



Saolta University Health Care Group
Annual Report 2014

Executive Team



Maurice Power
Chief Executive Officer



Dr Pat Nash
Chief Clinical Director



Tony Canavan
Chief Operating Officer



Jean Kelly
A/Chief Director of Nursing and Midwifery



Tony Baynes
A/Chief Financial Officer



John Shaughnessy
Group Director of Human Resources



Fiona McHugh
Head of Corporate Development

Contents

CEO Foreword	3
1.0 Corporate and Clinical Governance	7
2.0 The People We Serve	11
2.1 Demographics	
2.1.1 Saolta Region Population Table	
2.2 Overview of Group Hospitals	
3.0 Patient Activity	15
3.1 Summary of Service Delivery	
3.2 Saolta Group Activity	
4.0 Access	19
4.1 Scheduled Care Inpatient Activity	
4.2 Scheduled Care Outpatient Activity	
4.3 Unscheduled Care / Emergency Department	
5.0 Key Service Developments	25
5.1 Roscommon Hospital Achievements	
5.2 Portlincula Hospital Ballinasloe Achievements	
5.3 Galway University Hospital Achievements	
5.4 Mayo General Hospital Achievements	
5.5 Sligo Regional Hospital Achievements	
5.6 Letterkenny General Hospital Achievements	
6.0 Cancer Services	37
6.1 Achievements	
7.0 Nursing and Midwifery	41
7.1 Patient Advice and Liaison Service	
7.2 Patient Council	
7.3 Healthy Ireland	
7.4 Nursing and Midwives Networks	
7.5 Other Nursing /Midwifery Developments	
8.0 Quality and Patient Safety	45
8.1 Clinical Governance	
8.2 Organisational Reconfiguration	
8.3 Medical Manpower	
8.4 GP Liaison	
8.5 Serious Incident Management	
8.6 Maternal Death Recommendations	
8.7 Quality and Safety Executive Framework	
8.8 National Standards for Safer Better Healthcare	
8.9 Incident and Near Miss Reports	
8.10 Clinical Programmes	
8.11 Protection of Life during Pregnancy	

9.0 Clinical Directorates

49

- 9.1 Medical Director
 - 9.1.1 Group Medical Directorate Structure
 - 9.1.2 Leadership Programme
 - 9.1.3 Primary Percutaneous Coronary Intervention (PCI) Service
 - 9.1.4 Transcatheter Aortic Valve Implantation (TAVI) Service
 - 9.1.5 Consultant Appointments
 - 9.1.6 Launch of the Diabetes Care West Annual Report.
 - 9.1.7 Saolta Group Persons- Centred Care Research Study
 - 9.1.8 National Quality Improvement Programme
- 9.2 Diagnostic Directorate
- 9.3 Peri-operative Directorate
 - 9.3.1 Ultrasound-guided foam sclerotherapy
 - 9.3.2 PACU
 - 9.3.3 MPUH/ACAD
 - 9.3.4 Urology Review
 - 9.3.5 Other Achievements
- 9.4 Women's and Children's Directorate

10.0 Resources

59

- 10.1 Human Resources
 - 10.1.1 HR Strategy
 - 10.1.2 Workforce
 - 10.1.3 Workforce Planning
 - 10.1.4 Absence Management
 - 10.1.5 Partnership
 - 10.1.6 Employee Engagement
 - 10.1.7 Employee and Management Development
 - 10.1.8 Policy Implementation
 - 10.1.9 European Working Time Directive
 - 10.1.10 CEO Awards
- 10.2 Finance
 - 10.2.1 Pay
 - 10.2.2 Non Pay
 - 10.2.3 Income
 - 10.2.4 Claimsure
 - 10.2.5 I.C.T.

CEO Foreword



Maurice Power,
Chief Executive
Officer, Saolta
University Health Care
Group

Introduction from the CEO

I am pleased to present the 2014 Saolta University Health Care Group Annual Report. This is the third such report.

The publication of this report highlights the enormous work done by many Multi-disciplinary Teams in a high volume environment and outlines our activity and progress in 2014 across the various Hospitals and Clinical Directorates.

2014 was most notable for Launch of Saolta University Health Care Identity, Saolta First Annual CEO Awards Ceremony and rebuild of Letterkenny General Hospital.

Health Reform

During 2014, Saolta made significant progress in the implementation of the recommendations of the Hospital Groups report or “Higgins Report” and the Smaller Hospitals Framework. These included:

- Group rebranded to reflect the creation of a new identity – Saolta University Health Care Group.
- Second Annual Conference – ‘From Groups to Trusts – Reforming the Health Service’.
- Employee Engagement Road Shows – to communicate the many developments and opportunities as well as challenges that lie ahead of the Hospital Group.
- First Annual CEO Awards Ceremony for Patient Quality and Innovation.
- Publication of the Saolta three year Healthy Ireland implementation plan in conjunction with the National Director of Health and Wellbeing.
- Development of an integrated approach to the education and training of Health Care Professionals in conjunction with Academic Partners.
- Roll out of the Saolta Human Resource Strategy (2014-2018).
- Saolta Patient Council established.
- Common measures and key performance indicators adopted.
- Commissioning of Cross- border health service arrangements progressed.
- Activity Based Funding structure Money Follows the Patient (MFTP) established at Group level.

Responding to our Challenges

2014 was a year of significant challenges and change for the Saolta University Health Care Group. Demand for Acute Services in the West North West Region increases each year and this was no different in 2014.

The final expenditure figures for 2014 showed a Group expenditure of €657m. After receiving a once off supplementary budget contribution of €50.5m at the end of December, the Group had an over spend on budget of €5.3m. Our main cost pressures in 2014 were the increased cost of agency, due to difficulties recruiting Consultants and Non Consultant Hospital Doctor’s (NCHD’s). Patient related non pay pressures such as drugs / medicines / medical and surgical supplies also contributed to the Groups overspend.

While Saolta have gone a considerable way in terms of reducing our cost base, we still have a significant challenge ahead in 2015. A great deal of work was undertaken during the year to produce a Group Financial Report that incorporated all the Key Financial indicators. Maintaining tight financial controls during the year as far as possible was paramount.

Moreover, rebalancing budgets for 2014 across the hospitals in the Saolta Group was a key priority, enabling a fairer distribution of funds and seeking opportunities to achieve financial stability.

Understandably, providing high quality effective services, within these increasing demands and a reduced budgetary framework, was a significant challenge during the year. Despite these challenges there was a significant focus on promoting clinical governance and developing clinical leadership through a collaborative approach with the Quality Improvement Division and Acute Hospitals Division of the HSE. Throughout this report you will read examples of key achievements and specific areas where we will be focusing our attention in the future.

We do not always get everything right and when we do not we must learn from our mistakes. An independent evaluation of progress against the recommendations of the HIQA report into the 2012 maternal death was received at the December Public Board meeting.

This represents a significant advance in the change of culture towards ensuring openness and transparency with our patients and service users. Our continued focus on implementing best practice has helped us to review our commitment to the provision of the highest quality care for the people we serve.

Improving Access and supporting service delivery

Over 277,000 patients received either inpatient or day case treatments in 2014. We treated 111,254 inpatients at our hospitals 1.03 % more than last year. 165,892 patients were treated on a day case basis nearly 5 % more than last year.

The Group has seen an increase in attendances at some of our Emergency Departments during 2014. Critically though, we have also seen a marked increase in the number of patients admitted to our hospitals on an emergency basis.

While managing these increased workloads, we have improved access to services in many areas during the year and have made some improvements in reducing times that patients wait for services. While the hospitals in the Saolta Group have performed well with regard to waiting lists in 2014, some of our larger specialities did not reach the target. This is a very important issue for the Group and a significant focus for the Group in 2015. We will pursue a policy of decentralisation of services from GUH in order to deal with the issues of congestion on the GUH site.

Thank you

On behalf of the Senior Management Team, I would like to thank the Board of Saolta University Health Care Group and the Interim Chairman, Dr John Killeen who supported the Group during the year. I would also like to thank Mr Noel Daly for his contribution to Saolta as Chairman of the Board from 2012 to early 2014.

I would particularly like to thank my predecessor Mr Bill Maher for his commitment to the Group and acknowledge his contribution as CEO of the Saolta Group at a time of significant challenges for the Health Service.

I would also like to thank Professor Colette Cowan over the past three years for her dedication and commitment as Chief Director of Nursing and Midwifery.

Finally, I wish to take this opportunity to thank all our staff for their dedication throughout the year, for their efforts in improving our health services and for their commitment to the continued development and provision of a high quality safe service to the people in the West North West Region. Much work has been done, but we have more to do. Undoubtedly, 2015 will see new and familiar challenges but also new opportunities.

As CEO, I am privileged to head up such a fantastic Group and I am confident that we can address these challenges in 2015. I look forward to achieving the Groups objectives for 2015 to coordinate and strengthen our efforts to integrate the six acute hospitals in delivering a high quality safe service for the patients we serve.

Mr Maurice Power
CEO
Saolta University Health Care Group



Saolta Launch Pictured with An Taoiseach, Enda Kenny TD at the launch of the Group's new identity, Saolta University Health Care Group, were: Group CFO, Maurice Power; SEO Anne Conroy; Bill Maher, Former Group CEO, and Tony Canavan, Group COO.



1.0

1.0 Corporate and Clinical Governance



**John Killeen, Interim
Chair Saolta University
Health Care Group**

Overview of Corporate and Clinical Governance

The reorganisation of the acute hospital system remained a key, Government led, health reform.

In 2014 the Board continued to develop and progress the recommendations of the Higgins Report and in particular the associated governance and management arrangements contained therein. Our governance arrangements at Board level, including sub-committees dealing with patient safety, audit and strategic manpower planning and finance were defined during 2014. This was done in the context of national priorities such as the Programme for Government, the Haddington Road Agreement, Clinical Service Reconfiguration, the introduction of Money Follows the Patient & continuing budgetary pressures.

The reorganisation of the acute hospital system remained a key component of health reform in 2014.

There were 13 Board meetings held in 2014; two of which were held in public. As in 2013, all Board meetings were rotated across the Group hospitals and provided the Board members with an opportunity to meet staff.

At these meetings the Board of Directors focused on the provision of integrated services across Galway University Hospitals, Portiuncula Hospital Ballinasloe, Roscommon Hospital, Mayo General Hospital, Letterkenny General Hospital and Sligo Regional Hospital (Saolta University Health Care Group) by leading and directing the Group's activities and providing strategic guidance to the Group. The Board monitored the Executive Performance and considered at every meeting the Group CEO's and CFO's Report; reports from the Group Clinical Director and Chief Director of Nursing and Midwifery were considered two monthly and four performance management reports were considered to ensure the Saolta University health Care Group provided a safe, efficient, effective and high quality health care service to the public.

The Patient Safety Committee met three times in 2014. This committee has responsibility to oversee the safe delivery of care in all aspects to our patients .

The Audit Committee met seven times in 2014 and provided advice on how the group managed key financial and operational risks, evaluated the effectiveness of internal controls, reviewed the processes for monitoring compliance with legislation with support for the HSE internal Audit function.

The Strategic Manpower Planning Committee met once last year to plan and manage the development of the future Senior Executive Management for the Group.

In addition, the Board received at its second Public Board meeting in December, an update on progress against the recommendations from the three reviews into the maternal death at UHG in 2012 and an independent evaluation regarding progress against the local HIQA recommendations. In doing so, the Board fulfilled a commitment given at the Special Board Meeting held on 17 October 2013.

Board Events 2014

- Launch of West North West Hospitals Group Website
- Launch of HR Strategy Plan for Group
- Launch of Group Annual Report 2013
- Launch of Second Annual Conference “ From Groups to Trusts - Reforming the Health Service”
- Launch of new Branding for the Group “ Saolta University Health Care Group”
- Launch of Healthy Ireland Implementation Plan for Saolta University Health Care Group
- Launch of Patient Council for Saolta University Health Care Group
- Launch of Service Plan 2014
- Launch of Cancer Services Annual Report for the Group 2013
- Second Board Development Day

On behalf of the Board, I would like to thank all our staff for their professionalism and commitment during 2014, and look forward to working with you to reach and exceed our goals in the coming year.

Dr John Killeen
Interim Chair
Saolta University Health Care Group

Saolta Non Executive Directors of Board



Dr John Killeen
Chairperson



Ms. Phyllis McNamara
Non Executive Director



Dr Jim Browne
Non Executive Director



Dr Brendan Day
Non Executive Director



Mr Colam O Neill
Non Executive Director



Mr Zubair Javeed
Non Executive Director



Ms. Sharon Moohan
Non Executive Director



Mr. Gerry Mc Manus
Non Executive Director



2.0 The People We Serve

2.1 Demographics

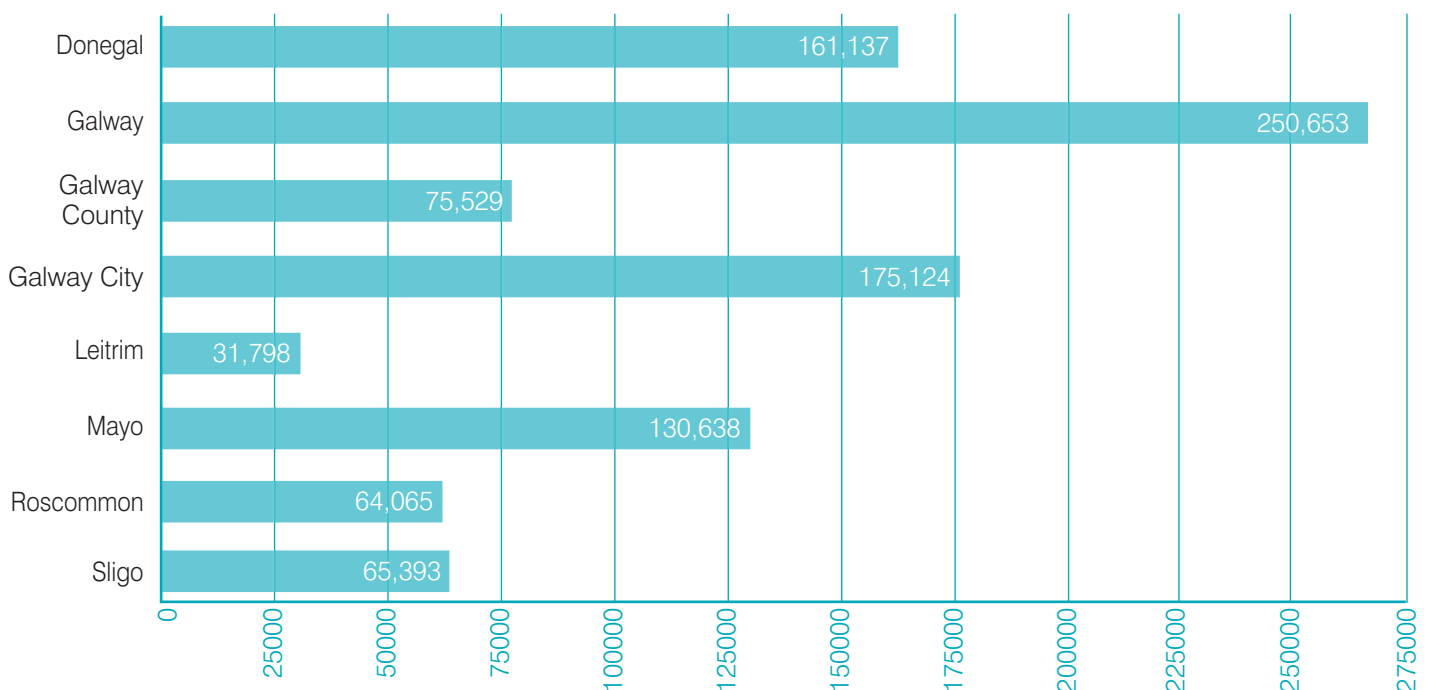
The Saolta Group comprises 6 counties (Galway, Mayo, Sligo, Leitrim, Donegal & Roscommon).

The population of the Saolta region (based on the 2011 census) stands at 703,684 people.

The Saolta Group comprises 6 counties Galway, Mayo, Sligo, Leitrim, Donegal & Roscommon.

The population of the Saolta region (based on the 2011 census) stands at 703,684 people.

2.1.1 Saolta Region Population Table



Population - data is taken from the Census of Ireland 2011.

Percentage Census Increase 2006-2011

- Galway County ▲ 4.3%
- Galway City ▲ 10.0%
- Donegal ▲ 9.4%
- Sligo ▲ 7.4%
- Leitrim ▲ 9.8%
- Mayo ▲ 5.5%
- Roscommon ▲ 9%

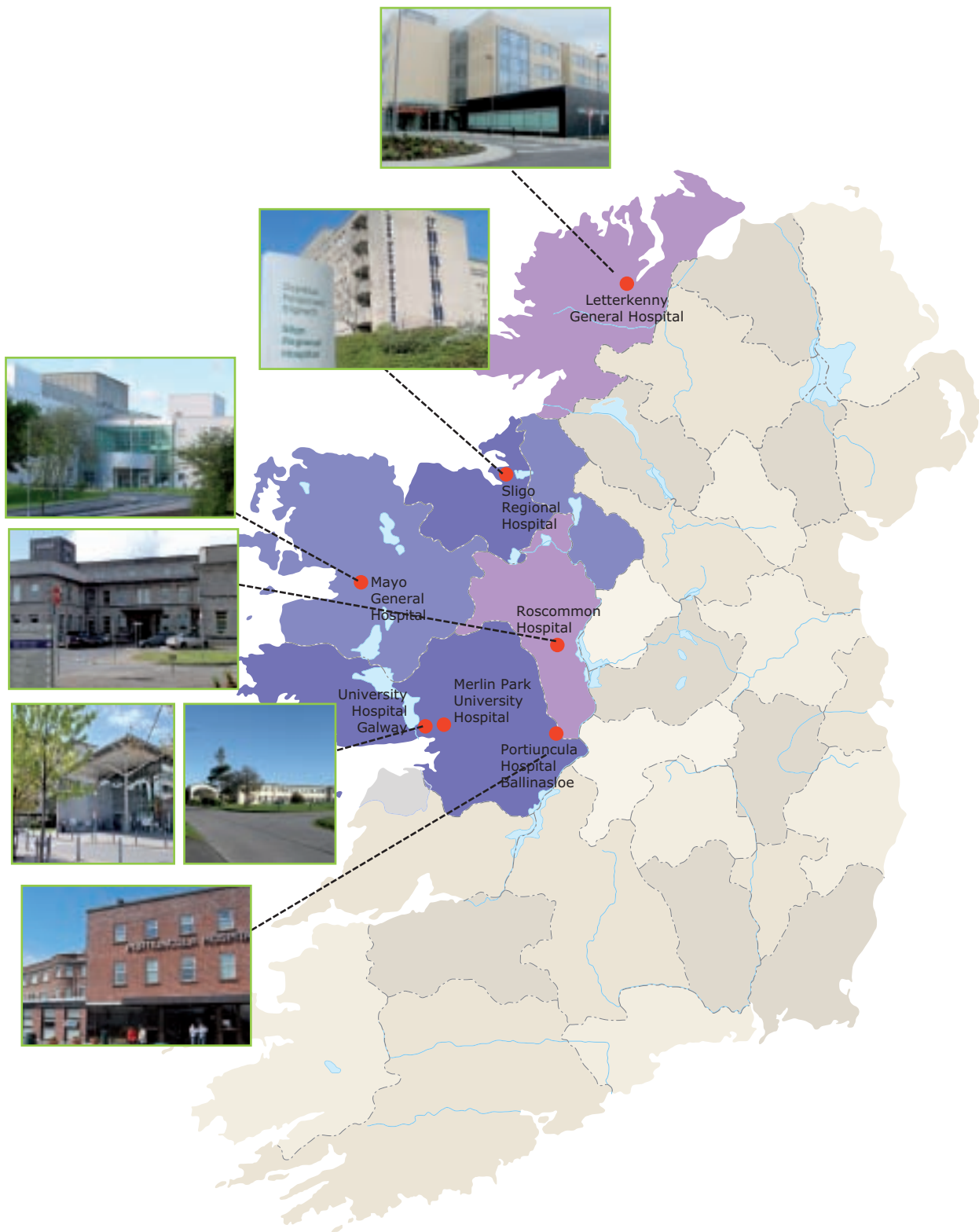
2.2 Overview of Saolta Group Hospitals

Saolta University Health Care Group Overview					
Hospital	Site	Model	Inpatient Beds	Day Beds	Total
Galway University Hospitals	University Hospital Galway	*4	620	97	717
	Merlin Park University Hospital	*2			
Roscommon Hospital	Roscommon Town	*2	63	24	87
Portiuncula Hospital Ballinasloe	Ballinasloe, Co Galway	*2	174	24	198
Letterkenny General Hospital	Letterkenny, Co Donegal	*3	288	26	314
Sligo Regional Hospital	Sligo Town	*3	258	38	296
Mayo General Hospital	Castlebar, Co Mayo	*3	270	47	317

Inpatient beds correct as of 31 December 2014.

- 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.

Map of Hospital Sites





3.0 Patient Activity

3.1 Summary of Service Delivery

- There are six hospitals in Saolta University Health Care Group
 - Letterkenny General Hospital (LGH)
 - Sligo Regional Hospital (SRH)
 - Mayo General Hospital (MGH)
 - Galway University Hospitals (University Hospital Galway (UHG) and Merlin Park University Hospital (MPUH))
 - Roscommon Hospital (RH)
 - Portlincula Hospital, Ballinasloe (PHB)
- Total Inpatient & day case bed accommodation of 1,929. A wide range of emergency, diagnostic, treatment and rehabilitation services are provided on these sites.
- There were over 195,000 thousand attendances at the five Emergency Departments this year and 4,650 patients were seen in the Urgent Care Centre Roscommon. Over 111,254 inpatient admissions and 165,892 Day cases were treated across the Group with the Outpatient Departments seeing over 540,000 patients in 2014.
- Across the five maternity units, there were 9553 births this year.

There were over 195,000 attendances at the five Emergency Departments this year and 4,650 patients were seen in the Urgent Care Centre Roscommon. Over 111,254 inpatient admissions and 165,892 Day cases were treated across Saolta University Health Care Group with the Outpatient Departments seeing over 540,000 patients in 2014.



Oesophageal Cancer Awareness Day at UHG, from left: Olivia Dunleavy, Colorectal Clinical Nurse Specialist; Mr Chris Collins, Consultant Surgeon, Upper GI; Anna O Mara, Upper GI Clinical Nurse Specialist; Brid Ni Fhionnagain, Bowel Screening Clinical Nurse Specialist; and Prof McAnena, Consultant Surgeon, Upper GI.

3.2 Saolta University Healthcare Group Activity

<i>Activity Table for the Saolta University Health Care Group 2014</i>			
<i>Category</i>	<i>2013 Activity</i>	<i>2014 Activity</i>	<i>Variance Year on Year</i>
Births	10253	9553	-6.83%
Day cases	158046	165892	4.96%
ED attendances	195838	195080	-0.39%
ED admissions	55639	57214	2.83%
Inpatients	110116	111254	1.03%
Outpatients	513574	540024	5.15%
Urgent Care Centre	4261	4650	9.13%

<i>Activity Table for GUH 2014</i>			
<i>Category</i>	<i>2013 Activity</i>	<i>2014 Activity</i>	<i>Variance Year on Year</i>
Births	3144	2754	-12.40%
Day cases	81580	86285	5.77%
Attendances	63827	62100	-2.71%
Admissions	15121	15653	3.52%
Inpatients	38482	38336	-0.38%
Outpatients	232489	245134	5.44%

<i>Activity Table for Sligo 2014</i>			
<i>Category</i>	<i>2013 Activity</i>	<i>2014 Activity</i>	<i>Variance Year on Year</i>
Births	1543	1401	-9.20%
Day cases	25358	25015	-1.35%
ED attendances	42096	41348	-1.78%
ED admissions	13553	13783	1.70%
Inpatients	17483	17661	1.02%
Outpatients	102039	107116	4.98%

<i>Activity Table for Roscommon 2014</i>			
<i>Category</i>	<i>2013 Activity</i>	<i>2014 Activity</i>	<i>Variance Year on Year</i>
Day cases	5337	6129	14.84%
Inpatients	2011	1979	-1.59%
Outpatients	15455	15437	-0.12%
Urgent Care Centre	4261	4650	9.13%

Activity Table for Letterkenny 2014

Category	2013 Activity	2014 Activity	Variance Year on Year
Births	1790	1677	-6.31%
Day cases	17709	17679	-0.17%
ED attendances	31865	34093	6.99%
ED admissions	9744	10631	9.10%
Inpatients	19885	21161	6.42%
Outpatients	60233	57815	-4.01%

Activity Table for Portlinculla 2014

Category	2013 Activity	2014 Activity	Variance Year on Year
Births	2052	1983	-3.36%
Day cases	8299	8425	1.52%
ED attendances	23858	23835	0.10%
ED admissions	8020	8437	5.20%
Inpatients	12541	13066	4.19%
Outpatients	42204	49590	17.50%

Activity Table for Mayo 2014

Category	2013 Activity	2014 Activity	Variance Year on Year
Births	1724	1738	0.81%
Day cases	19763	22359	13.14%
ED attendances	34192	33704	-1.43%
ED admissions	9201	8710	-5.34%
Inpatients	19714	19051	-3.36%
Outpatients	61154	64932	6.18%



4.0

4.0 Access

4.1 Scheduled Care Inpatient Activity

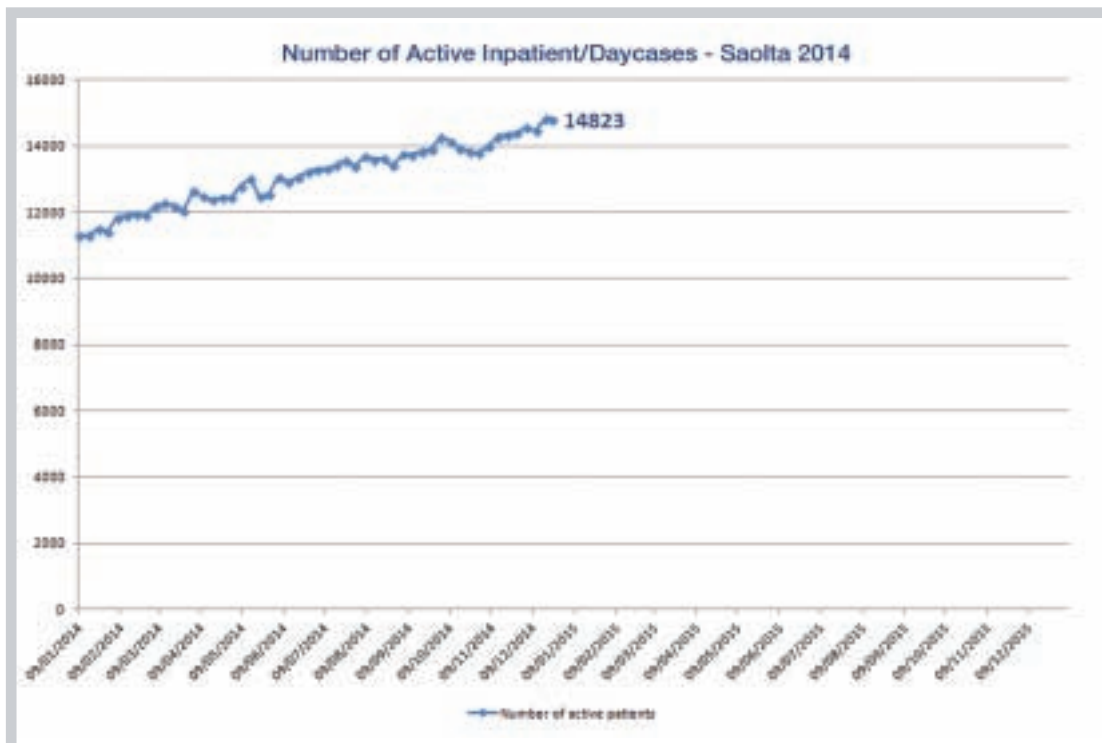
The Inpatient targets set by the Special Delivery Unit (SDU) for 2013 remained as such for 2014:

- 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)

At the end of December 2014 there were 14,823 patients on the inpatient/day case waiting list.

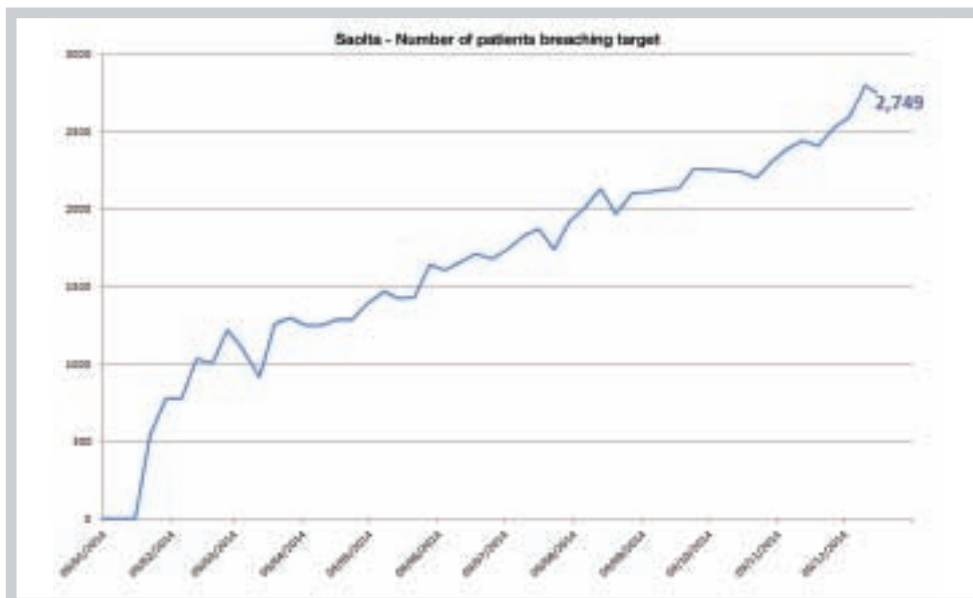
At the end of December 2014 there were 14,823 patients on the inpatient/day case waiting list across Saolta University Health Care Group.

4.1.1 Inpatient /Daycases across Saolta University Health Care Group December 2014



12% (2749) of patients on the waiting list breached the 8 month target at year end. Most of these patients were waiting for procedures in GUH.

4.1.2 Inpatient/Daycases Breaching Target Saolta University Health Care Group December 2014



Corrective measures were put in place to reduce the numbers of patients breaching the target. These included:

- Transfer of patient care to hospitals within Saolta
- Transfer of care to the private sector
- Validation of the waiting lists at intervals throughout the year
- Implementation of nurse led Pre-assessment clinics

There were significant issues with capacity for GI scopes. There were four categories of GI scope patients, in addition to patients requiring scopes on an inpatient basis all of whom were 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

The 4 week target for urgent scopes was maintained by Saolta throughout 2014.

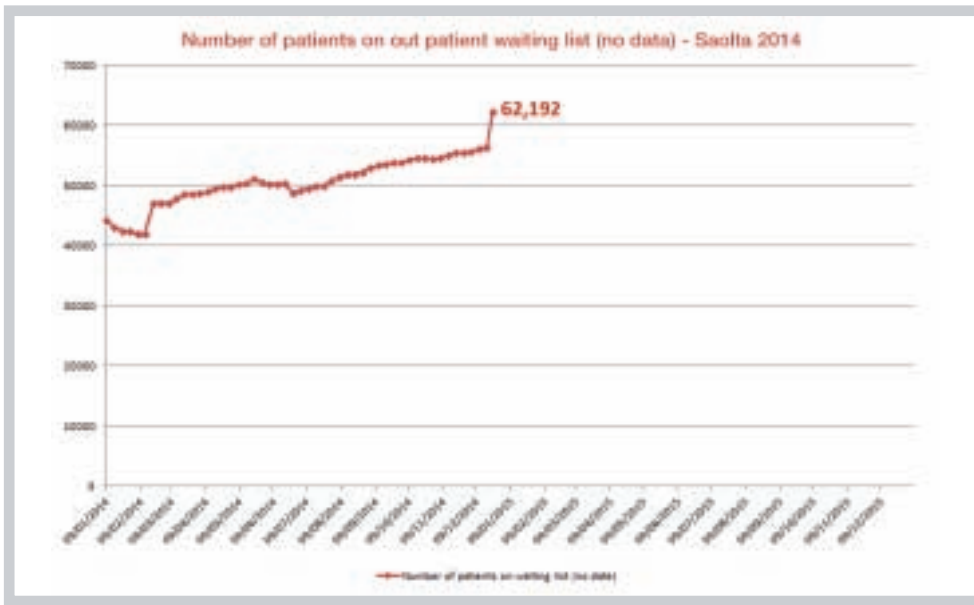
4.2 Scheduled Care Outpatient Activity

The Outpatient targets set by the SDU indicated that 'no patient should wait longer than 12 months for an Outpatient appointment in 2014'. The exception to this was orthopaedics which had a two year wait time target.

At the end of December 2014 there were 62,192 patients waiting for an outpatient appointment across the Group.

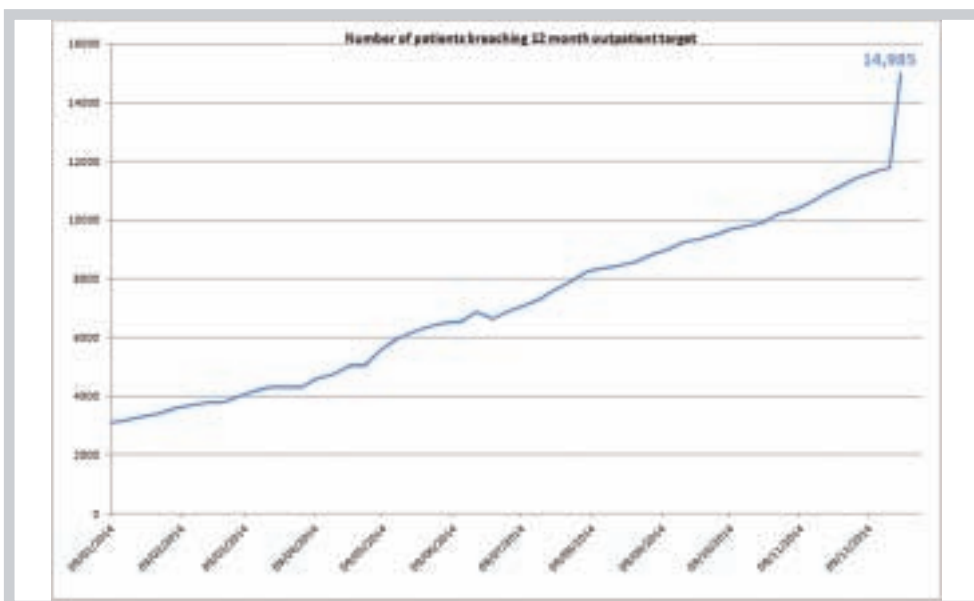
4.2.1 Out Patients waiting list across Saolta University Health Care Group December 2014

At the end of December 2014 there were 62,192 patients waiting for an outpatient appointment across the Saolta University Health Care Group.



4.2.2 Out Patients breaching target across Saolta University Health Care Group December 2014

A large increase was noted in December as patients who had previously been referred to the private sector and required an investigation or procedure, were added back on to the GUH waiting list. There were 1,700 patients in this category.



4.3 Unscheduled Care / Emergency Department

Managing the demand for unscheduled care and patient flow through our Emergency Department (ED) remained a challenge in 2014, particularly in GUH, MGH and LGH. Patient Experience Time in ED was a serious concern, particularly for the frail elderly patients.

Several initiatives were implemented in 2014 across the sites to deal with these problems. These included the creation of a Navigational Hub to give whole site visibility of patients and their discharge status, educational programmes for staff and public, and a particular focus on High Impact Changes such as predicted date of discharge, home by 11am and weekend discharges.

Joint working with Primary Care Services continued to ensure smooth and timely egress for patients. In particular in Galway, a Community Intervention Team to facilitate earlier discharge, additional short stay community beds, intensive home care packages and transitional nursing home beds was established in 2014.

All hospitals in the Saolta University Health Care Group recorded the Patient Experience Time (PET) as a 9hr and 6hr target throughout 2014.

6 Hour PET 2014

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
GUH	51.3	52.3	56.9	61.8	60.8	59.4	60.9	57.6	59.3	59.0	55.0	55.8
PHB	85.6	86.5	86.9	88.1	75.9	75.48	86.7	86.5	84.07	82.6	81.1	79.9
MGH	84.1	81.1	81.1	80.9	81.4	84	88.8	90.7	90.7	92.0	91.0	85.7
SRH	72.3	58.5	67.7	69.6	76.0	89.7	78.7	81.6	77.3	78.0	78.0	76.0
LGH	70.7	69.9	73.9	71.4	73.8	73.8	73.7	79.5	81.4	80.9	82.0	79.4

4.3.2 2014 '9 hour' Patient Experience Time (PET) across Saolta University Health Care Group

9 Hour PET 2014

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
GUH	67.8	68.5	74.3	78.5	75.7	74.5	75.9	72.8	75.6	74.2	72.3	68
PHB	97.4	97.3	7.7	98.0	98.0	97.0	97.0	97.0	95.0	95.0	95.0	95.0
MGH	94.8	92.1	93.9	94.4	94.5	96	97.5	98.3	98.2	98.3	98.0	95.6
SRH	86.6	77.3	83.5	86.1	89.7	91.3	92.4	92.6	89.5	90.0	90.0	89.0
LGH	87.1	86.1	88.1	88.3	88.0	87.8	88.9	92.2	93.9	93.3	94.5	92.9

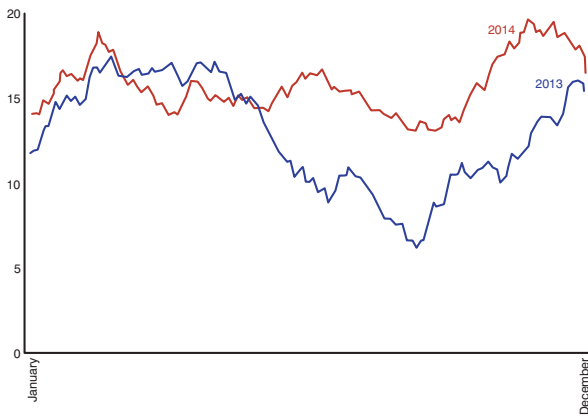
Emergency Department (ED) activity varied across the Group in 2014. There was an increase in attendances at some of the ED's during the year. An increase in the numbers of patients admitted on an emergency basis was also noted in 2014. That growth was reflected in the numbers of patients awaiting admission on trolleys in the Emergency Departments.

All hospitals in the Saolta University Health Care Group recorded the Patient Experience Time (PET) as a 9hr and 6hr target throughout 2014.

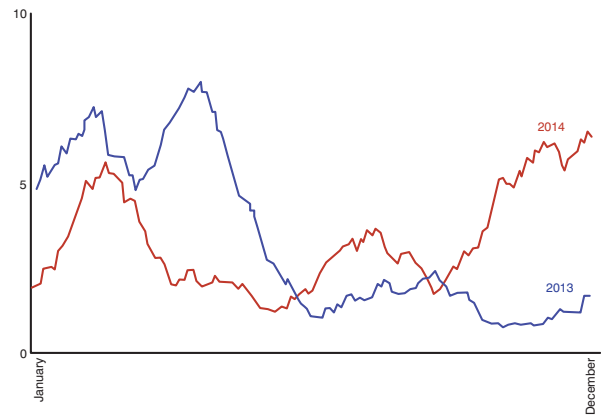
Emergency Department INMO Trolley Count

The following graphs show the 30 day moving average trolley count recorded by the INMO. The graphs compare the average number of patients waiting on trolleys at each hospital in 2013 (blue line) and 2014 (red line).

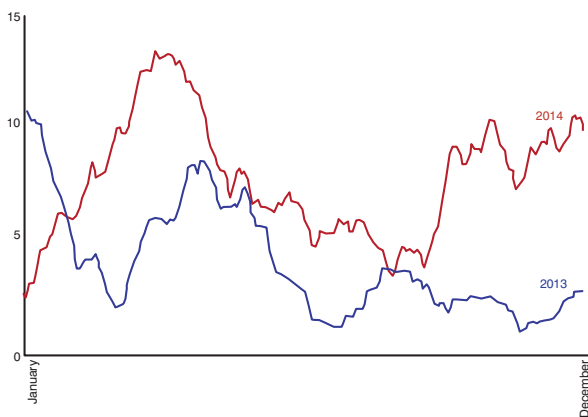
Galway University Hospital



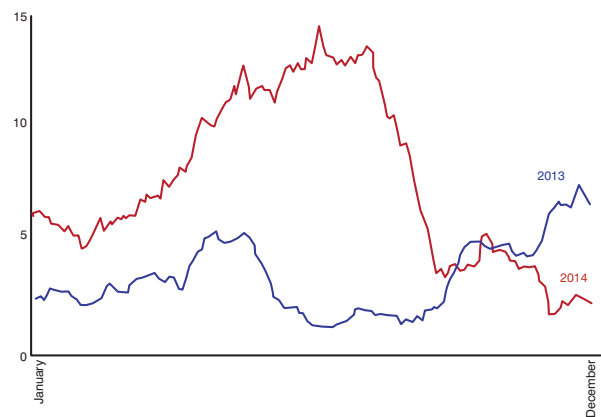
Portiuncula Hospital Ballinasloe



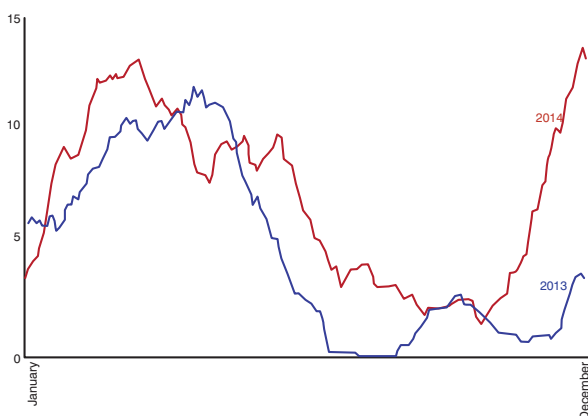
Sligo Regional Hospital



Letterkenny General Hospital



Mayo General Hospital





5.0 Key Service Developments

5.1 Roscommon Hospital (RH) Achievements

- Construction of Endoscopy Suite, building works commenced followed by a visit from the then Minister for Health Dr. James Reilly who announced the commencement of the €5.5m capital project.
- Blood Transfusion Service re accredited.
- Endoscopy achieved Level 2 JAG Accreditation (Year 2).
- Plastic Surgery Services, led by Ms. Deirdre Jones, and her team implemented a number of initiatives which included the Safety Huddles, – where the core team meet to plan the coming weeks activity. A surveillance clinic commenced in line with Cancer Care Programmes.
- Wound Suturing Course developed and facilitated by Ms. Deirdre Jones, Maura Loftus Director of Nursing and the Centre for Nurse Education in Castlebar.
- Vascular Service was developed at the hospital with the appointment of Professor Stewart Walsh, Consultant Vascular Surgeon.
- Foam Sclerotherapy introduced to treat Varicose Veins.
- HIQA Hygiene Report published mid-year acknowledged Roscommon Hospital's steady progress in improving Hygiene and Hand washing standards.
- Employee Engagement Survey took place in early 2014 followed by a Hospital Group "Road show".



Minister Leo Varadkar on a visit to Roscommon Hospital which coincided with the first day of the Wound Closure & Suturing Course.



Minister Reilly at Roscommon Hospital 3 May 2014



Roscommon Hospital introduced a Smoke free campus January 2014. Photographed from left: Dr I. Saleem, Consultant Physician; Aideen Banet, A/Clinical Nurse Manager 2, St Bridget's Ward; Elaine Prendergast, General Manager; and Maura Loftus, Director of Nursing.

5.2 Portiuncula Hospital Ballinasloe (PHB) Achievements

- Endoscopy Reprocessing Unit works completed and commissioned in preparation for JAG compliance.
- Tendered for design stage for a new 50 bedded Replacement Ward Block.
- Old Doctors Residence refurbished to facilitate a Joint Medical Academy - Portiuncula/UL.
- Dignity Grant awarded to refurbish Pastoral Care room.
- Associate Clinical Directors for Peri-operative, Diagnostics and Women's and Children directorates appointed in Portiuncula Hospital.
- HIQA Safer Better Healthcare Standards – Self Assessment Teams established – Workshop held for Staff and the Teams leading out on each Theme.
- Hygiene Quality Improvement Plan/Action Plan developed and Departmental Hygiene Audits commenced.
- Senior Managers completed the Quality Improvement Initiative as part of the RCPI Quality and Leadership Programme.
- Briefing Sessions held on Open Disclosure, Data Protection, Consent and the National Healthcare Charter.
- Executive and Local Walkabouts undertaken.
- Site Visit for Pre-JAG Accreditation.
- Blood Transfusion Department re-accredited.
- Pilot site for the Paediatric Early Warning Score.
- Safety huddles developed in Pharmacy and St. Clares Ward.
- Ebola Information Sessions held for Staff.
- Hand Hygiene Awareness Campaign.
- First Irish Public Hospital to go live for SEPA payments.
- Re-accredited Happy Heart status.



COPD Information Awareness Day Ms. Eimear Griffin, Physiotherapist,
Ms. Aoife Folliard, Clinical Nurse Specialist in Respiratory



PHB Midwifery Staff and mothers celebrating Breastfeeding Awareness Week

5.3 Galway University Hospital (GUH) Achievements

- Paediatric Cystic Fibrosis Outpatient Facility opened.
- Design and Dignity Grant awarded to St Monica's Ward.
- Antimicrobial Pharmacy Team won Pharmacy News Award for development of mobile Antibiotic App.
- Patient Experience surveys carried out on three wards.
- New family rooms in the Intensive Care Unit opened.
- National Consent Policy Implemented.
- HIQA Standards – continuation of self-assessment.
- Hand Hygiene Awareness Campaign completed.
- Service Plan – staff briefing sessions held in May 2014.
- Employee Engagement Survey – Local Implementation Group established.
- Ebola Information Sessions held for Staff.
- Patient Advice and Liaison Service (PALS) Coordinators appointed.
- Associate Clinical Directors appointed.
- Wi-Fi infrastructure completed across both sites.
- Electronic Medical Records – vendor short-listing process commenced.
- Radiotherapy /Oncology Information System – preferred supplier identified.
- Laboratory Information System – approval for hardware upgrade received.
- Critical Care Analysers – installed and validated with connectivity to LIS and PAS.
- New specimen transport logistics provider commenced.
- New Ortho Vision Blood Grouping and Antibody Detection in Blood and Tissue Establishment installed.
- Blood Track phase 1 and 2 implemented.
- Clinical Research Facility/Translational Research Facility building progressed.
- Ventilation Project Orthopaedic Theatres MPUH completed.
- Tendered for Shop Refit/Front Foyer Reconfiguration.
- Approval received for replacement Blood and Tissues Establishment.
- Cost Benefit Analysis completed in respect of replacement ED.
- Enabling works for Radiation Oncology Project commenced.
- Location of elective endoscopy in MPUH feasibility study completed.



At the official opening of the new Paediatric Cystic Fibrosis Unit at University Hospital Galway in July, from left: Ann Cosgrove, General Manager, GUH; Bill Maher, Former CEO, WNWHG; An Taoiseach Enda Kenny TD; Mary Lane Heneghan, Chair of Cystic Fibrosis Galway; Prof. Colette Cowan, Former Chief Director of Nursing and Midwifery, WNWHG; John Killeen, Interim Chair, WNWHG; Fiona Curley, Dietitian, GUH; and Dr Mary Herzig, General and Respiratory Consultant Paediatrician, GUH.



The End of Life Committee at Galway University Hospitals (GUH) Ann Cosgrove, General Manager, GUH; Fr Peter Joyce, Hospital Chaplain; Imam Khalid Sallabi, Galway Islamic Cultural Centre; Rev John Godfrey, Church of Ireland; Ann Sheehan, Chairperson, End of Life Care Steering Committee; Ray Gately, Chaplain, Merlin Park University Hospital; Adrienne Newell, Social Work; and Heather Helen, Clinical Placement Coordinator, Midwifery Practice Development. Front row, from left: Anne McKeown, Bereavement Liaison Officer, GUH; Cathriona Greally, Clinical Nurse Manager, High Dependency Unit; Rev Helen Freeburn, United Methodist Presbyterian Church; Mary Mc Cormack, Staff Nurse, Unit 5, Merlin Park University Hospital; and Fr Robert McNamara, Hospital Chaplain.

5.4 Mayo General Hospital (MGH) Achievements

- Pathology Laboratory accredited.
- Quality and Patient Safety Symposium held July 2014.
- Patient experience surveys completed.
- New Day Care and Out Patient facility for people with Cystic Fibrosis progressed .
- Mayo Medical Academy is in its 4th year of development. The Academy commenced in January of 2012 and the first intake of students graduated in June of 2014.
- New family room at Mayo General Hospital officially opened by An Taoiseach on Monday 20th October 2014. The family room was funded under the Design & Dignity Grants scheme which is operated and co-funded by the Irish Hospice Foundation, (IHF), and the Health Service Executive, (HSE).



Opening of Family Room MGH



Mayo General Hospital staff who are involved in organising the symposium on Patient Safety and Quality Symposium, from left: Caroline Conway, Clinical Placement Co-ordinator; Anne Lavelle, Allocations Liaison Officer; Mona Curry, Clinical Nurse Manager; and Catherine Donohoe, Director of Nursing and Midwifery.



European Antibiotic awareness day MGH

5.5 Sligo Regional Hospital (SRH) Achievements

- Patient Flow Initiatives implemented including: Demand/Capacity Project; Patient Flow Navigational Hub established.
- Patient Discharge Leaflet launched.
- NMBI accredited Our Lady's Hospital, Manorhamilton as a site for Advanced Nurse Practitioner in Rheumatology.
- Theatre Admission Area established for direct admission to theatre.
- Energy Awareness Group established.
- Nursing Standards of Care Project commenced.
- Clinical Handover project commenced on Medical Ward.
- New Patient Discharge Leaflet produced.
- Blood Tracking system introduced.
- Volunteer Role extended to specific wards across the Hospital.
- Design Team appointed to commence Stage 1 to scope the design of the New Surgical ED Block.
- Building works for Mortuary upgrade nearing completion.
- New Fire Alarm Policy developed and implemented.
- 9th Annual Acute Primary Workshop with topics including Surgery- key vs open procedures for hernias.
- 15th Annual Research Conference held with keynote addresses from Prof Gerry Wilson, Arthritis Ireland/UCD Chair of Rheumatology and Prof David Meagher, Graduate Entry Medical School, University of Limerick.
- Commenced National Diabetic Retinopathy Screening Patients in North West.
- New Waiting area and Treatment space for Paediatrics in Emergency Department and improved Minor Injuries Unit completed.
- Emergency Lighting/Fire Alarm upgrade completed.
- End of life equipment replacement.
- Approval received for 25 bed Acute Mental Health Unit.
- Provision of 220 additional car parking spaces off Ash Lane completed.
- Renewed JAG Level 1 Accreditation Endoscopy Unit.
- Pathology Department Accreditation achieved.
- Re-Accreditation of MRI Unit.
- Sligo Medical Academy developed in partnership with NUIG to accommodate medical students commenced in 2014.



Opening of SRH Oncology/Haematology Ward: L/R: Dr. Andy Hodgson, Consultant Haematologist, Ms. Nuala Ginnelly, UNO/SM Oncology/Haematology, and Ms. Nora Casey



Pictured with CHKS Accreditation Award: L/R: Domhnall McLoughlin, Assistant General Manager, Kathryn Keyes, Clinical Radiographer Specialist, Mark Gilmurray, Clinical Manager MRI Unit, Karen Reynolds, Quality and Safety Manager, Dr. Brendan Morrissey, Consultant Radiologist.

5.6 Letterkenny General Hospital (LGH) Achievements

- The former Minister for Health, Dr James Reilly TD, visited Letterkenny General Hospital in March to mark the re - opening of the Emergency Department/ Acute Medical Assessment Unit.
- Flood Management Strategy was officially launched on 03 June 2014.
- Construction works on Culvert commenced in July.
- August - Letterkenny General Hospital was affected by flooding for the second time in a year.
- CT services recommissioned.
- Restoration of Interventional Radiology Proposals approved by the Major Rebuild Steering Group.
- Interim Outpatient Department located in town centre remains in place.
- Final Kitchen layout agreed & project retendered. Work commenced in September.
- Hospital Chapel – Design signed off.
- Breast Cancer Multidisciplinary Course convened in August 2014 at RCSI Dublin. Designed by Donegal Clinical Research Academy.
- Navigational Hub commenced.
- New Pharmacy Department opened in LGH 2014



At the official opening of the new Pharmacy Department at Letterkenny General Hospital by Minister of State for Primary Care, Mr Alex White TD, from left: John Shaughnessy, Group Director of Human Resources, West / North West Hospitals Group; Dr Colm O'Donnell, Group Clinical Director for Diagnostics, West / North West Hospitals Group; Tom Ferrie Chief Pharmacist, Letterkenny General Hospital; Minister White; Sean Murphy, General Manager, Letterkenny General Hospital; Sharon Moohan, non-Executive Director, West / North West Hospitals Group; and Tony Canavan; Chief Operating Officer, West / North West Hospitals Group.



Following the flood of 26 July 2013, the Emergency Department at Letterkenny Hospital re-opened on Wednesday 12 March 2014. The then Minister for Health, Dr James Reilly TD formally re-opened the Emergency Department and the Acute Medical Assessment Unit.



Some of the national and international faculty who attended the Multidisciplinary Breast Cancer Course: Michael Sugrue, Aoife Lowery, Deirdre Jones, Koji Yamashita, Sybren Meijer, Sandra Brennan, Karen Duffy, Katherine McGowan, Gerry O'Dowd, Arnie Hill and Kevin Barry.



6.0 Cancer Services

6.1 Achievements 2014

2014 has been a busy year for cancer services across the group. Among our major achievements were the launch of the second Cancer Services Annual Report (2013) and the 2nd Western Cancer Centre Conference, held in collaboration with our academic partner NUIG on Dec 5th 2014.

The NCCP National KPIs for cancer sites continued to drive service improvement in the Saolta Group. The KPIs focused on resources on areas of highest priority. The KPI's were regularly presented and monitored at a number of senior management meetings across the group. This process of review has helped to make the connection between data collection, reporting and service improvement.

Work continued throughout 2014 to improve the integration of cancer services across the group.

Symptomatic Breast: The KPI's for this service are reported jointly across both GUH and its satellite at LGH. In line with 2013 GUH saw patients triaged as urgent within 10 working days (KPI 1). However, LGH experienced considerable difficulty in achieving this in the second half of 2014. The December figure for urgent referrals in 2013 was 97.16%, in comparison to 89.23% in 2014. The teams in both GUH & Letterkenny continue to proactively deal with the challenge posed by the level of routine referrals (KPI 2). The December figure for 2013 was 87.73% in comparison to 76.51% in 2014. The percentage of patients with a primary breast cancer diagnosis discussed at MDM (KPI 3) was 100% across both sites.

Rapid Access Prostate Service: Performance in meeting the NCCP rapid access prostate KPIs improved from 28.3% in December 2013 to 44.0% in December 2014. In 2014, all urology outpatient activity in GUH moved to the T7 area. The service is awaiting the appointment of two new surgeons in 2015 which will enhance performance in the rapid access service.

Rapid Access Lung Service: The performance in meeting the NCCP rapid access lung KPIs was maintained in the 70th/80th percentile for Urgent referrals until April 2014 when the service performance was negatively impacted due to staffing challenges. The December figures for urgent referrals in 2013 were 95.0%, that fell to a low point of 76.5% in 2014. An action plan was put in place to address the staffing challenges and the performance improved to within the 80th percentile over the latter months of 2014.

Radiotherapy Service: The December figures for radiotherapy in 2013 were 80.3%, this increased to 87.1% in 2014. The clinical team in radiotherapy reviewed their KPI activity at their management meetings monthly. The team identified that the non hormone prostate patients (a low risk group) continued to be outside KPI which affected the overall KPI performance. Patient choice and the availability of inpatient/lodge accommodation also influenced the time to commencing treatment for radiotherapy patients. Another consideration for the radiotherapy service was the need to prioritise high risk patients and inpatient palliative care referrals who occupied an acute bed.

Construction of the HRB/Clinical Research Facility progressed during 2014 and is due for completion in 2015.

Medical Oncology/Haematology Service: The Group performance overall was 87.4% for 2014 compared to 91.6% in 2013 (it must be noted that LGH did not make returns in 2013). A consistent challenge for this cohort of patients is the planning and timing of concomitant chemo/radiation modalities of treatment.

The National Bowel Cancer Screening Service already in place in GUH and SRH was enhanced with the addition of RH and LGH. PHB is working towards JAG accreditation.

Construction on the Health Research Board / (HRB) Clinical Research Facility progressed during 2014 and is due for completion in 2015.



Saolta University Health Care Group launched its annual Cancer Centre Annual Report on 19th December 2014 in GUH. Tony Canavan, Emer Hennessy, Michael Kerin, Tom Kenny, Marie Cox, John Killeen.



HRB CRFG staff from L to R, Dr. John Newell, Senior Lecturer in Biostatistics, Prof. Martin O'Donnell, Acting Director, Caroline Kelly, Senior Clinical Research Coordinator, Prof. Frank Sullivan, Acting Associate Director.

CEO Awards





7.0 Nursing and Midwifery

Every patient that came through the Saolta hospitals in 2014 were cared for in one way or another by a member of our Nursing and Midwifery staff. These included all attendances at ED / Urgent Care Centre / inpatients / day cases / outpatients and Maternity Units. It was a busy year with challenges and opportunities for all nursing and support staff. Nurses and Midwives continued to lead out on quality initiatives that had a direct impact on patient experience.

7.1 Public Patient Involvement Strategy

2014 saw the establishment of the Patient Advice and Liaison Service (PALS) and the Implementation of the Public Patient Involvement Strategy in GUH. PALS officers were appointed in June and October in GUH. There are plans to replicate the PALS role in all hospitals in the Saolta group. The PALS service has now been in existence in GUH for 5 months, their work is both reactive and proactive in improving the Patient Experience. To date the PALS team have engaged with over 130 service user enquiries.



PALS Co-Ordinators, Ms. Olive Gallagher & Ms. Ellen Wiseman

6.1.1 Table showing the number of issues dealt with by PALS from July-Dec 2014.

MONTH	NUMBER OF ISSUES DEALT WITH
July	10
August	22
September	20
October	25
November	32
December	24
TOTAL	133

Issues and concerns raised were categorised by the National Healthcare Charter under the following categories:

- Access,
- Dignity & respect,
- Communication & Information,
- Safe & effective care
- Participation,
- Privacy
- Improving health,
- Accountability.

7.2 Patient Council

The Patient Council was established in 2014 and held their first meeting in March . There are 17 Council members representing all Hospitals within Saolta University Healthcare Group. Mr. Neil Johnston was elected as Chairman by the Council Members. Ms. Jean Kelly Chief DONM is Vice Chair and Ms. Fiona McHugh, Head of Corporate Development is Executive Lead. One of the aims identified by the Council is improved Patient Experience.

7.3 Healthy Ireland

The Framework for Healthy Living as part of Healthy Ireland Strategy was launched by Prof. Colette Cowan in October 2014. An Implementation Committee has been established with membership from all Saolta University Health Care Group hospitals.



Saolta University Health Care Group is the first regional healthcare organisation to publish a Healthy Ireland Implementation Plan for its patients, staff and visitors. Pictured with the Taoiseach, Enda Kenny TD at the launch of the plan at the Group's second annual conference in Westport Co Mayo were: Maurice Power, Acting Chief Executive; Colette Cowan, Former Director of Nursing & Midwifery; Dr Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive; Dr Patrick Nash, Chief Clinical Director and John Shaughnessy, Group Director of Human Resources.

7.4 Nursing and Midwives Networks

The establishment of Nursing & Midwifery Committees across the group assisted Nursing in aligning policies and procedures with Nursing developments across Saolta.

Forums developed were:

- Critical Care Network for Nursing & Midwifery across Saolta Group.
- Specialist Nurse Forum
- The Assistant Directors of Nursing Strategy Forum.
- HSE West ANP/AMP Forum.



Launch of ANP Booklet

7.5 Other Nursing /Midwifery developments

- Framework and Policy for the National Early Warning Score System to recognise and respond to Clinical Deterioration was implemented in all hospitals in Saolta.
- There are now 35 ANP/AMP's across the group. Emergency Department, Vascular, Neurology and Neonatal were among the ANPs that were approved and commenced work in 2014.
- Nursing Quality Metric systems were developed and rolled out in all sites across Saolta.
- Nurse Clinical handover pilot introduced in SRH and GUH.

The on-going prioritization of recruitment and retention of Nurses/Midwives in order to deliver a safe level of service to our patients will continue in 2015.



8.0

8.0 Quality and Patient Safety

8.1 Clinical Governance

Clinical Directorates

During 2014, Clinical Directors, Associate Clinical Directors and support Directorate staff were appointed to all but a few positions. A Clinical Directors leadership programme was commenced and Directorate specific training was delivered.

Specialty Leads were appointed in 2014 across the Saolta University Health Care Group. During 2015 these Specialty Leads will review Group wide services and recommend improved models of delivery.

The CAO role was filled in 2014.

8.2 Organisational Reconfiguration

Significant work took place on transitioning our governance model from a hospital site based governance structure to a fully integrated clinical directorate governance structure with clarification of responsibilities, authority and accountability.

Further work will be needed in 2015 to embed the structure, allocate staffing and agree processes.

8.3 Medical Manpower

Filling vacancies at NCHD and consultant levels remained very challenging across the Saolta University Health Care Group in 2014. A number of clinical services remain dependent on locums. National discussions are ongoing to review the contracts which will improve recruitment.

8.4 GP Liaison

The GUH GP Liaison group was re-launched and the first GUH GP newsletter was issued. On other sites, engagement with GPs continues to ensure joined up pathways and communication.

8.5 Serious Incident Management

The Serious Incident Management Team (SIMT) provided oversight and support to ensure that serious adverse incidents were managed consistently and effectively across the Group.

The SIMT reviewed all new significant incidents (including Serious Reportable Events (SRE's) and Near Misses) to decide whether a full systems analysis should be commissioned. If commissioned, a member of the SIMT was assigned to appoint the Review Team and draft the Terms of Reference. Also, the SIMT monitored ongoing reviews to ensure they were progressing. Thirdly, the SIMT oversaw the implementation of recommendations and developed processes for sharing the learning.

8.5.1 Breakdown of serious incident reviews by hospital site and Clinical Directorate 2014

Directorate	GUH	LGH	SRH	MGH	RH	PHB
Medical	11	0	3	5	0	6
Perioperative	7	0	1	0	0	7
Women & Children's	8	1	0	2	0	7
Diagnostics	0	0	0	0	0	0
Total by Hospital	26	1	4	7	0	20

8.5.2 Total number of Serious Reportable Events (SRE's) reported 2014 (commenced Q3)

SRE reporting period	No. returned from Saolta
Q3 & 4 2014	0

8.6 Maternal Death Recommendations

During 2014 Saolta University Health Care Group continued to focus on the implementation of the HIQA, Coroner and HSE recommendations following the 2012 Maternal Death in University Hospital Galway. Progress was overseen at the monthly meetings of the Saolta Maternity Services Strategy Group. Ernst and Young completed an independent assessment of the implementation of the recommendations in December 2014. This independent assessment will drive implementation plans.

8.7 Quality and Safety Framework

The Quality and Safety Framework was redrafted to reflect the evolving Governance structures of the Saolta University Health Care Group. Significant work took place this year on defining the processes for managing incidents, complaints, risk register, clinical audit and policies, procedures, protocols and guidelines (PPPGs).

8.8 National Standards for Safer Better Healthcare

The process of self assessment against the HIQA Standards for Safer Better Healthcare and implementation of quality improvement plans (QIPs) continued. The Quality and Safety Executive Committee (QUALSEC) oversaw the implementation of the standards.

8.9 Incident and Near Miss Reports

Data on Incidents and Near Misses was collated from the incident and complaint reporting and management systems in use across the hospitals of the Saolta University Health Care Group in 2014.

8.9.1 Incident and Near Miss Events 2014

Directorate	GUH	LGH	SRH	MGH	RH	PHB
Medical	2278				348	1073
Perioperative	1310				50	397
Women & Children's	796				n/a	188
Diagnostics	178				13	17
Support Services	301				30	79
Total by Hospital	4863	1237	2136	1824	441	1754

8.9.2 Formal Complaints received by hospital site 2014

Directorate	GUH	LGH	SRH	MGH	RH	PHB
Medical	118				31	16
Perioperative	143				17	3
Women & Children's	69				n/a	6
Diagnostics	13				3	1
Support Services	126				7	10
Total by Hospital	469	91	114	98	58	36

Many of the complaints are related to service issues such as availability of car parking spaces and facilities related issues. Other high volume areas that attracted negative feedback were clinic waiting times, staff attitude and charges associated with attendance at the Emergency Departments. All of these issues were reviewed and recommendations made to improve our services.

8.10 Clinical Programmes

During 2014, Saolta engaged with several National Clinical Programmes including Orthopaedics, Surgery and Anaesthesia, National Retrieval Programme, Diabetic Retinal Screening, Acute Medicine, Emergency Medicine, Heart Failure, Paediatrics and Neonatal, Stroke and Sepsis. Work continued through the implementation of Models of Care and information provision.

8.11 Protection of Life During Pregnancy (POLDP)

During 2014 a reporting structure for POLDP events was established. This was achieved through the Directorate structure. All events should be reported to the Chief Clinical Director's office in a timely manner. POLDP events are then reported to the National Offices as per protocol.



Mayo General Hospital staff who were involved in organising the Patient Safety and Quality Symposium



9.0 Clinical Directorates

9.1 Medical Director

9.1.1 Group Medical Directorate Structure

Under the leadership of Dr. Donal Reddan, Group Clinical Director for Medicine, the Medical Directorate continued to evolve and develop the planned change in Group governance structures.

As part of this development, Ms. Catherine Donohue, Director of Nursing, Mayo General Hospital was assigned as Group Director of Nursing for Medicine & Ms. Elaine Prendergast, General Manager; Roscommon Hospital was assigned as Group General Manager for Medicine. Ms. Ann Dooley was appointed as Group Directorate Support Manager. Mr. Paul Hurney was assigned as IS Manager with further assignments planned for 2015.

During 2014 Associate Clinical Directors were appointed and Assistant Directors of Nursing assigned across all of the 6 hospitals. Group Specialty Leads were appointed across all the 17 specialties. These roles will be critical in shaping a group wide strategy for each specialty.

Work is continuing on establishing the governance structures and meeting schedules across the hospital group.

9.1.2 Leadership Programme

As part of the development of the Group structure the Medical Directorate commenced a Leadership Programme in December 2014 facilitated by the Royal College of Physicians. The programme consists of 5 sessions to be held in the various hospital locations across the Group. One of the main objectives of the programme is to cultivate a team based approach as the Directorate delivers on key priorities and evolves across the Hospital Group.

9.1.3 Primary Percutaneous Coronary Intervention (PCI) Service

In 2014 the Cardiology department continued to support the National Acute Coronary Syndrome (ACS) in the implementation of the National Optimal Reperfusion Service with the provision of the Primary Percutaneous Intervention (PCI) at Galway University Hospital. The aim of the national ACS program and its local implementation is to provide 24/7 time critical Primary PCI service for patients having a ST Elevation Myocardial Infarction (STEMI). A patient being referred to GUH under the Optimal Reperfusion service is termed CODE STEMI activation and the required response is having the Cardiac Cath Laboratory staffed within 30 minutes of activation. These patients bypass the Emergency Department.

A total of 267 patients were referred to GUH in 2014 for Primary PCI. An additional 60 STEMI patients were urgently transferred following thrombolysis at their local hospital. In total this was an increase of 18% from 277 in 2013. 52% of all CODE STEMI referrals were outside normal working hours.

The service was provided to patients from 9 counties with 211 patients referred from counties other than Galway. Of these, 41% were transported by Helicopter.

Activity data for this service is provided to the National Heartbeat programme. The purpose of Heartbeat is to monitor, observe and improve the implementation of the Optimal Reperfusion Service (ORS) and evidence based discharge therapies for ST Elevation Myocardial Infarction patients. Regular review meetings were held with Saolta hospitals providing feedback using video conference link from GUH.

9.1.3.1 Patients referred for Code STEMI Activations in 2014

County	Patients
Galway	116
Mayo	63
Donegal	53
Roscommon	29
Sligo	26
Westmeath	18
Leitrim	9
Longford	8
Offaly	5
Total	327

9.1.4 Transcatheter Aortic Valve Implantation (TAVI) Service

Catheter-based techniques for aortic valve implantation provide an alternative method for treating aortic stenosis in patients with unacceptably high surgical risks.

This is a new service development in the Cardiology Department at University Hospital Galway which commenced in 2014. 24 Transcatheter Aortic Valve Implantations were performed in the first calendar year with exceptional results.

9.1.5 Consultant Appointments

The following Consultants were appointed to the Medical Directorate GUH during 2014.

- Dr. Darren Mylotte, Consultant Cardiologist.
- Dr. Brian Hynes, Consultant Cardiologist.
- Dr. Conal Denny, Consultant Endocrinologist/ Senior Lecturer in Therapeutics.

9.1.6 Launch of the Diabetes Care West Annual Report.

The Diabetes Care West Annual Report was launched in November 2014 by Mr. Maurice Power, Chief Executive Officer. The document outlines diabetes, endocrine and bariatric medicine services at GUH and highlights the diverse roles played in delivering excellent, evidence based care to affected individuals.

Galway University Hospitals (GUH) serves as a regional centre for the delivery of diabetes, endocrine and bariatric medicine services to the population of Saolta University Health Care Group. This clinical care is delivered in close collaboration with related education and research programmes in the National University of Ireland, Galway.

Within the overall service, many sub-specialty areas have emerged which have contributed to major advances in the management of diabetes in pregnancy, diabetic foot disease, thyroid cancer and severe obesity.

9.1.7 Saolta Group Persons- Centred Care Research Study

The Medical Directorate was selected by the Executive Management Team to participate in a research study on ***An Exploration of the Relationship between positive patient experiences in acute hospital settings and person – centred care activities.***

The aim of the study was to examine, within the 6 acute hospital settings in the Saolta University Health Care Group, the relationship between the patient experience and measures of the person-centred climate from the perspectives of patients and staff.

The research was undertaken by the HSE West Nursing and Midwifery Planning and Development Unit, in conjunction with University of Ulster and NUIG. Principal Investigator was Dr. Randal Parlour, Assistant Director and Senior Researcher (NMPD HSE West).



Pictured at the launch of the Diabetes Care West Annual Report were: Mr. Maurice Power CEO, Professor Fidelma Dunne, Consultant Endocrinologist and Dr. Francis Finucane, Consultant Endocrinologist and Group Specialty Lead.

9.1.8 National Quality Improvement Programme

As part of the Diploma in Leadership and Quality in Healthcare (delivered by the Royal College of Physicians in partnership with the HSE), two projects were undertaken by the participants from the Saolta Group, on Quality Improvement Initiatives relevant to services in the Medical Directorate as follows:

1. Improving Emergency Medicine Admission Patient Experience Time at GUH.

Authors: Ms. Ann Cosgrove, General Manager, GUH
Ms. Ann Dooley, Medical Directorate Support Services Manager
Ms. Fiona McHugh, Head of Corporate Development, Saolta

2. Increasing Capacity in Prostate Cancer Related Services at GUH.

Authors: Ms. Elaine Prendergast, General Manager, Roscommon Hospital
Mr. John Shaughnessy, Director of Human Resources, Saolta
Professor Frank Sullivan, Consultant Radiation Oncologist, GUH.



Pictured receiving their diplomas are left to right: Elaine Prendergast, Ann Dooley, John Shaughnessy, Ann Cosgrove, Fiona McHugh.



Paddy Brown, CNS, GUH receiving his bursary from Damian Dyar, partner of Anna May Driscoll

9.2 Diagnostic Directorate

2014 was a year of significant progress for the Diagnostic Directorate.

Leading the Directorate was the Directorate Manager, Grainne McCann and Clinical Director, Colm O'Donnell. Sitting on the Directorate Management Team are Associate Clinical Directors from each hospital. The Associate Clinical Directors provided a direct link between each Hospital and the Directorate. Also on the Team are representatives of Hospital Management, Laboratory Management, Finance, Human Resources, and Information Technology. It is intended that a number of additions will be made to the Directorate Management Team in 2015. These include Clinical Leads for the different sub-specialties, a Health and Safety Representative, a Radiology Services Manager Lead and an Academic Lead.

The Directorate has set out a vision of providing a safe, timely and efficient service for its Patients and Colleagues. The directorate aims to improve services through progression and standardisation of IT infrastructure, standardisation of processes, improvement of communication, and research and education.

Key achievements in 2014

- Diagnostic Directorate Team/Structure developed.
- Tender process commenced to upgrade Blood Gas Analysers in Biochemistry in Sligo and Letterkenny.
- Upgrade to the Lab Information Systems in Letterkenny and Sligo commenced.
- New CT scanner in Sligo Regional Hospital commissioned.
- New CT scanner in Letterkenny General Hospital commissioned.
- Nuclear Medicine service commenced in Sligo for Donegal patients (previously referred to Altnagelvin).
- INAB accreditation achieved in multiple laboratory disciplines.

Directorate Management Team		
Diagnostics Clinical Director	Colm O'Donnell	Letterkenny General Hospital
Directorate Manager	Grainne McCann	Sligo Regional Hospital
Associate Clinical Director	Dr Margaret Murray	Galway University Hospitals
Associate Clinical Director	Dr Andy Hodgson	Sligo Regional Hospital
Associate Clinical Director	Dr. Ronan Ryan	Mayo General Hospital
Associate Clinical Director	Dr. Declan Sheppard	Roscommon and Portlinculla
Lead Laboratory Manager	Regina Rogan	Mayo General Hospital
Finance	Dermot Sheriff	Galway University Hospitals
Human Resources	John Shaughnessy	Galway University Hospitals
Information Technology	Martin Molloy	Galway University Hospitals
Directorate Secretary	Vanessa Savva	Letterkenny General Hospital



L-R : Ann Marie Hannon; Carmel Potter; Grace Kenna, CNM2; Dr David Ferguson, Radiology SpR; Elaine Larkin; Colm Daly, Radiographer Clinical Specialist; Elaine Gaffey; Dr Anthony Ryan, Consultant Interventional Radiologist, Waterford Regional Teaching Hospital; Irene O'Meara, Radiographer; Dr Gerry O'Sullivan, Consultant Interventional Radiologist, GUH; Mary Nolan; and Sarah Higgins

9.3 Peri-operative Directorate

9.3.1 Ultrasound-guided foam sclerotherapy

Ultrasound-guided foam sclerotherapy is a minimally invasive treatment for varicose veins. Unlike other techniques ultrasound-guided foam does not require any anaesthetic or time in an operating theatre. Ultrasound-guided foam sclerotherapy allows the treatment of significantly greater numbers of varicose veins patients whilst also freeing operating theatre capacity for patients requiring treatment for other conditions. This service was developed within Saolta by Professor Stewart Walsh, Professor of Vascular surgery who was appointed to the group in 2014. The Service has been established in Roscommon, Sligo and MPUH.

9.3.2 PACU

The Post Anaesthesia Recovery Unit was opened in October 2014. The area provides level 1 care post operative beds. These beds are located on the cardio-thoracic ward. The service is aimed at major surgical cases that have undergone pre-assessment which are admitted fasting on the day of surgery. This 4 bedded unit provides over night care for high risk peri operative patients and is staffed by experienced ICU nurses.

9.3.3 MPUH/ACAD

The Ambulatory day care commenced in MPUH on the 26th September 2014. Prof Walsh vascular service and Prof. Kelly plastics service alternate weekly lists. This initiative was a major success. It is hoped to further develop MPUH for surgical day activity in 2015.

9.3.4 Urology Review

The Urology Review commenced in 2014 and NUS led by by Mr E Rogers Clinical Lead for Urology across the Saolta University Health Care Group .This initiative saw the development of a Hub & Spoke model for Urology services across all 6 hospitals sites.



Opening of PACU GUH October 2014 Back: Marie Cloonan, CNM111, Michelle Wren, CNM11, Kevin O Connell, Physiotherapy, Ms Helene Horsnell, Bed Flow co-ordinator, Pat Neligan, Consultant Anaesthetist, Fr Rob Mc Namara, Pauline Maye, CNM11, Cathryn Lee, ADON
 Front: Kim O Sullivan, HCA, Ailish O Connor, Staff Nurse, Ann Marie Burke CNM 11, Marie Dempsey Business Manager, Catriona Grealley, CNM11, Jean Kelly Group DON, Mike Walsh Porter, Deirdre O Dowd, Physiotherapist, Mary Diviney, CNM11 Theatre Recovery



Opening of PACU GUH October 2014 Ailish O Connor, Staff Nurse, Mark Keating, CNM11, Jean Kelly, Group DON, Pat Neligan Consultant Anaesthetist, Catriona Grealley, CNM11, Catheryn Lee, ADON, Ann Marie Burke, CNM11

9.3.5 Other Achievements

- ICU – Capacity increased to 11 beds.
- Plastic Surgery Procedure unit continued to grow with 1,979 cases completed in 2014.
- Pre Admission Assessment Clinic - developed with 1,244 patients pre admitted/assessed for all specialties during 2014

9.4 Women's and Children's Directorate

Key achievements in 2014

- Maternity Early Warning scoring system (IMEWS) implemented in all 5 Maternity units across Saolta University Health Care Group.
- Development of Life Limiting Conditions Children's Outreach Nursing post developed.
- Saolta University Health Care Group continued to focus on the implementation of the HIQA, Coroner and HSE recommendations following the 2012 Maternal Death in University Hospital Galway. Progress was overseen at the monthly meetings of the Group wide Maternity Services Strategy Group.
- Medical gases Project in Maternity UHG progressed.
- PHB completed re-inspection for Baby Friendly Hospital.
- SRH wins top UK award for the Surgical Gynae Unit Productive Ward.
- Neonatal study day May 2014.
- National Midwives week celebrated in GUH & PHB.
- GUH Mobile app for Diabetes & Pregnancy developed and launched.



At the launch of the "Diabetes and Pregnancy mobile app" developed by the Atlantic Diabetes in Pregnancy Team at Galway University Hospitals, from left: Louise Carmody, Pregnancy Service Coordinator; Professor Fidelma Dunne, Consultant Endocrinologist; and Breda Kirwan, Diabetes Nurse.



Back row (left to right) Deirdre Naughton, Jacqui Nolan, Anne Murray, Mary Burke, Martina Small and Anne Regan Front row (left to right) Irene Mulryan, Felix Mulryan, Rebecca Power, Arron Power and Jessica Murray.



Eithne Gilligan, Jane Whiskey, Dr. Geraldine Gaffney, Carmel Cronolly, Anne Marie Grealish, Heather Helen and Martina O'Connor



10.0 Resources

10.1 Human Resources

10.1.1 The HR Strategy

The Group's Human Resources Strategy (2014 – 2018) was endorsed and launched in April 2014. Progress has been made in respect of the Workforce, Recruitment and Retention aspects, along with the partnership and talent development/succession management actions. Performance management and reporting, enhanced communication and engagement and strategic HR aspects were also advanced in 2014.

Saolta University Health Care Group absence was 3.37% in October 2014, the first time Saolta met or exceeded the national target of 3.5%

10.1.2 Workforce

Saolta succeeded in improving staffing levels throughout 2014. Through the Recruitment and Retention section, in its first full year of activity for the enlarged Group, 538 staff were hired and 326 staff left (exclusive of Medical grades). 1,291 requests for approval were submitted to the Employment Control Committee in 2014, a 14% increase on 2013.

Whole Time Equivalents 2014

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Saolta	7,648	7,729	7,759	7,756	7,776	7,760	7,721	7,801	7,828	7,820	7,825	7,857
GUH	3,105	3,139	3,145	3,150	3,145	3,158	3,135	3,182	3,192	3,195	3,202	3,208
PHB	648	652	651	652	655	651	652	643	652	652	654	656
RH	270	272	272	273	268	269	272	275	273	273	273	275
LGH	1,340	1,348	1,355	1,353	1,352	1,346	1,348	1,360	1,362	1,350	1,357	1,357
SRH	1,328	1,340	1,356	1,352	1,360	1,363	1,349	1,360	1,364	1,365	1,370	1,378
MGH	956	978	980	976	979	970	964	981	984	985	971	983

By year end, the Group was working to a Ceiling of 7,221 WTEs and exceeded this by 636 WTEs or 8.8%. Staff turnover at year end was 0.37% and the number of people working in Saolta was 9,146.

10.1.3 Workforce Planning

The development of a Group Workforce Plan progressed in 2014. Changes to the National Employment Control Framework have informed the final shape of the plan. The Group's plan will aim to maximise the use of existing workforce through less obvious components such as Site Learning and Development Programmes; Performance Management efforts; Succession Planning programmes; possible service reconfigurations which may arise following key reviews and employee engagement and motivation. Other aspects of our Workforce Plan include improvements in technology or making changes in the way we do business.

Agency usage continued to be very high across the Group in 2014 reflecting the ultimate impact of a reduction in WTEs along with the impact of policy decisions in respect of the pay, terms and conditions of all health sector staff over the previous five years. There were 23 Consultant vacancies and 44.5 NCHD vacancies across the Group in December 2014.

10.1.4 Absence Management

Significant improvements continued throughout 2014 in respect of managing attendance. An Attendance Management Action Plan was developed and implemented and the results were very positive. Continued monthly progress was made against the very challenging 3.50% national target.

Absence levels 2014

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Saolta	4.96%	4.39%	4.31%	4.60%	4.09%	4.12%	4.04%	3.76%	3.95%	3.37%	3.84%	4.04%
GUH	4.77%	4.55%	4.43%	4.74%	3.73%	3.74%	3.60%	3.53%	3.61%	3.39%	3.56%	3.69%
PHB	3.88%	4.70%	4.85%	4.77%	5.05%	5.17%	4.57%	4.04%	4.23%	3.53%	4.44%	4.51%
RH	5.79%	6.19%	5.67%	4.55%	4.36%	2.84%	5.05%	4.09%	3.41%	4.19%	3.45%	3.69%
LGH	4.98%	3.96%	4.23%	5.13%	4.91%	4.79%	4.44%	4.37%	4.36%	2.96%	4.15%	4.43%
SRH	5.76%	5.34%	4.84%	4.88%	4.39%	4.51%	4.60%	3.45%	4.13%	3.52%	4.29%	5.00%
MGH	4.57%	2.55%	2.56%	2.88%	2.93%	3.53%	3.52%	4.06%	4.12%	3.34%	3.41%	3.10%

The Group was below 4% for four successive months and the quarterly averages maintained a steady downward trend (Q1 4.55%, Q2 4.30%, Q3 3.92% and Q4 3.75%). Absence in October was 3.37%, the first time the Group ever dipped below the national target.

10.1.5 Partnership

The Joint Union Management Forum (JUMF) in association with eight unions continued to develop in 2014 as part of the sharing and dissemination of information agenda and in the interests of maximising collaboration with staff representative organisations.

10.1.6 Employee Engagement

Employee Engagement Roadshows took place across all seven sites in September with four hundred plus staff attending. There was positive dialogue and useful critiquing of how some aspects of our business are conducted. These Roadshows will be repeated in 2015.

The Implementation stage of the Staff Engagement Programme is underway through Local Implementation Groups in each hospital.

10.1.7 Employee and Management Development

- A draft Employee Recognition Scheme commenced development in 2014 and will be further progressed in 2015.
- Succession Management and Development Programmes commenced in Nursing/Midwifery and the Medical Directorate.
- Future Leaders programme:
 - Cohort one has completed its work with eleven staff finishing early in 2014.
 - Cohort two commenced in November 2013 with eleven participants and they completed their programme in March 2015
 - Cohort 3 commenced in December 2014 and will progress throughout 2015 with a completion date of March 2016.



Future Leaders Cohort two Mary Hynes, Tony O Gorman, Pauline Burke, Mary Garvey, Anne Conroy, Sean Murphy.
Front Row - Marie Cox, Margaret Tarpey, Former CEO Bill Maher, Former CDONM Prof Colette Cowan, John Shaughnessy Group Director of HR, Karen Reynolds, Marion Prendergast, Fiona Mc Grath.

- 22 staff have undergone the RCPI 'Diploma in Leadership and Quality in Health Care'
- Development Programme for Clerical/Administrative Staff is in the early stages of planning.

The Group will continue to seek opportunities to further staff development across the Group.

10.1.8 Policy implementation

There was continued Implementation of the Haddington Road Agreement in respect of Additional Hours, Incremental Credit freezes (stage 2), Senior Staff Nurse provisions, Graduate Nurse and Midwifery scheme and the Intern Support Staff Scheme.

10.1.9 European Working Time Directive

The Group has worked very hard on implementing the 24 hour parameter of the EWTB with a 94.73% compliance rate in December 2014 and a range throughout the year of 93.80% to 97.10% (an average rate of 95.08%). There is compliance with Breaks, 11 hour daily rest/equivalent compensatory rest and the 35 hour weekly/59 hour fortnightly/compensatory rest requirements. The 48 hour parameter remains challenging with a range of 60% - 65% being achieved.

10.1.10 CEO Awards 2014 Categories, Finalists & Winners

The CEO Awards for Patient Quality and Innovation took place on the 7th November 2014 in the Clayton Hotel with staff from all sites travelling to receive acknowledgement for their commitment, professionalism and innovation. Over 100 nominations were received. There were seven categories and four nominations from each in receipt of an award on the night. There was a tangible sense of pride among the recipients and the event was of great value from a morale point of view. This was a very important event in terms of lifting staff spirits after the challenges of the last six years.

1) Best Team Award: was given to the team whose efforts supported the organisational goals of quality, the patient experience and financial performance. This team was judged to have collaborated towards a common goal and contributed to the success of the organisation.

Highly Commended:

- St. Pius Ward of the Urology / Maxillofacial, Department, GUH
- The Stroke Team of the Medicine Department at Mayo General Hospital
- GUH Multidisciplinary Antimicrobial Stewardship Team

Winner of the Best Team Award - The Entire Staff of Roscommon Hospital



2) Innovation – Clinical Area Award: was given to the team in a clinical area who demonstrated an innovative way of thinking. The award recognised the efforts of a new or improved process, program or initiative with a demonstrated improvement in quality, service, financial operation and/or safety.

Highly Commended:

- 'Changing the face of Cataract Surgery follow-up by best use of technology', Ophthalmology Department, Sligo Regional Hospital
- CODESTEMI Team, Cardiology, GUH
- A Safe Protocol for Paediatric Procedural Sedation in the ED', Emergency Department, Sligo Regional Hospital

Winner of Innovation Clinical Area Award - The Red Zone, General Theatre, Sligo Regional Hospital



3) Exceptional Patient Experience Award: was given to the individual who demonstrated the finest ideals of caring through extraordinary service to patients, families, physicians and co-workers. The award recognised the individual who exhibited a deep understanding and compassion for people, promoted cohesive teamwork and went above and beyond the expectations of his/her assigned role.

Highly Commended:

- St Finbarr's Ward, Approach to Patient Feedback , GUH
- 'ART in the Waiting Room, Emergency Dept., Quality Improvement Team, Sligo Regional Hospital'
- 'Joint Initiative between Cope Meals on Wheels and GUH, Nursing Practice Development'

Winner of the Exceptional Patient Experience Award: - Palliative Care, Clinical Nurse Specialist & CNMI, Roscommon Hospital



4) Quality Improvement Award: was given to the team whose efforts supported the Saolta's goals of quality. This team worked towards a common quality improvement goal and contributed to the success of the organisation. The award recognised the team whose quality improvement had improved patient/staff safety; patient care and experience; or quality of service in line with the Group's Guiding Values.

Highly Commended:

- "A Room to Care", Surgical Gynaecology Ward, Sligo Regional Hospital
- "Seeing Psoriasis: Looking Deeper" - An innovative project delivering person-centred holistic nursing care for patients suffering from psoriasis, Dermatology Department, Sligo Regional Hospital
- Improving Medication related Communications at Portiuncula Hospital, Pharmacy, Portiuncula Hospital Ballinasloe

Winner of Quality Improvement Award: 'Flushing Peripheral Venous Cannulae" - A Nurse Practice Initiative, Sligo Regional Hospital.



5) Innovation – Non-Clinical Area Award: was given to the team in a non-clinical area who demonstrated an innovative way of thinking.

Highly Commended:

- Parent Education Services, GUH: Implementing a new online booking system for expectant parents wishing to attend Antenatal Courses in the Maternity Unit.
- Income Generation Team, Finance Dept., Sligo Regional Hospital.
- Hospital Contact App, Radiology Department, GUH.

Winner of the Innovation – Non-Clinical Area Award: - Maximising Valuable Outpatient Capacity, Outpatient Services DNA Project, GUH.



6) Education & Training Award: The Saolta CEO Award for Excellence in Education and Teaching was presented in recognition of outstanding teaching in the hospital Group.

Highly Commended:

- The Structured Education Programmes in Galway, Diabetes Education Team GUH
- MGH Symposium Committee, Nursing/Midwifery
- Christine Sheehan, in Recognition of Critical Care Education, GUH

Winner of Education & Training Award: - Emergency Abdominal Surgery Course, Dept. of Surgery Donegal Clinical Research Academy, Letterkenny General Hospital.



7) The Unsung Hero Award: was given to the individual who demonstrated exceptional service to the patients and the organisation above and beyond the normal expectations placed upon him. He went 'the extra mile' to either ensure patient safety, patient satisfaction in the delivery of a particular corporate objective.

Highly Commended:

- Colette Murray, Group Human Resources Dept, (Recruitment)
- John Crosby, Mortuary, Portiuncula Hospital Ballinasloe
- Fr. John Carroll, Sligo Regional Hospital

Winner The Unsung Hero Award: - Tommie Mellett, Laboratory Medicine, GUH



10.2 Finance

The final expenditure figures for 2014 showed a Group expenditure of €657m. After receiving a once off supplementary budget contribution of €50.5m at the end of December, the Group had an over spend on budget of €5.3m. The main cost pressures in 2014 were the increased cost of agency, due to difficulties recruiting Consultants and Non Consultant Hospital Doctor's (NCHD's). Patient related non pay pressures such as drugs / medicines / medical and surgical supplies also contributed to the Groups overspend.

The main cost pressures in 2014 were the increased cost of agency, due to difficulties recruiting Consultants and Non Consultant Hospital Doctor's (NCHD's)

10.2.1 Pay

The Payroll spend increased by €12.9m to €513.8m in 2014. An analysis of this figure shows reductions on 2013 overtime and on-call but increases in agency costs and basic pay. The increase in basic pay was due to hiring of additional staff as a response to service demand and patient safety. The rise in agency is as a result of difficulties recruiting staff, particularly Non Consultant Hospital Doctors.

10.2.2 NonPay

The Nonpay expenditure increased by €13.9m from 2013. This increase is activity related. Areas that have increased include Medical & Surgical Supplies, Laboratories, Other Supplies & Contracts and Bad Debts. We also continued to experience additional pressures in oncology drugs. Expenditure in this area increased by €6.6m on 2013 figures. Our cancer centre in Galway and the satellite units in our hospitals have increased the number of Oncology patients being treated and facilitated the patients closer to home.

Expenditure on Professional Services has increase by €760k. This was as a result of the use of private facilities to reduce Outpatient waiting lists.

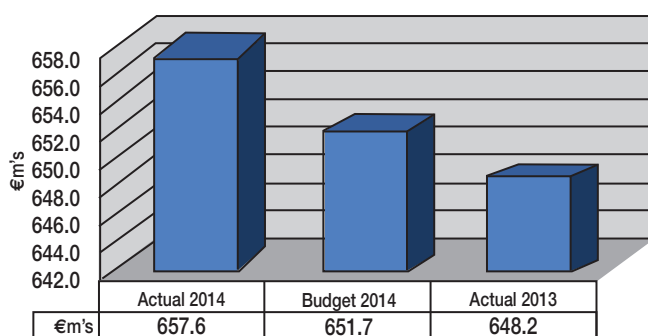
10.2.3 Income

Patient related income increased by €11.4m compared to 2013. This was due to changes in legislation regarding billing of Private Patients. However the Group continued to experience difficulty in the collection of these charges and will require significant work in 2015.

10.2.4 Claimsure

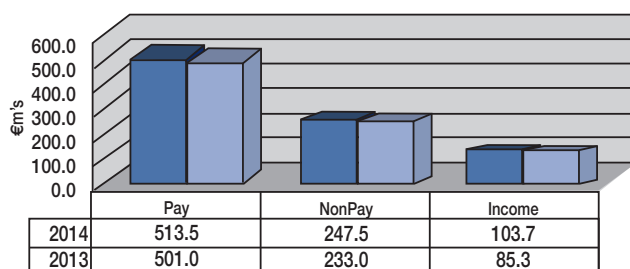
Finance Departments completed the implementation of the electronic claims management system – Claimsure – in Galway University Hospital, Portiuncula Hospital Ballinasloe and Roscommon Hospital in 2014. The system will be rolled out to the remainder of the hospitals in 2015. They further developed the internal audit function, by establishing a peer review programme to review all relevant audit issues on a monthly basis. Reporting systems are constantly being reviewed and updated.

Saolta University Health Care Group



Overall spend for 2014 against budget and 2013.

Saolta University Health Care Group Expenditure 2014 v 2013



Saolta University Healthcare Group Expenditure 2014 vs 2013

10.2.5 ICT

The Saolta Group commenced work in 2014 on an ICT strategy to ensure that ICT is aligned to the Business Strategy of the Group. The strategy is aligned to National Strategies and will be completed in 2015.

There were a number of ICT projects delivered in 2014 including;

- **Wi-Fi** - GUH completed Wi-Fi infrastructure across the GUH campus in 2014 and Portiuncula and Roscommon got approval to introduce Wi-Fi. Mayo & Letterkenny have made submission for funding Wi-Fi – decision yet to be made by National ICT. Sligo Wi-Fi available.
- **Secure Email for GPs** – Hospitals link. Healthmail was made available in 2014 which enables secure communication between GPs and HSE email.
- **Microsoft Product Upgrade Project - MPUP**
All PCs and Servers need to move from older versions of Microsoft Products (XP) by April 2015. An upgrade and replacement programme commenced in Sept 2014 and will be continue into 2015. There are 7000 PCs across the Saolta Group and more than 300 servers to be upgraded or replaced.
- **Electronic Patient Record to support NIMIS**
Sligo/Letterkenny are working on Clinical Manager product (iCM) to provide Order Communications to NIMIS and are working closely with Altnagelvin Hospital on initiatives in Radiotherapy and Cardiology.
- Saolta shortlisted vendors for the **Electronic Medical Records** solution and will go to tender in early 2015.
- The Saolta Group identified a preferred supplier for the **Radiotherapy /Oncology Information System** and implementation will commence in 2015.
- Saolta received approval for hardware upgrade to the Galway based **Laboratory System**. Sligo / Letterkenny are also at an advanced planning stage for hardware upgrade.
- The Business Case for **Emergency Department Information Systems** was completed and approval will be sought to implement a system in early 2015.

Notes

11.0 Looking Forward

Service Priorities for 2015

	<i>Priority</i>	<i>Lead</i>	<i>Timeline</i>
1	Group Reconfiguration / Integration	Pat Nash	Q4, 2015
2	Achieve Key Patient Access Targets: a. Emergency Department (ED) Patient Experience Time (PET) targets b. Trolley waits in ED c. Inpatient waiting list targets d. Outpatient waiting list targets	P Nash T Canavan	Ongoing Q4 , 2015
3	Implement Quality and Safety Governance Structure including Clinical Audit Structure and group wide approach to Policies across the Group	P Nash	Q4 , 2015
4	Develop and Implement Group Wide Clinical Strategies: a. Orthopaedics b. Urology c. Emergency medicine d. Cardiology e. Haematology f. Microbiology g. Interventional Radiology	M Power/ P Nash	Q3 / Q4 2015
5	Develop and maintain relationships with key Strategic Partners a. Community Health Organisations b. General Practitioners c. NUIG National University Galway d. Northumbria Foundation Trust e. Long Island Jewish Group f. Cooperation and Working Together (Cross border) g. Western Health & Social Care Trust & Altnagelvin Hospital	M Power	Ongoing
6	Commence implementation of Group Strategy over 5 year period	M Power	2015- 2020
7	Progress Money Follows The Patient and Achieve Financial Breakeven	T Baynes	Q4 , 2015
8	Commence implementation of ICT Strategy	M Power	Q4, 2015
9	Continue implementation of HR Strategy (2014 – 2018)	J Shaughnessy	Q4, 2015
10	Implement Memorandum of Understanding in collaboration with HSE/DOH	M Power/ Chair	Q1, 2015
11	Further Develop Group Foundation Chair Ongoing		
12	Ensure Compliance with Audit Programme	Audit Committee	Ongoing
13	Deliver Key Capital Projects T Canavan Ongoing		
14	Implement the Sepsis Management National Clinical Guidelines across acute hospitals in Group	J Kelly	Q2, 2015
15	Continue Quality Improvement Programmes in the area of Healthcare Associated Infections (HCAI) & implementation of the national guidelines HIQA Prevention and Control of Healthcare Associated Infections (PHCAI) standards J Kelly T Canavan Ongoing		
16	Continue to implement recommendations of the Report of the Chief Medical Officer into HSE Midland Regional Hospital, Portlaoise Perinatal Deaths and HSE Portlaoise Reports	P Nash	Ongoing
17	Implement the National Policy on Safeguarding Vulnerable Persons at Risk of Abuse	T Canavan	Ongoing
18	Implement National Ambulance Turnaround times & monthly monitoring	T Canavan	Ongoing



Annual Report 2014



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive