

Saolta University Health Care Group

Group Profile

The Saolta University Health Care Group (formerly the West North West Hospital Group) was established in 2012. Initially it comprised of Galway University Hospitals (UHG and Merlin Park University Hospital), Portlincula University Hospital and Roscommon University Hospital. Following the Higgins Report, the Group expanded in August 2013 to include three additional hospitals – Sligo University Hospital, Mayo University Hospital and Letterkenny University Hospital and serves a population of 830,000 people in Galway, Donegal, Leitrim, Sligo, Mayo, Roscommon and adjoining areas.

Saolta University Health Care Group employs over 9,700 staff across seven sites, providing over 1770 beds and operates with a budget of €700.3 m

The Group provides a full range of acute hospital services and its annual activity in 2015 was:

- 191,651 Emergency Department (ED) attendances with 58,482 ED admissions
- 5,118 Urgent Care Centre attendances in RUH
- 113,017 inpatients
- 174,399 day cases
- 586,829 outpatient attendances
- 9,574 births



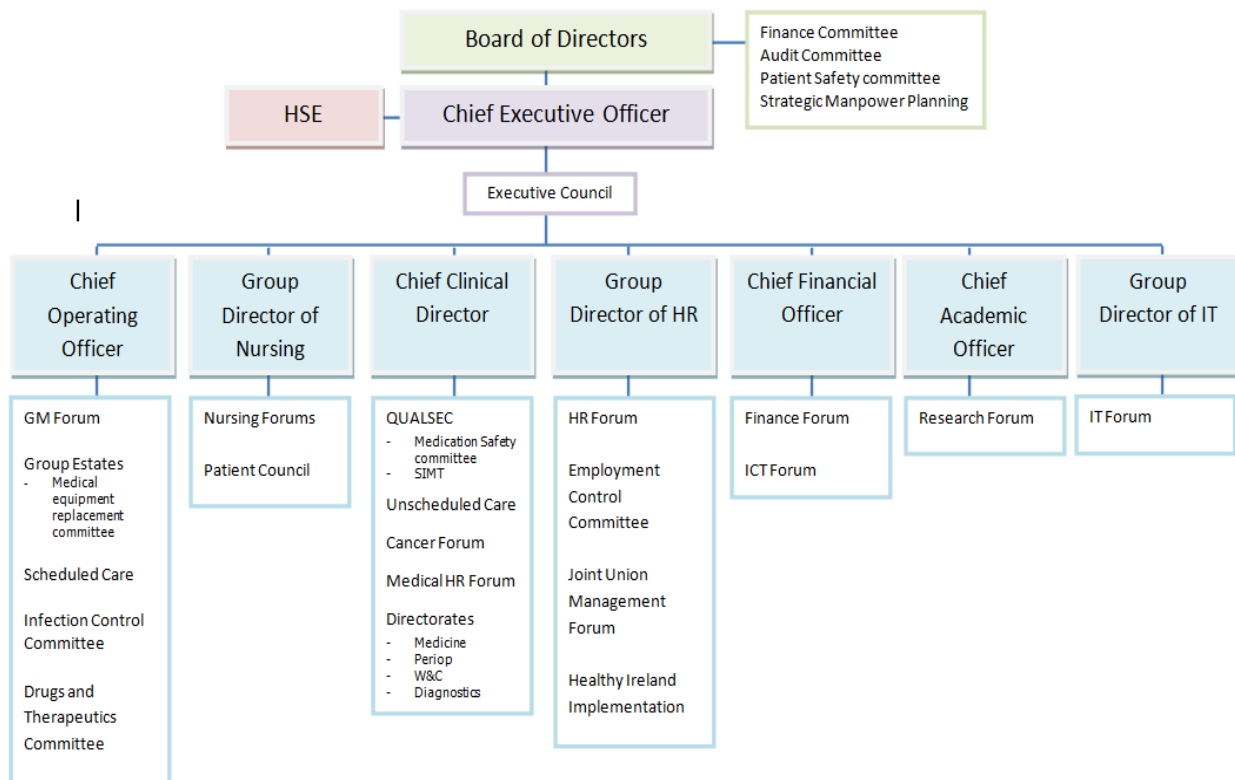
Mission Statement

Patients are at the heart of everything we do. Our mission is to provide high quality and equitable services for all by delivering care based on excellence in clinical practice, teaching, and research, grounded in kindness, compassion and respect, whilst developing our staff and becoming a model employer.

Group Governance

The Group has formal line governance to the Health Service Executive (HSE) with the Hospital Group Board functioning on an administrative basis. The Board of the Group was established in 2012 and meets ten times per year. The board holds two public board meetings per year and rotates the location of these public meetings between the hospital locations. The board sub-committees are audit, finance and patient safety which provide advice and support to the Executive. A board member also sits on the Group's patient council. The term of office of current Board members expired in October 31st 2016 and a recruitment process for new Board members is underway.

The Saolta Group is managed by a **Group Executive Council**, which is comprised of the Group management team, the General Managers of each of the hospitals in the Group, Group Clinical Directors (Medicine, Women's and Children's, Perioperative, Diagnostics) the Chief Academic Officer, the Group Director of Midwifery and the Dean of the School of Medicine NUI Galway (ex-officio).



Saolta Group Management Team

- CEO: Maurice Power
- Chief Clinical Director: Dr Pat Nash
- COO: Ann Cosgrove
- Group Director of Nursing and Midwifery: Jean Kelly
- Group Chief Financial Officer: Tony Baynes
- Group Director of HR: John Shaughnessy
- Group E Health Director : vacant
- Group Head of Corporate Development: Tony O'Gorman

Accountability

Although the board is established only on an administrative basis, it has taken responsibility for ensuring that the hospital group is achieving its strategic objectives and effectively managing its available resources to provide sustainable, safe and effective care.

A priority for the board has been to strengthen the governance of the group to provide effective delivery of clinically safe and integrated health services to the population served by the Saolta University Health Care Group.

The board ensures that the executives are accountable for the services provided by the group as set out in the annual service plan. A standard agenda item at each meeting is a review of the Group's accountability reports these include a finance update, an activity / service update and an update of performance against agreed key targets.

Group Strategic Initiatives

Integration Strategy

An Integration Governance Project, approved by the Board and led by Group Chief Clinical Director Dr Pat Nash, has been established to improve quality, safety and access for patients by developing an integrated, clinically driven governance structure across hospitals within the Saolta Group. This will optimise utilisation of all staff and other resources across the group, focusing on standardising patient care across the sites.

Clinical Strategy

In parallel with the Integration Project, Saolta has established a Clinical Services Strategy Project, whereby each Clinical Specialty will develop a group-wide 5 year clinical strategy. These will be integrated with current hospital site strategies into directorate strategies and an overall Saolta clinical strategy.

Other Strategic Projects:

- GUH Integrated patient flow project with GE Healthcare.
- Group ED implementation plan.
- Group ICT projects.

Partnerships

Community Health Organisations (CHOs)

A priority for the Group has been the development of collaborative relationships with our partners in Community Health Organizations 1 and 2. Saolta work closely with the CHOs in joint discharge planning of patients from the acute hospital setting to home or into the community. A tangible example of the model of shared care between the services is the Ophthalmology service in Sligo University Hospital, who, working closely with their colleagues in the community services (CHO1), restructured the ophthalmic service for patients, allowing Community Ophthalmologists and hospital based ophthalmology staff see and treat patients quickly and more efficiently.

Academic Partner

A significant factor in the formation of hospital groups is that each of the Groups has been paired with an academic partner to stimulate a culture of learning, research and quality improvement. This has been fully embraced by the Saolta board and NUI Galway, the group's academic partner, which is represented at the highest level on the board by its president, Dr Jim Browne. Strong operational linkages have also been established between NUIG and the Group, with both parties meeting on a regular basis regarding operational matters.

The construction of medical academies at Sligo University Hospital, Letterkenny University Hospital and Mayo University Hospital and the opening of new Clinical Research Facility / Lambe Institute for Translational Research are tangible examples of the ever-strengthening links with our academic partner. This facility will provide the platform to develop new and innovative therapies and technologies and allow translation directly to patient care.

Community General Practitioners

Saolta have developed strong relationships by involving GP's in service planning and development. Group engagement in GP forums, liaison groups and study days is ongoing and the adoption of an electronic patient referral system has proven to be a valuable additional link between GPs and the Group. UHG has also employed a GP to work in its Emergency Department.

Service Users

Saolta engages on an ongoing basis with service users through a patient council and with advocacy groups and donors through the extension of the Hospital Friends Committees to hospitals throughout the Group.

Cross border/International Partnerships

Significant cross border partnerships have been established between Saolta and the Western Health and Social Care Trust (WHST) with the provision, in partnership with Altnagelvin Hospital Derry, of an Emergency Cardiology Service to Donegal residents which commenced in May 2016. To date, fifteen Irish residents have benefited from this service. The partnership linkage between the Western Trust and Saolta Group will be further enhanced with the provision of Radiotherapy Services, by Altnagelvin Hospital, to Donegal residents, commencing late 2016. Saolta have also developed international links with Northumbria Healthcare NHS Trust and US-based North Shore Long Island Health System.

Finance

Budget to Dec 2016

Category	Budget
	€'m
Pay	552.2
Non-Pay	258.5
Income	(110.4)
Net Budget	700.3

Key Financial Challenges

- Agency staffing costs due to difficulties in recruiting healthcare staff
- Emergency Department infrastructure and staffing
- High cost drugs and medical/surgical costs
- Increased diagnostic activity
- Patient transport costs

Saolta Group Savings Initiatives

A number of pay and non-pay cost savings initiatives are in progress across the group. These include additional controls on agency expenditure and overtime, completed tenders for new contractual arrangements for Laboratory services equipment and re-agents, utilisation of generic drugs in Rheumatology and Gastroenterology, new contracts in catering and cleaning services and a number of procurement initiatives working with the National Procurement office. The expected savings in 2016 are over €2m with full year savings in 2017 of approximately €5m.

Activity Based Funding

The introduction of activity based funding, where hospitals budgets will be aligned with the work carried out in the hospital, is a welcome development, however it does provide a number of challenges. The ability to collect and analyse data relating to patients and costs is essential in the management of an efficient and safe hospital and the Saolta Group is limited by the capability of existing IT infrastructure and deficits in the numbers of qualified financial and IT staff available to fully support the introduction of ABF.

Human Resources

Group WTE

The Group employs 8,437 WTEs with a headcount of 9,722 staff, with a growth of 380 WTEs in the 12 months to September 2016. Attracting and retaining medical and nursing staff in some hospitals is a very significant challenge with Letterkenny University Hospital and Portlincula University Hospital the two sites which struggle most. We are implementing our Human Resources Strategy (2014-2018) across a range of key themes and have advanced our Employee Engagement agenda accordingly. Saolta has embraced the Healthy Ireland national initiative and is progressing a comprehensive Implementation Plan supported by a complementary Training Plan. The Group also has site-specific Training Programmes in all Hospitals.

Key Service Challenges

Unscheduled Care

Access is the single biggest challenge in the Group, especially in GUH where the emergency department is not fit for purpose. It is an ongoing challenge to manage the large numbers attending on a daily basis, which average 180 per day and up to 240 on some days making it one of the two busiest EDs in the country. This results in unacceptable delays for patients. Galway currently also does not have sufficient inpatient bed capacity to meet its twin requirements for the provision of timely access to tertiary services for the entire group while also providing timely secondary care to the people of Galway and Roscommon. A new 75 bed ward block is due to open in 2017 – this is predominately replacement beds but it will provide 15 new beds and additional surge capacity in the vacated older wards. Galway urgently needs a new ED but there is also a requirement to look at the long term solution for acute hospital services in Galway and consider the future development of the hospital.

SAOLTA 30 Day Moving Average 2016 v 2015

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



No of Saolta patients on Trolleys at 08.00am 2016 v 2015

8AM TrolleyGAR

Hospital Group	Hospital Short Name	2016		2015		% Change	
		September	YTD	September	YTD	Current Month	YTD
Saolta Healthcare University Hospital Group	Galway	561	5,105	648	6,616	-13.4%	-22.8%
	Letterkenny	303	1,096	129	1,828	134.9%	-40.0%
	Mayo	232	1,849	124	1,701	87.1%	8.7%
	Portluncula	127	543	47	1,342	170.2%	-59.5%
	Sligo	45	2,030	192	1,884	-76.6%	7.7%
Saolta Healthcare University Hospital Group		1,268	10,623	1,140	13,371	11.2%	-20.6%

In comparison with Sept 2015, the number of patients awaiting admission to hospital on trolleys, as of Sept 2016, has improved (reduced by 13,371 to 10,623). All hospitals in the Group continue to follow the System Wide Escalation Framework agreed by the National ED Taskforce.

Among the measures which have been implemented in the hospitals in the Group to relieve pressure on the ED and reduce waiting times are:

- Utilisation of medical assessment and day surgery beds which have been staffed 24/7 when in escalation
- Transfer of appropriate patients to community care
- Working closely with community health teams
- Communication with GPs to ensure patients are referred to ED only where appropriate
- Extra ward rounds/ Weekend Discharges
- Additional access to Diagnostics
- Additional IP capacity (59 IP beds opened in Q1, 2016)
- Appropriate utilisation of AMU & ESU in UHG
- UHG HSE Patient Flow Improvement Project has commenced as of Q3 2016.
- Frail elderly teams operate on a number of sites.

Scheduled Care

The Saolta Scheduled Care MDT Governance Group is in place involving Group Clinical Directors. There are Site based Scheduled Care Working Groups in place in each hospital in the Group. University Hospital Galway as the level 4 site makes up approximately 50% of waiting lists for the Group and is also the designated cancer centre. Significant work has been undertaken to improve process efficiencies that support outpatients. This includes maximising all existing resources, undertaking various initiatives, transferring less complex work to other sites.

Saolta Outpatients as of November 4th 2016	Grand Total
Outpatient Waiting List	56305
Currently breaching 36 Months	165
Currently breaching 18 Months	3740
Currently breaching 15 Months	5981
18m breaches by 31st December 2016	5187
15m breaches by 31st December 2016	8173

Saolta Inpatients as of 4th November 2016	Grand Total
Total Inpatient Waiting List	23574
Patients on the GI Scope Waiting List	3285
GI Scope Current Breaches	1461
Currently breaching 36 Months	3
Currently breaching 18 Months	1710
Currently breaching 15 Months	2826
18m breaches by 31st December 2016	2418

Schedule care - Initiatives in Progress

Our inpatient/day case and outpatient waiting lists present an ongoing significant challenge for the group across a number of specialties and sites. GUH accounts for approximately half of the group's waiting lists.

The Group is implementing a variety of measures to reduce the numbers of patients waiting and the length of time they wait, these include;

- Validating existing lists
- Moving activity between hospitals
- Running additional clinics
- New appointments to key specialties
- The development of health and social care professionals and nurse led clinics
- The transfer of surgical activity from UHG to other sites in the Group.

Scopes waiting list initiatives

- A new service in Cystoscopy currently in place to target patients waiting longest
- Opening of new endoscopy unit in RUH
- The Group is currently working with the HSE in relation to securing additional capacity to address endoscopy waiting lists

Diagnostics developments

- An MRI on-call service has been introduced and the MRI service working day has been extended in GUH

Capital Projects

The Group continues to progress a range of capital projects on hospital sites, including

- 75 bed Ward Block UHG
- Flood Rebuild Programme LUH
- 50 bed replacement ward PUH
- Expansion of existing Endoscopy suite MUH
- Interventional Suite SUH
- Diabetes Centre SUH
- Blood and Tissue Establishment & Integrated Medical Sciences Laboratory GUH
- Ongoing equipment end-of-life replacement programme across the Group.

The provision of a new ED in UHG remains the single biggest capital priority for the Group. We have an urgent requirement to replace the current facility to meet current and future capacity requirements. A Cost Benefit Analysis (CBA) has been completed and submitted for approval at the National Acute Capital Steering Group.

ICT update

The Group is developing a three year ICT business plan, with several key priority areas, namely group-wide PAS, integrated financial systems using SAP and the replacement of key IT infrastructure. The post of Group E-health Director will be advertised shortly.

Quality & Safety

Quality and Patient Safety is the responsibility of the Group Clinical Director who chairs the Group Quality and Patient Safety (QSP) Committee. The committee is responsible for managing and ensuring that all aspects of quality and patient safety are addressed and that all identified quality improvement processes are implemented.

Quality and Safety Governance Structures

- Group Quality & Safety Executive Committee - provides strategic direction and oversight of all Q&S activities. The committee receives monthly reports and analysis of incident/complaints, updates on current developments and issues escalated from site/directorate or standing committees. Also ensures compliance with recommendations from national reports/audits of compliance and investigations and facilitates two way communications with the Saolta Board.
- Serious Incident Management Team - The SIMT meets monthly and provides oversight and on the management of incidents.
- The Board Quality & Patient Safety Committee meets quarterly and is chaired by a non-executive member and receives a summary report from the CCD on recent Q&S activities and aggregated incident/complaints.
- Hospital Q&S or Clinical Governance Committees provide oversight and direction for local activities and identify issues for escalation to Clinical Directorate/Group level either via risk registers or direct communication.
- Patient Safety Related Committees such as Infection Prevention & Control, Drugs & Therapeutics, Hygiene, are in place across the Group and escalate issues through their associated Group level committees or to the QualSEC.

Quality and Safety Processes include

- Reporting on Incident/Near Misses
 - Monitoring of Corporate Risk Register
 - Reporting & Escalation of Serious Reportable Events (SREs)
 - Management of Complaints
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Cancer Services

The Saolta University Health Care Group provides a comprehensive programme of cancer care across the region serving the counties of Galway, Donegal, Leitrim, Sligo, Mayo, Roscommon and adjoining areas. The Cancer Programme is delivered through the Clinical Directorate Structure under the governance of the Saolta Group's Chief Clinical Director.

In the first nine months of 2016, the Symptomatic Breast Service in Galway saw over 3,832 new patients and 97% of those triaged as urgent were given an appointment within ten working days as per the national KPI.

Over 460 patients attended the Rapid Access Prostate Clinic, with 81% given an appointment within 20 working days as per the national KPI. The Rapid Access Lung Service saw 358 new patients in the first nine months of 2016, with 91% of these accessing the lung service within ten working days as per the national KPI.

In the first nine months of 2016, almost 600 new patients completed radiation oncology treatment for a primary cancer so far this year, with 88% receiving their first fraction within 15 working days of being ready to treat. The Medical Oncology Service across the Saolta Group continues to be extremely busy with over 950 new patients receiving their first cycle of intravenous systemic therapy in the first nine months across the Group and 95% of these receiving their first cycle of chemotherapy within 15 working days of the date of finalised treatment plan as per the national KPI.

Patient Experience

Patient Council

The Saolta Patient Council was established in 2014. There are 17 members with representation from the counties within the Saolta Group, the board and executive. The Chair was elected by the council members.

The aim of the Patient Council is to work with the Saolta University Hospital Group to identify current and future opportunities to improve the care experience for patients, families and caregivers and to do so by building a formal and structured partnership between the Patient Council and Saolta so as to better identify and incorporate the patient's perspective in the activities and planning of Saolta. The Council serves in an advisory capacity, making recommendations which will endeavor to embed the patient voice throughout the organisation and for that voice to be incorporated in organisational activities.

Patient Liaison Officers (PALS)

The Patient Advice and Liaison Service (PALS) was established in July 2014 and is a confidential service for patients and service users.

PALS provide a person centred service, responding to contact from the public and from staff within GUH. PALS provide information, advice and help to sort out any issues or problems with any aspect of health services, and at any point of the patient journey within GUH. PALS liaise with other GUH staff members to help to resolve issues quickly. PALS also have a role in explaining and advising on the GUH complaints process.

PALS officer is now also in place in the ED Department, GUH since October of 2014. Plans are in place to assign PALS officers in all hospitals within the Group.
