



Grúpa Ollscoile Cúram Sláinte
University Health Care Group








Saolta University Health Care Group
Annual Report 2016



Saolta University Health Care Group

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Saolta University Health Care Group Executive Team



Maurice Power
Chief Executive Officer



Tony Baynes,
I/ Chief Financial Officer



Dr Pat Nash,
Chief Clinical Director



John Shaughnessy
*Group Director of
Human Resources*



Ann Cosgrove,
Chief Operating Officer



Tony O Gorman
*I/ Head of Corporate
Development*



Jean Kelly,
*I/Chief Director of
Nursing and Midwifery*

CEO Foreword



I am pleased to present the 2016 Saolta University Health Care Group Annual Report. This is the fifth such report setting out the Group's activity, progress and key

achievements in 2016 across the various Hospitals and Clinical Directorates.

It's important to focus on all that we have achieved across the Saolta Group over the last year and, on behalf of the Executive Team, I would particularly like to thank our staff for their dedication in delivering the best possible care to our patients. While it has been a very challenging year with budget, recruitment and service challenges, it is important to reflect on our achievements in delivering on the key objectives outlined in the Saolta Group's Service Operational Plan.

Service Pressures and Developments

Continuous growth across Group Hospitals in patient activity, particularly in our ED attendances and day cases, was again evident in 2016. Staff in our hospitals worked with GPs and our other colleagues in the community to manage patient flow and support hospital avoidance measures and early discharge. A key focus in 2016 was to develop a strong partnership with the CHOs and I wish to acknowledge the support we have received from both Chief Officers in our region in consolidating our partnership approach.

An underlying issue facing all hospital groups is inpatient bed capacity and I am pleased to state that the Saolta group increased its bed capacity by 87 beds in

2016. This was facilitated by the opening of the new 75 bed ward block in UHG. In parallel to this the Group is working with GE Healthcare Finnamore on a significant patient flow programme. This commenced in the latter part of the year in UHG initially but there are plans to roll out to other hospitals. This will deliver on further additional bed capacity throughout 2017.

Demand for cancer services continued to grow but we again produced very positive results in terms of meeting the key performance indicators during the year. The National Cancer Control Programme carried out a review of the rapid access clinics in all cancer centres in 2016. We await the final report and are committed to implementing the recommendations in 2017.

Several important service developments were initiated in 2016. For example, the provision of high quality clinical training was a priority for Saolta as evidenced by the development of the Simulation Centre in UHG as well as the development of Medical Academies with our academic partner, NUI Galway on the LUH, SUH, MUH and PUH sites.

In conjunction with our Northern Ireland partners, the Western Health and Social Care Trust, new Radiotherapy and emergency PCI services commenced in Altnagelvin Hospital Derry in 2016, which greatly benefited our patients in the North West. It is very evident from our experiences working with our colleagues in the WHSCT that in the future there will be closer collaboration in delivery of services to the people of the North West.

Together with all of our colleagues working with the Saolta Group and the wider HSE, I am very aware of the importance of putting the patient at the

centre of everything we do. The role of patient advice and liaison officers (PALS) in GUH proved invaluable in providing support to our patients and I look forward to further rolling this initiative out in other hospitals in the Group in 2017. I am also proud to note the important role that the Patient Council played across the Group in representing the voice of the patient, for example by their participation in the HIQA National Patient Experience Programme. The successful introduction of Schwartz Rounds, led by group Director of Nursing and Midwifery Ms Jean Kelly and Dr Sean Dinneen, Consultant Endocrinologist UHG has served as a reminder, to all, of the importance of teamwork when caring for our patients.

Governance

Accountability and oversight is at the forefront of all Group activities.

The Saolta Group reported to the Acute Hospital Division of the HSE on a range of finance, quality and patient safety, access and other key service indicators throughout the year. In 2016, the Board of the Saolta Group held eight meetings including one public Board meeting. The Board held its final meeting in October 2016 as Board member's terms of office expired at that time. I would like to acknowledge the outstanding contribution of our outgoing board members in the formation of the Group and its continued development. I am delighted that Chair Dr. John Killeen has been appointed for another term of office and look forward to working with him in 2017. I am pleased to say that Mr Gerry McManus and Ms Phyllis MacNamara have remained on the Group Audit Committee and Group Patient Council

respectively. I look forward to the appointment of a new board in the near future.

Capital Developments

Several important developments took place in 2016, including the opening of the endoscopy unit on the Roscommon site, as well as the expansion of the existing endoscopy unit in Mayo University Hospital. Construction of the new 75-bed ward block was completed on the UHG site and the flood rebuild programme progressed on the LUH site. A nationally funded programme of equipment replacement across all sites was completed through a funding stream of €4 million in 2016. I look forward to proceeding next year with multiple projects across the hospital group that will provide additional capacity.

Our Staff

Despite the on-going challenges faced, when I meet staff in all of our hospitals I am continually impressed by the fortitude and dedication as they continue to deliver safe and high quality patient services. This is visible every day, in every ward, department and hospital as our staff ensure our patients are prioritised and cared for appropriately. It is important to note the many contributions our staff made in the improvement and development of patient services, such as the staff of Sligo University Hospital who, in conjunction with their colleagues in Community Health Organization Area 1, won the Overall Best Project award at the 2016 National Health Service Excellence Awards, for their Ophthalmology Service improvement project which will deliver an improved model of care for patients.

Another project of note was the Atlantic Diabetes in Pregnancy (DIP) Research

Group at Saolta University Health Care Group which won two awards at the 2016 Irish Medical Times Healthcare Awards 2016 for Best Sustainable Healthcare project and the over-all award 'An Dhuas Mhór' for their Pregnancy Care Programme for Women with Diabetes.

These are just two of the many successful improvement projects that were initiated and led by staff members and exemplify the calibre of the people who provide care to our patients. Our staff constantly strive to improve care and services for our patients and aim to ensure that the patient is always at the centre of everything we do.

Patient safety

Throughout 2016 we have recruited a number of additional senior quality and patient safety staff.

This is to ensure that patient safety is paramount as we deliver care to over one million patients on an annual basis. While we all know that errors occur it is important that we learn from our mistakes and put improvement plans in place to ensure that the risk of these errors happening again are kept to a minimum. We also need to ensure that we embrace open disclosure, acknowledge when mistakes are made and apologise to patients. The appointment of these critical staff will allow the group to further improve safety and continue to develop clinical audit and implement quality improvement programmes into the future.

Looking ahead

In our drive to ensure safe, sustainable services for our patients across the Group,

Saolta plan to move to a group wide clinically driven governance structure. We have initiated a programme for service improvement, with an enhanced integrated governance structure across the group. This is in addition to a new clinical strategy where each speciality will develop a group-wide five year clinical plan, which will commence implementation in late 2017. This is the most strategically important programme for the Group and is critical to the overall hospital group integration programme. Many of you will be aware that a group-wide engagement process, under the leadership of Chief Clinical Director Dr Pat Nash, has commenced and will continue throughout 2017. I encourage you to participate in this transformative process.

The Group also plan to move forward with a three year ICT Plan that will see information technology developments across group hospitals, particularly in the areas of information sharing and the development of a group-wide PAS system. To drive these strategically important developments, Saolta intend to recruit a Chief Information Officer in early 2017.

The Saolta Group Executive Council, comprising senior managers from hospitals across the group, will also be seeking to implement new employee-focussed initiatives following the completion of the 2016 employee survey.

Our patients are central to everything we do and the provision of safe and sustainable healthcare is our priority. As CEO, I am privileged to lead Saolta and I look forward to tirelessly focussing the efforts of our Group on that priority in 2017.

Maurice Power

CEO Saolta University Health Care Group

Corporate and Clinical Governance



Overview of Corporate and Clinical Governance

Under the auspices of the Department of Health and the HSE, the Board of

Saolta has the responsibility to lead and direct the Group's activities by providing strategic guidance to the executive team, thereby ensuring accountability for the services provided by the Saolta Group. The members of the Saolta Board provided a strong regional representation for the geographical area that the Group's hospitals serve, combined with a depth of clinical, business and academic experience to assist and guide Group operations.

In 2016, the Board of Saolta held eight meetings rotated across group hospital sites, including one public board meeting in Letterkenny University Hospital. Standing board agenda items for review included financial, service and performance updates against agreed key targets and board subcommittees for audit, finance, and patient safety provide advice and support to the executive team. The rotation of board meetings across hospital sites provided non-executive board members with the opportunity to visit hospital departments and to meet and listen to the views of Saolta staff members.

The Board consider the role of patient advocacy as a core function and a board member, Ms Phyllis MacNamara undertook this role. She is also a member of the Group Patient Council. The Patient Council was an active forum in 2016 and I am pleased to note the success of the

Patient Advice and Liaison Service on the GUH site and the plans to replicate this vital service across other group hospitals.

The academic partnership between the Group and NUI Galway has resulted in an investment of approximately €10 million in Medical Academies on the Mayo, Sligo, Letterkenny and Portlinculla hospital sites. The Board views this welcome development as critical to the continued development of the hospital group as a centre of learning excellence for clinicians. Furthermore, the development of the Lambe Institute for Translational Research and HRB Clinical Research Facility on the Galway site provide enormous scope for cutting edge clinical research.

The Board strongly welcomed the development of enhanced clinically-led governance structures across the Group, led by Chief Clinical Director, Dr Pat Nash.

This important strategic initiative, which commences in 2017, will drive the delivery of more efficient and safer delivery of services across the whole Group.

Terms of office for existing board members expired in October and the Board held its final meeting on October 12th 2016. I would like to acknowledge the outstanding contribution of our outgoing board members in the formation of the Group and its continued development.

I am very pleased to continue as Saolta Board Chair for a further term and look

forward to the appointment of board members in 2017.

On behalf of the outgoing Board, I again wish to acknowledge the hard work, commitment and professionalism of all our staff across the Saolta Group in 2016

and look forward to working with the executive team in 2017 to provide safe and patient-focussed health care services for the population we serve.

Dr John Killeen

Chair Saolta University Health Care Group

Non Executive Directors of Board



Dr John Killeen

Chairperson



Dr Jim Browne

Non Executive Director



Dr Brendan Day

Non Executive Director



Mr Zubair Javeed

Non Executive Director



Ms. Sharon Moohan

Non Executive Director



Mr. Gerry Mc Manus

Non Executive Director



**Ms. Phyllis
McNamara**

Non Executive Director



Mr Colam O Neill

Non Executive Director

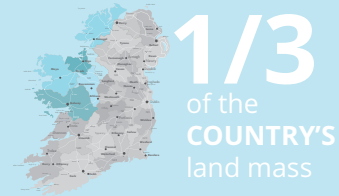
Saolta Hospitals



The Saolta University Health Care Group is comprised of the following hospitals:

- Letterkenny University Hospital (LUH)
- Sligo University Hospital (SUH)
Our Lady's Hospital Manorhamilton
- Mayo University Hospital (MUH)
- Roscommon University Hospital (RUH)
- Galway University Hospital (University Hospital Galway (UHG) & Merlin Park University Hospital (MPUH))
- Portlincula University Hospital (PUH)

The Saolta Group is closely aligned with its Academic Partner NUI Galway

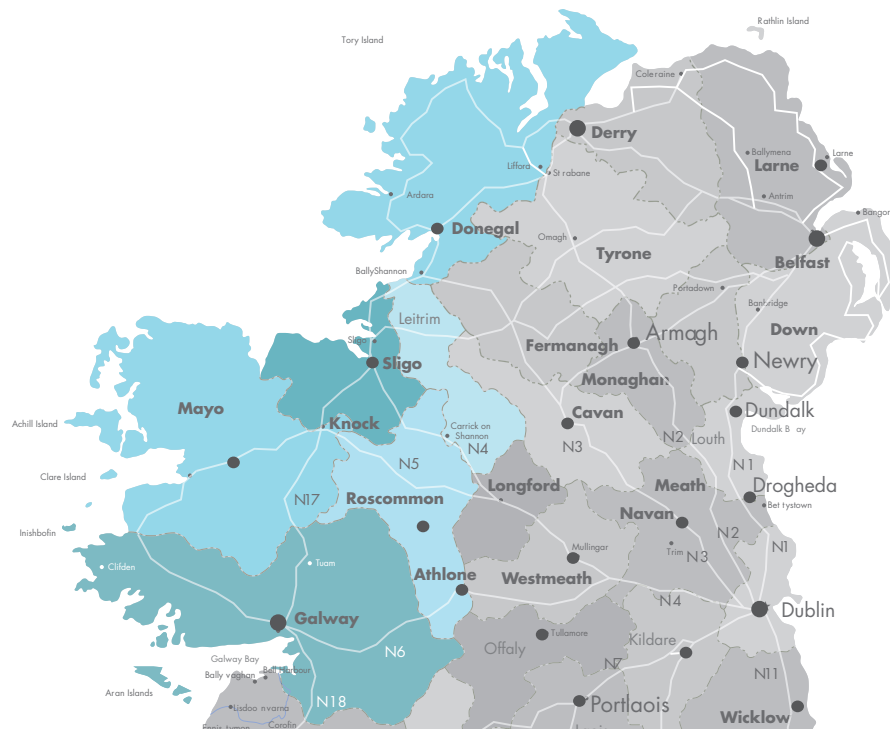




Population Base

Demographics

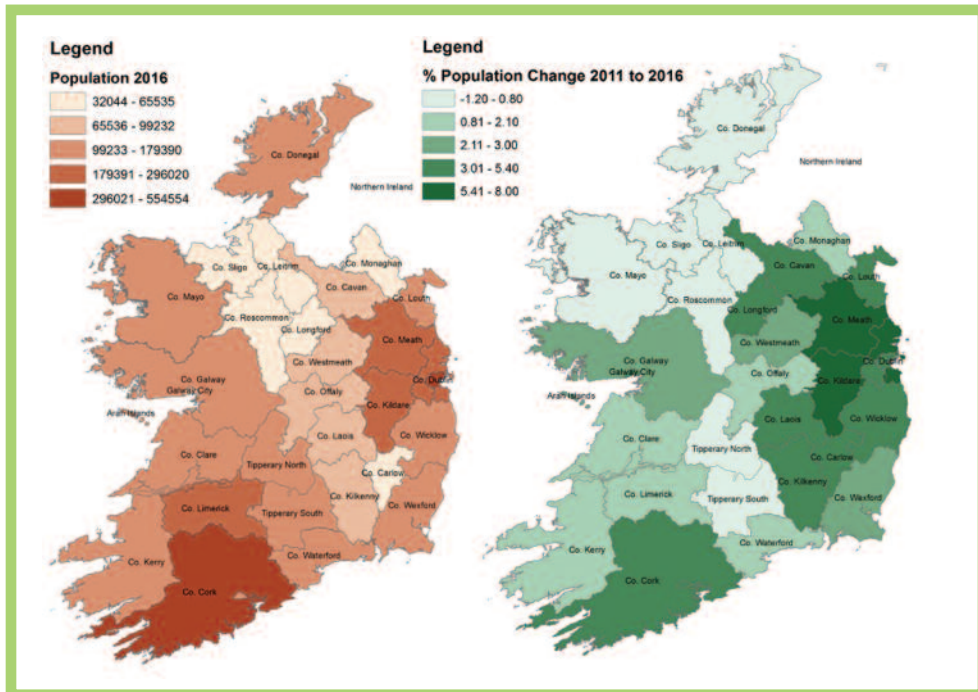
The Saolta area comprises the counties of Donegal, Sligo, Leitrim, Galway, Mayo and Roscommon.



The population in 2016 was 709,497 an increase of 0.83% over the 2011 Census. The largest increase in population was in Galway City and County which had an increase of 5.3 (3,975) and 2.2 (3,924) respectively, while Donegal had a decrease of 1.5% (-2382). The population of Saolta is 14.91% of the national population.

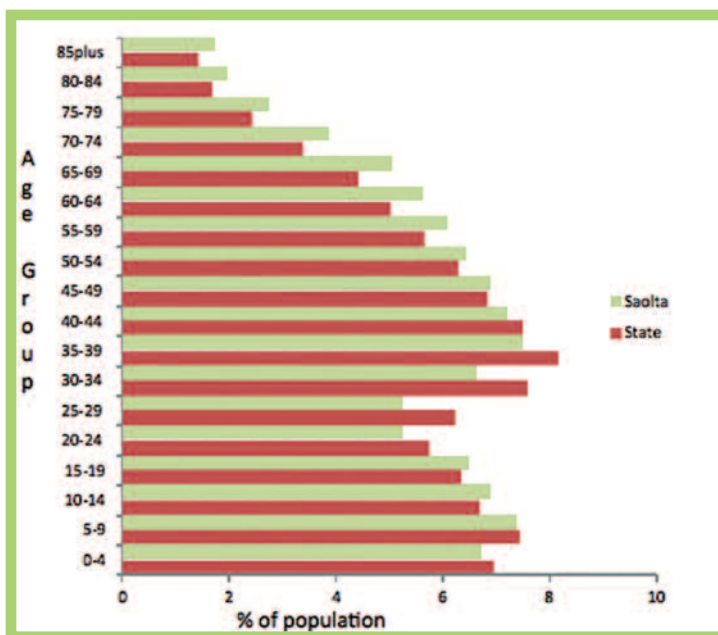
County	Population 2011	Population 2016	Change 2011-2016	% Change 2011-2016	Co Population as % of State
Galway City	75529	79504	3975	5.3	1.67
Galway County	175124	179048	3924	2.2	3.76
Leitrim	31798	31972	174	0.6	0.67
Mayo	130638	130425	-213	-0.2	2.74
Roscommon	64065	64436	371	0.6	1.35
Sligo	65393	65357	-36	-0.1	1.37
Donegal	161137	158755	-2382	-1.5	3.34
Saolta	703684	709497	5813	0.83	14.91
State	4588252	4757976	169724	3.7	

The region has some of the least populated counties in the country, and overall the population stayed static since Census 2011.



Age

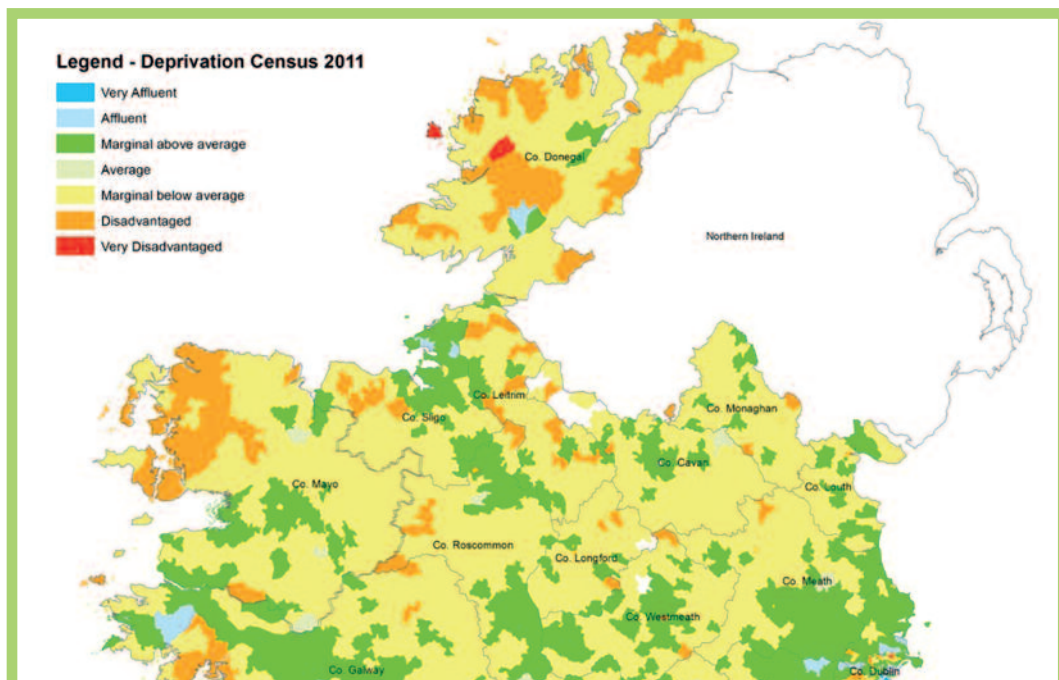
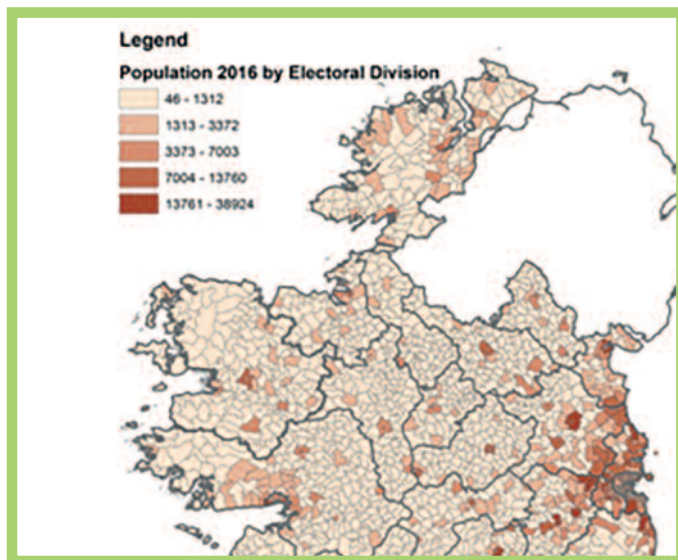
The age profile for Saolta from Census 2016 shows that the area has a higher proportion of those aged 54 and over at 33.7% compared to the State at 30.4%.



The population in the region is expected to grow by approximately 1.6% (11,706) between 2016 and 2021 (based on CSO M2F2 Population Projections – www.cso.ie).

Density and Deprivation

Census 2011 shows that the western seaboard has some of the most deprived areas in the country and Donegal is the second most deprived Local Authority area nationally. Galway City, however, is the third most affluent Local Authority in the country.



Overview of Saolta Group Hospitals

Table : Saolta University Health Care Group Hospitals

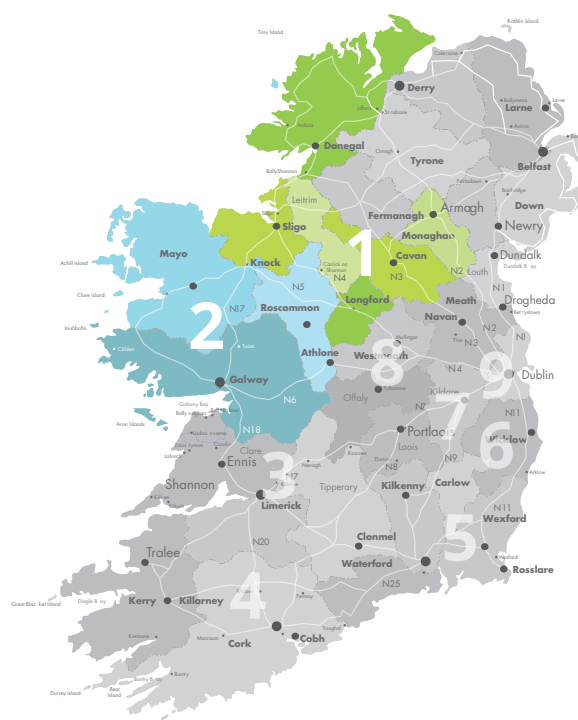
Hospital	Acronym	Size	Inpatient beds	Staffing December 2016
Galway University Hospitals (University Hospital Galway & Merlin Park University Hospital)	GUH	Model 4	655	3384
Letterkenny University Hospital	LUH	Model 3	320	1,496
Sligo University Hospital	SUH*	Model 3	281 *44	1541 *83
Mayo University Hospital	MUH	Model 3	306	1207
Portiuncula University Hospital	PUH	Model 3	182	702
Roscommon University Hospital	RUH	Model 2	63	296

*SUH also governs Our Lady's Hospital Manorhamilton

- * 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: Provides inpatient and outpatient care for differentiated, low-risk medical patients, who are not likely to require full resuscitation.

CHO 1 and 2

Saolta University Health Care Group works closely with Community Health Organisation (CHO) areas 1 and 2 outlined in the map to manage the pathway for patients between acute hospitals and community and mental health services.



Patient Activity

Summary of Service Delivery

The Group provides a full range of acute hospital services.

Group activity to end December 2016

Activity Table for the Saolta University Health Care Group 2016			
Category	2015 Activity	2016 Activity	Variance Year on year
Births	9576	9540	-0.38%
Day cases	174413	184057	5.53%
ED attendances	191652	198720	3.69%
ED admissions	58480	58890	0.70%
Inpatients	113014	113849	0.74%
Outpatients	590737	614514	4.02%
Urgent Care Centre	5118	5100	-0.29%

The Group provides a high volume of services across the region maximising capacity available at each of the hospital sites in the provision of scheduled (waiting list) and unscheduled (emergency) care.

Individual Hospital Activity

GUH 2016			
Category	2015 Activity	2016 Activity	Variance Year on year
Births	2974	3001	0.91%
Day cases	89204	91881	3.00%
ED attendances	61269	60896	-0.61%
ED admissions	15448	14769	-4.40%
Inpatients	37626	38515	2.36%
Outpatients	258083	271080	5.04%

Sligo 2016			
Category	2015 Activity	2016 Activity	Variance Year on year
Births	1356	1351	0.91%
Day cases	25088	27315	3.00%
ED attendances	34861	36363	-0.61%
ED admissions	14140	14713	-4.40%
Inpatients	18275	18360	2.36%
Outpatients	120954	131665	5.04%

Roscommon 2016			
Category	2015 Activity	2016 Activity	Variance Year on year
Day cases	7153	6904	-3.48%
Inpatients	1737	1850	6.51%
Outpatients	16541	18038	9.05%
Urgent Care Centre	5118	5085	-0.64%

Letterkenny 2016			
Category	2015 Activity	2016 Activity	Variance Year on year
Births	1754	1728	-1.48%
Day cases	19301	22667	17.44%
ED attendances	36587	39545	8.08%
ED admissions	11363	11110	-2.23%
Inpatients	23257	23522	1.14%
Outpatients	79261	79876	0.78%

Portiuncula 2016			
Category	2015 Activity	2016 Activity	Variance Year on year
Births	1884	1816	-3.61%
Day cases	9514	9594	0.84%
ED attendances	24420	26135	7.02%
ED admissions	8311	8519	2.50%
Inpatients	13146	13214	0.52%
Outpatients	52319	51386	-1.78%

Mayo 2016			
Category	2015 Activity	2016 Activity	Variance Year on year
Births	1608	1644	2.24%
Day cases	24153	25696	6.39%
ED attendances	34515	35781	3.67%
ED admissions	9218	9779	6.09%
Inpatients	18973	18388	-3.08%
Outpatients	63579	62469	-1.75%



Access

Scheduled Care

Work continued throughout 2016 in relation to inpatient/daycase, outpatient and scope waiting lists.

Day case activity was up 5.53% on 2015 and outpatient activity was up 4.02% across the group in 2016.

Inpatient activity had a marginal increase. Elective activity was impacted due to bed capacity pressures and emergency admission requirements throughout the year and also the shortage of theatre nursing staff due to international shortages in this discipline.

Despite a focused effort we continued to have patients in a number of specialities that waited over 12 months for their procedure/appointment and this continues to be a focus going forward.

Inpatients:

The inpatient targets set by the SDU for 2015 remained for 2016 and were:

Adults - maximum wait time of 8 months
Children – maximum wait time target of 20 weeks

Scopes maximum wait time target 13 weeks (4 weeks if urgent)

A further interim set of targets was set by the minister.

- The number of patients waiting over 18 months for inpatient/day case procedure as of August 2016 will be reduced by 50% by end of December 2016

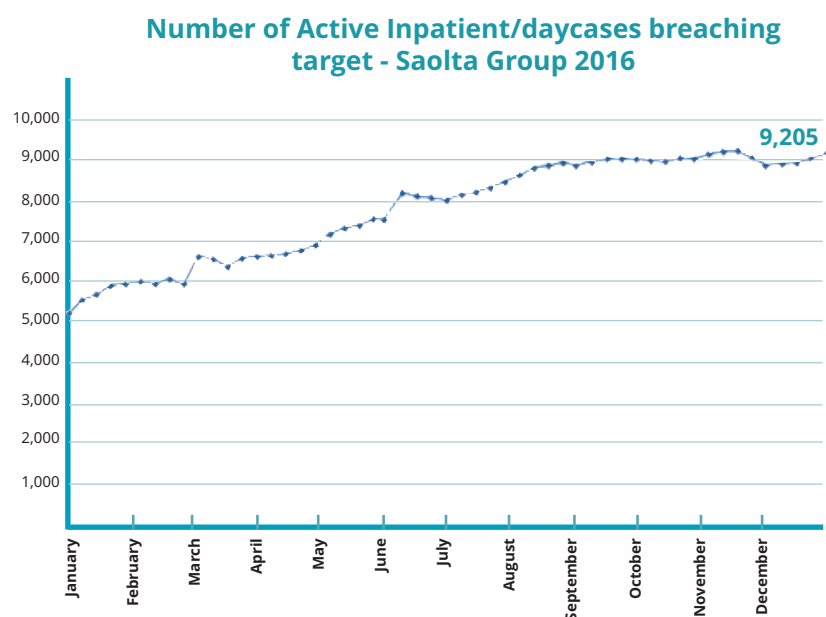
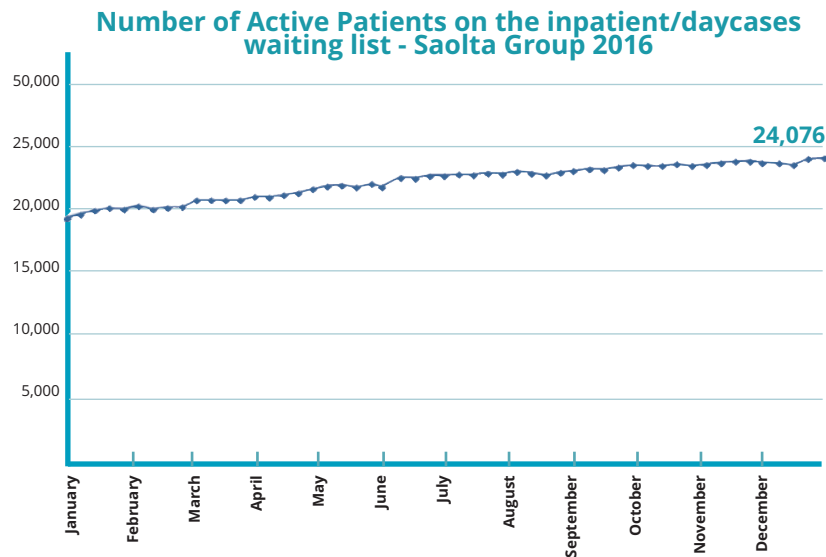
Action plans were put in place in 2016 to address the inpatient waiting lists including:

- Validation
- Movement of activity between hospitals with elective activity transferring from GUH waiting list to Roscommon, Portlincula and Mayo hospitals across a number of specialities including urology, oral maxillo facial surgery, vascular surgery, plastic surgery, general surgery.
- In sourcing / outsourcing (as part of a national Initiative a number of patients did receive their treatment in the private sector).
- Development of additional capacity on sites where possible.

The Saolta Group inpatient waiting list increased by 24% in 2016.

There were 24,076 waiting list active patients on the inpatient/daycase waiting list at the end of December 2016, with the number of patients breaching the original SDU targets at 9,205 patients, mainly arising at GUH.

There were 2361 patients breaching the 15 month target and 1087 patients breaching the 18 month target at the end of December 2016 across a number of specialties. The largest numbers were in the areas of Plastics, Urology, Oral Surgery, ENT and Ophthalmology.



Scopes:

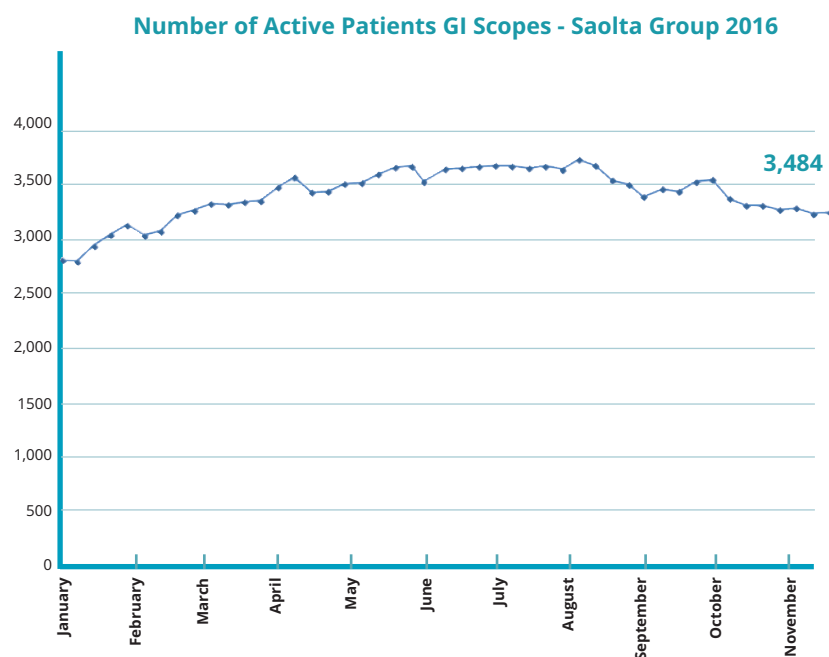
In 2016 there were five target categories of GI scope patients, all of whom had to be accommodated in defined time frames. These were:

- Urgent scopes – within 4 weeks
- Routine scopes – within 13 weeks
- Surveillance scopes – within 4 weeks of planned date
- Colorectal screening patients – within 4 weeks of pre-assessment
- Inpatient scopes – as per clinical need

A detailed group- wide plan was drafted to address deficits. This included identifying available capacity in the private sector for GP referrals, treating patients in hospitals across the group and reviewing the referral criteria for GI scopes.

However capacity limitations on a number of sites continued to impact on routine scope waiting lists. However on a positive note the new Endoscopy Unit opened in Roscommon Hospital in September, 2017 giving additional capacity .

In September, the NTPF identified 668 scope patients that were due to breach 12 months by year end. The waiting list was validated and treated either privately or in-house by year end.



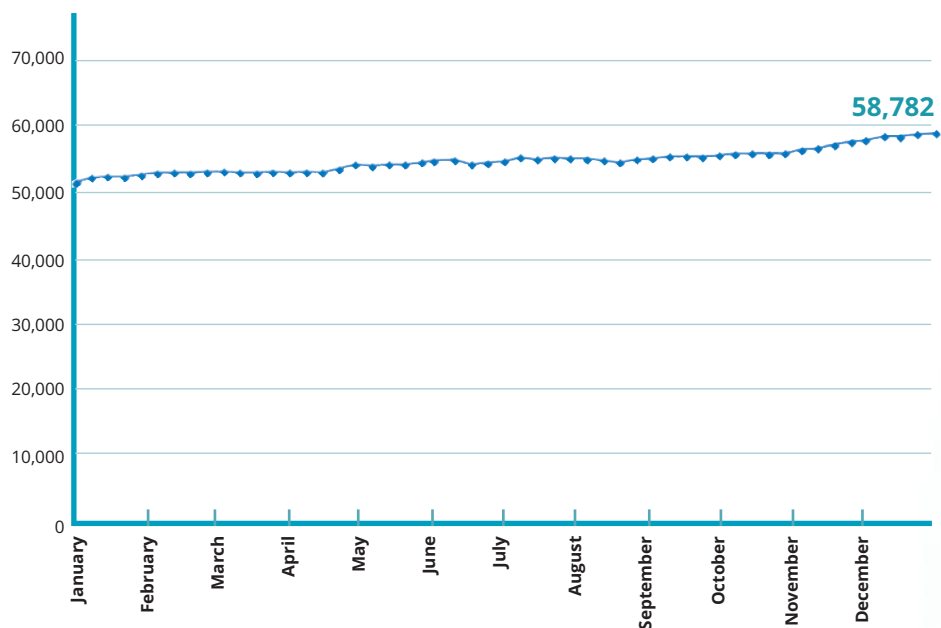
Outpatients:

Overall the Saolta Group outpatient waiting list increased by 14% in 2016. This waiting list is most challenging for the group in terms of its scale and will require a multi faceted approach over a number of years to address.

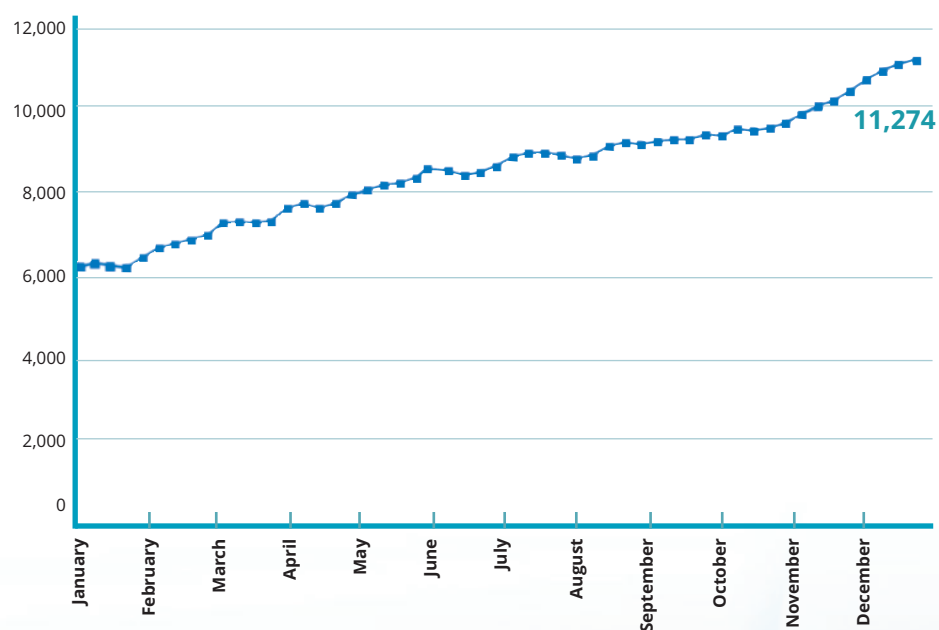
At the end of December 2016 there were 58,782 patients waiting for an outpatient appointment across the Group, with 11,274 patients breaching the 12 month SDU target.

There were 6,854 patients breaching the 15 month waiting time target and 4,417 patients breaching the interim 18 month wait time target at the end of December 2016. The largest numbers were in the specialties of Rheumatology, Urology, Orthopaedics, ENT and General Medicine.

**Number of Patients on waiting list (no date)
- Saolta Group 2016**



**Number of Patients breaching 12 month
outpatient target (no date) - Saolta Group 2016**



Unscheduled Care

One of the biggest risks for the Saolta Group in 2016 was the number of patients that were managed in both Emergency Departments and at ward level on trolleys because there were insufficient beds available. At the start of 2016, the Winter Resilience Plan was several months into operation to manage the winter surge in ED attendances. The plan was implemented through site level steering groups, and subgroup, and overseen by a group level steering group.

The key priorities in the plan included the implementation of the national escalation policy, review of internal processes and improved joint working with CHOs. To help improve flow, additional beds were opened at the end of 2015 in LUH (10 beds), SUH (14 beds), PUH (6 beds) and GUH (17 beds with 13 more opened at end of February 2016). GUH also opened a Surgical Assessment Unit, managing emergency surgical patients who require surgery within 24hrs. The length of stay (LOS) for the unit was 48 hours, at which point the patient was discharged or transferred to a core ward.

The Group showed an improvement on the previous year's numbers, in terms of escalation to Full Capacity Protocol and trolley numbers, despite some serious challenges faced in Galway, Sligo and Mayo with an increase in attendance figures. Letterkenny and Portlincula, in particular, were able to significantly reduce their trolley numbers compared to the previous year.

There were several compounding issues during the year which added to the challenge of managing the unscheduled care flow. These included:

- Increasing numbers of delayed discharges which were partly a result of a reduction in home help, home care packages and intensive home care packages provided by community services in early 2016.
- An increase in the number of patients waiting for admission for cancer treatment in UHG which was linked to the rising number of delayed discharges.
- Major outbreaks of norovirus in SUH and UHG which had significant impacts on capacity for significant periods of time.

The SDU completed audits of the patient flow systems across all sites to help give direction on improvements needed and throughout the year regular meetings, both at site and group level, took place with the INMO under the WRC agreement.

On a positive note, work started with GE Healthcare Finnamore in 2016 to look at flow processes and structures in GUH.

This promises to be a very beneficial project that will run for the next 2-3 years. Significant improvements had already been seen at the end of 2016.

Overview of the year

January 2016

The Saolta Hospital Group's Atlantic Diabetes in Pregnancy Service (Atlantic DIP) under the leadership of Professor Fidelma Dunne received over €825,000 in research funding from the Health Research Board (HRB) for clinical and health service research on diabetes before, during and after pregnancy.

As part of this research, work began in February 2016 on a trial to establish the effectiveness of metformin as a treatment for gestational diabetes (GDM). The randomized controlled trial is entitled EMERGE: A randomized placebo controlled trial of the Effectiveness of Metformin in addition to usual care in the Reduction of Gestational diabetes mellitus effects. Funding of over €799,900 has been provided by the Health Research Board to conduct this study over a 5 year period. The research will be conducted through the HRB Clinical Research Facility in conjunction with Professor Martin O'Donnell (CRF), Professor Declan Devane (School of Midwifery NUIG), Dr Paddy Gillespie (School of Economics NUIG) and Dr John Newell (CRF). The research aims to evaluate whether the initiation of metformin at the time of GDM diagnosis reduces the need for insulin, and reduces the development of excessive gestational weight gain compared to placebo. It will document the impact on perinatal outcomes and postpartum maternal glucose. A detailed cost benefit and cost utility analysis will also be conducted.

The second HRB grant was received by Dr Aoife Egan and Professor Dunne under the Knowledge Exchange and Dissemination scheme (KEDS) entitled "High quality pre-pregnancy care is essential for women with diabetes". Funding of €26,000 has been provided

and will be used to provide a national seminar for women with diabetes to focus on the benefits of pre-pregnancy care and pregnancy planning. It is also planned to develop and distribute a diet booklet for women with diabetes who are pregnant or planning pregnancy and update the Atlantic DIP website to enable women and professionals to get information easily online. As part of this grant a national meeting of healthcare professionals and women with diabetes will take place to develop a Core Outcome Set (COS) that can be used by all researchers in reporting the benefits of pre-pregnancy care programs.

Finally Professor Fidelma Dunne, who leads the Atlantic Diabetes in Pregnancy Service, is the President-elect of the International Association for the Study of Diabetes in Pregnancy groups (IADPSG) and her four-year term commenced in March 2016.

The IADPSG group was formed to encourage and facilitate research and advance education in the field of Diabetes in pregnancy.

The Association aims to facilitate an international approach to enhancing the quality of care for women with diabetes in pregnancy. This appointment acknowledges Professor Dunne's international reputation as a leader in the management of diabetes in pregnancy.



Irish Medical Times Award for Atlantic Diabetes project

New €1.4m Cystic Fibrosis day care centre in Mayo University Hospital is officially opened by An Taoiseach Enda Kenny TD January 15th 2016

A new day care centre for patients with Cystic Fibrosis (CF) was officially opened by An Taoiseach, Enda Kenny TD, at Mayo University Hospital. The new centre provides dedicated facilities for all of the regular out-patient and day care needs of children and young people with CF in the greater Mayo area.

The CF day care centre was built through a partnership between the Mayo University Hospital/HSE and charitable funding and other support provided by Cystic Fibrosis Ireland (the national CF patient group) and CF West (a regionally based CF hospital build fund).

The new centre includes consulting rooms with a state of the art air filtration system

that will significantly reduce the risk of cross infection, which is a major challenge in all CF centres. The total project cost was €1.4million of which €800,000 was provided by CF West /Cystic Fibrosis Ireland and €600,000 was provided by the HSE/Mayo University Hospital and the National Lottery.

This is a significant development for CF services in the greater Mayo area. The Cystic Fibrosis team at Mayo University Hospital are first-class and this new facility will enable them to continue to deliver high quality care in state of the art clinical facilities. This would not have been possible without the significant support provided by Cystic Fibrosis Ireland and CF West for the development of this centre.

February 2016

Ms Pauline Ferry, Staff Midwife LUH received third place in the 2016 British Journal of Midwifery Awards in the section Neonatal Well-Being, for her Clinical Audit on Care to Babies of Women with Diabetes. Pauline carried out this audit in 2014/15. As a result of the audit findings Pauline devised and implemented an action plan. Since the audit these babies are no longer routinely admitted to the neonatal unit but remain with their mothers on the post-natal ward as per best evidence.

The BJM Awards have become a prestigious and important part of the midwifery calendar in recognition of outstanding achievements in midwifery practice.

Every year, the awards recognise and celebrate hard-working individuals and teams in the midwifery profession.

In excess of 120 entries were received, congratulations to Pauline who was awarded third place in the section neonatal wellbeing.



Ms Pauline Ferry, Staff Midwife LUH receiving the 2016 British Journal of Midwifery Awards in the section Neonatal Well-Being, for her Clinical Audit on Care to Babies of Women with Diabetes.

March 2016

IHI Quality Improvement Programme Graduation

Staff from across the Saolta University Health Care Group who have successfully completed a Quality Improvement Programme were presented with their certificates at an awards ceremony in Merlin Park University Hospital. The programme is jointly run by HIQA and the Institute for Healthcare Improvement (IHI). The Institute for Healthcare Improvement (IHI) is an independent not-for-profit organisation based in Cambridge, Massachusetts, which aims to drive healthcare improvement worldwide. It creates opportunities for healthcare professionals to learn from and collaborate with expert faculty and colleagues throughout the world. The 34 staff undertook the Quality Improvement Programme on a voluntary

basis to learn about increasing the quality of care they provide.

Course participants are from Nursing, Medical, Quality & Safety, HSCP, Administration and Management. They were given access to specific knowledge, skills and methodologies that have been proven to lead to positive changes in health care in other countries.

Elaine Dobell, Clinical Projects Manager, University Hospital Galway said, "The programme involved the completion of 16 modules covering 3-5 topic areas in each module. It was a very demanding and challenging course due to the detailed content of each module and the tight timeframes to complete the programme. The feedback from all involved has been



very positive and we intend to roll out this programme to a much greater number of staff, particularly focussing on giving front line staff the opportunity to take part. We will also be utilising staff who have already completed quality improvement education to act as mentors in supporting staff undertaking the modules and in the delivery of workplace quality improvement projects based around the content of the course. The aim is, that through this shared learning we will improve the care we deliver to patients by embedding a culture of quality improvement across the Group”.

Marie Kehoe-O’Sullivan, Director of Safety and Quality Improvement with HIQA, commented, “This collaboration between HIQA and the Institute for Healthcare Improvement (IHI) represents an important, concrete step in supporting quality improvement in Ireland’s health and social services. HIQA supports quality improvement in Ireland’s health and social services and this partnership with the IHI delivers that. It began for the first time in 2013, with participants completing a minimum of 16 modules in order to achieve the HIQA/IHI Certificate of Completion in Quality Improvement.

April 2016

Clerical Officer Projects in MUH

A display of projects completed by Clerical Officers who took part in the Clerical Officer Development Programme took place in Mayo University Hospital



In the photos are from left to right: Cathriona Gibbons, Fiona McHugh, Mary Dunne, Paula Scully, Kathleen McNally, Siobhan Gallagher, Monica Voignier, Claire Moran & Charlie Meehan. Absent: Margaret Prendergast & Jill Evans.

May 2016

RTÉ Sports Broadcaster Michael Lyster Officially Opens new Family Room in Portiuncula University Hospital, Ballinasloe

RTÉ Sports Broadcaster, Michael Lyster officially opened 'Slí An Chroí' Family Room in Portiuncula University Hospital. The family room will provide a dedicated space for families of patients who are at end of life.

The facility, will allow families a private space away from the ward to relax and take some time out during this difficult time. The work was carried out with the support of a grant of €30,600 from the Design and Dignity Scheme of The Irish Hospice Foundation (IHF) and also the Health Services Executive (HSE). The

scheme aims to transform the way hospital spaces are designed for people at end of life.

Portiuncula University Hospital, Ballinasloe is one of over 40 hospitals in Ireland linked to the Hospice Friendly Hospitals (HFH) Programme. The HFH Programme is an initiative of the Irish Hospice Foundation. It seeks to ensure that palliative, end of life and bereavement care are central to the everyday business of hospitals. The HFH Programme in Portiuncula Hospital was officially launched also. Ensuring patients



Geraldine Gohery, Healthcare Assistant; Teresa Clancy, Family Representative; Helen Ely, CNS Palliative Care; Dr. Camilla Murtagh, Consultant Palliative Care; James Keane, General Manager, Portiuncula University Hospital; Marita Fogarty, Director of Nursing and Midwifery; Michael Lyster, RTE; Grace O' Sullivan, Irish Hospice Foundation; Mary Lovegrove, Irish Hospice Foundation; Maurice Power, CEO, Saolta Group and Niamh Brennan, Chaplain, Portiuncula University Hospital.



and families have access to family rooms and private spaces is central to the ethos of the HFH Programme.

Staff in Portiuncula University Hospital identified the need to improve the private space that was available for families to gather and rest when their loved one is at end of life. The much improved family room provides a space to rest and make refreshments in a space that is homely and welcoming.

A spokesperson for the project team stated that, "The new family room provides a quiet, relaxing space that will be of overwhelming benefit to families and will lead to a huge improvement in the culture of the hospital regarding end-of-life care for patients."

James Keane, General Manager, Portiuncula University Hospital said, "Today we are pleased to open a new facility that will offer some comfort to families when they need us most."

Portiuncula University Hospital is committed to improving end-of-life care and we aim to ensure that patients and families who are with us during their final journey will have a peaceful and dignified experience."

Sharon Foley, CEO of The IHF, commented: "Every year 28,000 people in Ireland die and 43% die in acute hospitals. The Design & Dignity scheme aims to bring design excellence to hospitals where so many people spend their last days. This facility in Portiuncula University Hospital is a sanctuary for families at a very distressing time and will allow them the proper space and privacy they need. I'd like to commend the staff for their vision and commitment to making end of life care a priority."

To date 20 projects have been funded across the country under the Design & Dignity scheme at a cost of €2m.

June 2016

The contract was signed at Letterkenny University Hospital for the redevelopment of the Coronary Care Unit and the Haematology/Oncology Ward. The contract was signed by Jim Curran, National Director HSE Estates, Contractors and Seán Murphy on behalf of Saolta University Health Care Group and Letterkenny University Hospital. The project will be completed by March 2017 and the work will be carried out by Donegal based Boyle Construction.

Commenting at the contract signing Seán Murphy, General Manager, Letterkenny University Hospital said, "The contract signing is an important step in the on-going development at LUH. The new Coronary Care project will do considerably more than simply replace the ward capacity lost in 2013. The new unit will have enhanced facilities, including isolation and single room accommodation and an overall increased footprint in line with current critical care standards. The

project reflects the on-going development of cardiology services at LUH which includes the recent appointment of an additional Consultant Cardiologist who will contribute to the delivery of the pPCI service from Altnagelvin. This service, which began in May 2016, will treat approximately 50-60 Donegal patients each year who suffer a suspected ST-Elevation Myocardial infarction (heart attack).

Commenting on the Haematology/Oncology ward development, Sean Murphy said, "This ward development will provide enhanced facilities for patients, including isolation rooms. This is essential to support infection control measures and is particularly important for patients receiving cancer treatment whose immune systems may be compromised".



Contract signing at Letterkenny University Hospital for the redevelopment of the Coronary Care Unit and the Haematology/Oncology ward

July 2016

Health Study on Irish Farmers indicates a high prevalence of respiratory symptoms and lung function abnormalities

The Irish Farmers Lung Health Study, undertaken by Investigators from Galway University Hospital / Saolta University Health Care Group, was published recently in Respiratory Medicine. The study was prompted by the high prevalence of respiratory problems in farmers in other countries and by recent reports of increasing mortality rates within the Irish farming community.

Professor Anthony O'Regan, Consultant Respiratory Physician, University Hospital Galway explains, "the aim of this cross-sectional study was to determine the prevalence of respiratory disease amongst Irish farmers. The study took place at the 2013 Ploughing Championship where over 400 farmers agreed to complete an investigator delivered questionnaire and undergo lung function testing. Remarkably almost two-thirds reported one or more chronic respiratory symptoms. Most were non-smokers (91%)

yet 13% had a pre-existing diagnosis of obstructive lung disease and 12% demonstrated abnormal lung function. Unlike non-farming populations obstruction on lung function testing was not associated with smoking but rather appeared to occur in those patients with symptoms or a prior diagnosis of asthma or hay-fever". Farmers lung, previously felt to be common in Ireland, was reported by less than 1%. No definite occupational exposure explained the presence of respiratory symptoms or abnormal lung function but further studies would be required to better define any associations. The investigators also found that 89% of farming participants were overweight, with average BMI of 29 kg/m². This is the first study ever taken that assessed farmers lung health in Ireland and demonstrated a previously under recognized high prevalence of respiratory symptoms and lung function abnormalities in this population.



Professor Anthony O'Regan, Consultant Respiratory Physician; Noreen Donohue, Clinical Nurse Specialist; Tara Cahill, Senior Physiotherapist; Donna Langan, Clinical Nurse Specialist; Olivia Healy, Chief Respiratory Physiologist; Fiona Keegan, Respiratory Physiologist and Eimear Nic Dhonncha, Physiotherapist.

August 2016

'Head in the Hedgerow' Roscommon University Hospital's inaugural art exhibition

'Head in the Hedgerow' by artist Hugh Barr opened at Roscommon University Hospital. The exhibition features a series of paintings showing the diversity of plants and flowers found within the hedgerow. Hugh Barr's paintings are inspired by the nature surrounding him, the small things that make up the bigger picture. Hugh states; "I began to see the plants and signs of animals. I noticed the seasonal changes and even saw how the plants reacted to the daily effects of weather and light. I always considered that I had been aware of these things before, but now I was taking a closer look. This enabled me to understand the diversity of life that is sustained by the

hedgerows and the important role that they play within the countryside."

Margaret Flannery, Arts Director said, "Galway University Hospitals Arts Trust is delighted to select a County Roscommon based artist for the first art exhibition at Roscommon University Hospital. Taking his inspiration from daily walks with his dogs, artist Hugh Barr portrays the local flora and our native hedgerows."



'Head in the Hedgerow' by artist Hugh Barr

September 2016

Saolta Group Marks World Sepsis Day

World Sepsis Day (WSD) saw initiatives in all hospitals across the Saolta University Health Care Group to promote sepsis awareness amongst hospital staff, patients, relatives and members of the public.

WSD was marked this year across all hospitals in the Saolta Group and the improvements made in sepsis identification and treatment throughout the hospitals were highlighted for patients and staff.

Promotional materials available included patient information leaflets, presentation of local audit reports and displays of

sepsis management pathways for hospital staff.

Hospital staff involved in promoting Sepsis Awareness Day across the group included the Early Warning Score and Sepsis Implementation Group, Infection Prevention and Control, Pharmacy, Emergency Department, Department of Anaesthesia and the Laboratory.



Minister for Health opens New Endoscopy Unit at Roscommon University Hospital

The new Endoscopy Unit at Roscommon University Hospital (RUH) was officially opened on by Mr Simon Harris TD, Minister for Health. The new unit which opened its doors on 01 June, 2016 is a modern, patient-centred facility with two procedure rooms, a first stage and second stage recovery room and a reception area. Built at a cost of €5.5m, the purpose built unit will increase the capacity of the hospital from currently providing 15 procedures per day to 30 procedures per day or 6,000 procedure per year when fully operational. There are currently 19 staff working in the unit, which will serve a large catchment area covering most of the west of Ireland.

The development of the new Endoscopy Unit is a key element to the progression of Roscommon University Hospital. The unit is accredited by the Joint Advisory Group on Gastrointestinal Endoscopy (JAG) and is an approved centre for Bowel Screening under the governance of the National Screening Service – Bowel Screening Programme. The new unit will have enhanced capacity for both symptomatic

and screening patients and this will impact significantly on the early diagnosis and treatment of colorectal cancer.

Elaine Prendergast, General Manager, said, 'My colleagues and I very much welcome the development of the new endoscopy facilities in Roscommon University Hospital. The new unit is a purpose-built facility and meets all the international standards required for such a unit (JAG). This is a formal recognition that the unit has demonstrated its competence to deliver the standard of care required by international standards.

Consultant Surgeon Dr Liam McMullen said, "I am delighted with the development of the new endoscopy unit. This will allow Roscommon University Hospital to deliver the latest high quality endoscopy procedures in a modern structured patient centred building. It will improve the delivery of care to patients and allow us to work towards delivering colorectal cancer screening services at a local and wider level.



October 2016

Portiuncula University Hospital awarded Radiology Department of the year

The Radiology Department at Portiuncula University Hospital Ballinasloe was awarded the 2016 MEDRAY Radiology Department of the year award. The award was presented at The Irish Institute of Radiography and Radiation Therapy (IIRRT) annual conference which was held in Dublin.

James Keane, General Manager, Portiuncula University Hospital, commented, "It is a credit to all the staff in the radiology department who work extremely hard on a daily basis to provide an excellent service to all patients in the hospital and to the local community."

Three Radiology Departments were shortlisted for the award, Portiuncula University Hospital, Connolly Hospital and the Mater Hospital. The winner was decided by combining the results of a public vote (30%) and the site visit (70%). Margaret Dervan, Radiology Services Manager, Portiuncula Hospital said, "This award is a tribute to the professionalism and caring nature of our Radiographers, Radiologists and clerical staff. We are proud of our department, our service and our other team members within the hospital."



L:R Theresa O'Donovan, President IIRRT; Margaret Dervan, Radiographic Services Manager; Maeve Darcy, Senior Radiographer; Avril Hanly, Senior Radiographer and Aidan O'Reilly, Medray.

Saolta launches first Staff Health and Wellbeing Training Plan

As part of the delivery of the Saolta Healthy Ireland Implementation Plan 2015-2017, the group has developed a new resource to support the health and wellbeing of staff and patients and build capacity to implement health and wellbeing activity.

The Saolta Health and Wellbeing Training Plan will contribute to the three goals of the national Healthy Ireland Implementation Plan of improving staff health and wellbeing, reducing the burden of chronic disease and reforming the health services.

The plan offers a wide range of staff supports for physical and mental health. It provides many health and wellbeing training opportunities for staff within the hospital group and in the community. The plan also lists a range of health and wellbeing services available for our patients. This section in particular will be helpful to staff in identifying health and wellbeing supports for our patients.



Staff from the National Health and Wellbeing Division, with HSE National Health and Wellbeing Director, Dr. Stephanie O'Keeffe and Saolta Group Health and Wellbeing Lead, Greg Conlon

New Playground at Paediatric Department University Hospital Galway

A new playground opened at the paediatric department at University Hospital Galway. The development of the playground was facilitated by funds raised by the staff of St Anthony's and Claddagh Credit Union and Cairde Othair na Gaillimhe (Friends of Galway Patients).

Commenting Chris Kane, General Manager Galway University Hospitals said, "We are very grateful to both the staff at St Anthony's and Claddagh Credit Union and Cairde Othair na Gaillimhe for their significant contributions which enabled the development of this wonderful facility for children attending our paediatric department. Spending time in hospital is

often challenging for children and through the generosity of the Credit Union and Cairde we now have an outside space for children to enjoy and play".

Ted Coyle, Operations Manager at St Anthony's Credit Union noted "The staff, Board and Members of St. Anthony's & Claddagh Credit Union were delighted that their charity events over the last six years have contributed to such a worthwhile project that will have such a positive impact on the children of St. Bernadette's Children Unit in UHG". Stephen Kearns, Consultant Orthopaedic Surgeon at Galway University Hospitals and Chair of the Cairde Group



Pictured at the cheque presentation were (front from left to right) Chris Kane, General Manager GUH, Ted Coyle, Operations Manager, St. Anthony's and Claddagh Credit Union, Julie Nohilly, Director of Nursing GUH, Lisa Porter, Paediatric Department, Stephen Kearns, Consultant Orthopaedic Surgeon and Chair of Cairde, Declan Kelly, member of Cairde and Brian Thornton, KPMG and member of Cairde. Back row left to right: Mary Scally, Clinical Nurse Manager Paediatric Department and Peadar O'hici, Chairman of St Anthony and Claddagh Credit Union and Mary Lane Heneghan, member of Cairde.

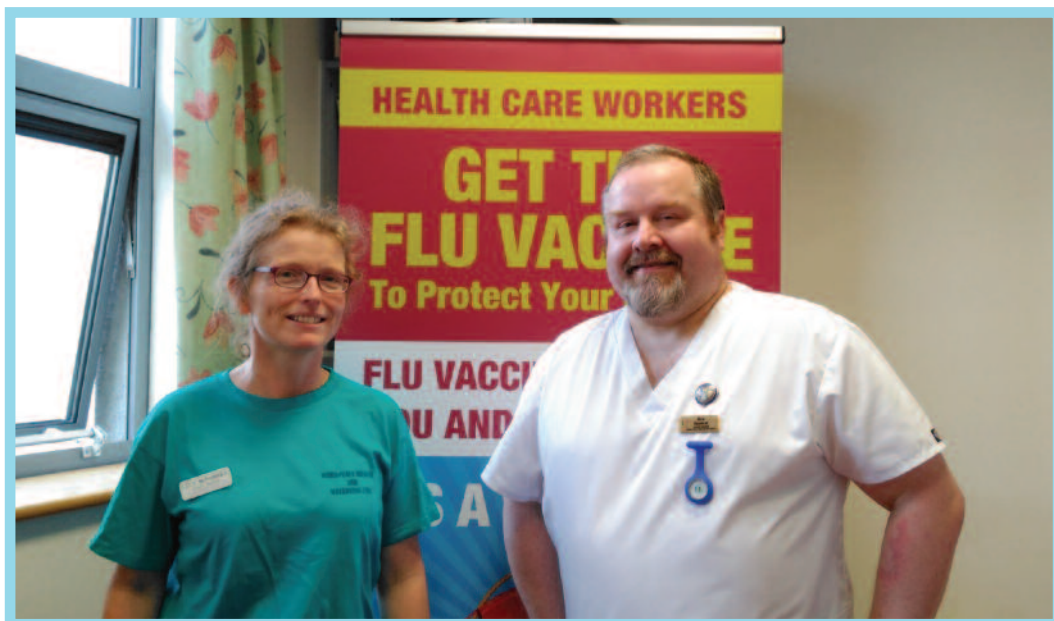
added, "The objective of Cairde is to provide additional supports and comforts for patients and families by targeted fundraising. These are things that would not be funded normally by the hospital's core budget. The children's

playground exemplifies just such a project and has been funded from two events held to date. We are delighted in Cairde to have been able to help make it a reality."

November 2016

Peer Vaccinators in Mayo University Hospital

Newly qualified Peer Vaccinators in Mayo University Hospital, Lucy McNamara and Ken Spencer have established flu vaccination clinics at Mayo University Hospital



December 2016

Minister opens new developments at Letterkenny University Hospital

The Minister for Health Simon Harris TD visited Letterkenny University Hospital (LUH) in December. During the visit the Minister met with management and staff at the hospital and formally opened the Integrated Blood Sciences Department and the Postgraduate Medical Learning Centre.

Commenting, Saolta Group Chief Executive Maurice Power said, "We were delighted to have the opportunity to meet with Minister Harris today and highlight to him the excellent work being undertaken here in Letterkenny. The visit provides the Minister with the opportunity to see the

scale of the redevelopment that has been undertaken at the hospital over the last three years".

The Minister formally opened two new developments at the hospital, the Integrated Blood Sciences Laboratory and the Postgraduate Medical Learning Centre. Seán Murphy, Letterkenny University Hospital General Manager stated, "The Integrated Blood Sciences Laboratory at LUH is one of the first of its kind in Ireland. The new analytical equipment is state of the art and this laboratory is the most modern of its kind in Ireland, north or south. The



development of this new department brings together the endocrinology, biochemistry, haematology and serology departments into a single division and has allowed staff turn around samples faster and more efficiently. This allows clinicians have a clearer clinical picture in the provision of their treatment to patients. The lab now also provides a same day service to GPs, which gives a very comprehensive service to primary care, ensuring that patients can receive the best care plan. The new technology has also reduced the length of time medical scientists spend on various testing, therefore improving efficiencies in the laboratory."

Minister Harris also officially opened the new Postgraduate Medical Learning Centre at LUH. This new facility will enable the teaching of clinical skills to healthcare practitioners at the hospital. It will include

a medical simulation room equipped with advanced educational technology. Seán Murphy added, "The Postgraduate Medical Learning Centre will facilitate the learning that every healthcare professional will need but will not always be able to engage in during real life patient care. Medical simulation will allow healthcare professionals perfect their clinical skills, systems and communications skills in a mock situation to ensure that patients are offered the best clinical care and best possible outcomes. The provision of this facility at LUH will assist in the recruitment and retention of junior and senior healthcare staff. In an ever-changing medical world with emergent technologies and techniques, this facility will provide the space and equipment to allow our doctors continually develop their knowledge and skills."

Minister for Health Launches Donegal Medical Academy

Minister for Health, Simon Harris TD officially launched the Donegal Medical Academy, an NUI Galway partnership with Saolta University Health Care Group and Letterkenny University Hospital for the training of doctors. The Academy is housed in a purpose-designed facility located on the grounds of Letterkenny University Hospital.

This is a major investment by NUI Galway into clinical training in Donegal, the final in a series of medical academies in the West/North West region. Construction of similar facilities at Sligo and Mayo

University Hospitals were completed and opened last year.

Speaking at the Launch, Minister for Health, Mr Simon Harris TD said: "The NUI Galway medical academies provide a practical link between the classroom and the clinic by mixing teaching with practical training. We know that for our trainee doctors to assimilate into the Irish health system they need a medical school education that prepares them for the practicalities of the day job, so I'm pleased that students in Letterkenny will now have access to a holistic education in one

location.”

The new Donegal Medical Academy will allow doctors of the future to fine tune their clinical skills under the watchful eyes of tutors and lecturers covering all medical specialties. Up to 60 students per semester from third, fourth and final medical years rotate through Letterkenny University Hospital for one year clinical training. The co-location of the Academy with the hospital is deliberate as it allows students to attend didactic teaching in the Academy and also bedside teaching in the hospital. One of the strengths of the NUI Galway Medical academies is the ratio of both tutors to students and also of students to patients.

Commenting, Mr Muiyiwa Aremu, Dean of Medical Education in Donegal, said: Donegal Medical Academy has been a catalyst for the development of undergraduate medical education in Letterkenny University Hospital and the community of County Donegal. The Academy started in 2011 with 20 students in their third year of medical training and has expanded in its capacity since then, now looking after 60 students from third, fourth and final year. The construction of this state of the art facility began in January 2015 and comprises of clinical skills laboratory, large lecture theatre, and small group teaching rooms. It is a significant medical education investment by NUI Galway in Letterkenny University Hospital and County Donegal at large. Quality medical training is the bedrock of excellent patient care and this is exactly what Donegal Medical Academy is delivering in conjunction with NUI Galway, GP surgeries in County Donegal and

Letterkenny University Hospital.”

Delivered through close collaboration with the HSE, the project began in March of 2015 and was completed in January 2016.

A lecture theatre, clinical skills space and student reading room comprise some of the many attractive features of the Donegal Medical Academy. Students will have 24-hour access to facilities on the ground floor, enabling easy transfer from the hospital to a more personal learning environment.

Sean Murphy, General Manager Letterkenny University Hospital added: “The opening of this Academy is a welcome development here at Letterkenny University Hospital and it will enhance the hospital’s reputation and contribute over time to even higher standards of patient care in all of our clinical departments. This new facility also builds on our links with our academic and research partners. The further integration of medical education and clinical delivery will support the recruitment and retention of the highest quality medical staff to our hospital and the region. This partnership with NUI Galway Medical School has delivered a quantum enhancement of our medical training role.”



Key Service Developments

Roscommon University Hospital (RUH) Highlights

New Services / Key appointments

- RUH priority in 2016 was to see the opening of the Endoscopy Unit with the recruitment of 19 new staff. The unit opened on the 1st June 2016. This was achieved through the commitment and dedication of the staff who were involved in the project through all the stages of development from working on the brief, agreeing the layout and plan, working on room data sheets and the procurement of equipment. Through the co-operation and support of corporate and local HR departments and the Endoscopy User Group, RUH were successful in ensuring that a number of the approved allocated Endoscopy Staff were recruited and available to open the unit.

The Minister for Health, Mr. Simon Harris, officially opened the €5.5m Endoscopy Unit. The layout and design of the new unit places emphasis on the privacy, confidentiality and dignity of the patient from admission to discharge. RUH retained Joint Advisory Group Accreditation (JAG) an internationally and nationally recognised benchmark for quality in Endoscopy services.
- The former Endoscopy procedure room was refurbished to accommodate a Theatre space thereby increasing theatre capacity locally and for the Group.
- November, 2016 Oral Maxillo-Facial services commenced at RUH with sessions in Theatre and Day Cases.
- December 2016 plans were at an advanced stage to introduce a third Consultant Urologist to RUH for theatre/day Case work.



Minor Injuries Unit RUH

- Plastic Surgery service developed Skin Cancer Surveillance Clinics in 2016 , and also were the first in Ireland to have a Registered Advanced Nurse Practitioner in Plastic surgery.
- Two nursing staff were successful in becoming Registered Nurse Practitioners – Ms. Margaret Kelly, RANP in Diabetes and Ms. Maggie Mew, RANP in Minor Injuries.
- The “one stop Varicose Veins Initiative” continued which facilitated patients from other counties to avail of their OPD appointment, Doppler Examination and Pre-Op Assessment services in the one visit, thereby reducing the need for the patient to visit on three separate occasions.
- “Healthy Ireland” initiatives continued with the Healthy Ireland lead and local committee members. There were many initiatives undertaken by this committee, including the launch of a RUH Arts Committee in December 2016 which was attended by the local Mote Park Art Group with their display of paintings, based on local Mote Park Forest and Nature.



*Hand Hygiene Day
at RUH*



*Opening of Endoscopy
Unit RUH*

Portiuncula University Hospital (PUH) Highlights

New Services / Key Appointments

There were a number of key appointments in 2016 including eight consultant appointments, key nursing and midwifery appointments and a new general manager.

Initiatives

- Care of the critically ill child in ED and ICU staff – training provided in conjunction with the Paediatric Department.
- Protected mealtimes introduced to all wards during 2016, mealtimes modified, policy developed, ward and hospital signage introduced.
- Snack rounds, including evening snack round, introduced for all patients on all wards during 2016.
- Nutritional Risk Screening introduced using Malnutrition Universal Screening Tool (MUST) to the four main wards during 2016. Staff training delivered, ward resources developed and MUST incorporated into new nursing inpatient documentation.
- Picture Menu Resource developed for non-verbal patients/non-english speakers.
- HIQA undertook an unannounced inspection of the Nutrition and Hydration Standards in September 2016.
- Remembrance Service held for parents and families on the 1st February 2016.
- Hand Hygiene Awareness Week held the first week in May
- World Occupational Therapy Day was celebrated at Portiuncula University Hospital on the 26th of October 2016.



PUH Nurse Oncology

- Bowel Cancer Awareness Day was held on the 18th of April hosted by the Colorectal and Stoma CNS.
- The first Pulmonary Rehabilitation Programme was completed at Portiuncula University Hospital 2016. This initiative was supported by the Clinical Nurse Specialist in Respiratory and Physiotherapy.
- Non Invasive Ventilation training provided to support to the the development of the respiratory service.
- The Friends of Portiuncula Hospital held a number of successful fund raising events in 2016.
- Celebration of breastfeeding week (1-7th October) Theme: "Natural way of feeding a baby". Involved engagement with local transition year students.
- INAB re-accreditation in the Blood Transfusion Department.
- Roll -out of Phase 3 of the National Blood Track system enabling electronic fating of Blood and Platelets, this system provides for a greatly enhanced level of safety and efficiency for patients in the administration of Blood and Platelets.
- Five Nurse Prescribers were approved.
- Educational Flashcards to support student nurses regarding best practice, providing them with an easily accessible tool. These flashcards were designed and developed by the Nursing and Midwifery Practice Development Unit in Portiuncula University Hospital.
- Full review and roll out of new nursing documentation.

Quality Improvement

- Developed a quality improvement plan for maternity services which has a strong focus on staff education and environmental improvements.
- Breast Feeding - Implementing Maternal-Infant Skin-to-Skin Contact Following Caesarean.



PUH Choir

- Hygiene Quality Improvement Plan/Action Plan developed and Departmental Hygiene Audits commenced.
- Development of a Directory of Nursing Specialities at Portiuncula University Hospital - This booklet has been published by our Clinical Nurse and Midwifery Specialist to showcase their role and share their passion for excellence in patient care delivery.
- Nursing Metrics introduced in general acute, maternity and paediatrics areas. Stroke Swallow Screening Training: Roll out Stroke Swallow Screening training for senior nursing staff in PUH.
- Radiology Department awarded "Medray Department of the Year"
- A new specialist Outreach Team was developed and launched in Portiuncula University Hospital in April 2016. This is a nurse led service staffed by ICU/CCU nurses who identify patients at risk of deterioration on the ward as well as patients with high early warning scores.

Healthy Ireland Initiatives

- Calorie Posting introduced for lunch time in the Staff Dining Room
- Operation Transformation Challenges promoted to staff.
- Nutrition and Hydration Steering Group established to oversee the implementation of the HIQA Standards – Self Assessment submitted.
- Weekly Meditation Classes for staff and stress Management Training provided for staff
- Flu Vaccine Campaign– compliance rates at the end of December 2016 were 36%
- Establishment of Workplace Choir – Involvement in the National Health Voices Choir – launched a CD in aid of Pieta House



E-referral certificate presentation at PUH

Galway University Hospital (GUH) Highlights

In 2016 access to clinical services, capacity and patient flow continued to be a significant challenge and to assist with these areas GUH was selected as a pilot site for a national programme to improve patient flow during 2016.

The projects included improvements in patient flow, access, quality and safety, productivity and efficiency gains for health and social care providers.

GUH staff and a team of experts initiated change projects to effect sustainable improvements, on an ongoing basis.

Focused efforts were placed on reducing the numbers of patients on trolleys awaiting admission, improving ED patient experience times in line with national targets, reviewing trolley waits in our EDs, outpatient and Inpatient/ Day case waiting lists including waiting lists for access to diagnostics.

Additionally, works continued on a number of significant capital projects during the year including the 75 bed ward block. Capacity constraints are evident also in the Emergency Department (ED) where GUH are progressing the plan for a new ED infrastructure, in 2017.

Hospital highlights 2016

- 75 bed ward block handed over at end of 2016 for commissioning in early 2017.
- New 17 bed Short Stay Unit (SSU) was commissioned along with the second phase of the new area to accommodate the Acute Medical Unit (AMU).
- Opening of new Emergency Surgical Unit (ESU) including a plastics trauma clinic, to accommodate patients in need of urgent surgical intervention.



Patricia O'Brien CNS Uniform recognition campaign

- Reconfigured ED area to facilitate the opening of a new Paediatric ED area.
- GE Patient Flow Programme - aimed at developing and assessing different approaches to the improvement of patient flow with productivity and efficiency gains.
- Outpatient flexible cystoscopy service commenced in February 2016, in the urology outpatient/day treatment unit with over 550 flexible cystoscopy's performed in the new outpatient urology unit.
- Frail Older Adult, multi-disciplinary service, commenced in October 2016, in line with the National Clinical Programme for Older Persons. This service is being delivered through the Department of Geriatric Medicine. It has built on the drive and commitment within the pre-existing Frail Elderly Assessment Team (FEAT) and identifies frail older adults presenting with acute medical illness through the Emergency Department.
- Continued development of Early Supported Discharge Stroke
- Improved access to diagnostics (Radiology) saw extended working day and outsourcing to protect emergency and inpatient access and improve flow.
- Galway University Hospitals launched the National Guidance for the Protection and Welfare of Children (2011); Children First, at the end of 2016, promoting the safety and well-being of all children with online training module made available to staff to ensure full compliance.
- The Maternity Day Assessment Unit (MDAU) opened in January 2016. The aim of this OPD Unit is to provide care and support to women who develop potential complications during pregnancy.



St Gerards Ward Hello My Name Is

- Development of Nursing/Midwifery roles with sixteen Advanced Nurse Practitioners, Nurses and Midwives, registered and authorised to prescribe medications at GUH, 6 RANPs in ED seeing minor injuries.
- Escalation Plan reviewed focus on PET breaches of six and nine hour target and patients over 75 years not to breach nine hours
- Mobile CT Scanner and two replacement CT in Radiotherapy and Radiology
- IT Strategic Projects commenced e.g. EDRM, PAS and EPR.
- #hellomynameis campaign launched in December 2016 to enhance compassionate care by reminding healthcare professionals to introduce themselves to patients in all healthcare interactions, aiming to promote high quality communication in order to treat patients with dignity and respect.
- GUH Arts Trust and the Patient Experience Committee launched a uniform recognition art project to assist in identifying disciplines and uniforms.
- Butterfly Scheme launched in September UHG is the first hospital in the Republic of Ireland to introduce this initiative for patients with dementia and cognitive impairment.
- Caring Behaviours Assurance System (CBAS) accountability system designed to achieve the national agenda for assuring the quality & safety of the care experience for all.
- HSCP IGNITE session took place at Grand Rounds which involved six talks of eight minutes, showcasing some of the service delivery and innovation



St Gerards Ward Hello My Name Is

being carried out by HSCPs in Galway.

- Healthy Ireland (HI) improvements introduced supporting staff and well being including roll out of flu Vaccine.
- Utilisation of community supports such as transitional care funding, intensive home care packages, Community Intervention Team (CIT) service and home help
- Galway University Hospitals implemented a Protected Mealtimes policy where all non urgent activities on the ward stop in efforts to provide patients with the opportunity to have their meals without unnecessary interruption and facilitate hospital staff to assist, encourage and monitor patients during mealtime to ensure their food intake is appropriate.
- The development of a new playground at the paediatric department at University Hospital Galway provided a new outside space for children to enjoy and play, facilitated by funds raised by the staff of St Anthony's and Claddagh Credit Union and Cairde Othair na Gaillimhe (Friends of Galway Patients).
- Merlin Park University Hospital was presented with an award by the Mayor of Galway City at the annual Galway City Tidy Towns and Garden Competition. MPUH received the award in the category Public and Commercial Buildings/Civic Buildings for their recognition of people and businesses who work to improve their environment, foster civic pride and make Galway city a better place to live in, to work in and to visit.



Mayo University Hospital (MUH) Highlights

Hospital Highlights

There were a number of new appointments to MUH. Catherine Donohoe, former Director of Nursing and Midwifery was appointed General Manager following the departure of Charlie Meehan to his role as Head of Services in Mental Health, Community Health Organisation, Area 2.

Cystic Fibrosis day care centre in Mayo University Hospital was officially opened by An Taoiseach Enda Kenny TD on January 15th 2016

On 5th November 2016, Simon Harris Minister for Health accompanied by Enda Kenny An Taoiseach visited by Mayo University Hospital.

Mayo University Hospital in conjunction with Quality Improvement Division and Accreditation Canada is committed to excellence and quality improvement. The work on the engagement project started in August 2016. Implementation of the Framework for Improving Quality is key to the success of this work.



Presentation of cheque to Castlebar Social Services through fundraising carried out in MUH. Pictured Back: Catherine Donohoe GM, Mary O'Donnell, MUH Deirdre Waldron (Castlebar Social Services), Patricia Freyne, MUH, Ailish Lawless, MUH. Front Row: Finnian Berry, Aine Berry (ticket sellers)

Quality & Safety Symposium

On the 11th November 2016, the hospital hosted its third, annual 'Quality and Safety Symposium' in Castlebar. The symposium focussed on a new direction for the hospital with the launch of a strong commitment to person and family centred care through meaningful engagement with patients and staff.

Ms Deirdre O'Keeffe, Quality and Safety Manager, attended the symposium to give her support and leadership to the launch and she will support the hospital in implementing the Framework for Improving Quality. Greg Price from the Quality Improvement Division has agreed

to be part of the MUH patient engagement team.

The staff presentations at the Symposium this year were:

- Quality Improvement in Nutrition and Hydration
- The Frail Elderly Project in Mayo
- Teamwork in Sepsis Management – Lessons learned.

Over 150 healthcare professionals from a variety of disciplines across the Saolta Healthcare Group attended the event.



OT department MUH Pictured Left to right: Sarah Ronayne, Lisa Jolly, Niamh Kelly, Gracia Gomez- Kelly and Denise Carthy

Sligo University Hospital (SUH) Highlights

New Services / Key appointments

- New permanent consultant appointments in 2016:
3rd Consultant Rheumatologist
2nd Haematologist
Consultant Nephrologist
- Under Winter Initiative 2016, an additional 14 medical beds were opened in a new medical ward.
- Official opening of NUI Galway Medical Academy took place in February 2016.
- The Dermatology Department saw the commencement of second temporary Consultant in the service which manages Dermatology Services in the North West.
- Sligo University Hospital won the National HSE Excellence Award for the Acute and Community Ophthalmology Project.
- The commencement of an Integrated Acute and Community Older Persons Project has seen the introduction of CNS in Gerontology role, frailty assessment process put in place, cohorting of patients into a frailty /older persons ward. This project has led to a reduction in length of stay and increased discharging from the Frailty Medical Ward.
- A pilot project commenced which focused on the reduction of GP referred ultrasound wait times. This



Health Service Excellence Awards 2016 SUH

saw a reduction of wait times from 180 days in early 2016 to 30 days at December 2016.

- Follow-up mammography service recommenced in Sligo in November 2016. This service is for women who already received treatment for breast cancer and is designed to enable an annual follow up closer to the patients home. A mobile unit now visits the hospital campus twice annually.
- The laboratory Blood Service upgrade took place as part of a joint project between Sligo and Letterkenny hospitals. This is a managed service arrangement which has introduced improved facilities and modern instrumentation in the two hospitals in order to improve efficiencies in the laboratory.
- Nutrition and Hydration initiatives were undertaken in 2016 which saw introduction of improved screening of

patients on admission and monitoring nutrition and hydration intake for inpatients throughout the hospital.

Healthy Ireland Initiatives

- Calorie posting rolled out in hospital canteen and coffee shop.
- Overall initiation rates for breastfeeding up improved from 53% to 62%
- Outdoor seating area installed throughout the campus for staff/public
- Mindfulness Report completed with Mindfulness Programme run and oversubscribed.
- A number of educational events and Open Days run throughout the year eg "Get men talking", Diabetes Day, Eating Disorders Event, COPD Days, International Food Event
- Walking and Operation Transformation events ran throughout the year



Sligo Medical Academy

Letterkenny University Hospital (LUH)

Highlights

- Modular Endoscopy Unit commissioned on the LUH campus.
- Cross Border Cardiology Project (Primary PCI) commissioned in May 2016.
- Core Laboratory facility at LUH commissioned March 2016
- Appointment of substantive Consultant in Paediatrics with a special interest in Respiratory Medicine. A second Consultant Cardiologist with sessional and on-call commitments to the cardiac catheterisation laboratory in Altnagelvin Hospital took up post in March 2016.
- €750k fundraised by Friends of Letterkenny General Hospital to provide equipment for Interventional Radiology Suite and €400,000 to purchase a second CT Scanner.
- LUH is one of two national pilot sites for implementation of calorie posting the dining room and shop food products. Staff involved in this key



LUH Medical Academy

- Health promotion initiative are leading on the roll out of this initiative throughout the Saolta Group.
- Significant progress has been made in delivering the Saolta Healthy Ireland
- Action plan with LUH leading the Group in many of the initiatives.
- Successful five year accreditation by Nursing & Midwifery Board of Ireland (NMBI)



LUH launch of uniform policy



● MEDICAL



Nursing and Midwifery

Patient Experience

In 2016 there were many developments in Nursing and Midwifery. In June Minister Harris launched the Values for Nursing and Midwifery. Compassion Care and Commitment were the values chosen by nurses and midwives following national consultation. These values underpin the work that we are undertaking across the Saolta Group. The following initiatives are an example of some of the work that demonstrates our commitment to making our values tangible to our patients and our staff.

- Caring Behaviours Assurance System Ireland was rolled out to all hospital sites.
- The Leaders for Compassionate Care Programme, Clinical Nurse Managers from all our hospitals have participated in this programme.
- The Hellomynnameis campaign was launched in all Saolta hospitals.
- Butterfly Scheme and other dementia focused initiatives were introduced in several of our hospitals.
- Patient experience committees/forum established within our hospitals.
- Schwartz Rounds continued to flourish and support staff in 2016.
- Protected meal times were introduced in the majority of the medical/surgical units in Saolta.
- Collection and collation of various patient surveys across Saolta.

In 2016 the Patient Advocacy Liaison service (PALS) in GUH continued to grow



Patient experience Conference April 2016 Liam Woods , Jean Kelly, Maurice Power, Mary Frances O'Reilly and Angela Coulter .

with an increase of 25% in patients accessing the service. The PALS service also works in an equal capacity to proactively improve patient experience within GUH and within the group by sharing their work and acting as facilitators for CBAS-1.

The 'Shared Experience and Human Connections' conference in April was one of the highlights of 2016. The conference was a collaborative project with PALS and Practice Development and was funded and supported by NMPDU. The key note speaker Dr Angela Coulter spoke about person-centred care, and acknowledged the ongoing work within the Saolta Group to promote this.

Nursing & Midwifery

The appointment of Directors of Midwifery to the five maternity units in the Saolta Group was very welcome. We were very pleased that four of the new DOMs are from within the service and they have already begun the task of preparing their units for the roll out of the Maternity Strategy.

One of the challenges in 2016 was the recruitment and retention of Nurses and Midwives. We worked proactively to attract staff and in September over half of our new graduates were offered positions in the group. This was a very positive message to all our nursing and midwifery students and gave them the opportunity to embed their new knowledge before travelling to new jobs at home and abroad.

The Saolta Group, with the support of the Nurse/Midwifery Planning and Development Unit continued to support

Nurse/Midwifery education throughout 2016. Along with our undergraduate programmes nurses and Midwives were supported at Higher Diploma, Masters and PhD level. Over 1 million euro was spent on post graduate education in 2016. The accreditation of additional Advanced Nurse Practitioners in Saolta continued in 2016 with ANPS appointed in Diabetes, Urgent Care and Rheumatology. There are now 35 ANPs in the Saolta Group with another 34 candidates in training.

Nursing and Midwifery continued to engage and work with the Clinical Care Programmes in 2016. The roll out of the national clinical guidelines in Sepsis and PEWS was embedded across Saolta with education and audit a priority.

Patient Council

One of the goals for the Saolta University Health Care Group Patient Council in 2016 was to increase the integration of council members into local non clinical committees. The number of committees that the council members sit on has increased from 6 to 15 across the group. The following committees are an example of the non clinical areas that the Patient Council have had a direct input into; Hygiene, Nutrition and Hydration, Parking Tender and Patient Experience.

One of the highlights for the Patient Council in 2016 was an invitation to attend a national focus group on the proposed questions to be used in the National Patient Experience Survey in 2017.

While Patient Council achievements may seem to be focused on Galway, it is important to note that the presence of the PALS team in GUH plays a significant role

as the implementation team for the Patient Council. In the future the Patient Council would like to replicate this across the Saolta University Health Care Group.

Healthy Ireland

2016 was another productive year for Healthy Ireland implementation at Saolta University Health Care Group with the

publication of a HI Annual Report. Significant progress was made in a number of areas and the group secured 50,000euro in funding from the HSE to assist with various initiatives and 20,000 euro in funding to support the flu vaccine uptake.

The HI initiative is truly group wide with leads on each site driving the HI agenda.

Key achievements for 2016

- The group recorded an overall increase of 50% in the uptake of the flu vaccine (16% in 2015/16 to 24% in 2016/17.
- Launch of the Stress Control Programme, a major staff mental health initiative. 17 staff trained as facilitators across the group, and courses commencing on all sites.
- Physical activity: overall winners of 'love life, love walking' event with a minimum 225 staff participating in the walks. 400 staff took part in operation transformation initiatives. Launch of www.hospitalwalks.com, providing various walking routes for service users across our hospital sites.
- Launch of the Saolta Health and Wellbeing Training Plan, an innovative resource to support staff and patient wellbeing.
<http://www.saolta.ie/news/saolta-launches-first-staff-health-and-wellbeing-training-plan>
- 75% completion of calorie posting and vending policy initiatives across all sites.
- Investment in the development of choirs across the group, public performances delivered and CD produced.
- Major investment in arts initiatives, ranging from workshops to environment enhancements.
- Partnerships: the group continues to build partnerships with CHO, national division, NUI Galway, Smarter Travel, HSE Public Health department and others to assist with the implementation of its plan and contributed to the development of other hospital plans and national initiatives.

Sepsis

Sepsis is a common, time-dependant medical emergency that can affect people from any age group or social background and can strike irrespective of underlying good health or existing co-morbidities. Effective treatment includes early recognition prompt resuscitation/treatment and appropriate timely referral/escalation.

The National Clinical Guidelines (NCG) on Sepsis Management promote early recognition, appropriate treatment and referral of patients with sepsis, to afford maximal survival opportunities for this group and reduce chronic sequelae associated with sepsis survival.

- All maternity units have a nominated obstetric and midwifery lead
- All hospitals have implemented the Clinical Decision Support Tool (Sepsis Screening Form)
- The Saolta Group has an established Sepsis and Early Warning Score (EWS) Committee to oversee the implementation of Sepsis and EWS National Clinical Guidelines throughout the Group.
- The National Sepsis e-learning programme was launched in October 2016

Achievements in 2016

- All hospitals have an established Sepsis Committee with an assigned medical and nursing Lead



Quality and Patient Safety

Quality and Patient Safety Overview

There have been a number of significant developments in the area of quality and patient safety during 2016. The approval for recruitment of additional staff members in key areas including Project Managers in National Standards, Policy Management and Clinical Audit, coupled with the recruitment of a lead Quality and Safety Coordinator for each Clinical Directorate will significantly enhance the capacity of the department to deliver on

strategic objectives. The Quality Management Information System (Q Pulse) expansion project was completed during the year with all hospital sites now using the same version of the system making this the first Group wide information technology system and enabling electronic point of occurrence reporting of incidents and near miss events.

Serious Incident Management and Reviews

The Serious Incident Management Team (SIMT) is a group-wide multidisciplinary structure where serious incidents are discussed and the appropriate monitoring and management approach is decided. The SIMT met on a monthly basis

throughout the year and also provided oversight to three Look Back Reviews of services in the areas of spinal surgery, sterile supplies service and histo pathology through the establishment of Local Incident Management Teams.

Serious Incident Reviews by Clinical Directorate and Hospital						
Directorate	GUH	LUH	SUH	RUH	PUH	MUH
Medical	5	3	4	0	0	6
Peri operative	9	2	3	1	3	1
Womens & Children's	6	3	3	0	4	2
Diagnostics	0	1	0	0	0	0
TOTAL	20	9	10	1	7	9

Complaints Management and Consumer Feedback

The management of consumer feedback and complaints is managed through the Quality and Safety Department and Consumer Services Offices across hospital sites. Complaints are reviewed at local level and a response sent to the complainant. In the event that the complainant is dissatisfied with the response a Stage 3 Complaint Review may be required. This level of review was formerly the responsibility of the National Advocacy Office but must now be undertaken within the Hospital Group. During the year 16 Stage 3 reviews have been commenced and 9 have been completed.

National Standards for Safer Better Healthcare

The post of Project Manager, National Standards, has been approved and the successful candidate identified and will commence the role in Quarter 1 2017. The HSE has also advised that the assessment tool for the compilation of evidence of compliance has been updated and staff from across the Group will undergo training in the use of the tool in 2017. HIQA continued to carry out (un)announced inspections focused on Hospital Acquired Infections, Hydration and Nutrition and Hygiene levels.

Education and Training

Ten Members of the Quality and Safety team have completed training as trainers in Open Disclosure and a number of high profile well attended events were held across the group. Team members also delivered three podium presentations at national conferences and also had patient safety themed posters accepted for display.

Saolta Programme for Health Service Improvement

The national Programme for Health Service Improvement (PHSI) was established towards the end of 2015 to drive activities related to service reform and in particular those outlined in the "Building a Better Health Service" document.

It is the single overarching body coordinating the efforts of a wide-reaching range of service improvement programmes and projects arising out of Department of Health, Health Service Executive (HSE) and Health Information and Quality Authority (HIQA) strategies, frameworks, policies, reviews and recommendations reports.

It consists of eighteen major programmes covering Service Design / Improvement, Service Delivery and Enabling Service and is supported by a network of programme offices at national and local level. This programme outlines the commitment to supporting and promoting transformational and sustainable improvement in services.

Within the Saolta University Health Care Group, in 2016 the following projects were identified as key priorities for the programme:-

1. Saolta Integrated Governance Programme
2. Development of clinical strategies
3. Implementation of the recommendations outlined in the Review of Emergency Medicine Services.

- Bringing decision making closer to the point of care
- More streamlined clinical pathways for patients within and across specialities
- Clarity of responsibility and accountability
- Model will facilitate integrated planning across the pathway of care
- Will optimise resources across services and hospitals in Saolta

An MDT working group was established from respective hospitals within Saolta to progress this programme of work. Work undertaken in 2016 included:-

- Review of international best practice models.
- Development of a Clinical Business Unit (CBU) concept and options for consideration.
- Detailed examination of options which were then “sense checked” with expert panel
- Approval of concept by both the Executive Council and the Board

During 2017, detailed planning will continue with the aim of initial implementation of both the Cancer Clinical Business Unit and Women’s and Children’s Clinical Business Unit in early 2018.

Saolta Integrated Governance Programme

Building on work that had been completed previously, the need to review governance structures across Saolta group hospitals was accepted with the aim of achieving clinically driven services that would be fully integrated, for the benefit of patients, staff and hospitals alike. While there had been considerable progress with the establishment of the four Clinical Directorates across the hospitals, there was little consistency around the operating frameworks, and a lack of clarity around roles and responsibilities and authority in the context of this new revised structure. In addition, the structure did not make provision for Health and Social Care Professionals (HSCPs) among other staff groups which needed further consideration.

Key to this programme is the overarching aim of improve quality, safety and access for all patients by optimizing the utilisation of staff and other resources across the hospital group, and focusing on standardising patient care across all hospital sites. Benefits will also include:

1. Development of Clinical Strategies

The development of a Clinical Services Strategy is core to the overall Hospital Group Integration to:-

- Outline a clear vision for delivery of clinical services across all hospitals within the Saolta Group
- Set an evidence based roadmap for the way forward -standardised patient pathways

While ensuring safe, staffed and sustainable services across the Saolta Group for each speciality making the best use of all resources on each site.

During 2016, the process to develop individual speciality clinical strategies commenced across 39 clinical specialities. This involved setting out the current service provision (or the “As Is”) for each speciality across all Saolta Group Hospitals, together with an analysis of best practice and future demands in collaboration with the Health and Wellbeing Departments.

During 2017 individual specialities (in conjunction with Clinical Directorates) are asked to identify service development priorities in line with the National Goals which in turn will then feed into a Group Clinical Strategy together with other corporate functions such as HR, Finance, ICT, Quality and Patient Safety, Nursing, and Research.

The Group Clinical Strategy and Corporate Operational Strategy, once combined will form The Saolta Group Strategy (2017 -2022).

2. Implementation of the recommendations outlined in the Analysis of Emergency Medicine Services.

Emergency Care Services are provided across the Saolta University Health Care Group on six sites, Galway, Letterkenny, Mayo, Portlincula, Sligo and Roscommon University Hospitals, serving a population in excess of 800,000 and seeing close to 200,000 referrals per year. In response to the growing number and complexity of challenges facing clinical teams across the Group, the Saolta Executive commissioned an analysis of Emergency Medicine Services, the primary objective of which was to review and recommend a means of improving services provided by Emergency Care Units (ECUs) across the Saolta University Health Care Group.

This project set out to gather and analyse relevant data, evidence and opinion from which a comprehensive profile of current services could be presented. That profile was subsequently compared against established best practice in Emergency Medicine to identify and prioritise key issues and risks for Saolta Executive Management to address.

A Group wide report was produced with 25 key recommendations which was adopted by the Saolta Group Board. Given the scale of the recommendations it was agreed that further work would be required to develop and an implementation plan which would prioritise recommendations and set out timelines/milestones/responsibilities.

This work was completed towards the end of 2016 and will progress in earnest during 2017 as part of the Saolta Programme for Service Improvement.

The Next Steps

During 2017, Saolta will continue to work closely with the National Programme for Health Service Improvement in the implementation of these projects. A groupwide Programme Management Office will provide the programmatic

support/approach, which will include:-

- Establishment of the respective working groups and workstreams required to deliver outcomes
- Developing a comprehensive communication/ engagement plan with patients/ staff/ others both at local and national level.
- Working closely with NUI Galway in the assessment of the outcomes (or benefits realisation) of the programme

Chief Academic Officer

Governance:

- NDTP training lead posts (2 posts) interviewed and appointed (take up positions in 2017)
- Developed training body link to devolve administrative support to Saolta (RCPI administrative post) – to be appointed in June 2017

Infrastructure:

- Hot-desk office space for SpR trainees (GUH)
- New NCHD residence space (to be completed in June 2017)

Library:

- Expansion of Up to date online resource to all hospitals in Saolta

Medical Simulation:

- Expansion of multidisciplinary postgraduate simulation programmes and funding of simulation technician

Clinical Audit & Quality Improvement:

- Delivery of multidisciplinary quality improvement programme (in conjunction with RCPI)
- Distribution of IHI licences
- Appointment of clinical audit coordinator (Saolta)

Ethics Committee Chair:

- Appointment of Prof G Loftus as the new Ethics Committee Chair

Research:

- Commissioned research governance review
- Multidisciplinary Research Meeting

HSCP

1st HSCP session at Grand Rounds which showcased some of the service delivery and innovation being carried out by HSCP's in Galway



Research day GUH

Clinical Directorates

Medical Directorate

Prof Donal Reddan, Group Clinical Director in conjunction with the Associate Clinical Directors for Medicine at each site continues to address challenges in service delivery. He is the Clinical Director representative on the Saolta Programme for Service Improvement Implementation Group. This Group are overseeing the following projects:- Integrated Governance Project, Clinical Services Strategies Project and the Emergency Medicine Project.

Acute Medicine Unit GUH

The Acute Medicine Unit (AMU) was established at Galway University Hospitals in 2009 through the National Acute Medicine Programme. The Unit originally functioned from a 14 bed assessment unit and a nominal 8 bed short stay Unit.

In early 2016 Acute Medical Unit moved to a new location adjacent to Emergency and Radiology departments. This 30 bay/bed area is split between assessment spaces for new acute patients and short stay beds. With the move, the unit was able to achieve the goal of night time closure from March 2016 to maximise throughput each day.

In 2016, 5727 new patients were assessed compared to 4946 in 2015. This translated into a two day reduction in stay, regardless of diagnosis and Charleston Co Morbidity index and a better patient experience.

According to NQAIS data up to 47% of medical patients admitted to GUH now avail of the Acute Medicine pathway. The patients in the Short Stay Ward (SSW) are under the governance of the AMU

physicians who round twice daily to facilitate early discharge. The experienced nursing staff also work across both areas. The SSW patients are well supported by Health & Social Care Professional staff.

There were > 1000 patients admitted to the SSW in the first six months of 2016. 60% of these were discharged within 72 hours.

Patients admitted to SSW have a 30% shorter length of stay when compared with similar patients on traditional medical pathways due to prioritised diagnostics, dedicated HSCPs and twice daily consultant review.

Overall the move has been a hugely successful one for staff and patients alike. We hope in the coming years to extend this resource to more acute patients.

Dr. Yvonne Smyth, Acute Physician/Consultant Cardiologist, GUH is currently National Co- Lead of the Acute Medicine Programme.

National Patient Flow Improvement Programme

Galway University Hospitals were one of two pilot sites selected by the National Acute Hospitals Section, HSE, together with Limerick University Hospital for this national programme. The programme is designed to support change management and training of staff in delivering improvement initiatives and efficiencies in patient flow. GE Healthcare Finnermore, Management Consultants have been selected to work alongside frontline staff providing training and support with the overall aim to improve the patient experience and quality of care.

Diabetes & Endocrinology Department

The Diabetes Day Care Centre had great success at the Irish Medical Times Healthcare Awards in 2016 receiving the following awards.

- Bariatric Medicine Service/ Croí CLANN won in the Best Patient Lifestyle Education Programme category Prof. Francis Finucane.
- Atlantic DIP (Saolta Region) Pre-pregnancy Care Programme for Women with Diabetes won in the Best Sustainable Healthcare Project category – Prof. Fidelma Dunne.
- Atlantic DIP Pre-pregnancy Care Programme for Women with Diabetes (Saolta Region) won the overall award 'An Dhuas Mhór' - Prof Fidelma Dunne.

Department of Gastroenterology

A new Virtual Biologics Clinic was commenced at the Infusion Unit, at Merlin Park University Hospital in 2016. The clinic takes place on a fortnightly basis and involves a multidisciplinary team including two Consultant Gastroenterologists and a Clinical Nurse Specialist. The clinic examines patients with IBD who are receiving biologic medications in our infusion unit (i.e. Infliximab, and Vedolizumab).

A virtual clinic is an example of a relatively cost neutral intervention that may improve standards of care without putting further strain on overburdened healthcare budgets and resources. Biologic drugs are commonly used to treat IBD patients and require specialist input with regular review and so may provide an opportunity for utilization of this strategy.

According to a recent study undertaken by the team entitled Streamlining efficiencies: How a virtual biologic clinic can improve patient care, the productivity from the clinic from June 1st 2016 to August 24th 2016 was reviewed.

231 patients in total were reviewed at the VBC. Of the 231 patients, only 10 new outpatient appointments were made and 7 had their appointment brought forward. Ten patients were contacted by phone from the clinic.

The VBC ensured regular review of patients on biologics whilst avoiding the need for unnecessary appointments in the outpatient department. 11% of patients had changes to their dosing strategy of their biologic drug, with the majority (61.5%) of these being dose reductions. A VBC has the potential to have significant impact on overall quality of care; prevent crisis admissions by proactive care and may simultaneously help reduce costs.

BowelScreen Programme

The Endoscopy Department at GUH carried out its first screening colonoscopy on the 27th May 2016, this programme was commissioned by the National Cancer Screening Service. The service is supported by the Colorectal Surgeons, Pathology and Radiology Departments.

Patients in the Galway and Mayo in the 60 -69 age bracket were invited to participate in the programme. (21,111 Galway and 13,777 Mayo)

As part of this screening programme, GUH had carried out 1000 screening scopes by April of this year.

BowelScreen Programme.	
Number	Result
615	61.5% of those Screened were men. 385 – 38.5% of those screened were women
685	68.5% of those screened had polyps – (estimated 40%)- Number of polyps 2045.
45	4.5% of those screened had cancer diagnosed (estimated 10%)
31	69% Male {7- Rectal Cancer}. 14 – 31% Female.
64	6.4% of those screened referred for surgery [70% of surgical referrals Cancerous]
15	1.5% of those screened referred CT Colonographys: (estimated 10%)
245	63.6% of women screened had polyps - 2.5 polyps/ woman
440	71.5% of men screened had polyps - 3.3 polyps/man



BMJ Stoma Care Award winner Susan Moore

Early Supported Discharge after Stroke

The Early Supported Discharge after Stroke service continued to grow and saw an increase of 60% in the number of patients being discharged from Galway University Hospitals to the team in 2016.

As intensive rehabilitation is provided in their own home, patients are discharged approximately 11 days sooner from the hospital, resulting in improved outcomes for the patient due to the opportunity to practice skills in a real-world environment supported by a specialist team.

At a time when there is such a demand for acute inpatient beds this is a valuable and cost effective service.

Butterfly Scheme

In September 2016, Galway University Hospitals were the first in the country to

launch the Butterfly Scheme; an innovative approach to working with people with dementia or other memory impairments. Orla Sheil, Senior Occupational Therapist first came across the scheme which is in place in over 150 UK hospitals. A large number of staff across both Merlin and University Hospital campuses were trained by the developer of the approach, Barbara Hodgkinson, herself a carer for her own mother for many years.

The training is suitable for staff from any area of the hospital, and is designed to enable them to identify people with dementia and respond to them using the REACH response. The goal is for patients to receive more effective and appropriate care, thus reducing their stress levels and increasing their safety and well-being.



Launch of Butterfly Scheme GUH

National Hepatitis C Treatment Programme

Lee, Consultant Hepatologist/
Gastroenterologist.

The National Hepatitis C Treatment Programme was established in 2015 following a key recommendation from the 2014 Department of Health (DOH) Report 'A Public Health Plan for the Pharmaceutical Treatment of Hepatitis C'. The Programme is a multi-annual public health plan which aims to provide treatment across a range of healthcare settings to all persons living with hepatitis C in Ireland over the coming years with a view to making Hepatitis C a rare disease in Ireland by 2030.

Treatment to date has been delivered through seven adult hospital treatment sites including the Hepatology Service based in GUH under the care of Prof. John

Significant developments in the successful treatments available for hepatitis C and the improvements in drug availability has allowed greater numbers of patients access treatment. Each adult treatment site has the opportunity to provide treatment to many more patients than previously allowed.

In GUH approximately 45 patients were provided with treatment in 2016 with plans to continue treating greater numbers in the coming years. Staff in GUH are actively participating in the delivery of the NHCTP and are represented on the clinical advisory group to the programme.



PCI contract signing LUH

Diagnostics Directorate

Diagnostic Directorate of Saolta University Health Care Group was made up of the departments of Laboratory Medicine and Radiology. Towards the end of 2016 it was decided to divide this directorate into two separate directorates, Radiology with Dr. Clare Roche, GUH appointed Clinical

Director and Laboratory with Dr. Margaret Murray, GUH appointed as Clinical Director.

2016 was an exciting year for the directorate with significant work and progress being made on the Directorate team/structure.

Key achievements for 2016

- Completion of Group Microbiology Services Review by Prof. Hilary Humphreys
- Commissioning and completion of Group Histopathology Services Review by Prof. O'Briain, TCD .
- Laboratory server upgrade works continued for Galway, Mayo and Roscommon University Hospitals.
- Letterkenny and Sligo University Hospital Blood Sciences upgrade completed.
- Maldi-Tof procurement and installation progressed in LUH, SUH and MUH.
- NIMIS project work continues at Letterkenny University Hospital.
- Letterkenny University Hospital's rebuild/ renovations of both Radiology and Laboratory departments continue.
- The Blood transfusion service Blood-track 3 implemented Group-wide.
- In LUH the integration with ICM has been rolled out on a phased basis and is a vastly improved IT interface between the laboratory and hospital users.
- GUH Out-of-hours MRI service commenced March 2016
- Interventional Radiology Department hosted "live cases" for the LINC international Interventional Radiology conference in Germany. LINC is a comprehensive and interventional live course designed to foster collaboration between colleagues worldwide and to promote the understanding and development of endovascular therapies that can be incorporated into daily clinical practice.
- GUH Replacement CT installed and operational October 2016;
- Galway PACs linked to Altnagelvin for radiotherapy patients
- Sligo University Hospital accepts GP referrals for Ultrasound, CT, MRI as well as general x-ray. The hospital provides a walk-in GP service for chest x-ray, minor trauma and children. SUH are the only Saolta Group site outside of Galway that operates a Radionuclide Imaging (RNI) service. In the past, patients from LUH that required RNI were being outsourced to Altnagelvin

Key achievements for 2016

Hospital with significant cost associated. In 2015, SUH began providing this service for patients from MUH and GUH.

- Radiographer and Speech and Language Therapist Led Video fluoroscopy Service introduced 2016 in SUH
- A CT Colonography service was introduced in SUH
- In February 2016, SUH IV Cannulation and Administration by the Radiographers Training programme was accredited by the Irish Institute of Radiographers and Radiation Therapists (IIRRT)
- The Laboratory successfully implemented and validated a new IT server across Galway, Mayo and Roscommon.
- National Laboratory Managers Group set up. The Steering and Working Group met numerous times in 2016.
- Implementation of Routine Antenatal Anti-D Prophylaxis (RAADP) across the Group.
- In 2016, the GBTE successfully maintained its Blood, Tissue and Goods Manufacturing Practice License which involved a three day Health Products Regulatory Authority (HPRA) inspection. This inspection was also very successful as GBTE applied for a Bone Marrow and Adipose tissue procurement license as well as an Allogenic license for the manufacture of Allogenic Serum Eyedrops – we are now the first hospital based laboratory in the Republic of Ireland with such a license. The Irish National



Minor Injuries Unit RUH

Key achievements for 2016

Accreditation Board (INAB) also performed a one day surveillance inspection in 2016 which was also successful and accreditation was maintained. GBTE had applied for an extension to scope to include 2 new analysers on our accreditation list. We completed extensive validations on these two new analysers – Ortho Vision and Vision Max – these were successfully added to our scope of accreditation. These will be fully implemented in the GBTE in 2017 creating efficiencies and cost savings.

- Blood track phase 3 has been implemented, validated, verified and inspected and is available in almost all clinical areas in GUH in 2016.
- Haemovigilance in Blood and Tissue Establishment introduced a 2D barcoded Identification band for infants ≤ 12 mths old to facilitate the roll out of the Electronic Blood Track System in the paediatric area.
- Rerouting of Blood and Blood Products: Rerouting of blood throughout the Saolta group continues to maximize blood usage and maintain outdates at a minimum. Autologous and Allogenic Serum Eye drop Service (ASE) and manufacturing GMP licence further progressed and service activity increased.
- Clinical Trials: In 2016, the Galway Blood and Tissue Establishment continued to expand the services it provides to GUH and Saolta. The Health Products Regulatory Authority (HPRA) granted a licence to allow procurement of bone marrow from patients in order to manufacture therapeutic stem cell products the only such license in the Republic of Ireland. eye drops. This commitment to service user needs will continue in 2016, with proposals to provide state-of-the-art CAR-T cell therapy to GUH patients into the future.
- Red Code Alert: GBTE and GUH Haematologists set up a system of Red Code alert for GUH and Merlin Park. This involves a systematic approach by a number of different disciplines to a massive haemorrhage or bleeding
- Blood and Tissue developed an online module with the School of Medicine to improve patient safety and quality in transfusion practices for newly qualified doctors.
- Blood and Tissue presented a poster at the National Haemovigilance Conference on using animation to alert newly qualified doctors to areas of high error on blood transfusion practice.
- In 2016 Blood and Tissue validated two new Blood Grouping, Screening, Antibody ID and Crossmatching analysers into use. These are called "The Vision" and "Vision Max". The validations were inspected by INAB and final documents were submitted to place these on our scope of testing accreditation.
- The new Blood and Tissue Establishment building plans progressed further in 2016 and planning permission submission will

Key achievements for 2016

be submitted in early 2017. This building will allow for service expansion, cost containment and income generation and will further our position in cutting edge technology and as one of the few Blood and Tissue Establishments in the country. The build will also supply space for future implementation of an integrated Blood Sciences which will encompass testing from Clinical Biochemistry and Haematology as well as a centralised specimen reception going forward.

- Molecular Pathology: The complex discipline of testing of Cellular Pathology Material for Melanoma, Lung Cancer, Colorectal Cancer, Breast Cancer and Gastric Cancer using Fluorescent in Situ Hybridization and RT-PCR techniques has been developed and strengthened in DAP. This is an ever expanding area of expertise which is invaluable to the oncology team in enabling appropriate therapies for each patient, for example the molecular test EML4 ALK test for Lung Cancer is now supported by the Immunohistochemical Alk method. There has been a significant impact on workload as a result of increased requests for prognostic markers for Colorectal Cancer (BRAF) and Melanoma (NRAS). Molecular testing for Melanoma, Lung Cancer and Colorectal Cancer increased by 42% and increased by 15% for Breast and Gastric cancer.
- Non- Gynaecological Cytology: The FNA services has been streamlined and DAP now provides two scheduled weekly clinics (ENT and Radiology). The EBUS service continues to



Interventional Radiology Conference UHG

Key achievements for 2016

generate high throughput of material, this technique is invaluable in providing fast diagnostic patient information enabling staging of lung cancer. A training programme for scientific staff was commenced in advance of the retirement of the scientific lead for non-gynaecological cytology mid-2017.

- PUH The laboratory was the first in the country to introduce the Becton Dickinson Barricore plasma blood sample bottle. This facilitated the

rapid processing and centrifugation of samples as an aid to achieving and maintaining test turnaround times to critical care departments in the hospital (ED, ICU and Oncology).

- Blood science: An LIS upgrade which facilitated the "Go live" with the blood science project in 2016. The Blood science project resulted in the repatriation of referred tests with a large cost savings for the department and enhanced the efficiency of the work flow.

Peri-operative Directorate

A new specialist Outreach Team was launched in Portlincula University Hospital. This is a nurse-led service staffed by ICU/CCU nurses who identify patients at risk of deterioration on the ward as well as patients with high early warning scores.

The Outreach Team provides advice and clinical support to the ward staff by liaising with the primary and anaesthetic teams as early as possible to respond and deliver the most appropriate management.

The anticipated benefits of the outreach service include:

- Increased appropriateness and timeliness of intervention for patients leading to better patient outcomes
- Reduction in cardiac arrest calls
- Reduction in clinical risks
- Better use of critical care facilities
- Opportunities to provide ward based training to share knowledge and skills

The outreach service also follows up with patients who have been discharged from the Intensive Care or High Dependency Unit to ensure their care is optimised following transfer to the ward. The service is currently in place Monday to Friday from 8am to 8pm with the intention to extend it to a seven day a week service in the future.



Photo from Left to Right: Charlotte Carter CNM2, Staff nurses Judy Watkin, Patricia Casey, Annmarie Doyle and Brid Ni Chlochartaigh.

Women's and Children's Directorate

Appointment of New Clinical Director



Dr. Ethel Ryan, Clinical Director

Dr. Ethel Ryan, Consultant Paediatrician and Neonatologist at UHG, was appointed as the new Clinical Director for the Women's and Children's Directorate. Dr. Ryan is a native of the midlands and

undertook her undergraduate training at UCD. She completed her neonatal fellowship in Melbourne, Australia, and an MSc in Clinical Education through the University of Edinburgh. Dr. Ryan has a special interest in infant feeding issues, growth and development and lung issues. Her MSc focused on simulation teaching and training in neonatology and paediatrics. She is also a clinical lecturer at NUI Galway and a member of the National PEWS (Perinatal Early Warning System) Steering Group.

maternity services in relation to a range of patient safety issues.

CTG Masterclass

A two-day CTG (cardiotocography) masterclass held in February, 2016, was attended by approximately 70 staff from all five maternity sites in the Saolta Group, including midwives, obstetricians and NCHDs. The class was facilitated by Dr. Edwin Chandrabaran, Consultant Obstetrician and Lead for Labour Ward in St. George's Hospital, London. Funding for this programme was received from the Nursing and Midwifery Planning and Development Unit, Galway.

Topics covered in the masterclass included understanding fetal heart rate control, the limitations of CTG, physiology of fetal oxygenation, pathophysiology, CTG monitoring in high-risk labour, and understanding the types of intrapartum hypoxia in interpreting CTG. The interactive element included a discussion on presented cases. Breastfeeding Forum The Saolta Group Breastfeeding Forum began in February 2014 when a group of hospital midwives came together to try to improve the maternity breastfeeding services and promote, protect and share best practice for breastfeeding mothers and families with the aim of increasing breastfeeding rates.

Ireland has one of the lowest breastfeeding rates in Europe with the current rate for initiation of breastfeeding at 56%. By six months, the breastfeeding rate has dropped to 6%. The 'Growing Up

Maternity Patient Safety Statements

In line with the recommendations of the Chief Medical Officer's report on the Portlaoise perinatal deaths and of the HIQA Portlaoise report, the five Saolta maternity units began publishing Maternity Patient Safety Statements on a monthly basis, starting with the December, 2015, data which was published in February, 2016. The Maternity Patient Safety Statements provide up-to-date information for management and clinicians who provide

in Ireland' study (2015) found that Irish women are less likely to breastfeed compared to all other nationalities.

The Forum identified a need for staff training and an e-learning refresher breastfeeding course is now in place and over 130 staff have completed the first course.

For National Breastfeeding Week in October, 2016, the Breastfeeding Forum launched a campaign to educate the parents of the future by inviting transition year students from local schools to attend education sessions to meet mothers and their babies and to hear about the mothers' experiences of breastfeeding. Other topics covered included the benefits of breastfeeding, WHO recommendations, global impact and myths and facts on breastfeeding.

Other events organised in the Saolta Group for National Breastfeeding Week included information stands, visits to community-based support groups, quizzes, coffee mornings and public talks.

Letterkenny University Hospital Director of Midwifery



Ms Evelyn Smith, Director of Midwifery, Letterkenny University Hospital

The HIQA Portlaoise report recommended that a Director of Midwifery be appointed to each maternity unit in Ireland. In line with this recommendation, Ms Evelyn Smith was appointed as

Director of Midwifery in Letterkenny University Hospital in October 2016. Evelyn worked as a staff midwife for seven years in the Royal Maternity Hospital in Belfast and for eight years in what was then Letterkenny General Hospital. During this time, she was awarded a Diploma in Midwifery from QUB. Evelyn then worked as CMM2 and CMM3 before being promoted to the post of Assistant Director of Midwifery / Service Manager in 2005. Along the way, she was awarded a B.Sc. in Nursing from LIT and a M.Sc. in Midwifery from QUB.



Photo L-R Ms Frances Burke, CMM2, MUH; Ms Claire Cellarius, Lactation Midwife, UHG; Ms Mary Sammon, CMM2, MUH; Ms Maureen Hanlon, CMM1, MUH; Ms Maura McKenna, RM, MUH. Missing from the photo are Ms Catriona Moriarty, CMM2, SUH; Ms Mary Mahon, CMS Lactation, PUH; Ms Geraldine Hanley, CMM2, LUH.



Staff in Letterkenny University Hospital celebrate National Breastfeeding Week 2016.

Sligo University Hospital Director of Midwifery



Ms Juliana Henry, Director
of Midwifery, Sligo
University Hospital

Ms Juliana Henry has been appointed to the position of Director of Midwifery in Sligo University

Hospital. Juliana is a Registered Nurse, Registered Midwife and Registered Nurse

Tutor, and holds post-graduate diplomas in Midwifery and Clinical Health Science Education, a Bachelor of Nursing Science (Hons) degree in Management and a Masters in Health Science (Midwifery). Juliana did her general training in what was then Sligo General Hospital and her midwifery training in the Rotunda, Dublin.

She returned to Sligo to take up a post as Staff Midwife in 2002 and since then has held various positions in Practice Development, nursing administration and midwifery management.

Candidate Advanced Midwife Practitioner for Maternity Services

Ms Roisin Lennon has been appointed as candidate Advanced Midwife Practitioner for Maternity Services in Sligo University Hospital. The caseload for advanced practice involves normalising birth for women who would normally be excluded from midwife-led care (e.g. women with previous caesarean sections, women with high body mass index) and also developing a midwife-led service locally to provide choice, in partnership with the woman and her family and in line with the Maternity Strategy 2016.

Mayo University Hospital HypnoBirthing®

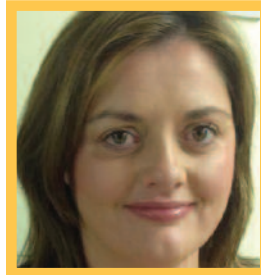
HypnoBirthing® is a process that uses deep relaxation, special breathing techniques, self-hypnosis, visualisations and affirmations to guide and prepare women in giving birth.

In 2016, two midwives in Mayo University Hospital trained in the Mongan Method of HypnoBirthing® and two pilot courses were run, with a view to offering HypnoBirthing classes to all women using maternity services in MUH, and their partners, from 2017.



Breastfeeding Awareness Week, October 2016, at Mayo University Hospital

Portiuncula University Hospital Director of Midwifery



Ms Siobhan Canny, Director of Midwifery, Portiuncula University Hospital

Ms Siobhan Canny, RGN, RM, H Dip, BMS, MSc Leadership and Management, was appointed to the position of Director of Midwifery in Portiuncula University Hospital. Having trained as a nurse and midwife in Ireland, her midwifery experience has been in both Ireland and the United Kingdom, including a specialist post in an obstetric high-dependency unit. Siobhan worked as a senior midwife in the United Kingdom and Ireland for 11 years and subsequently in University Hospital Galway as Labour Ward Manager (CMM3) and Interim Assistant Director of Midwifery. She is currently a midwife representative on the NMBI and is a midwife assessor for CEMACE Ireland and MBACCE UK. Siobhan's professional interests lie in the promotion of normality within maternity care, vaginal birth after caesarean section and clinical risk management.

Associate Clinical Director

Dr. Marie-Christine De Tavernier, Consultant Obstetrician and Gynaecologist, was appointed as the new Associate Clinical Director for the Women's and Children's Directorate in Portiuncula University Hospital.

University Hospital Galway Associate Clinical Director

Dr. Una Conway, Consultant Obstetrician and Gynaecologist, was appointed as the new Associate Clinical Director for the Women's and Children's Directorate in University Hospital Galway.

Neonatal Study Day

The fourth Neonatal Study Day in University Hospital Galway was held on 7th October 2016, in the Centre for Nursing and Midwifery Education (CNME). Participants from the Saolta Group maternity units attended in person or by video-link from Castlebar CNME. The aim of the study day was to provide evidence-based information for neonatal nurses, midwives and doctors in the care of neonates. The study day also aided communication and relationship-building between staff in the hospital group, and enhanced understanding of the roles of the various stakeholders involved in the

care of the ill, pre-term or new-born infant requiring neonatal intensive care.

Award for UHG Nurse

Ms Jane Grosvenor was presented with first prize for her poster on neonatal skin-care at the 12th annual national Neonatal Nurse Study Day. Jane has also had her research "Skin injury prevention in an Irish neonatal unit: an action research study" published in the Journal of Neonatal Nursing (2016).

HPV Vaccine – Galway Information Evening

The Irish Cancer Society, as part of its public awareness programme, facilitated a meeting in August 2016, at the Clayton Hotel, Galway, and invited speakers to outline the significance of HPV as a cause of cervical cancer and the facts about the safety of the vaccine being used in Irish schools.



Pictured from left to right are Ms Karen Vickers (Abbvie), Mr. Neil Power (Abbvie), Ms Jane Grosvenor (NICU Staff Nurse, UHG) and Ms Bridget Boyd (ADOM, The Coombe)



International Day of the Midwife took place on Thursday, 5th May, 2016, and the theme this year was "Women and Newborns: The Heart of Midwifery". The day was marked in University Hospital Galway by a number of events.

Mr. Michael O'Leary, Obstetrician and Gynaecologist from University Hospital Galway, gave an overview on the facts and figures from the Colposcopy Unit in Galway. He outlined that 99% of pre-cancer changes are found to be caused by HPV, of which there are over two dozen high grade viruses. Vaccines may help reduce the number of women with high grade pre-cancers. The cervical screening programme started in Ireland in September 2008.

Women with abnormal smears are referred to the unit. The staff are specialised in taking biopsies, performing local treatment and surveillance for early pre-cancer patients. Patients with a cervical cancer have biopsies and scans in order to determine the stage of their cancer and, in turn, the treatment required; this can be a combination of surgery, chemotherapy and radiotherapy. From 2012 to 2014, 3,000 women with abnormal smears were referred to Colposcopy in Galway. 1,200 had LLETZ (part of the cervix is removed) and 41 women had a cancer.



(L to R) Dr. Robert O'Connor, Head of Research, Irish Cancer Society; Professor Margaret Stanley, OBE, University of Cambridge; Mr. Michael O'Leary, Consultant Obstetrician & Gynaecologist, University Hospital Galway; Laura, a cervical cancer survivor.

Having screening may not prevent a cancer but it may detect it at a pre-cancer or early stage where it can be treated and cured. In Galway there were 41 cases; that equates to 300 cases in the country per year.

Neonatal Research on Feeding Intervals

Ms Aine Binchy's poster presentation on her systematic review into "The influence of feeding intervals on feed tolerance in very low birth weight infants" won the gold medal for best nurse presentation at the Saolta research study day.



Ms Aine Binchy receives her award for Best Nurse Presentation

Cancer Services

The Cancer Programme for the Saolta University Health Care Group continues to expand and in 2016 the strengthening of our relationships with our cross border colleagues in the Western Health and Social Care Trust is considered a major milestone. The new state of the art Radiation Oncology Facility opened in Altnagelvin in November 2016 which effectively means that over the coming years Donegal patients requiring radiation oncology as part of their treatment plan will no longer have to travel to Galway or Dublin for treatment for the majority of cancer specialities. Donegal patients requiring External Beam Therapy for

prostate cancer were the first patients to be offered treatment in Altnagelvin. Breast patients are also being referred and the process of implementation will continue to other specialties in 2017.

We were delighted with the visit of the Minister for Health, Mr Simon Harris who officially launched the Saolta Group Cancer Centre Annual Report 2015. The Minister acknowledged the level and complexity of cancer services provision across the Saolta Group and paid tribute to the hard work and dedication of all staff across the Group.



Our picture features Prof M Kerin, Cancer Services Lead, Saolta Group, Minister Simon Harris, Mr Maurice Power, CEO and Mr Pat Nash, Group Chief Clinical Director.

We look forward to the publication of the new National Cancer Strategy in 2017. Over the lifetime of the previous strategy The National Cancer Strategy 2006: a Strategy for Cancer Control in Ireland we saw the establishment of Rapid Access Clinics for Breast, Lung and Prostate, the centralisation of complex cancer surgeries, advances in diagnostics and continuous improvement against the National Key Performance Indicators despite enormous challenges. The projections for the next decade points to major growth in the incidence of cancer and in the demand for cancer services across all cancer specialties, a challenge which we must be prepared for and deliver on.

In 2016, our Chief Clinical Director started the process of developing a Clinical Strategy for the Saolta Health Care Group to provide a strategic direction for the delivery of all clinical services across the Group over the next 5 years including Cancer Services. As part of this landmark initiative, a new Governance Model is being considered for the delivery of cancer services across the Saolta University Health Care Group so as to strategically place us in a position to deliver a comprehensive and responsive programme of cancer into the next decade.

Improved healthcare outcomes for patients are achieved in an environment that is clinically driven and research led. NUI Galway is the academic research partner of the Saolta University Health Care Group. Cancer biology and therapeutics is one of the research priorities at NUI Galway and over the last few years strong teams of internationally recognised basic and translational cancer researchers and clinicians have been recruited.

The Lambe Institute for Translational Research at NUI Galway, situated at the core of the Saolta University Health Care Group, and acknowledged by Minister Simon Harris as being ahead of its competitors nationally, is the hub to over 100 researchers specialising in cancer research and medical technology. Occupying two floors of the newly constructed research facility and the Health Research Board Clinical Research Facility it allows for near patient research and access to clinical trials. Our researchers continue to publish internationally with major research programmes attached to Radiotherapy, Haematology and Breast Cancer.

The Rapid Access Programmes: Symptomatic Breast, Lung and Prostate Services, continue to be among the busiest in the country. The Saolta University Health Care Group Symptomatic Breast Service had in excess of 6,600 new patient attendances at University Hospital Galway and Letterkenny University Hospital combined. The cancer detection rate remains at a consistently high level as in previous years with 419 breast cancer diagnosis in 2016 across the Saolta Group. The Rapid Access Lung (RAL) Service at University Hospital Galway aims to provide direct access for prompt diagnosis to patients with a suspected lung cancer. There were 498 new patient attendances in 2016 making it one of the busiest lung cancer services in the country. Despite the high level of referrals the lung service performed in the top echelons nationally with 91.4% of patients with a suspected diagnosis of lung cancer, given an appointment within a two week period in line with the recommendations of the National Cancer Control Programme (NCCP). All lung cancer patients are

discussed at the weekly Multidisciplinary Team Meetings (MDM) in line with international best practice.

The Rapid Access Prostate (RAP) Service was established by the NCCP in 2010 to provide direct access to prompt diagnosis for patients with a suspected prostate cancer. The service is provided across 8 cancer centres nationally with the RAP programme at University Hospital recognised as the best performing RAP clinic nationally (NCCP Rapid Access Clinic Review 2017). In 2016, there were over 600 new patients with a suspected prostate cancer seen at the RAP service with 85.2% given an appointment within 20 working days as per the NCCP key performance indicators.

The Saolta Radiation Oncology Service at University Hospital Galway is fully integrated into the Saolta Group Multidisciplinary Programme, the Cancer Strategy Group and the national Radiation Oncology Programme. It provides Radiation Oncology services to cancer patients from across the Saolta Group and beyond. The Radiation Oncology Programme is actively involved in screening and recruitment to national and international clinical trials for radiotherapy. In 2016, activity levels increased by 9% from the previous year

with over 800 patients completing radical treatment for a primary cancer and 87.8% receiving their first fraction within 15 days of ready to treat in line with the national KPI. The Radiation Oncology Department at UHG welcomes the opening of the new Radiation Oncology Service at Altnagelvin and looks forward to building on the linkages with its cross border colleagues over the coming years.

The Saolta Group Medical Oncology Programme is provided across 5 of the Saolta Group Hospitals, University Hospital Galway (with satellites at Mayo University Hospital and Portlinculla University Hospital), Letterkenny University Hospital and Sligo University Hospital. All medical oncology services within the Saolta Group are extremely busy. NCCP Key Performance Indicators for System Therapy relate to the commencement of new treatment regimes in the day ward setting. In 2016, 95% of all patients across the Saolta Group received their first cycle of intravenous systemic therapy within 15 working days of the date of receipt of the finalised treatment plan in the day ward. Achieving the national standard of 95% is an outstanding accomplishment given the daily challenges that exist in some of our day ward settings across the Saolta University Health Care Group.





Resources

Human Resources

Employment levels

Employment levels grew by 197 WTEs standing at 8,470 WTEs at end of December 2016. The total headcount is 9,702 and our annual rate of staff turnover was 6.2% (slightly below the health sector's national average of 6.4%)

Medical/Dental	+66
Nursing	+62
HSCPs	+5
Management/Administrative	+11
Support Staff	+3
Patient Care Staff	+50

Change by staff category since December 2015:

This is in addition to significant Agency across all sites, with Medical and Support grade agency engagement accounting for 93% of the total.

2016 WTE by hospital												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
GUH	3,356	3,397	3,412	3,427	3,405	3,412	3,393	3,409	3,409	3,420	3,418	3,428
LUH	1,437	1,447	1,469	1,469	1,473	1,477	1,470	1,462	1,466	1,467	1,461	1,469
MUH	1,027	1,040	1,045	1,043	1,045	1,047	1,034	1,035	1,034	1,042	1,035	1,032
PUH	673	684	691	694	693	686	688	697	707	704	702	703
RUH	281	283	283	286	291	291	294	297	296	297	297	296
SUH	1,500	1,522	1,529	1,544	1,541	1,541	1,532	1,525	1,525	1,539	1,540	1,542
Saolta	8,274	8,372	8,422	8,463	8,448	8,454	8,411	8,426	8,437	8,470	8,453	8,470

Attendance Management

Saolta's absence rate remains below 4% for eleven of the last twelve months. December absenteeism is 3.81% (3.83% in November) - the national figure was 4.7% and Acute services 4.2% (both November).

Overall, the management of attendance is one of the strengths of the Group and the gains have been sustained over the past couple of years

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
GUH	3.72%	4.69%	3.72%	3.67%	3.42%	3.28%	3.10%	3.22%	3.03%	3.60%	3.55%	3.75%
PUB	3.98%	4.52%	3.24%	3.12%	3.43%	3.68%	3.86%	3.41%	2.38%	2.89%	2.48%	2.58%
RUH	3.41%	6.74%	3.75%	4.83%	4.34%	5.38%	5.35%	3.71%	4.75%	3.21%	4.08%	4.57%
LUH	4.57%	5.32%	4.09%	3.51%	3.27%	3.88%	3.97%	4.33%	3.99%	4.55%	4.69%	4.82%
SUH	3.98%	4.62%	4.19%	3.63%	3.35%	3.15%	3.70%	3.42%	3.51%	3.54%	3.65%	3.43%
MUH	3.96%	4.71%	3.67%	3.40%	3.65%	3.27%	3.69%	3.60%	4.15%	4.79%	4.60%	3.76%
Saolta	3.95%	4.84%	3.84%	3.60%	3.44%	3.46%	3.54%	3.53%	3.43%	3.83%	3.83%	3.81%

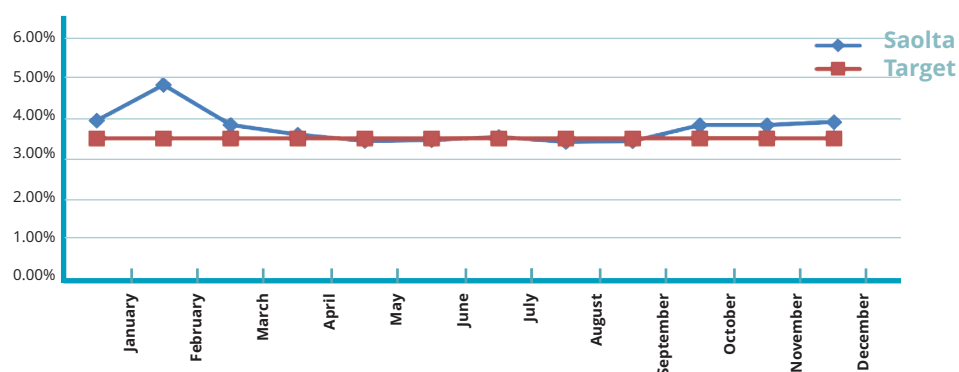
GUH Peers (December)		Groups (December)	
St. James's	3.3%	Saolta	3.8%
Beaumont	3.7%	Ireland East	4.1%
GUH	3.8%	Dublin Midlands	4.5%
SVUH	3.8%	RCSI	4.6%
Mater	3.8%	SSWHG	4.7%
Tallaght	5.0%	Paediatrics	5.1%
CUH	5.0%	UL	6.2%
UL Dooradoyle	5.9%		

Our absence levels continue to compare favourably with the rates reported by ISME for large organisations in the private and public sectors both in Ireland and internationally.

recorded a twelve month average rate of 4.13%. Acute services absences in England average 4.05% per month. Scotland's NHS absence rate for 2015/2016 was 5.16% while in Wales the average monthly rate recorded to June 2016 was 5.05%.

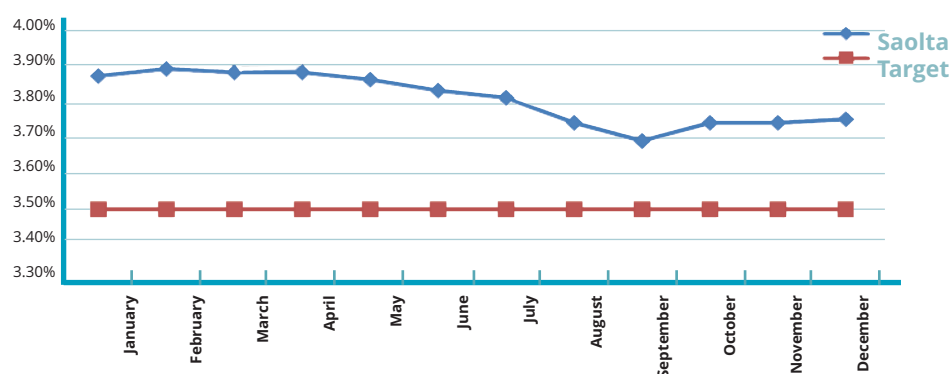
NHS England absence rates (to May 2016)

Saolta monthly absence January 2016 to December 2016.

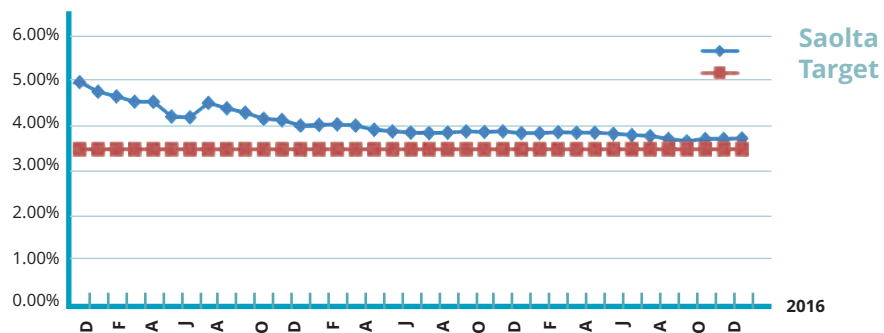


The national twelve month running average is 4.46% and Acute Services is 4.05% (to November) while Saolta's is 3.75% (to December).

Saolta 12 month running average v National Target January 2016 to December 2016.



Saolta twelve month running average trend - December 2013 to December 2016



Employee Engagement Survey

The 2016 survey data analysis was completed in late 2016 and reports will issue early in 2017. Work will commence on implementing actions arising from the survey at both Group and Site level in Q1 2017.

EWTD Compliance

The Group was very successful in implementing the European Working Time Directive in 2016 with the 24 hour measure ranging from 95% to 98% compliance and the 48 hour parameter in the 90% - 92% range for most of the year.



Connacht Rugby players, Saolta and Public Health Staff promoting the flu vaccine Patient and Public Involvement

Healthy Ireland

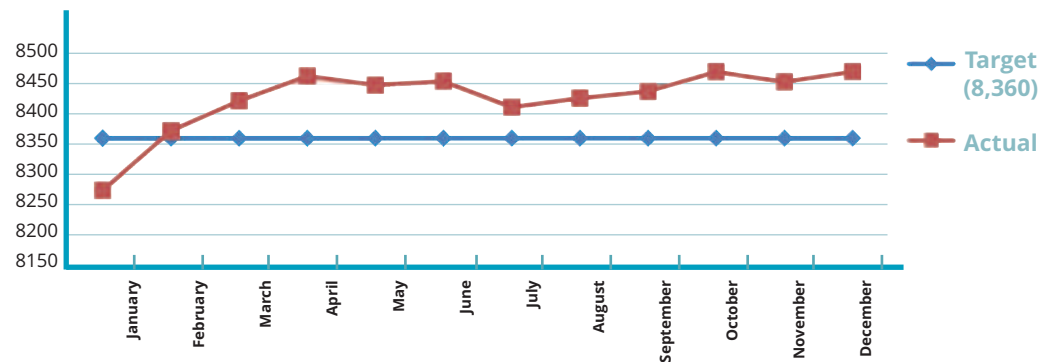
Much progress was made in progressing the Group's Implementation Plan throughout the year with the Arts, Hospital Choirs and Smarter Travel initiatives being to the fore.

There was a lot of work done in promoting the 'flu vaccine campaign also while the Group trained a large number of trainers on Stress Management. Courses were also delivered in Motivational Interviewing training and a number of walking routes were developed on each site.

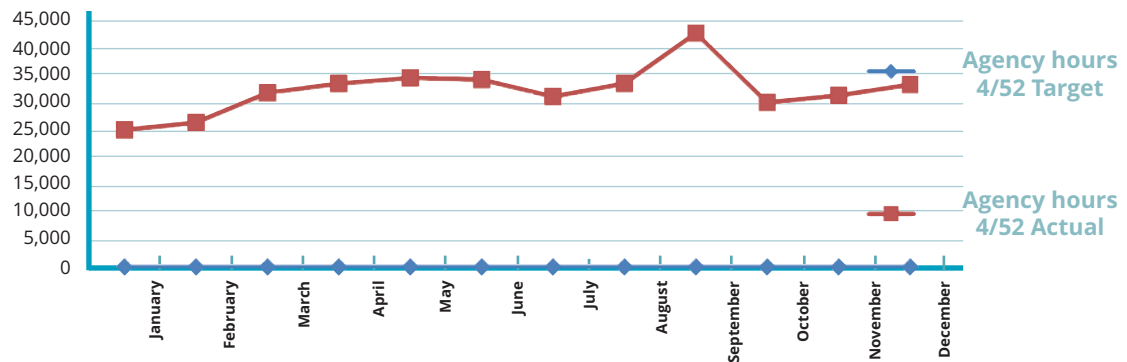
A Health and wellbeing Training Plan was developed and 500 copies were ordered distributed across the Group as well as electronic options being created.

There was significant progress made in respect of Calorie posting, and additional efforts put in to improving the range of healthy options available in the hospital Vending machines.

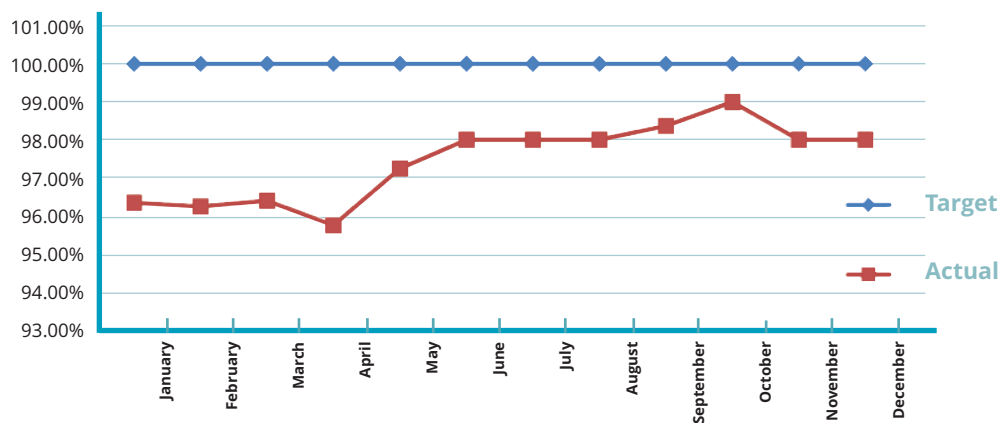
Group WTEs



Agency Hours Purchased



EWTD compliance

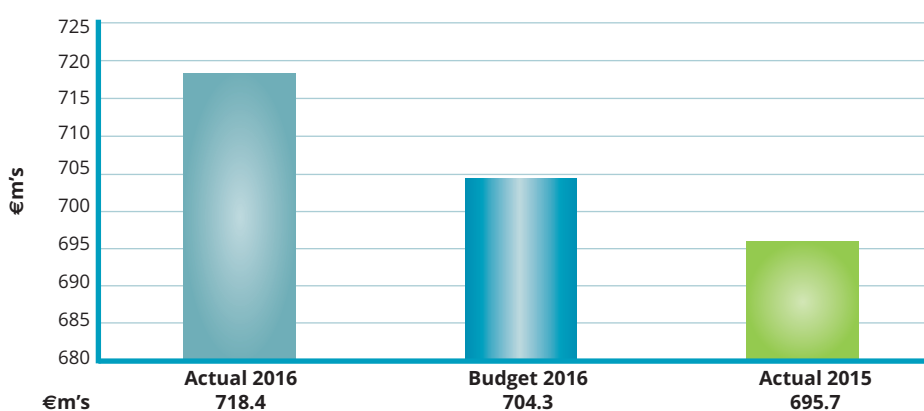


Finance

In 2016, as with previous years the Group again faced a challenge with funding. During the year the Minister of Health secured additional funding for the Health

Service of €500m. The Group benefited from this additional funding to the value of approx €40m.

Saolta University Health Care Group



Pay

2016 saw the Group achieve breakeven in the area of pay. The growth in agency staff, and the associated increased costs, continued both in medical staff and support staff. The support staff increase arose from the increased need for 1:1 specialising of patients. This increase in the age profile and complexity of our patients added to this demand.

Non-Pay

This category of expenditure increased by €3.5m over 2015. The main areas showing growth were drugs and medicines, medical and surgical supplies. There was corresponding reductions in bad debt provision as a result of the agreement reached between the HSE and the private health insurers.

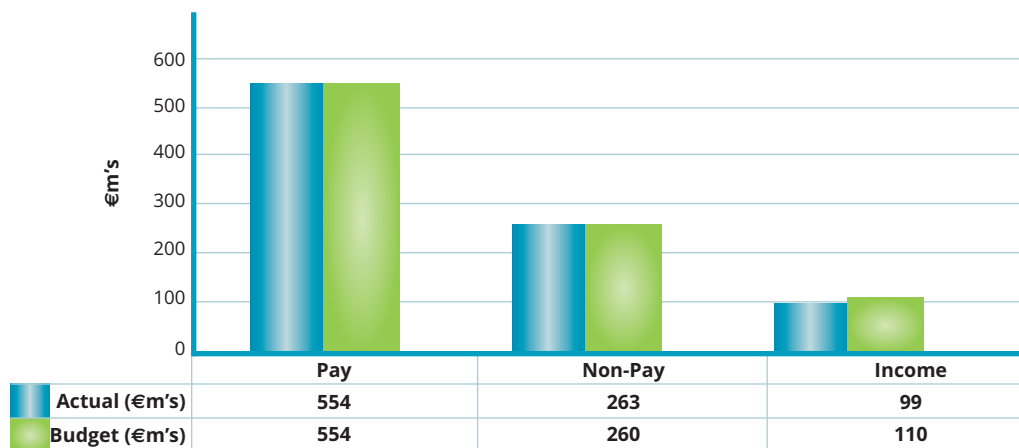
Income

For 2016, the Budget target was increased and without associated increases in day cases and inpatient charges the targets set were not attainable. The Group increased its income in 2016 by 4%, however based on budget set the Group was under budget by 10%.

In 2016, the Hospitals and group Finance Function continued to develop their reporting packages with greater emphasis placed on forecasting of the Groups Financial position to year end. This will continue as a focus of the finance units to allow the HSE to foresee demands and pressures on government funding.

Activity Based Funding (ABF) is progressing to form the basis of funding for all Hospitals. ABF allows the budget for all hospitals to be based on patient

Saolta University Health Care Group



activity and the reimbursement of hospitals based on the volume of patient activity and the complexity of the patients treated.

For 2016, the Group as a whole did not perform well under this approach to funding/budgets. Fortunately the ABF approach to funding will not be fully operative until 2021 and this allows the Group to review the workings of its hospital to effect the:

- Efficient use of its resources to treat patients
- Maximise usage of facilities in all Group Hospitals
- Record all activity on the National HIPE System
- Record all patient treatments and procedures to maximise and factually record the complexity of the patient treatments being undertake in all our hospitals.

ICT

The Saolta ICT Steering Committee met every 6 weeks and there were ongoing assessments of potential projects in particular those that were part of national rollout plans such as PAS, Medlis (National Labs), National Maternity, NIMIS , MOCIS (National Medical Oncology).

A three year plan for ICT was agreed which was a follow up to the Saolta ICT Strategy published in 2015. All potential projects were assessed and the ICT Steering Committee identified four projects that were key to supporting the Groups Business Strategy:

- Group PAS with single patient master index
- Electronic Medical Record (IT Portal & Scanning Solution) for GUH
- eRostering
- Business Intelligence

There has been a lot of work done on both Group PAS and Electronic Medical Record and we expect to make substantial progress on both projects in 2017. The Group PAS project in particular is important as it will be the first major Group wide IT project and will enforce and enable a Group focus for IT.

Other LUH projects such as NIMIS for commenced in 2016 and they have been particularly busy building electronic data sharing links to Altnagelvin as many

Donegal patients will be treated there. Integration between NIMIS and Galway PACS has also been prioritised and will be completed in 2017.

In 2016 the focus was on planning for future ICT and identifying key strategic projects. In 2017 we will have made substantial progress on important projects which are vital for the Group to function well.

Saolta Arts and Health Programme

Throughout 2016 Galway University Hospitals Arst Trust continued its extensive arts programme in UHG and MPUH and continued to establish relationships with the other hospital sites.

We are continuing to explore the expansion of the programme across the group; initially by providing advice with regard to per cent for art schemes, Menu of Poems poetry project, exhibitions and through the Saolta Passages Health and Wellbeing Arts Initiative for staff.

Visual Arts:

The Arts Corridor in University Hospitals Galway hosts several exhibitions throughout the year. In 2016 ten exhibitions took place including exhibitions by local artists, national and international artists as well as patients, staff and members of the local community.

Roscommon University Hospital had their inaugural exhibition in summer 2016 with an exhibition titled *Head in the Hedgerows* by Hugh Barr, a County Roscommon based artist. This was followed by a print exhibition titled *Time* by artist Finbar McHugh.



In December 2016 the former General Manager Elaine Prendergast officially launched the Roscommon University

Hospital Arts Committee and the third exhibition by the Mote Parl Artists Group.



Fampyra My Story - Seamus Burke

'Fampyra - My Story' an exhibition by artist Seamus Burke was launched on the arts corridor of UHG on Tuesday, April 05 by Mags Ryan, Community Development worker with the Multiple Sclerosis Society.

Through his arts practice Seamus Burke explores his diagnosis and living with Primary Progressive Multiple Sclerosis. Diagnosed in 2001 art has become a 'means of communication' for him

throughout his illness. At the launch, Seamus shared his story; the solace art gave him stating, "Art has pulled me through many ups and downs", while giving an insight to the audience, his struggles with acquiring the medication necessary to help him live his life. 'Seamus describes how 'paint in all its wonderful or dark colours expressed exactly what he was going through'.



Cormac, Paraic, Maureen and Seamus Burke with Margaret Flannery, Arts Director GUH; Mags Ryan, Regional Community Worker South Mayo and John MacDonald, Regional Community Worker with the Multiple Sclerosis Society at the launch of 'Fampyra - My Story'.

Unit 7 MPUH Haemodialysis

"For me, it's the psychological benefit to the patients that makes the art so important. It does so much for them. For the whole Unit. It's incredible. You can't write about that. You can't measure it. What the artist can draw from people who never even thought about doing art before is wonderful."

staff

Programmed according to demand, art workshops are currently offered weekly to patients on 3 of 4 patient cycles. A flexible approach accommodates participants' shift swaps and treatment plans and a supportive nursing team facilitates introductions and encourages appropriate referrals. The art workshops offer transformative experiences during the long hours of being dialyzed. Those participating find a more productive use of their time, engaged in a way that distracts from worries and "makes time fly". For some, their new pastime presents a renewed sense of purpose and choice where they have had to give up a role or independence owing to ill health. Having their stories heard or talents seen is validating and affirming. The creative process continues to promote self esteem and wellbeing as participants acknowledge their own technical and creative development and some continue their projects at home.

The capacity for the arts programme to humanize the hospital experience and to foster connection and dialogue is now more palpable than ever. There is a great

sense of excitement and support amongst patients and staff as artwork develops and Unit 7's rolling exhibition programme is an important catalyst for celebration, conversation and pride, with participants often visibly bolstered at seeing their work professionally framed.

Frequently, paintings are gifted to other patients and staff and one participant occasionally writes odes to staff. The social impact of the programme resonates in diverse ways - from those who live alone with a limited support network who benefit from being part of a shared experience, to those whose creative projects spark welcome fresh dialogue or activities with their families outside of the unit.

When dialysis treatment is no longer viable, artworks have been taken to the private rooms of dying patients - personalising the clinical space with their creative achievements then reflected on in final conversations.

Framed artworks regularly feature in the funeral masses of participants - emblems of them as productive, creative beings right up until the end. These become unique, cherished legacies for the bereaved. In this respect, 2016 proved particularly poignant as three of the participants exhibiting in 'The savage loves his native shore' died in the weeks preceding and immediately after the show. Though still in the early stages of grieving, the exhibition brought some solace to bereaved relatives who felt that the creative tributes to their loved ones meant that they were still remembered. One relative took an active role in sourcing material for inclusion in the exhibition. Furthermore, one participant collaborated with the artist to resolve a project for the exhibition in memory of his great friend and fellow participant. Indeed, as all three participants had been patients on the same dialysis cycle, more than any other year, the arts programme understood the close bonds formed during the regime of treatment and its potential role for grieving patients.

"He would be like a child at Christmas waiting for Santa sometimes, waiting for you to come in with pictures of birds for him. We'd all be in the waiting room and four, five, six nurses would pass and to everyone of them he'd say, "Have you seen (the artist)?" Talking about birds was what was keeping him alive. Not the dialysis."

participant

"I want to thank you so much for your beautiful email, we are all so honoured that mom's work is on display, We are all really looking forward to seeing her work, I would be honoured anytime ye would mention mom's name, it would mean to us that she is still remembered."

relative

The savage loves his native shore, Galway International Arts Festival

2016 also brought the opportunity to reflect on the programme's development since 2012 in an exhibition as part of Galway International Arts Festival. Titled by a participant, 'The savage loves his native shore' celebrated the knowledge held by a hospital community that values its heritage, revealing the frequency with which participants draw from the Irish landscape and its traditions for inspiration. Items were borrowed from the National Museum of Country Life for display alongside artwork and thatching, butter making, and straw crafting demonstrations were organised for the opening event, guided by participants' reminiscence projects. The ambitious retrospective took place across two sites at the National University of Ireland and University Hospital Galway.

For those who paint, the exhibition led to an unprecedented increase in confidence, experimentation and technical development in subsequent workshops. Moreover, for those whose participation is process orientated, the exhibition granted important recognition and a sense of resolution through special projects that made their achievements more tangible. This includes one participant who curated a display of artefacts and archival material, supported by staff from Archives and Special Collections at the James Hardiman Library, NUIG. His súgán rope was displayed next to a hayfork decoupaged by a creative staff nurse who regularly duets with him during his treatment. The expressive marks of another participant, known for wearing brightly coloured lycra and trainers, were reproduced as a range of leisurewear designed during her dialysis treatment.



The exhibition playfully developed ideas presented in the first exhibition and publication which highlighted the role of the arts programme in humanising the clinical environment - allowing staff and patients to be seen for their unique attributes rather than being defined by their place in dialysis.





Drawing the Carers by Roisin Cure

Drawing the Carers Portraits of Hospital Life; GUH Arts Trust recently commissioned artist Róisín Curé to sketch members of staff for a Uniform Recognition Campaign in University Hospital Galway. We understand that patients and their families may often feel overwhelmed by the number of different staff they meet during the course of their treatment or hospital stay. With our new uniform recognition campaign we are hoping to help our patients more clearly identify the role of the staff member caring for them. Together with the #hellomynameis campaign, we believe it is an important initiative to help improve our patients' experience.



Burning Bright

As part of the annual Bealtaine festival, Burning Bright art workshops took place in Units 4, 5 and 6 at Merlin Park University Hospital. The workshops were an opportunity for older people to engage with an artist, often re-evaluating their abilities in the context of Stroke and Rehabilitation. In 2016, GUH Arts Trust assisted in acquiring a bank of materials for Units 5 and 6 and extended the workshop programme to include a session with the Activities Co-ordinator, aimed at developing sufficient confidence and technical skill to empower this staff member to facilitate ongoing art sessions for patients.

Art Commission for the Endoscopy Unit UHG by Miranda Blennerhassett

GUH Arts trust in partnership with Tulca Festival of Visual Art commissioned artist Miranda Blennerhassett to make an artwork for the Endoscopy corridor in UHG. Miranda stated: "In my work I look at the role of decoration within architectural spaces and the way patterns are constructed. I am interested in the effect that pattern has on our environment and what it means to us when we view it. The pattern that I have used in the Endoscopy corridor of University Hospital Galway is from a wallpaper printed by J. & P. Boylan of Dublin in 1812. It focuses on an organic floral motif which contrasts with the geometric, linear environment of the hospital.

I see the act of ornamenting architecture as a generous creative statement that makes explicit a care and regard for our surroundings; the implication is that consideration for our environment infers a consideration for those within in it.



Through the work of the craftsperson or the artist the introduction of beauty, harmony and symmetry to an environment shows appreciation for the people who use that space."

Run River Run Cleary Connolly Per Cent for Art Commission

Run River Run is a participative art project by artists Anne Cleary and Denis Connolly carried out at UHG from January to December 2016, resulting in eighteen permanent art works for the new 75 bed ward. The theme was chosen through consultation with staff, and the texts for



the eighteen artworks were gathered through workshops at GUH during July 2016. The artists spend time in the hospital foyer working with staff, patients and visitors on writing and selecting texts. Participants wrote their own lines, or proposed favourite words from a poem or song. To create the artworks the artists used a technique borrowed from renaissance painting, a distortion of perspective called anamorphosis, to give the impression from certain viewpoints that the artworks leap from the walls and reach out to the viewer in space.

Staff Health & Wellbeing Arts Initiative

"I was hooked from class one! I have never attended an art class but have always thought it was something I would like to try. I found it so relaxing and the time flew by, with some chat and laughter. I feel I have developed a new set of skills - now looking at everything thinking how I would paint it! It has also increased my confidence as I will not be nervous about trying anything new. I absolutely loved the art classes. Best thing I have done in a long, long time and a fantastic idea by the HSE".

Staff

Supporting the implementation of Healthy Ireland, as part of a HSE Staff Health and Wellbeing Initiative, Saolta prioritised the arts in apportioning its allocated funding from the HSE Staff Health and Wellbeing Division. Proposing to draw from the successes of Galway University Hospitals Arts Trust's programme for patients, this was considered a viable, far-reaching

approach, offering benefits to staff across the six hospital sites. Responding to the specified themes and limits of the initiative, GUHAT developed a project comprising 2 strands:

1. Staff art workshops to promote positive mental health and wellbeing, and
2. Passages, a series of art installations engaging staff in enhancing the workplace and promoting outdoor physical activity and Hospital Walks.

Strand 1: art workshops

Art workshops were designed as a basic introduction to materials and techniques for those with little or no previous experience of art making, therefore addressing Healthy Ireland's priorities relating to inclusion and equality. Participants at were selected from an open invitation to all staff at all sites circulated via posters and email. Completed workshop programmes at MPUH and UHG demonstrated the potential of art to contribute to the staff health and wellbeing agenda, with workshops at the other hospitals planned for 2017. Tailoring workshop times to a variety of preferences contributed to an overwhelmingly positive response from 37 participants who described their experience as relaxing, absorbing, and a useful tool to "switch off" after hectic, stressful days. Staff noted increased confidence resulting from the development of new skills or rekindling of past interests, with some even suggesting it would make them less fearful to try other opportunities. Finally, the workshops encouraged a supportive group dynamic between existing



colleagues and new friends in workshops, as well the enthusiasm of family members

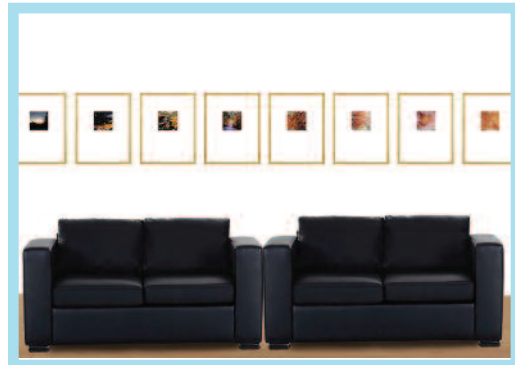
at home - further contributing to the health and wellbeing of participating staff. In only a limited number of workshops at GUH, the project demonstrated sustainable outcomes and achieved momentum for the arts as part of the staff health and wellbeing agenda. Many staff were keen to continue, noted the interest of other colleagues, would be willing to pay a small fee in future, and would consider investing or had invested in their own materials for home use. The purchase of materials and equipment as part of this project phase will be used to subsidise continued workshops at all sites in the future.

I thoroughly enjoyed my classes and would love to continue as it brought an element of relaxation and fun to my life in what was a particularly stressful time.
Staff

Strand 2: environmental enhancement

Life is very, very busy and, subconsciously, I shelved my photography. Now I'm so eager to get snapping again! Thanks a million for the bit of inspiration! I'm very very happy at the thought of one of my photos being on display large format in any public place. I'm actually ecstatic!
Staff

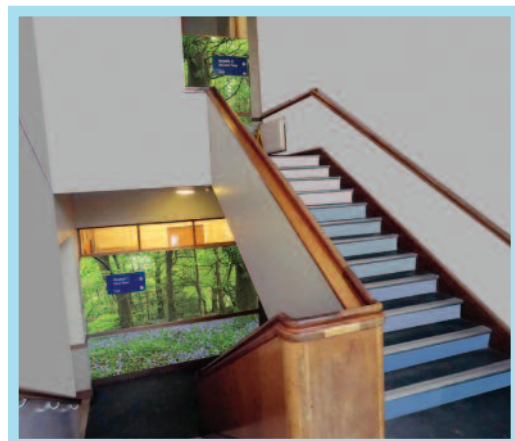
The proposed art installations opened participation up to staff who would not access the art workshops. Inspired by the



Letterkenny Staff rest area



Visualisation of Mayo University Hospital family Room



Visualisation of MPUH Hospital 1 and 2 stairwell

introduction of Hospital Walks, Passages, invited staff to submit pictures and observations they made while out walking, via posters, email and a roll up banner at each site. Submissions would inform paint colours, digitally printed wallpapers, window vinyls and framed artwork - transforming their working environment with their colours and their words on their walls. Informed by staff consultation, installations were designed for quiet spaces for reflection, public thoroughfares and stairwells, in turn encouraging others to consider integrating walking breaks to their daily routines. These will be installed in 2017.



Baboró 2016

Art workshops for Baboro

Baboro visited UHG during the International Festival in October to provide a workshop for staff in the

Paediatric Unit and a workshop for Children. Local author Patricia Forde also visited the Unit.



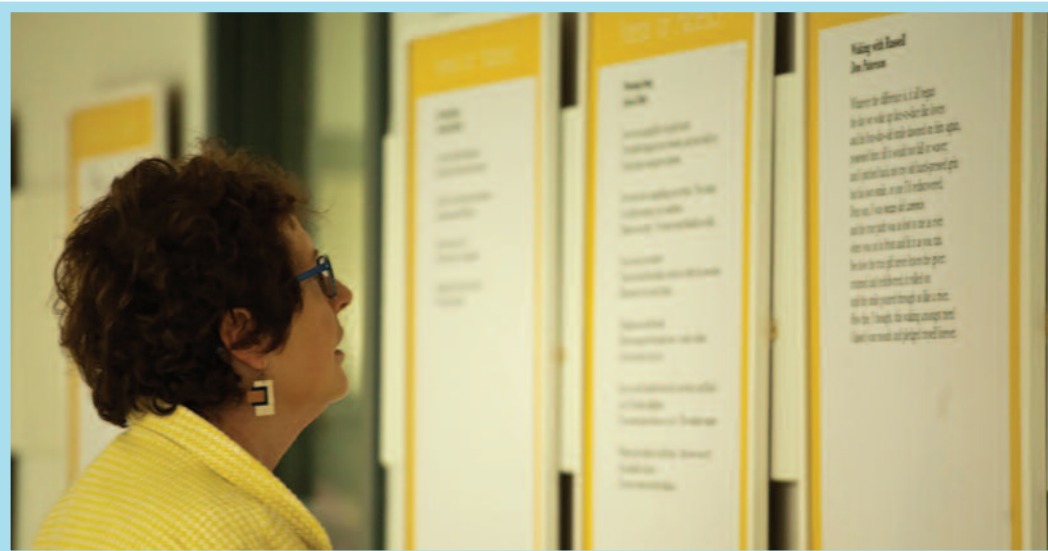
Participants enjoying the Staff Skills sharing workshop with Baboró 2016 in the paediatric dept. UHG October 2016

Literature:

Poems for Patients exhibition selected by Colette Bryce

Derry born poet Colette Bryce launched the thirteenth series of Poems for Patience in April. There are twenty poems displayed throughout the waiting room

areas of UHG and MPUH and a poem for the light box beside the lift area in the hospital. This year's poetry competition was won by Rachel Coventry.



All Ireland Poetry Day 2016 – Menu of Poems

The Menu of Poems was disseminated on National Poetry Day to hospital and healthcare settings throughout the Saolta group and other participating hospitals. The Menu consisted of four poems

chosen from the Poems for Patience collection which were voted by the Arts and Health Co-ordinators Ireland members. The finalised menu entitled Soul Food was edited by Colette Bryce.



Karin Wieland, Anne Marie Burke and Aisling Gallagher, Maternity Outpatients.

Music:

Bealtaine

As part of the Bealtaine Festival-celebrating creativity as we age, a series of music performances were held in Galway University Hospital and Merlin Park University Hospital. Aindrias de Staic played folk and traditional style music.



Culture Night 2016

Culture Night took place on Friday night September 19th. Aindrias de Staic and the Latchikos performed courtesy of Galway City Council



Galway University Hospitals Choral Society

Galway University Hospitals Choral Society was formed in 2011. In 2016 with the help of Health and Wellbeing they launched their first CD in December 2016.



Saolta University Health Care Group Key Priorities 2017

	Saolta University Health Care Group Key Priorities 2017	Lead	Time line
1	<p>Achieve Key Patient Access Targets: Unscheduled Care, Emergency Care and Patient Experience Time</p> <p>% of all attendees at ED who are discharged or admitted within 6 hours of registration - Target 75%</p> <p>% of all attendees at ED who are discharged or admitted within 9 hours of registration (goal is 100% performance with a target of \geq improvement in 2017 against 2016 outturn) - Target 100%</p> <p>% of all attendees at ED who are in ED < 24 hours- Target 100%</p> <p>% of patients attending ED aged 75 years and over – Target 13%</p> <p>% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration- Target 95%</p> <p>% of patients 75 years or over who were admitted or discharged from ED within nine hours of registration- Target 100%</p> <p>% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration- Target 100%</p> <p>Ambulance Turnaround Times</p> <p>% of ambulances that have a time interval of \leq 60 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available) – Target 95%</p>	CCD	Ongoing
2	<p>Achieve Key Patient Access Targets: Scheduled Care Inpatient, Day Case and Outpatient Waiting Times</p> <p>% of adults waiting < 15 months for an elective procedure (inpatient) - Target 90%</p> <p>% of adults waiting < 15 months for an elective procedure (day case) – Target 95%</p> <p>% of children waiting < 15 months for an elective procedure (inpatient) – Target 95%</p>	COO	Ongoing

	Saolta University Health Care Group Key Priorities 2017	Lead	Time line
	<p>% of children waiting < 15 months for an elective procedure (day case) – Target 97%</p> <p>% of people waiting < 52 weeks for first access to OPD services – Target 85%</p> <p>% of routine patients on Inpatient and Day Case Waiting lists that are chronologically scheduled - Target 90%</p> <p>Elective Scheduled care waiting list cancellation rate - Target TBC</p> <p>Colonoscopy / Gastrointestinal Service</p> <p>Number of people waiting greater than 4 weeks for access to an urgent colonoscopy – Target 0</p> <p>% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD – Target 70%</p>		
3	<p>Service Reviews</p> <p>Ensure implementation plans are in place for the following</p> <ul style="list-style-type: none"> a) ED review b) Orthopaedic Review c) Haematology Review d) Histopathology review 	CCD	Q4
4	<p>Improving Access (by increasing efficiencies, streamlining processes and maximising capacity through GUH GE project)</p> <ul style="list-style-type: none"> a) Patient Flow Improvement Projects x 6 to be completed. b) Improve access to GI endoscopy by developing guidelines and providing support via the endoscopy clinical programme. 	CCD	Q4
5	<p>Group Clinical Strategy</p> <ul style="list-style-type: none"> a) Complete Group Clinical strategy b) Complete Site and corporate functions Strategies 	CEO/ CCD	Q2 – Q3 Q4
6	<p>Develop and Implement Group Integration Project</p> <ul style="list-style-type: none"> a) Obtain Executive approval to progress with an agreed Governance model b) Wide stakeholder engagement on the agreed model c) Plan for implementation of the first phase CBU in early 2018 	CEO/ CCD	Q3 - Q4



	Saolta University Health Care Group Key Priorities 2017	Lead	Time line
7	Develop and maintain relationships with key Strategic Partners <ul style="list-style-type: none"> a) Community Health Organisations b) General Practitioners c) Academic Partners d) Cooperation and Working Together (Cross border) e) Western Health & Social Care Trust & Altnagelvin Hospital f) Charitable Organisations g) Private Hospitals 	CEO/ COO/ CCD	Ongoing
8	Deliver Key Capital Projects / Physical Infrastructure upgrades.	COO	Ongoing
9	Continue implementation of HR Strategy (2014 – 2018) <ul style="list-style-type: none"> a) Deliver appropriate and timely recruitment through the Workforce Plan and enhance attractiveness of Saolta to improve staff retention b) Enable further roll out of the Clinical Directorate structure, incorporating better staff communication, engagement, attendance, succession management and talent development c) Further promote Healthy Ireland through the Saolta Healthy Ireland Implementation and Training Plans d) Implement the actions required from the National and Saolta Employee Engagement surveys. 	DHR	Q4
10	Finance Progress next phase of Activity Based Funding while maximising funding within the resources available in our hospitals	CFO	Q4
11	Group ICT <ul style="list-style-type: none"> a) Appoint E Health Director. b) Progress implementation of Group-wide PAS EDRM project, MOCIS, UCIS NIMIS LUH 	DHR	Q4

	Saolta University Health Care Group Key Priorities 2017	Lead	Time line
12	Quality & Patient Safety Implement maternity service improvements in line with HIQA recommendations and other relevant reviews including PUH maternity review and Orthopaedic review.	CCD	Q1
13	National Standards Implement National Safer Better Health Care Standards and Policies Procedures Guidelines across the Group and monitor implementation of quality improvement plans.	CEO / COO / CDON	Q4
14	Governance and Delivery of Quality Care a) Improve compliance with the use of the sepsis screening tools and national Clinical Guideline (No. 6) Sepsis Management and (No. 5) Clinical Handover in Maternity Services. b) Continue to develop a system to report hospital patient safety statements in conjunction with Hospital Group CEOs and Clinical Directors. c) Implement robust programmes of audit and ensure there is group-wide learning from audits, serious incidents and local complaints reviews.	GCD/ DON/ Qualsec	Ongoing
15	Prevention of HCAI Ensure control and prevention with compliance with targets of healthcare associated infections/AMR with a particular focus on antimicrobial stewardship and control measures for multi-resistant organisms, underpinned by the implementation of HIQA National Standards for the Prevention and Control of Healthcare Associated Infections.	CDON / COO	Ongoing
16	Cancer Services a) Implement the recommendations of the performance improvement plan for the rapid access clinics for breast, prostate and lung cancers. b) Roll out the medical oncology clinical information system on a phased basis across the Group.	GCD	Q3

	Saolta University Health Care Group Key Priorities 2017	Lead	Time line
17	Group Research Strategy Complete research strategy review and implement recommendations.	CAO	Q4
18	Nursing <ul style="list-style-type: none"> a) Update the Saolta Nursing Strategy in line with the group Clinical Strategy. b) Develop a nursing and midwifery manpower plan in conjunction with the Chief Nursing Officer. c) Promote and improve service user experience via national patient experience survey, CBAS, PALS, HMNI, Schwartz Rounds, Hospice-friendly initiatives. d) Recruitment to Patient Council. e) Roll out of national bereavement standards across all sites. 	CDON	Q4

