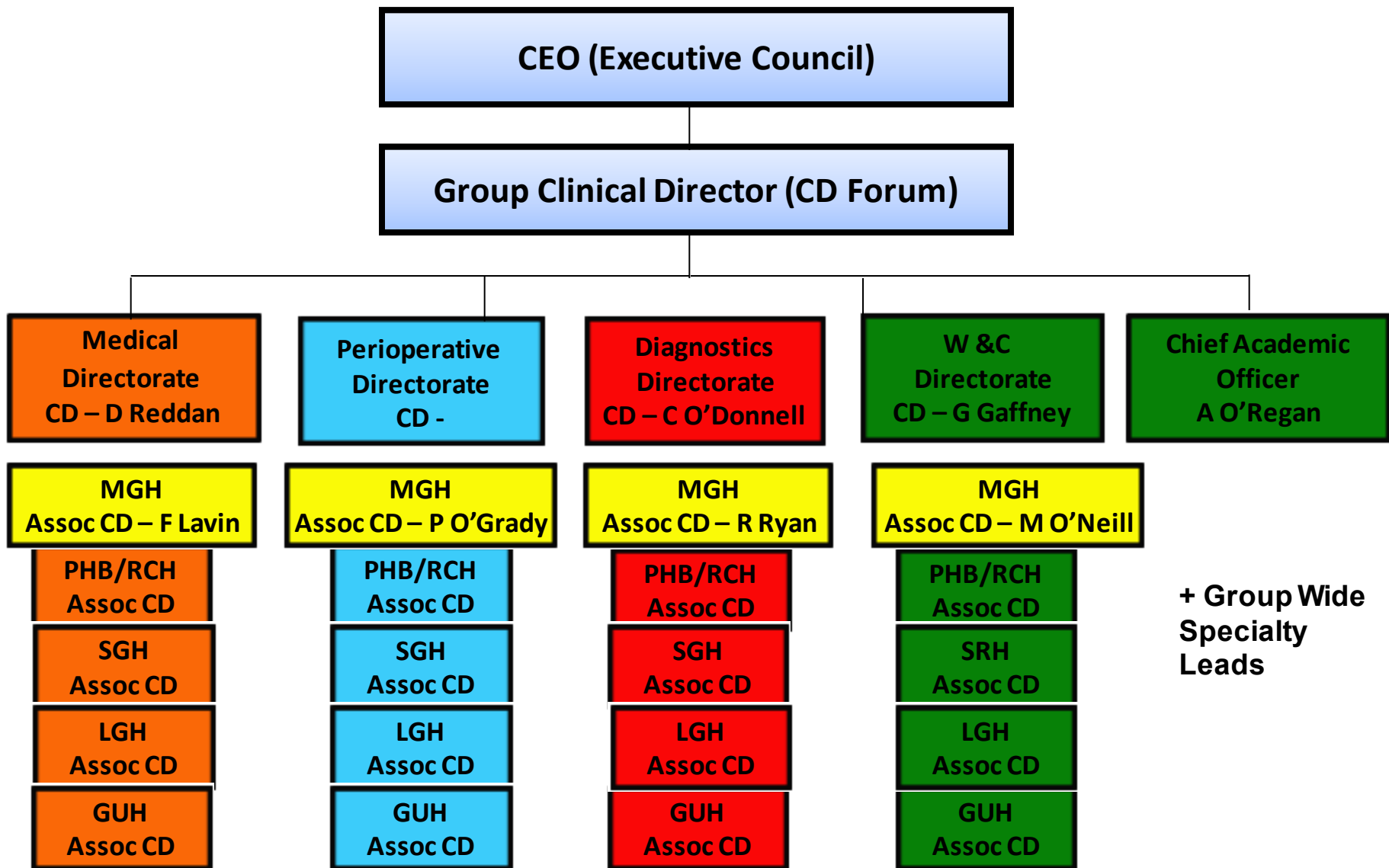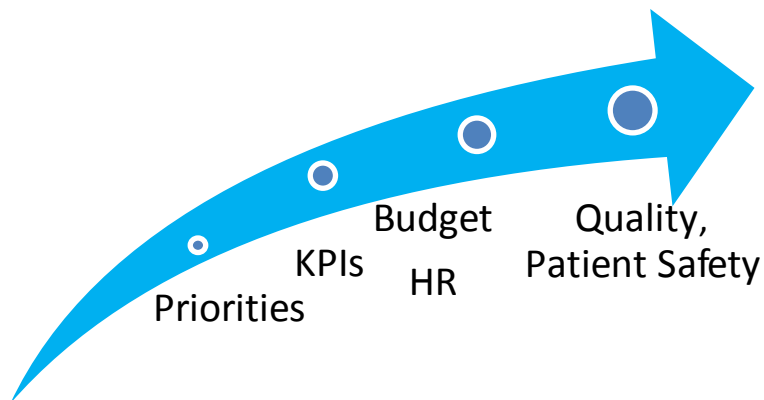
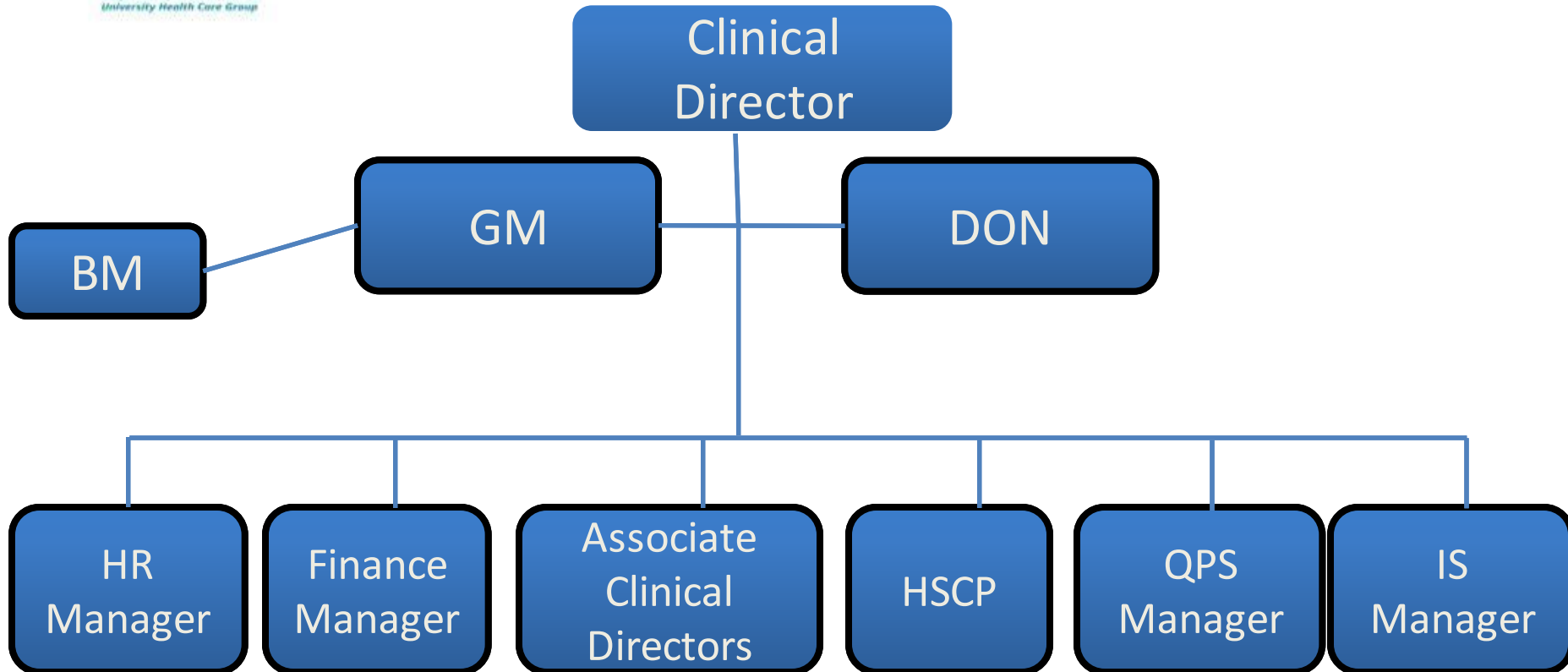**Group CD – Womens and Childrens**

GUH   PHB   RCH   MGH   SRH   LGH

Recommended Model

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                    │       CEO (Executive Council)        │
                    └──────────────────────────────────────┘
                                       │
                    ┌──────────────────────────────────────┐
                    │  Group Clinical Director (CD Forum)  │
                    └──────────────────────────────────────┘
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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	**+ Group Wide Specialty Leads**
SGH Assoc CD	SGH Assoc CD	SGH Assoc CD	SRH Assoc CD	
LGH Assoc CD	LGH Assoc CD	LGH Assoc CD	LGH Assoc CD	
GUH Assoc CD	GUH Assoc CD	GUH Assoc CD	GUH Assoc CD	

Clinical Directorate Structure

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                        Clinical
                        Director

        GM                              DON

BM

HR          Finance     Associate      HSCP      QPS         IS
Manager     Manager     Clinical                 Manager     Manager
                        Directors
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Priorities
KPIs
Budget
HR
Quality, Patient Safety

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

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

Portiuncula Hospital Service Plan 2015

Patient Safety and Quality

- Ensure Services delivered Safely continue development of a patient safety culture Develop quality improvement plans to comply with the Safer Better Healthcare Standards.
- Executive and Local Group Walkabouts to support the development of a patient safety culture.
- Improve Hand Hygiene Compliance to achieve 100% staff trained and >90% compliance.
- Implementation of Hygiene Quality Improvement Plans.
- Safety Pauses – Hand Hygiene, Maternity, Pharmacy and St Clares
- Meet the requirements of the National Quality Assurance Programme in Histology.
- Implement Nutrition Quality Improvements in PHB as outlined in the 'Saolta Healthy Ireland Implementation Plan 2015-2017' in conjunction with stakeholders
- Productive Ward- roll out of Productive Ward to 2 new wards
- Early Warning Score – IMEWS, NEWS and PEWS Audits
- Progress the Maternity Review in Portiuncula and implement findings of review when completed.
- Obstetrics and Gynaecology - Implementation of National Guidelines and implementation of recommendations.
- Further development of Group Quality and Safety Structures

Access

- Meet National targets in respect of ED Patient Experience Times Inpatient and Day-Case Waiting List Targets Outpatient Waiting List Targets.

- Increase Home by 11am to 50% - currently 6-7%

- Review Theatre/OPD/Day Care Schedule to accommodate new consultants.

- Assist the Group to meet waiting list targets

Improvements/Initiatives 2015

- Implement Endoraad Clinical Endoscopy Information system in the hospital.

- Progress design of 50 bedded ward block.

- Progress priority minor capital works.

- Introduce Test Your Care Nursing metrics in Portiuncula

- Roll-out of Care and Behaviours Assurance System

- Introduce COPD care bundles

- Implement Healthy Ireland Strategy

- Design and Dignity Grant – Patient/Relative Room

- Re-accreditation of Baby Friendly

- Appoint Discharge Co-ordinator to assist with timely discharge and linkages with the Community services

- Implementation of Routine anti-D prophylaxis (Blood Transfusion)

- Microbiology INAB Accreditation- advance to pre-inspection status.

- Develop WI-fi for the site and upgrade servers to 2008

Resources and Finance

- Meet financial obligations and deliver services within budget and develop breakeven plan for the hospital and participate in Money Follow the Patient Programmes.

- Implement the findings of KPMG review on Taxation and Revenue Audit.

- Establish Hospital Data Governance Group and improve training on systems for staff.

- Complete implementation of time and attendance system for clerical/administration grades.

- Develop employee engagement initiatives to improve communications and visible leadership.

- Re-establish Long Service Awards and develop staff recognition system.

Governance Structure

- Work with the group to further progress directorate structures and reconfiguration/integration

Performance Management

- Continue Development of a Performance Culture in the Hospital and the use of KPI's and Performance Management

- To deliver agreed levels of activity as per 2015 targets

- Developing a Workforce Plan for 2015

- Reduce Absenteeism to 3.5%.

Budget 2015

	Outturn 2014	Budget 2015	YTD Actual March 2015	YTD Variance
Pay	48,200	45,200	12.5m	-0.9m
Non – Pay	15,500	15,974	4.5m	-0.5m
Income	-8,800	-9,437	2.1m	-0.2m
Total	55,700	51,990	14.9m	-1.6m

Activity Targets 2015

Activity	Outturn 2014	Planned Target 2015	Year to Date March 2015	% Variance Year to Date v Target
Inpatients	13,066	13,036	3505	7.58%
Daycases	8,425	8,380	1856	-11.37%
ED Presentations	23,835	23,853	5976	0.2%
ED Admissions	8,437	8,184	2335	14%
Outpatients	49,590	49,588	13200	6.49%
Births	1,983	1,983	491	-0.8%

Category	Dec-14	Jan-15
General Support Services	71.53	72.33
Health and Social Care	69.92	67.26
Management/Admin	110.96	109.08
Medical/Dental	70.36	71.48
Nursing	283.22	284.26
Other Client and Patient Care	49.84	49.89
Total	655.83	654.3

Employee Engagement

Portiuncula Hospital

June 2015

Employee Engagement

Employee Engagement Survey
'*Have Your Say*'

Opportunity for all Staff to have their say

Recommendations of Survey

Local Steering Group established October 2014 following expressions of interest from all staff

Developed Local Implementation/Work Plan

Initiatives

Dignity, Respect

- Staff Recognition Scheme 2015
- Re-establish Long Service Awards
- Group CEO Awards

Team

- Stock-take of Team Meetings

Communication

- Staff Briefing Sessions –
  - December 2014 and May 2015
- Photo Boards in all Ward Areas as part of Productive Ward

Visible Leadership

Local and Executive Quality and Safety Walkabouts to incorporate clinical and non-clinical areas – Schedule for 2015

Thank You

Chief Operating Officer

Performance Metrics

Communication & Engagement

Finance
Budget 2013 to 2015

Saolta University Health Care Group Budget

€m's	Budget 2015	Budget 2014	Budget 2013
	637.5	651.7	609.8
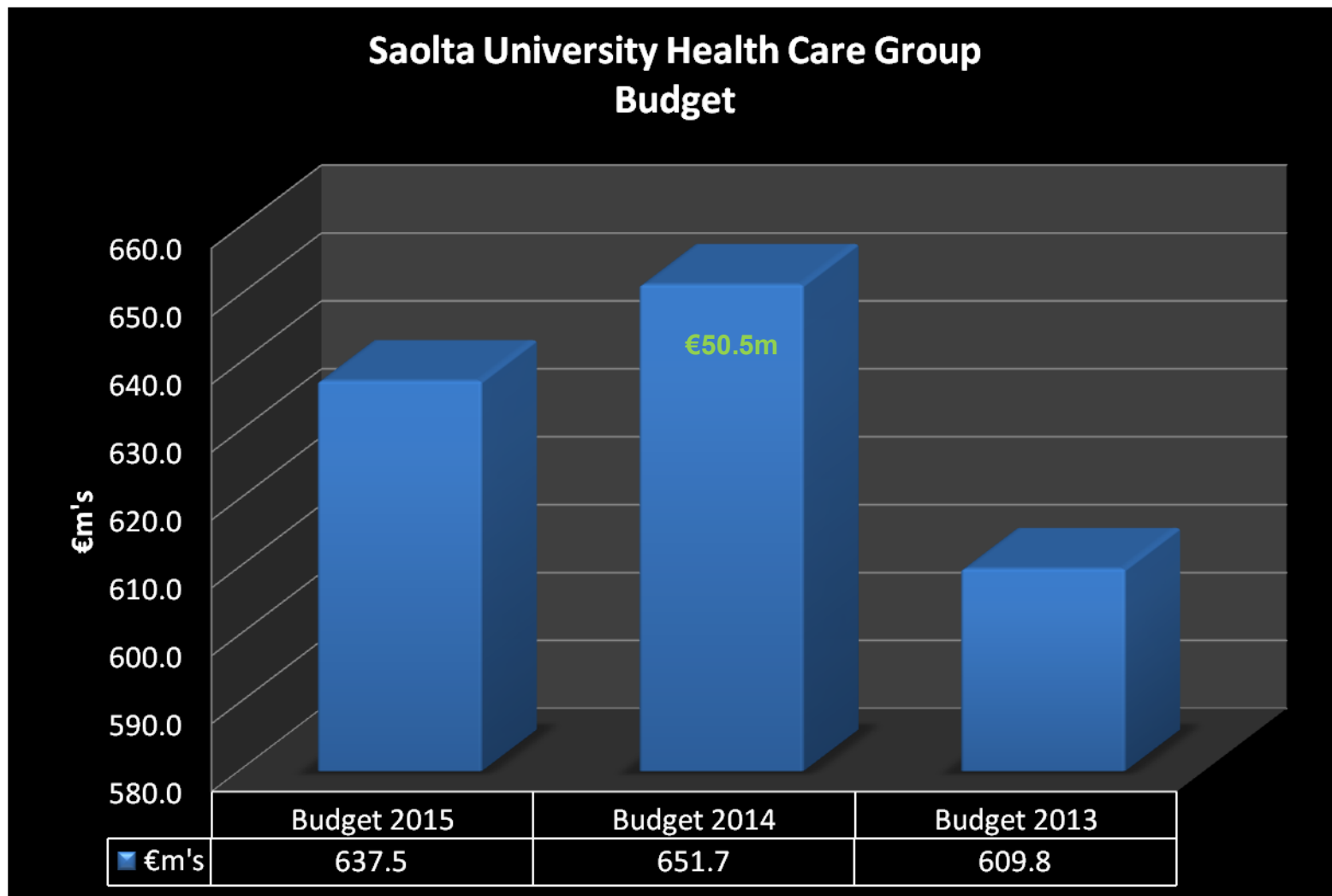
Expenditure as at end March 2015

Actual 2015 v Budget 2015 v Last Year

€m's	YTD Actual	YTD Budget	YTD 2014
	166.5	157.8	158.6
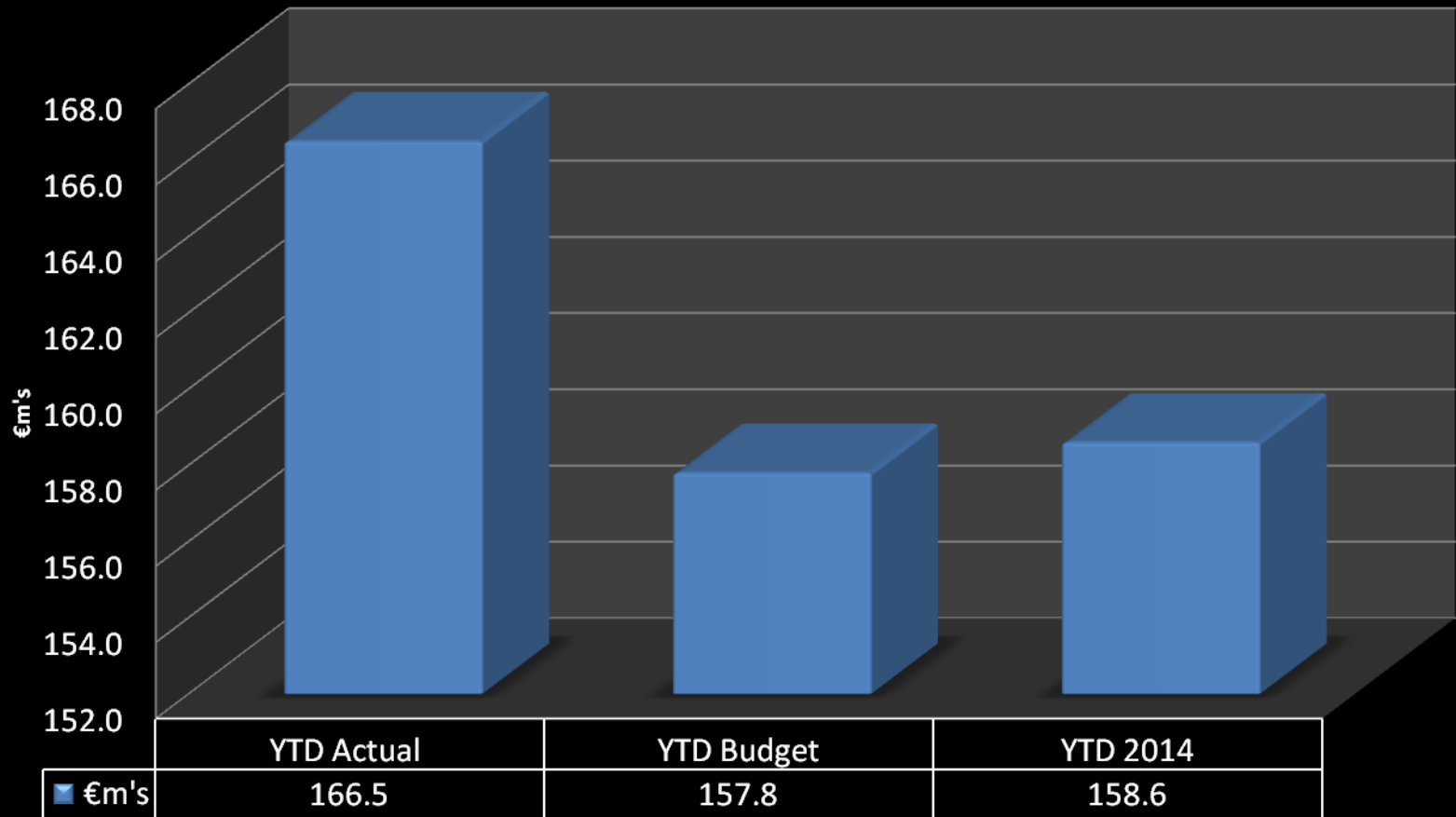
Savings Plan

- 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 Council**
    - **Patient Advise Liaison Service**

- **Patient Flow (MDT) Steering Group Chair GDONM**
  - **Patient Flow Weekly Forum (debrief Session)**
    - **Patient Flow Operational Team (3times /day)**

- **GDONM & DON Professional Council Chair GDONM**
  - **Strategic Nurse Forum Chair GDONM**
  - **Strategic Midwifery Forum**
  - **Specialist Advisory Nurse Group (CNS)**
  - **ANP Forum**
  - **Infection/Prevention & Control Forum**

- **Professional Practice**
  - **Quality Forum**
  - **Staff Nurse/Midwife 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

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