Galway and Roscommon University Hospitals Group

Annual Report 2012

Portiuncula Hospital Ballinasloe


University Hospital Galway


Merlin Park University Hospital


Roscommon Hospital

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Foreword


Mr Bill Maher, Group CEO

It is an absolute pleasure to introduce the first Annual Report for the Galway and Roscommon University Hospitals Group (the Group).

The Annual Report is a vital document that marks our progress as an organisation since the inception of the Group on 09 January 2012. It also records our significant achievements and celebrates our service delivery.

Along with the Midwestern Hospital Group, we were the first hospital groups set up in Ireland and I would like to thank Dr James Reilly, Minister for Health; Ambrose McLoughlin, Secretary General, Department of Health; and Tony O'Brien, Director General Designate of the HSE for their confidence in us and their support over the past 12 months.

The Annual Report has a number of audiences; internally it serves to remind all staff of where we have come from and what we have achieved and for an external audience it is a valuable information resource which provides further assurance to our patients, the public, our partners and statutory organisations, of the services we provide across the Group.

What a year!

It has been a considerable 12 months with huge progress across all areas – many staff will recognise their own areas but may not be aware and appreciate all of the developments and progress in other parts of the Group. There are a few in particular I would like to draw to your attention to:

- The important groundwork in terms of **Governance and Clinical Structures** - initial governance arrangements were developed with the establishment of a Group Executive Council, Group Management Team, Nursing Professional Council and a Clinical Director Forum. A number of key executive appointments were made to address operational challenges and set out a strategy to realise the Group's full potential including: Dr Pat Nash, Group Clinical Director; Colette Cowan, Group Director of Nursing and Midwifery; Tony Canavan, Chief Operating Officer; Maurice Power, Chief Financial Officer and John Shaughnessy, Director of Human Resources.

- A further significant development was the appointment of Noel Daly as **Chair of the Galway and Roscommon University Hospitals Group**. This was the first step in the establishment of hospital groups, to be followed by hospital trusts as part of the Minister for Health's programme to reform the health service. The interim Board was established on an administrative non-statutory basis.

The Annual Report is a vital document that marks our progress as an organisation

- At the heart of this governance is our **Clinical Directorate Structure**. During 2012 there was active involvement by Clinicians in the management of the Group; this was achieved principally through the appointment of seven Clinical Directors and their key role on the Executive Council.

- The **key priorities** in 2012 were to improve the quality of care provided, improve access to hospital services and improve the morale of our staff. These priorities were set in the context of the necessity to reduce the cost base and improve the financial performance while also meeting a growing demand for hospital services. The Group was successful in achieving these priorities, including significant progress in optimising the use of resources through better integration, significant improvement in reducing trolley waits, meeting the challenging waiting list targets and implementation of the National Clinical Programmes.

- In preparation for next year we also launched the **Group Service Plan for 2013**. This plan builds on the firm foundations laid in 2012 in terms of service delivery, reducing waiting times, establishing sound governance arrangements and improving patient quality and I will report on progress in next year's Annual Report.

Thanks and appreciation

It has been an impressive year by anyone's account. None of it would be possible without the cooperation and dedication of all our staff in all our hospitals. I would like to take this opportunity to thank you for your contribution to our success so far. I look forward to building on this so that we continuously improve the safety and quality of the services we provide to our patients as part of our ongoing journey to achieve further autonomy and become the first hospital trust in Ireland.

Bill Maher, Group CEO

1.0

1.0 The People We Serve

The Galway and Roscommon University Hospitals Group comprises Galway University Hospitals (made up of University Hospital Galway and Merlin Park University Hospital), Portiuncula Hospital Ballinasloe and Roscommon Hospital.

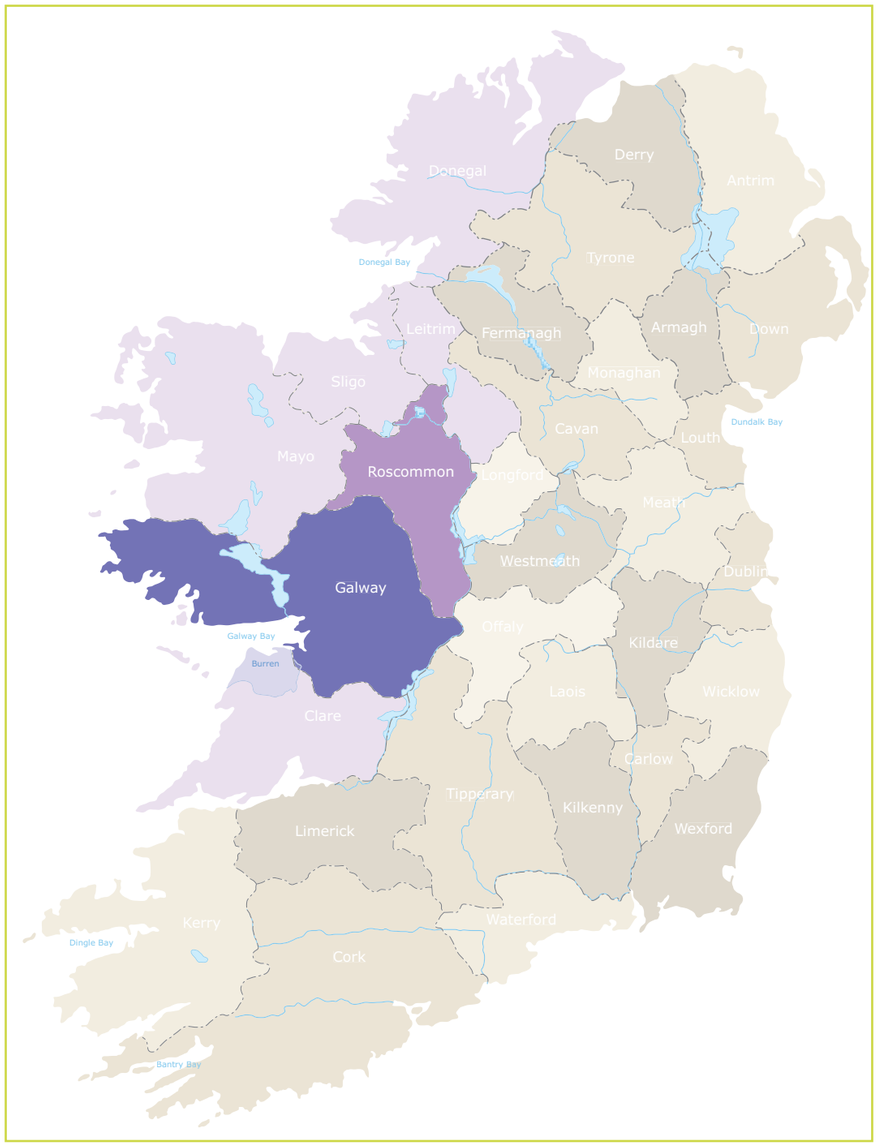
The Group serves a catchment of 820,880 people

The Group is the leading regional provider of emergency, acute and outpatient care to the population of the core catchment area of Galway (population 250,653) and Roscommon (population 64,065).

Galway University Hospitals (GUH) is a designated supra-regional centre for cancer and cardiac services and along with Portiuncula Hospital Ballinasloe (PHB) and Roscommon Hospital (RH) provides a range of services (see Appendix 1 for full list) such as General Medicine, General Surgery, Geriatric Services, Orthopaedics, Paediatric and Maternity Services to the wider catchment area of Galway, Roscommon, Mayo, Leitrim, Sligo, Donegal and Clare; an area with a total population of 820,880.

The Health Promotion Committee of Portiuncula Hospital organised a Health Promotion afternoon in September to mark Irish Heart Month.

Map of Catchment Area served by the Group



The Group core catchment is Galway and Roscommon; services are also provided to a wider catchment which includes Mayo, Leitrim, Sligo, Donegal and Clare.

Galway and Roscommon University Hospitals Group Overview				
Hospital	**Site**	**Model**	**Beds**	**Staff**
Galway University Hospitals	University Hospital Galway	*4	710	2,500
	Merlin Park University Hospital	*2		517
Portiuncula Hospital	Ballinasloe, Co Galway	*3	194	646
Roscommon Hospital	Roscommon Town	*2	96	278

*** Model 4 Hospital:** Admits undifferentiated acute medical patients including tertiary referred patients. Level 4 Hospitals have a category 3 or 3S ICU on site, a Medical Assessment Unit which is open on a continuous basis (24 hours, every day of the year) and an ED, including a CDU on site.

*** Model 3 Hospital:** Admits undifferentiated acute medical patients. Level 3 Hospitals have an Acute Medical Assessment Unit and an ED on site. The hospital has a category 1 or 2 ICU.

*** Model 2 Hospital:** The future growth in healthcare will be in the areas of chronic disease management, day surgery, diagnostics and rehabilitation which will be based in Level 2 Hospitals. As a result the total volume of activity of the Level 2 Hospitals will grow substantially. Provides inpatient and outpatient care for differentiated, low-risk medical patients, who are not likely to require full resuscitation.

GUH held an Ecumenical Memorial Service for patients who died while in hospital. From left: Anne McKeown, Bereavement Liaison Officer; Colette Cowan, Director of Nursing and Midwifery; Marie Cox, Asst Director of Nursing, Cancer Services; Fr Peter Joyce, Chaplain UHG; Imam Sheik Khalid Sallabi; Rev Gary Hastings; Jacquie Cooney, Aramark; Colette Goonan, Clinical Nurse Manager, Paediatrics; Hannah Kent, Nurse Practice Development Co-ordinator; Mary Burke, Clinical Nurse Specialist, Palliative Care; Phil Whyte, HR; Olive Gallagher, Irish Cancer Society, Daffodil Centre; and Annette McCabe, Services Department.

2.0

2.0 Corporate and Clinical Governance

2.1 Background

From January 09 2012, Galway University Hospitals, Portiuncula Hospital and Roscommon Hospital were combined into one hospital group with one overall Group Management Team, one financial budget and one WTE ceiling.

The Galway and Roscommon University Hospitals Group was formed on 09 January 2012

Noel Daly, Chair of the Galway and Roscommon University Hospitals Group

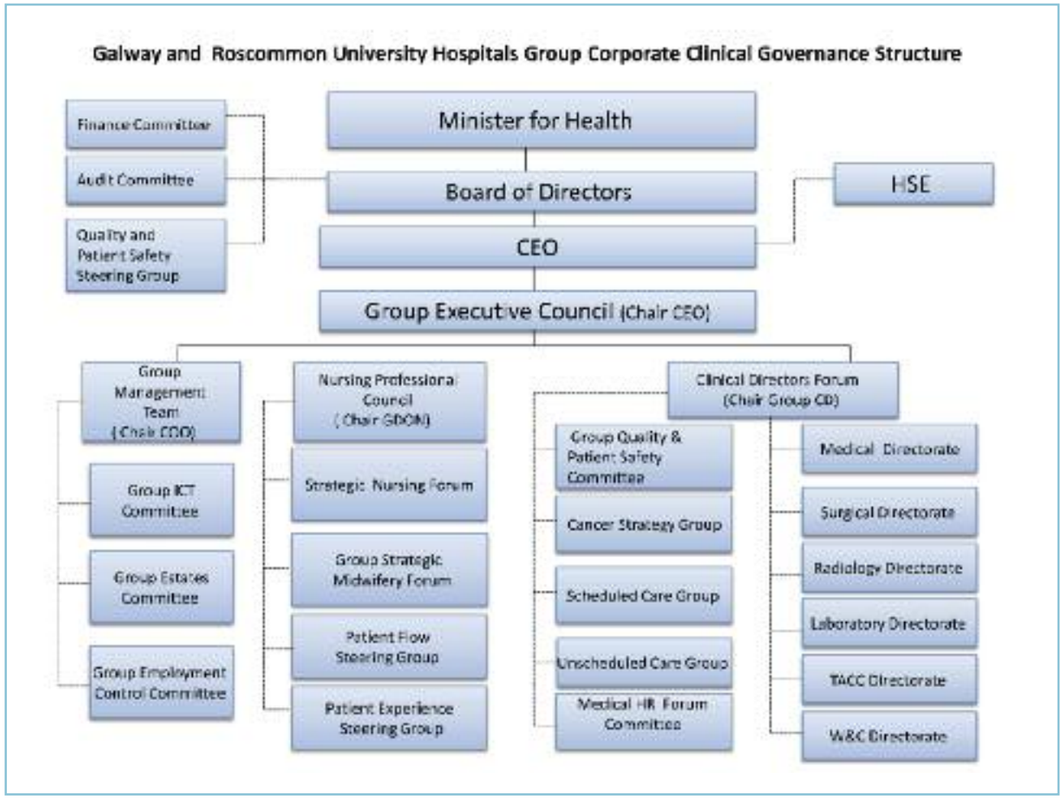
The primary focus of 2012 was to establish the foundations, to address the immediate operational challenges and set out a strategy to realise the Group's full potential. Governance arrangements were developed internally with the establishment of a Group Executive Council, Group Management Team, Nursing Professional Council and a Clinical Directors' Forum and agreed governance and reporting model. This has been further strengthened by the appointment of a Group Director of Human Resource and a Group Director of Nursing and Midwifery.

In June the Minister for Health announced the appointment of Mr Noel Daly to the role of Chair of the Galway and Roscommon University Hospitals Group as the first step in the establishment of hospital trusts as part of the Government's programme to reform the health service. The remit of the Board includes developing an effective corporate and clinical governance structure for the Group along with ensuring that the systems of care that are in place for our patients are of high quality and are safe. The remaining members of the Board will be announced in 2013.

2.2 Corporate and Clinical Governance Framework

Through the establishment of the Clinical Directorates and a new model of Corporate and Clinical Governance, the Group is now preparing to move towards an environment that is:

- Focused on conducting business more efficiently through the creation of a single hospital system,
- Breaking down traditional barriers and utilising the total capacity of the organisation to progress the delivery of targets for scheduled and unscheduled care,
- Implementing the commitments set out by the National Cancer Control Programme (NCCP),
- Implementing the National Clinical Programmes, and
- Ensuring that a culture of patient safety is central to everything we do as set out in the HIQA Standards.



2.3 Progress to Date

We continue to make progress by maximising all the resources of the Group, by removing duplication of services and by the reorganisation of Human Resources, Information Technology, Estates, Finance and Medical Manpower.

We have developed a Group Communication Strategy which provides the framework for the delivery of effective internal and external communication.

The main focus for 2012 was the delivery of the financial plan, management of the scheduled and unscheduled care activity and access targets

The Group Executive Council

The Group Executive Council structure is in place, chaired by the CEO. This group meets monthly and comprises the Group Management Team and the seven Clinical Directors. The Council ensures that the Group's operational and clinical activities are governed under a single robust structure; the group receives reports from the Clinical Directors' Forum, Group Management Team and Strategic Nursing Forum.

One of the key developments in 2012 was the further strengthening of the role of Clinicians in the management of the Group. The six existing Clinical Directors at GUH (Clinical Directors for Laboratory Medicine, Women and Children, Radiology, Surgery, Medicine and Theatre, Anaesthetics and Critical Care) were joined by the Clinical Director for Portiuncula Hospital under the leadership of the Medical Director, Dr David O'Keeffe. The Clinical Directorates are now the core management units for their areas.

Bill Maher, Group CEO with Dr James Reilly, Minister for Health at the National Healthcare Conference.

Group Management Team

The Group Management Team meets monthly and is chaired by the CEO. Membership of the Group Management Team includes the General Manager from each hospital site, the Group Director of Nursing and Midwifery, the Group Clinical Director, the Group Director of HR, the Chief Finance Officer and the Chief Operating Officer.

The primary focus of this Team is to:

- Provide direction and leadership to the Group in the attainment of its goals,
- Develop Corporate Key Performance Indicators,
- Implement the Strategic Plan for the Group,
- Develop and implement an Annual Service Plan,
- Allocate and manage the Group's budget,
- Account for the utilisation of resources, and
- Provide an efficient and effective quality service which is patient-centred and achieves value for money.

Nursing Professional Council

The Decision to include a Nursing Professional Council as a fundamental part of the governance structure of the Group was taken in the last quarter of 2012. It reflects the very important role played by nurses in the delivery of care to patients. The Nursing Professional Council will be chaired by the Group Director of Nursing and membership includes the Director of Nursing from each hospital site and ex officio members namely the CEO, Chief Operating Officer, CFO and the Group Clinical Director. The Nursing Professional Council will hold its first meeting in 2013.

Clinical Directors' Forum

The Clinical Directors meet on a monthly basis at the Clinical Directors' Forum, chaired by the Medical Director. Their focus is on issues such as Clinical Governance, Patient Safety, Clinical Audit, Clinical Strategy, Service Development, Clinical Programmes, and Cancer Strategy. The Clinical Directors' Forum reports to the Executive Council. Each Clinical Director has an agreed set of Key Performance Indicators, priorities and a cost containment plan, all of which are signed off by the Group Executive Council. The Directorate is supported by a Business Manager, Senior Nurse Manager, Human Resource Manager, Management Accountant and a member of the Group Management Team acting as a "Divisional Director". We are currently aligning our financial and HR systems to the Directorates to ensure the effective management of resources at Directorate level.

2.4 Performance Management

A further development in governance arrangements is the annual objective-setting exercise for all members of Executive Council known as 10+5. This process, led by the Chief Executive Officer, ensures that key objectives of the organisation are identified and that lead officers are given clear time scales in order to deliver on group performance management in 2013.

Each Clinical Director has an agreed set of Key Performance Indicators, priorities and a cost containment plan

The Group has now been in existence for one year and has established firm foundations which will be reviewed on a regular basis. The Board for the Group will have its first full Board Meeting in February 2013.

Executive Council October 2012. Front row from left: Dr Geraldine Gaffney, Clinical Director, Women's and Children's; Colette Cowan, Group Director of Nursing and Midwifery; Bill Maher, Group CEO; Chris Kane, A/General Manager, Portiuncula Hospital Ballinasloe; and Elaine Prendergast, General Manager, Roscommon Hospital. Back row from left: Tony Canavan, Group Chief Operating Officer; Dr Ray McLoughlin, Clinical Director, Radiology; Dr Paul Naughton, Clinical Director, Theatre and Critical Care; Dr Michael Brassil, Clinical Director, Portiuncula; Dr Damian Griffin, Clinical Director, Laboratory Medicine; Dr Pat Nash, Clinical Director, Medicine; Mr Karl Sweeney, Clinical Director, Surgery; Prof Gerry Loftus, Ex-Officio Dean of NUI Galway; Maurice Power, Group Chief Financial Officer; and John Shaughnessy, Group Director of HR.

3.0

3.0 Patient Activity

The numbers of patients seen and treated were above the targets set out in the service plan for the year and this was achieved with a reduced budget and fewer staff.

Group Activity 2012					
	2011 Actual	2012 Target	2012 Actual	2012 Variance	2012% Variance
Inpatient	49989	46868	51062	4194	9%
Day cases	90628	93262	101096	7834	8%
OPD	277523	276833	289244	12411	4%
ED attendances	82297	82452	87813	5361	7%
UCC* attendances	9377*	4011	5940	1929	48%
Births	5577	5576	5433	-143	-3%

UCC* = Urgent Care Centre at Roscommon Hospital. The figure for 2011 includes ED attendances to 10 July and UCC attendances from 11 July to the end of the year.

- 51,062 inpatients
- 101,096 day cases
- 289,244 outpatient appointments
- 87,813 Emergency Department presentations
- 5,433 babies delivered

Prof Frank Sullivan, Lead Clinician, Department of Radiation Oncology, GUH with Prof Peter Grimm, Executive Director of the Prostate Cancer Treatment Center in Seattle who visited the hospital in March to observe Prof Sullivan perform two Prostate (Seed Implant) Brachytherapy procedures.

Patient Activity

GUH Activity 2012					
	2011 Actual	2012 Target	2012 Actual	2012 Variance	2012% Variance
Inpatient	35407	34442	37825	3383	10%
Day cases	78815	79031	87189	8158	10%
OPD	217766	218362	227371	9009	4%
ED attendances	61060	61227	64919	3692	6%
Births	3429	3428	3377	-51	-1%

PHB Activity 2012					
	2011 Actual	2012 Target	2012 Actual	2012 Variance	2012% Variance
Inpatient	11019	10802	11341	539	5%
Day cases	8053	8215	8774	559	7%
OPD	46921	45600	47018	1418	3%
ED attendances	21237	21225	22894	1669	8%
Births	2148	2148	2056	-92	-4%

RH Activity 2012					
	2011 Actual	2012 Target	2012 Actual	2012 Variance	2012% Variance
Inpatient	3563	1624	1896	272	17%
Day cases	3790	6016	5133	-883	-15%
OPD	12836	12871	14855	1984	15%
Urgent Care Centre attendances	9377*	4011	5940	1929	48%

*** Note: The Urgent Care figure for 2011 includes ED attendances to 10 July and UCC attendances from 11 July to the end of the year**

3.1 Scheduled Care – Inpatient Activity

Scheduled care encompasses outpatient services and elective inpatient services which are not emergencies (trauma or emergency cancer treatments).

The Group successfully met the national waiting list target by treating 13,944 inpatients by the end of September

One of key achievements for the Group in 2012 was to deliver the Minister for Health, Dr James Reilly's target for inpatient waiting lists. The Group met the waiting time targets by 30 September which were as follows:

- 9 months for adults,
- 20 weeks for children, and
- 13 weeks for scopes.

The Group adopted a '5 point plan' to focus on the delivery of scheduled care services to meet the target waiting times:

- Increased focus on validation,
- Improved reporting and ownership,
- Effective use of resources across all Group hospitals,
- Patient education and engagement, and
- Effective use of scarce theatre space.

In order to meet the target, the Group had to treat 13,944 patients by the end of September. The Group maintained the targets for the remainder of the year and this was possible by maximising the potential contribution of each hospital and each Directorate within the Group.

The focus on the 9 month target coupled with the work of the Clinical Programmes has contributed to key changes in the way services are delivered and to the efficiency of the hospitals in the Group. Examples during 2012 included the Implementation of a Bed Cohorting Policy in GUH in May, delineating medical and surgical beds and allocating beds on a specialty basis. The day of surgery admission rates in GUH improved from 39% in January to 46% in November. The introduction of patient flow co-ordinators for medicine and surgery in GUH also enhanced our ability to achieve early discharges, improve co-ordination of scheduled and unscheduled care and effectively manage the use of surgical beds. These changes resulted in a reduction of patient cancellations during 2012.

The introduction of the Productive Operating Theatre Programme at GUH and PHB has been a major step forward in achieving long term change by improving theatre utilisation and maximising the effectiveness of the most expensive resource in the hospitals.

As part of the roll-out of the Productive Operating Theatre (TPOT), Portiuncula held its first Visioning Workshop in July.

The team supporting the new pilot Rehabilitation Programme at GUH from left: Adrienne Newell, Senior Medical Social Worker; Ciara Breen, Senior Occupational Therapist; Cathelijne Donders-Seoige, Senior Speech and Language Therapist; Trish Galvin, Clinical Nurse Specialist Stroke; and Sinead Moynihan, Senior Physiotherapist.

3.2 Scheduled Care - Outpatient Activity

The Group treated in excess of 285,000 patients in outpatient services at outpatient clinics in 2012.

The Group treated in excess of 289,000 patients in outpatient services in 2012

In January 2012 there were 45,000 patients on outpatient waiting lists – which had grown incrementally over a number of years - across the Group. The key specialties with very long waiting times were identified and addressed as a matter of priority with the resources of all the hospitals in the Group used to reduce the numbers waiting. The capacity to see patients was increased by having longer clinic sessions and by running additional clinics.

An example where a significant reduction was made in the waiting list was Dermatology which was reduced from 3,133 patients waiting to 1,001 patients by the end of the year.

The Group had a high 'Did Not Attend' or DNA rate with 10% of new patients and 15% of review patients failing to turn up for their scheduled appointment. This impacts on the ability to treat patients in a timely manner and a focus group was established to reduce the DNA rates.

At the end of 2012, the Minister for Health set a target that by November 2013 no patient should wait longer than 12 months for an outpatient clinic appointment. At the end of 2012 a validation exercise commenced to review the outpatient waiting list. This exercise involved contacting over 23,000 patients and was due to be completed in the first quarter of 2013.

The outpatient waiting list is a major challenge and will be the primary focus of the Group in 2013.

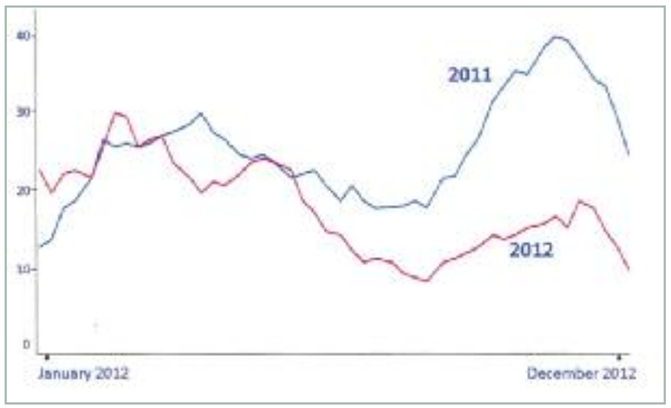
3.3 Unscheduled Care / Emergency Department Activity

In 2012 the Group made progress with admission times from the Emergency Department (ED). The number of people who had to wait to be admitted was reduced and the length of time they had to wait was also reduced. In GUH in February there were on average 24 patients waiting for admission at 8am and by December there were on average 10 patients waiting for admission. Portiuncula Hospital made great strides in improving the length of time that patients spend in the ED, even though the numbers attending increased from 21,237 attendances in 2011 to 22,894 attendances in 2012. In December on average over 89% of patients attending the ED in Portiuncula were seen and discharged within 6 hours.

In December on average over 89% of patients attending the ED in Portiuncula were seen and discharged within 6 hours

In GUH the opening times of the Acute Medical Unit were extended to 24 hours and a 32 bed short stay medical unit was opened for acute treatment and/or observation where the estimated length of stay is less than 48 hours. This had a significant impact on the flow of patients into the hospital and reduced the pressures in the Emergency Department.

Average Number of Patients on Trolleys Awaiting Admission * – 2011 v 2012



* 30 day Rolling Average

Helen Hanrahan, CNM3, Emergency Department, GUH; Shirley Angland, Advanced Nurse Practitioner for the Emergency Department, GUH; and Jean Kelly, Asst Director of Nursing, Medical Division and Emergency Department, GUH in the Advanced Nurse Practitioner Treatment Room in the Emergency Department.

GUH extending the opening times of the Acute Medical Unit to 24 hours and opened a 32 bed short stay medical unit in 2012. From left: Jean Kelly, Asst Director of Nursing, Medical Division and Emergency Department; Dr Pat Nash, Clinical Director, Medicine; and Sharon Griffin, Patient Flow Co-ordinator, Medicine.

4.0

4.0 Key Service Developments

Some of the key service developments across the Group in 2012 include:

4.1 Roscommon Hospital

- Introduction of Urology Services.
- JAG Accreditation for Endoscopy Service.
- Extended Plastic and Reconstructive Surgery Services.
- Introduction of Sleep Studies.
- Additional Nurse Prescribing.
- Extended Dental Surgery.
- Implementation of the Radiology Information System (RIS).

Photographed with the new mobile dental x-ray in theatre in Roscommon Hospital, standing from left: Eileen Goldrick, Dental Nurse/Dental Radiographer; Marie Cooke, A/CNM2; Tommy Carr, Theatre Porter; Dr Keith Finn, Snr Dental Surgeon (Special Care); Celia Naughton Concannon, Dental Nurse; and Hailey Leech, Staff Nurse. Sitting: Dr Caroline Mills, Anaesthetic Registrar and Dr Shaik Subhani, Locum Consultant Anaesthetist.

4.2 Portiuncula Hospital Ballinasloe

- The Productive Operating Theatre Programme was introduced.
- Opening of newly refurbished Paediatric Unit.
- State of the art high definition equipment was installed to expand the minimally invasive or laparoscopic surgical procedures available to patients.
- The National Integrated Medical Imaging System (NIMIS) went live in November.
- Work commenced on the upgrade of the Medical residence in preparation for the establishment of a joint medical academy with NUI Galway.
- Radiology waiting area refurbished.
- Upgrade of sluice rooms in two ward areas.
- Minor refurbishment of St John's Ward.
- Replacement anaesthetic machine and ultrasound machine for theatre/ICU.
- Development Control Planning Group established to develop and progress business case for a replacement ward block.

Mr Chris Collins, Consultant Surgeon; John Donovan, Infection Prevention Sales Manager, M.E.D. Surgical and Mr Eddie Myers, Consultant Surgeon with the state of the art high definition equipment installed in the operating theatres in Portiuncula Hospital in 2012.

4.3 Galway University Hospitals

- Transfer of Acute Medicine to the UHG site.
- Extension of the Acute Medical Unit opening to 24 hours and opening of a 32 bed short stay medical unit to support it.
- Development of Rehabilitation Services on the MPUH site.
- Re-designation of medical and surgical beds and specialty cohorting.
- Launch of Acute Coronary Syndrome in October with GUH the first of the six designated 24/7 Primary Percutaneous Coronary Intervention (PPCI) centres nationally to go live.
- Introduction of the Productive Operating Theatre Programme.
- JAG Accreditation for Colorectal Cancer Screening.
- Official opening of the extended neonatal unit (capacity for 17 cots).
- Smoke Free Campus introduced in February 2012.
- Pilot commenced with Community Services for stroke rehabilitation.
- Theatre Admission Lounge opened.

GUH re-opened a theatre to reduce the number and length of time patients wait for a procedure. Theatre staff from left: Brian Keane, Porter; Polina Furnika, Anaesthetics; Margaret Healy, Clinical Nurse Manager, Anaesthetics; Terri Ryan, Staff Nurse; Breege McKiernan, Theatre Nurse; Michelle McNamara, Recovery; Mary Diviney, Clinical Nurse Manager 2, Recovery; Noreen Keelan, Anaesthetics; and Assumpta Casserly, Theatre Nurse.

5.0

5.0 Estates

5.1 Group Estates Strategy

In 2012 the Group Estates Strategy was formed which oversees the strategy for future campus(s) development ensuring where possible that the development is carried out in a planned, effective, efficient and progressive manner and in line with Development Control Plans.

In 2012 the Group Estates Strategy was formed to oversee the strategy for future campus development

Significant work was undertaken in 2012 to progress planned developments to increase endoscopy and outpatient capacity across the Group, along with replacement inpatient accommodation to support the National Clinical Programmes.

The fire, water, medical gasses and electrical infrastructure were upgraded to address identified key risk areas. Hygiene facilities were also upgraded, including rolling painting programmes; additional en-suites and sluice upgrade work.

At the official opening of the first Theatre Admission Lounge in the country, in GUH in November.

5.2 Capital Approvals

Capital approvals were received in 2012 to progress the design or development of the following significant projects:

- 75 bed Interim Ward Block UHG - €12m.
- Endoscopy Unit Roscommon - €3m.
- Replacement of Radiology Equipment UHG - €1.6m.
- Radiation Oncology Facility and Enabling works UHG - €50m.
- Clinical Research Facility - €8m.
- Endoscopy Unit Upgrade Portiuncula - €500k.
- Central Scope Decontamination Unit UHG - €600k.
- Unit 2 Outpatients MPUH - €360k.
- ED Reconfiguration UHG - €100k.

Elaine Prendergast, General Manager, Roscommon Hospital with Bill Maher, Group CEO at an event to mark the JAG accreditation process at RH.

Staff from the newly renovated and refurbished Paediatric Unit at Portiuncula Hospital Ballinasloe which was officially opened by the 'Friends of the Special Care Baby Unit and Children's Ward' fundraising committee - back row from left: Colette Cowan, Group Director of Nursing and Midwifery; Marita Fogarty, Asst Director of Nursing; Fr. John Kileen; Mary Kenny; Alison Kinlan; Karen Leonard, Clinical Nurse Manager; Brid Duggan; Phil Lyons; Siobhan Horkan; and Sarah McMickan, Director of Nursing. Front row from left: Bernie Tully, Bernie Healy Kennedy, Mary Kenny, Geraldine Quinn, Brid Barrett, Ann Flanagan, Breda Coughlan.

5.3 Hygiene and Decontamination Services

Significant infrastructure improvements , training programmes and an extensive audit process was delivered across the various elements of the hygiene services including waste management, cleaning, catering, linen services, equipment and sharps disposal. During the year key performance indicators were further developed and service user involvement continued in the work of the Hygiene Committee.

6.0 Resources

6.1 Finance

2012 was a challenging year financially for the Group. The year-end position shows a deficit on budget of €37.4m; however, the exclusion of a number of external factors reduced this deficit to €28.2m. This was the first year of consolidated accounts for the Group with all hospitals experiencing cost pressures over and above funding levels.

Performance management is key to the ongoing success of the Group

While we ended the year with a significant budget deficit, compared to the previous year we managed to reduce costs (excluding one offs in 2011), despite a significant increase in patient activity.

We continued the progress with the development of the Group's financial operating model and towards the end of 2012 recruited three accountants to the Group. Performance management is key to the ongoing success of the Group and we have developed a Group wide Performance Management platform incorporating KPI sets for activity, HR, Service Quality and Finance.

6.2 Income and Expenditure Report

Group Income and Expenditure Account 2012			
	2012 Summary €000's	2012 Summary Allocation €000's	2011 Summary €000's
Income			
Patient Income	43,574	64,171	43,097
Other Income	11,741	11,016	7,912
	55,315	75,187	51,009
Expenditure			
Wages and Salaries	262,462	261,478	265,241
Drugs and Medicines	30,710	22,889	27,364
Bad Debts	-239	138	1,235
Clinical Costs	56,893	49,546	55,198
Domestic	13,150	12,955	12,871
Non Clinical Costs	10,028	9,755	6,893
Maintenance & Energy Costs	9,558	8,072	9,708
Miscellaneous	7,719	7,932	6,676
	390,281	372,765	385,186
Net Expenditure	**334,966**	**297,578**	**334,177**

6.2.1 Pay

In 2012 there was a concerted effort to focus on reducing the payroll cost. Pay expenditure in 2012 was €262.5m; this was an improvement and reduction of €2.8m on 2011. There were significant reductions in staffing levels arising from the early retirement schemes across all grades. The continuing public sector recruitment moratorium challenged our ability to recruit certain categories of staff; reconfiguration and redeployment was required in order to maintain frontline services. Strong management focus throughout the year on premium payments, overtime and agency also helped to reduce the payroll cost base.

6.2.2 Non Pay

Costs in non pay increased year on year by €7.8m. The main pressure areas included Drugs and Medicines with an increase of €3.4m on last year. Oncology medicines continue to be a primary driver of medicine costs. Dialysis costs have also increased due to the growing number of patients. Other cost pressure areas include the purchase of critical medical equipment totalling €1.2m, cost of providing nursing home care €0.7m and transport costs totalling €2.0m. There was also pressure on non patient related categories such as energy costs, catering, cleaning and storage costs.
Despite the increased expenditure the Group did manage to reduce costs in certain non pay areas including the provision for bad debts, procurement of blood products and costs associated with maintenance works.

6.2.3 Income

The Group income shows an increase of €4.3m or 8% on last year.
We worked closely with the Special Delivery Unit to reform the delivery of emergency services and reduce waiting lists in 2012 and some additional funding was received for this.

Despite the falling numbers of patients with private insurance, the Group managed to maintain patient accommodation income at the same level as 2011.

6.3 Human Resources

Despite all of the technological and therapeutic advances in medicine, the delivery of health care remains, essentially, a human activity: People Caring for People. The Galway and Roscommon University Hospitals Group is fortunate to have a highly skilled, highly motivated and caring workforce.

At the end of the year the Group was operating below its employment ceiling of 3980 as a result of stringent monitoring of employment levels

The approach during 2012 was to identify and prioritise key grades and positions within the organisation for attention, in keeping with the Group approach of enhancing clinical leadership on the wards and at Directorate level. This included filling Clinical Nurse Manager positions at ward level on a permanent basis to enhance leadership; recruitment of key management positions such as Group Director of Nursing and Midwifery, Group Director of Human Resources and Group Clinical Director; and recruitment of scarce grades such critical care nurses, theatre nurses, midwives, mammography staff and technical grades. To support the new managers, leadership training was rolled out to Clinical Nurse Managers, business managers and first time managers.

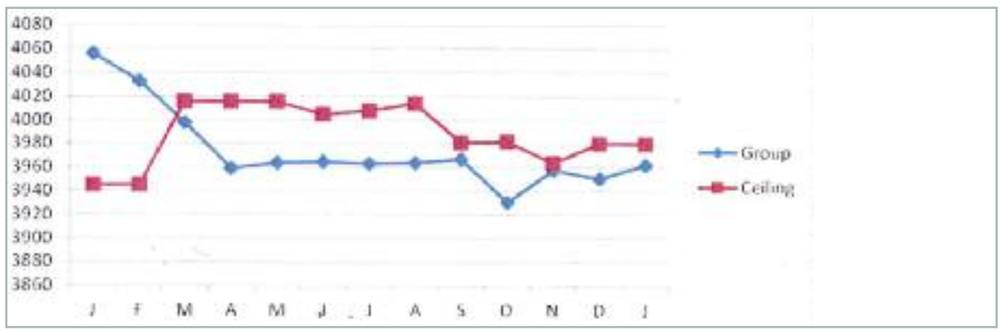
One of the key challenges that the Group faced in 2012 was the loss of a very significant number of key members of staff through the Pension Protected Retirement scheme. The impact of this scheme can be seen in the staffing numbers; in January the Group employed 4056 Whole Time Equivalents (or the number of jobs when all part-time arrangements are added to full-time) and by December this had reduced to 3951; a reduction of 105 WTE or 2.59% of our total workforce. Most of this reduction is explained by the incentivised retirement scheme. Continuity of safe patient care in these circumstances is the most important consideration. The fact that this was achieved is a credit to the advance planning involved but more importantly to the staff who have shown time and again a willingness to go that extra yard for patients.

6.3.1 Group Staffing Profile

The Group ceiling in December was 3980 while the overall Whole Time Equivalent (WTE) at the end of December 2012 was 3951, which was 0.73% under the allowance.

Group Staffing Profile 2012				
	GUH	RCH	PHB	Group
Nursing	1,164.57	99.33	271.89	1,535.79
General Support Staff	270.09	61.72	71.63	403.44
Health and Social Care Professionals	405.44	20.42	60.47	486.33
Management/ Admin	482.64	54.01	108.14	644.79
Medical/ Dental	482.85	31.53	82.19	596.57
Other Patient and Client Care	210.74	10.96	51.81	273.51
Other	11.00	0	0	0
Grand Total	**3,027.11**	**277.97**	**646.13**	**3,951.21**

Whole Time Equivalent Trend Group v Ceiling



6.3.2 Absence Management

Absenteeism reduced across the Group from 5.16% at the beginning of 2012 to 4.69% in December. This was achieved by working in partnership with HR staff, managers at all levels, trade union representatives and occupational health staff. Intensive work with Line Managers and staff has been vital in our efforts to reach our national target, making attendance management and routine Return to Work meetings become the norm.

Group Absenteeism per Month 2012													
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2012
GUH	5.30%	4.92%	4.43%	4.50%	4.51%	4.37%	4.64%	4.31%	3.85%	4.57%	4.72%	4.42%	4.54%
PHB	4.59%	4.88%	5.75%	3.73%	4.93%	3.94%	3.92%	4.48%	4.23%	5.42%	4.23%	4.60%	4.59%
RCH	5.00%	5.95%	5.51%	4.77%	7.54%	7.33%	6.27%	6.48%	7.66%	8.59%	8.31%	6.95%	6.70%
Group	5.16%	4.99%	4.65%	4.36%	4.75%	4.50%	4.64%	4.49%	4.18%	4.99%	4.89%	4.69%	4.69%

National absenteeism for 2012 was 4.79% (88.5% certified), a marginal reduction on the 4.90% recorded for 2011. Group absence level reduced by 9.11% in the same period. Absence levels in the Group compare favourably with the national data for the past four years (2011 – 4.90%, 2010 – 4.70%, 2009 – 5.05% and 2008 – 5.76%). While absenteeism levels remain above the target level, the underlying trend for the Group is downwards.

At the launch of the Group's Future Leaders Programme in November. Standing from left: Karl Sweeney, Clinical Director, Surgical Directorate; Sue Hennessy, Waiting List Manager, GUH; Colette Cowan, Group Director of Nursing and Midwifery; Bill Maher, Group CEO; Ailish Mohan, A/Business Manager, Surgical Directorate; Elaine Dobell, Head of Physiotherapy, GUH; Ann Cosgrove, Clinical and Non-Clinical Services, Manager, GUH; and John Shaughnessy, Group Director of Human Resources. Seated from left: Jean Kelly, Asst Director of Nursing, Medical Division and Emergency Department, GUH; Máire Kelly, Senior Administrative Officer, General Manager's Office, PHB; Chris Kane, A/General Manager, PHB; Fiona McHugh, SEO, CEO's Office; and Elaine Prendergast, General Manager, RH.

6.3.3 HR Developments

The Employment Control Committee (ECC) was established and one of the initial key priorities of the Committee was the preparation of contingency plans to deal with the impact of the retirements and to identify and recruit critical posts. The committee meets on a monthly basis to consider all requests to fill vacancies, recruit staff and manage agency requests.

The Employment Control Committee has provided an efficient and responsive process for Heads of Department to manage their staffing levels

A number of posts were identified by the Group for priority filling and the National Recruitment Service (NRS) progressed with the filling of some of these, while a further number of posts including Clinical Nurse Managers, Chief Medical Scientists, Medical Scientists, Laboratory Aides, and temporary staff nurses for Theatres, Critical Care, Medicine and Surgery were processed by the local HR team. Temporary contracts were used in some cases to reduce agency costs.

The establishment of the ECC has provided an efficient and responsive process for Heads of Department to manage their staffing and to plan how to best meet emerging service pressures.

At a 'Leading in Uncertain Times' training programme in GUH, back from left: Brian Kelly; Eileen Loftus; Evelyn Nicholson; Mary Hogan; Mary Lydon; Siobhan Canny, facilitator; Yvonne Qualter and Mary Fahy. Front from left: Hannah Kent, facilitator; Niamh Rohan; Aine Binchy and Cora Marnell.

7.0

7.0 Nursing

In 2012, Nursing and Midwifery were at the forefront of the change process and supported the Directorates in developing services that enhanced patient care across the Group. Through collaborative working with our Clinical Directors, we were able to achieve new services and initiatives for the Group.

Nursing and Midwifery were at the forefront of the change process and supported the Directorates in developing services that enhanced patient care across the Group

Highlights for Nursing in this year included the introduction of the National Early Warning Score in November. This could not have been accomplished in the short timeframe without a supreme team effort. The appointment of Advanced Nurse Practitioners in Haematology and the Emergency Department GUH were also high points of the year.

In Portiuncula Hospital the preparatory work throughout 2012 will mean that an Acute Medical Assessment Unit will be operational in early 2013. It is anticipated that an Advanced Nurse Practitioner for the Emergency Department will be appointed in the first quarter of 2013.

At Roscommon Hospital Nurse Prescribing was extended to include diabetes, palliative care, warfarin, pre-op assessment, cardiac rehabilitation and respiratory specialities. In addition the Productive Ward Initiative progressed well in two wards.

Through everyone's hard work Nursing and Group objectives were met while ensuring that the everyday business of delivering high quality care to our patients was achieved.

Nursing Staff at Roscommon Hospital, from left: Mary Francis Langan SN, Sinead Golden SN, Olive Arnold SN, Siobhan Carty CNM1, Fiona Hamrock SN and Mary McNeill SN.

8.0 Clinical Directorates

Throughout 2012 there was a major focus on strengthening the role of the Clinical Directorates as the core governance units for the Group. Each Directorate is now focused on an integrated multidisciplinary team based approach to achieving the Directorate and Group priorities, whilst developing a performance management culture based around key performance indicators (KPIs). With the support of a dedicated management accountant, cost-containment strategies were developed for each Directorate with a significant focus on maximising income collection by improving the timeliness of insurance claim completion and submission.

Throughout 2012 there was a major focus on strengthening the role of the Clinical Directorates as the core governance units for the Group

The Group progressed the implementation of National Clinical Programmes which were introduced to improve and standardise patient care across all hospitals. There are currently 29 National Clinical Programmes across a broad range of specialities; many of these programmes have successfully commenced within the Group, whilst some are still in the initial implementation phases. The National Clinical Programmes provided additional resources to help develop clinical services and therefore were the core drivers of clinical priorities for 2012.

At the Elective Surgery Programme site visit to Portiuncula Hospital in April, from left: Máire Kelly, Senior Administrative Officer, General Manager's Office; Sarah McMickan, Director of Nursing; Sinead O'Brien, Elective Surgery Project Lead; Chris Kane, A/General Manager; Mr Chris Collins, Consultant Surgeon in Upper GI; Professor Frank Keane, National Lead for the Elective Surgery Programme; Dr. Niall Gough, Consultant Radiologist; Caroline Dolan, Divisional Nurse Manager Theatre; Breda Madden, Clinical Nurse Manager, Theatre; and Michael Prenderville, TPOT Project Lead.

8.1 Medical Directorate

The Medical Directorate was led by Dr Pat Nash as Clinical Director throughout 2012. The primary focus of the Directorate was on addressing trolley waits in ED. Implementation of the Acute Medicine Programme (AMP), the Emergency Medicine Programme (EMP) and the Care of the Elderly (COTE) programmes were principle areas of interest. Significant progress was made in implementing the AMP and in 2013 the focus on the other two major clinical programmes will increase. Three Acute Medicine Physicians were appointed to the Group in 2012 and are due to take up their permanent appointments in Galway in early 2013. A bed modelling project performed by the national Acute Medicine Programme highlighted the insufficient number of medical beds, which led to the reconfiguration of beds in May in GUH and the transfer of St Mary's ward from surgery to medicine. In tandem, rigid cohorting of medical and surgical patients to separate wards in GUH was implemented which facilitated both improved access to beds for acute medical admissions whilst protecting surgical beds for elective surgery. Other highlights in the Medical Directorate in 2012 were:

- ED Development Group.
- 24/7 Consultant-led access to thrombolysis for acute stroke in GUH and 9am to 5pm weekday service at PHB.
- Development of a COPD outreach programme at GUH.
- Dedicated Consultant-led heart failure clinic at GUH and PHB.
- 24/7 Primary PCI Centre (first nationally) at GUH as part of the ACS Programme.
- Reduction in dermatology waiting list.
- 5 day service for elective/scheduled oncology/haematology patients in GUH.
- 5 day medical service in Merlin Park.

GUH launched a new home treatment programme for patients with Chronic Obstructive Pulmonary Disease (COPD), from left: Dr Robert Rutherford, Consultant Respiratory Physician and lead for the COPD outreach programme with Marie Burns, COPD Clinical Nurse Specialist and Sheila Farrell, Senior Physiotherapist.

8.2 Surgical Directorate

Mr Karl Sweeney took over as Clinical Director for surgery from Mr Michael O'Sullivan in 2012. The primary focus of the Surgical Directorate in 2012 was to achieve the national target for inpatient treatment across the group. The aim was to ensure that no patient was waiting longer than 9 months (adults) for an inpatient or daycase procedure by 30 September. The target was achieved by having a focused multidisciplinary team meeting on a weekly basis targeting the areas requiring most support. In tandem with this and the TACC Directorate, a strategy to implement the Surgery and Anaesthesia Programme (SAP), with a focus on theatre flow and 'The Productive Operating Theatre' (TPOT) programme were instigated. Other highlights in the Surgical Directorate in 2012 were:

- Reduction in preoperative length of stay.
- Managing weekend bed use to ensure beds available for elective surgical activity during the week.
- Development of pre-op assessment clinics at GUH.
- Physiotherapy specialist-led waiting list initiative in orthopaedics.
- Development of elective plastic surgery in Roscommon Hospital.
- JAG accreditation for medical and surgical endoscopy in GUH and Roscommon in late 2012.

Members of the Surgical Team at Roscommon Hospital mark the expansion of the Endoscopy Service at the hospital, from left: Dr Martin Bell, Surgical Senior House Officer; Mr Liam McMullin, Consultant Surgeon; Thomas Carr, Theatre Porter; Mr Tapas Chatterjee Chattopadhyay, Surgical Registrar; Hailey Leech, Theatre Nurse; and Marie Cooke, A/Clinical Nurse Manager 2, Theatre.

8.3 Women's and Children's Directorate

Dr Geraldine Gaffney led the Women's and Children's Directorate throughout 2012. One of the principle areas of focus was on closer integration of the services between Portiuncula and GUH. The new expanded neonatal unit in UHG is a modern fit for purpose area that provides the appropriate environment for critically ill newborns. Its official opening in 2012 was the culmination of many years of work. At GUH the transfer of acute gynaecology assessments from a walk-in service on St Monica's ward to the more appropriate area of ED (for initial triage and assessment) in late 2012 will enhance the safety and quality of care that can be provided for those presenting with acute gynaecology and early pregnancy problems.

Staff of the Neonatal Unit with President Higgins and Mrs Higgins at the Official Opening of the Neonatal Unit at Galway University Hospitals on Friday 24 February 2012.

8.4 Radiology Directorate

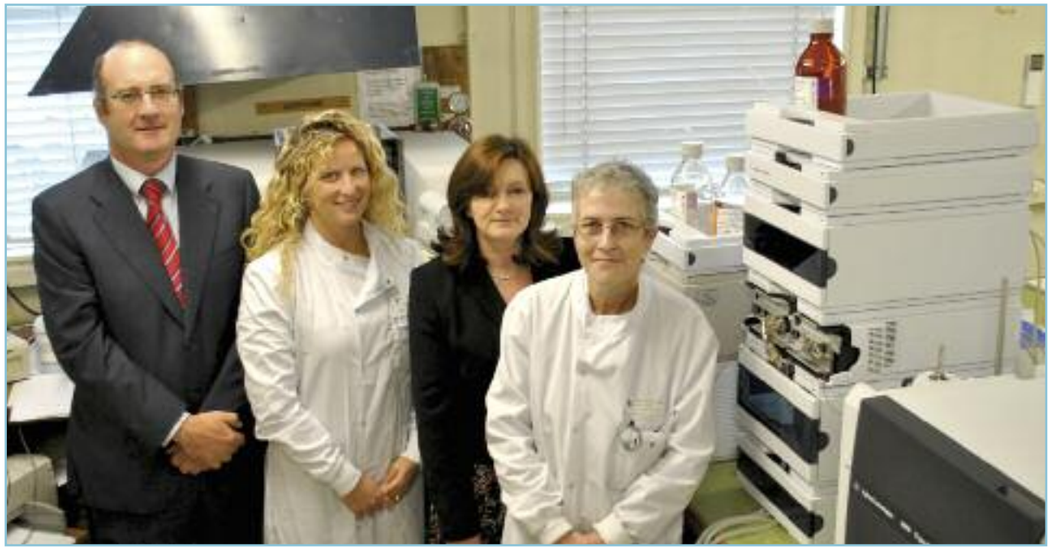
Dr Ray McLoughlin led the Radiology Directorate as Clinical Director in 2012. One of the key priorities for the Directorate was to develop and implement a strategy for replacement of aging equipment, in particular on the UHG site. This was agreed and initiated in 2012 and will continue throughout 2013. Significant reductions in waiting times in CT and MRI were achieved in 2012 despite increased pressure from inpatient services.

Radiation Department Team at Roscommon Hospital - back row from left: Madeline Brennan, Clerical Officer; Catherine Middleton, Radiography Aide; Christine Cooper, Snr Radiographer; Dr Declan Sheppard, Consultant Radiologist; Mary Flynn, Radiology Service Manager; Ciara McGuinness, Radiographer; Anne Curley, Clerical Officer. Front row from left: Pauline Conroy, IT; Una O'Reilly, Radiographer and Ann Lawn, Snr Radiographer.

8.5 Laboratory Medicine Directorate

Dr Damian Griffin led the Laboratory Medicine Directorate in 2012. Key developments across the laboratories in 2012 included:

- Integration across the hospital Group.
- Introduction of voice recognition for histopathology reporting.
- Blood and Tissue establishment received the first laboratory based Good Manufacturing Process (GMP) licence for the production of autologous serum eye drops from the Irish Medicines Board.



At GUH the Department of Clinical Biochemistry added state of the art technology Liquid Chromatography-Mass Spectrometry to its diagnostic armamentarium. From left: Dr Damian Griffin, Consultant Chemical Pathologist/Clinical Director; Nuala Ní Chadhain, Senior Medical Scientist; Paula O'Shea, Consultant Clinical Biochemist; Norma Maher, Senior Medical Scientist, Department of Clinical Biochemistry.

8.6 Theatre, Anaesthesia and Critical Care (TACC) Directorate

Dr Paul Naughton was Clinical Director for TACC. 2012 was a challenging year for theatre services with staffing (in particular nursing) being an ongoing difficulty. A recruitment programme is ongoing. A new theatre scheduling process has been implemented to improve theatre utilisation co-ordinated through a theatre flow group. Staffing for ICU also was a major challenge in 2012 but in the latter part of the year, clearance from national employment group to initiate a nursing recruitment campaign will see the opening of 2 additional ICU beds at GUH in the first half of 2013.

Dr Kevin Clarkson, Consultant Intensivist; Christine Sheehan, Practice Development Nurse, Critical Care; and Dr John Bates, Consultant Anaesthetist, GUH with the ultrasound machine donated to the hospital in 2012 by a family who had a member of the family successfully treated for H1N1 influenza induced Acute Respiratory Distress Syndrome, a life-threatening illness, the previous year.

9.0

9.0 Cancer Services

A Cancer Strategy Group was established to coordinate, oversee, prioritise and integrate a strategic plan for cancer services in the Galway University Hospitals Cancer Centre and affiliated hospitals with the mission of establishing a nationally and internationally competitive comprehensive Cancer Centre in collaboration with NUI Galway. This group is working closely with the National Cancer Control Programme to implement the national cancer strategy.

In November GUH and Roscommon Hospital were inspected for and received JAG Accreditation for the Endoscopy services. GUH and Roscommon Hospital are now recognised Colorectal Screening Centres and the first patients will be scheduled in 2013.

Galway University Hospitals and Roscommon Hospital are now recognised Colorectal Screening Centres and the first patients will be scheduled in 2013

Dr Mary Hynes, Cancer Network Manager South and West, National Cancer Control Programme; Prof Michael Kerin, Consultant Surgeon; and Dr Susan O'Reilly, Director of the National Cancer Control Programme in GUH in July.

10.0

10.0 Quality and Patient Safety

During 2012 the process of restructuring the Quality and Patient Safety management structure commenced. The establishment of a robust governance structure for the group of hospitals was key to this.

The primary objective for 2013 will be the implementation of the new HIQA National Standards for Safer Better Healthcare.

The process of restructuring the staffing arrangements across the Group to support Quality and Patient Safety management commenced in the last quarter of 2012.

The process of implementing an expansion of the IT system for managing complaints and clinical incidents commenced in the last quarter of the year.

There was a strong focus on Clinical Audit during 2012 with a Clinical Audit Presentation Day in October.

The National Integrated Medical Imaging System (NIMIS) went live in PHB in November. Radiology staff from left: Deirdre Forde, Clerical Officer, Radiology; Margaret Dervan, Acting Radiology Manager; Caroline Hanrahan, Clinical Specialist Radiographer CT; Anita Carey, IT Manager; and Michael Towey, Physicist, Department of Medical Physics and Clinical Engineering.

Maternal Death at GUH

On 28 October a maternity patient died at GUH. This was the first direct maternal death at the hospital in 17 years.

The coroner was immediately informed by the hospital and he commenced a separate legal enquiry into the cause of death. In line with national and international practice, an internal review was established by the hospital on 30 October and the HSE's National Incident Management Team was verbally notified, followed by a formal notification on 01 November. GUH commenced the process of identifying suitably experienced clinicians in the relevant fields and preparing terms of reference for the review.

On 14 November the HSE confirmed that the National Incident Management Team would oversee the investigation and the internal review was subsumed into that process. On 19 November, the HSE announced an independent international expert in obstetrics and gynaecology as Chair of the Investigation Team and provided details of the other team members.

GUH provided full co-operation with the Investigation Team established by the HSE, with the Coroner, with the separate HIQA investigation (announced on 30 November) and with the legal representatives for the family of the deceased.

11.0

11.0 Building on Progress

In 2013 we plan to build on the progress made in 2012 by maximising all the resources of the Group and by removing duplication of services, if necessary. We will look to fully implement the Small Hospitals Framework and play to the strengths of each of the hospitals in the Group. We now have a single Clinical Governance structure and we are implementing the HIQA Standards for Safer Better Healthcare (published in 2012) to ensure a high quality and safe service across all the hospitals in the Group.

In 2013 we plan to build on the progress made in 2012 by playing to the strengths of each of the hospitals in the Group

Maura Linehan, CNM2, Surgical Day Ward; Gretta Greaney, CNM2, Endoscopy Department; Dr Ramona McLoughlin, Clinical Lead for the GI Endoscopy Service at GUH; and Ann Dooley, Business Manager, Medical Directorate at an event to mark the awarding of JAG accreditation for GI Endoscopy Services at GUH.

Appendix 1

Galway and Roscommon University Hospitals Group Range of Services	
Acute and Chronic Pain Management Anaesthesia Biochemistry Cardiothoracic Surgery Cardiology Care of the Elderly including Rehab Clinical Pharmacology Dermatology Emergency Department Emergency Medical Admissions Emergency Surgical Admissions Endocrinology and Diabetes Mellitus ENT Gastroenterology General Surgery G.I. Surgery Haematology Hepatology Histopathology Immunology Infectious Diseases	Medical Assessment Unit Microbiology Neonatology Neurology Nephrology / Haemodialysis Obstetrics and Gynaecology Oncology Ophthalmology Oral Maxillofacial Orthodontics Orthopaedics Paediatrics Palliative care Plastic Surgery Radiology Radiotherapy Respiratory medicine Rheumatology Symptomatic Breast Care Urology Vascular Surgery

Galway University Hospitals
Ospidéil na hOllscoile Gaillimh
UNIVERSITY HOSPITAL GALWAY
MERLIN PARK UNIVERSITY HOSPITAL

Portiuncula Hospital Ballinasloe

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