



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, CEO, WNWHG; An Taoiseach Enda Kenny TD; Mary Lane Heneghan, Chair of Cystic Fibrosis Galway; Colette Cowan, 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.

CF Unit Opens at UHG

An Taoiseach, Enda Kenny TD officially opened the new Paediatric Cystic Fibrosis Unit at University Hospital Galway on Monday 28 July.

The new unit is a dedicated specialist facility for day care and outpatient services for children with cystic fibrosis where they can be treated in an optimal physical environment to reduce the risk of infection, which can have a serious impact for patients with CF.

The unit is located adjacent to the existing Paediatric Unit on the grounds of University Hospital Galway. The new unit stands alone and is accessed by a walkway from the Paediatric Unit.

The new unit cost approximately €590k to construct with €250k funded by the Cystic Fibrosis Association and the balance funded by the hospital group and the HSE.

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NEXT ISSUE

The next issue will feature Letterkenny Regional Hospital and "Flu Vaccination". The content deadline is 22 September.

For feedback, comments and suggestions, please email newsletter.wnwhg@hse.ie.

Chief Executive Officer Update

It's hard to believe its August already and so much has happened since my last update.

As you may be aware I have accepted a new role with the HSE which will see me give 20% of my time to working directly with the HSE while also continuing as Group Chief Executive Officer for the Group. The extended role will involve working closely with the National Director of Acute Hospitals on strategic national issues relevant to Hospital Groups including the formation and capacity building of the hospital groups' structures across the country.

I am delighted to expand my role which provides me the opportunity to share the Groups ambition to improve patient services for the public we serve and to build on our programme of integration and reform of hospital services.

We have made significant progress against a range of priorities since I last wrote and in no particular order here is an overview of the progress to date.

CEO AWARDS

Since our last edition I am delighted to announce the launch of the CEO Awards (**Key Priority 16**). This initiative is one of our Group Priorities for 2014, and aims to recognise the important role that you the staff play in delivering our services to our patients, and to celebrate the many achievements of the Group.

Staff are our greatest asset and one of the key messages from our recent Employee Engagement Survey is that we need to acknowledge and show appreciation for the great work that our staff deliver. The CEO Awards Scheme is part of our strategy to address this and is open to all staff in all hospitals across the Group. The Awards Ceremony will take place on the 07 November 2014 and the short listed nominees will be invited to attend, with the winners announced on the night. Please visit www.healthawards.ie or contact info@healthawards.ie and start nominating.

Closing date for nomination is Friday 29 August 2014 at 5pm. All the applications will be judged by an independent panel. The event will be self-funding through sponsorship and no public funds will be used. I hope you will take opportunity to nominate and may see you at the awards ceremony.

GROUP INTEGRATION

Good progress is being made regarding Group Integration (**Key Priority 1**) and a second workshop took place in May to consolidate our Governance arrangements around Group wide Clinical Directorates and their supporting

structures. Mr Sean Murphy, General Manager Letterkenny has kindly agreed to act as Project Lead, working to the Organisation Reform Group (ORG) chaired by Dr. Pat Nash, Chief Clinical Director. You will receive regular updates from Pat regarding progress on Group integration.

FIVE YEAR STRATEGY PLAN

Work continues on the preparation of our Five Year Strategy (**Key Priority 2**) and will be launched at the end of the year. This is an exciting time for the Group as it will set out the blueprint of how we want to continue to improve our services.

ROADSHOW

Following the launch of our HR Strategy (**Key Priority 20**) and following one of the key recommendations from the recent Employee Engagement Survey recently carried out, myself and other members of the Executive Team and the Board will visit each hospital in September to communicate the many developments, opportunities as well as challenges that lie ahead of us. I look forward to meeting you all in person during these site visits and hope that these are interactive sessions.

GROUP NAME

Since our last edition we have made significant progress on firming up the new name of our Group (**Key Priority 12**) which will reinforce the cohesion of the Group and will be an important selling point in our recruitment of the best staff and will help support consistency in how patient services are best configured and delivered, and I look forward to sharing with you the details on our site visits in September. We are planning to launch this new name at our second Annual Conference in October but I will give you a sneak preview in the roadshows in September.

Kind Regards

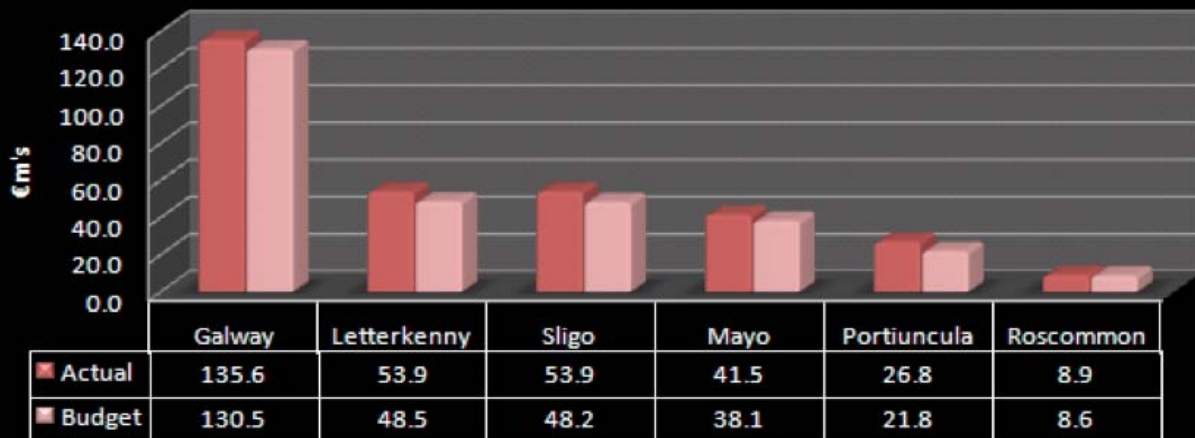
BILL MAHER
CEO



Bill Maher, CEO

Chief Financial Officer

Actual v Budget at end June 2014



FINANCIAL PERFORMANCE – AT END JUNE 2014

At the end of June the Group is over budget year to date by €24.9m (-8.4%). There is a negative variance of €4.8m (-1.5%) with the same period in 2013.

Pay expenditure has increased by €2.2m on the same period last year. The main area of concern continues to be the increase in medical agency costs due to the ongoing NCHD recruitment difficulties.

Non pay expenditure has increased by €5.6m from June 2013 with a range of categories including medical and surgical supplies, drugs and medicines, laboratories and professional services showing increases.

PERFORMANCE MEETING

As I outlined in the last newsletter, it is of critical importance that the Group attain the 98% target set nationally. This 98% target requires the Group to achieve €20m savings for the rest of the year. In an effort to meet our target the CEO, COO and I are meeting the hospital General



Maurice Power,
Chief Financial Officer

Managers monthly to examine the Hospitals financial performance. While there has been some savings made they are not of the scale required so a continued strong focus on cost containment is required.

MFTP IMPLEMENTATION 2014

We are at the very early stages of the MFTP

programme and are working up a full implementation plan for the Group through the MFTP steering Group. This is a very important programme and will require the support of all to ensure that the Group record all of its activity correctly and receive the appropriate level of funding. At a national

level there is a commitment to use 2015 as the 'conversion year' moving from block funding to funding through MFTP. I will update you on developments as they emerge.

CLAIMSURE

We are working closely with the National Finance team to agree dates for implementation of Claimsure in Roscommon, Mayo and Letterkenny.

ICT STRATEGY

Work will commence on developing a group ICT strategy in August. The ICT strategy will support and align with the business strategy and will include engagement with key stakeholders throughout the group.

KEY PROJECTS UPDATE

ELECTRONIC MEDICAL RECORD

The procurement committee has qualified a number of suppliers, who have been put on a national procurement framework for Electronic Document and Records Managements. The next stage will be to issue the detailed tender for GUH and appoint the successful supplier.

ONCOLOGY INFORMATION SYSTEM

The successful vendor has been agreed and work is underway to finalise contracts.

EMERGENCY DEPARTMENT INFORMATION SYSTEM

A revised business case has been prepared and sent to National IT for their input. This will be sent for approval over next few weeks.

Wi-Fi is being progressed at GUH with a plan to complete by year end. Approvals have been given for Portlincula and Roscommon and plans to progress are being developed.

Plans for Laboratory Server replacements are being submitted for both GUH region and Sligo regional Labs.

Chief Director of Nursing and Midwifery

This month we are introducing our first Patient Advice and Liaison (PAL) Co-Ordinator. Olive Gallagher has joined Galway University Hospitals in July to test the Model of a PAL Service. I invite you to read her outline attached and you will hear more from her over the coming months. We will roll out this service to all sites once we have tested and defined the approach.

The Board and Executive Council of the WNWHG are very focused on our Public and Patient Involvement. The majority of times hospitals tend to react to concerns when an issue has escalated. It is our intention to start a robust engagement plan with our communities, service users and patients. Making every patient count is our challenge.

We are setting up a Patient Council for the Group who will work with the Executive Council on our plans and be the voice for the public. Interviews are complete with 20 volunteers appointed. This will be launched on 25 August with our first meeting planned for early autumn.

We are also establishing "Friends" on each hospital site based on good practices already in place in the North West. The Friends will assist in fundraising for worthy projects and we plan to establish further volunteer groups to provide company for our patients, assist in surveys and provide a listening ear.

Our focus will also be on a Counselling/Support Service for families of seriously ill patients to assist them through such difficult times.

All staff have a role to play in our engagement with the public and our patients and the first impression can be the most lasting memory.

The new services will be providing information over the rest of the year. If you want to be involved further please let me know.

I would also like to take this opportunity to welcome Ms. Dawn Johnston, Director of Midwifery to University Hospital Galway. I wish her well in her new role. Dawn's profile will appear in the next issue of the Newsletter.

Colette Cowan,
Chief Director of Nursing and Midwifery
West / North West Hospitals Group



Colette Cowan,
Chief Director of Nursing
and Midwifery

Patient Advice and Liaison service (PALS) GUH

The PALS service GUH is an initiative of the Strategic Plan for Public and Patient Involvement 2013-2015 and it is the first of its kind within the WNW HG.

A PALS service is a method of addressing patient and public issues and concerns at a local level and was first implemented in the UK where the concept arose out of growing concern about the increasing numbers of complaints being made about all aspects of health care.

The PALS service is an exciting project and is driven by patient experience, it will provide support, guidance and help to patients, their families, carers and the public in general.

"I was appointed as the PALS Coordinator and took up my post in July. My role as PALS Coordinator is exciting, new and will provide me with many challenges I am sure. Not only is PALS new to the WNW HG but it is also relatively new to the country with 3 new PALS services having recently been set up in various hospitals Nationwide."

THE BENEFITS OF THE PALS SERVICE WILL INCLUDE

- A confidential service for patients, families, carers where they can turn to if they have a problem, but do not wish to complain
- Help in resolving concerns at a local level, quickly and efficiently and improve the overall patient experience
- Act as a catalyst for change and improvement by providing the hospital with information and feedback on problems arising, common trends and gaps in services
- Meeting patients throughout the hospital and listening to them regarding their patient journey
- Providing a gateway to enable patients and the public to become involved in the provision of health services in line with the National Healthcare Charter

Although the PALS service will inform patients about the complaints process and provide guidance re accessing same, PALS will not administer complaints.



As PALS is a new service there is lots of work to be done and we are just at the beginning. The PALS service will be accessible to the public via telephone, email, self referral and ward referral. There will be a PALS office that is visible and accessible to the public, with hours where members of the public can call in.

PALS will help us to care through the eyes of our patients, enhancing the existing environment and culture of Patient First always.

The PALS service will be launched towards the end of August so watch this space!

Olive Gallagher

Patient Advice and Liaison Co-ordinator Bleep 844, email Pals.Guh@hse.ie

Group Director of Human Resources

The WNWHG Human Resources Strategy

West /North West Hospitals Group is one of Ireland's largest employers, with 9054 employees delivering healthcare to a population of 820,880 people in the region.

The HR Strategy focuses us on how to achieve our goals through the expertise, commitment and dedication of our staff - how we ensure we are attracting, developing and retaining the best. It is very important to how we manage the employee journey into, through and out of the organisation. It is about helping, supporting, improving and including our staff.

The Group serves hundreds of thousands of satisfied customers every year and, despite pay cuts and reduced terms and conditions of employment, our staff put the worries and concerns of their patients and families to the fore. Your selflessness ensures patients will have quicker access to all services and experience Respect, Compassion, Kindness, Quality, Integrity, Communication and Teamwork.

The Strategy aims to reduce the strain on staff by improving attendances, improving staff support, enabling performance improvement and enhancing front line management skills. The ongoing amalgamation of the current hospitals and employees into a viable Group is also an essential element of the strategy as is the creation of a strong Group identity - a unified focus which will enable us to attract prestigious partners and to benefit from shared experience, expertise, research and profile. All stakeholders will benefit from the implementation of the strategy – patients, staff and management. It will keep our priorities to the fore and be a constant reminder of what we expect of each other.

EMPLOYEE ENGAGEMENT STEERING GROUP

Following on from the Employee Engagement Survey which was carried out across WNWHG in November 2013 and the subsequent findings of same, a WNWHG Employee Engagement Steering Committee (SG) was established to find common themes arising in the survey responses, to prioritise which themes should be identified for attention on all sites and to promote implementation of the main findings of the staff survey.

The General Managers are currently establishing Local Implementation Groups (LIG) in each hospital to implement the key themes and the site-specific priorities over the coming year and a half. Each LIG will draft and deliver on an Action Plan for the key Group themes and the site-specific priorities. They will commence work at the earliest opportunity.

Progress reports will be communicated to staff locally and on a Group-wide basis as each LIG implements aspects of the survey.

GROUP EMPLOYEE ENGAGEMENT ROADSHOW

As part of our commitment to improve engagement with staff as set out in our Group HR Strategy, a 'Group Employee Engagement Roadshow' has been organised for the following dates and times:

Tuesday 2nd September 2pm – 4pm
Mayo General

Tuesday 9th September 2pm – 4pm
University Hospital Galway

Thursday 11th September 11am – 1pm
Portiuncula Hospital Ballinasloe

Friday 12th September 10am - 12pm
Sligo Regional Hospital

Tuesday 16th September 10am – 12pm
Roscommon County Hospital

Tuesday 23rd September 10am – 12pm
Merlin Park University Hospital

Friday 26th September 2pm – 4pm
Letterkenny General Hospital

The Roadshow provides staff with an opportunity to receive short presentations on the following and to engage with senior management in a Q&A:

- Overview of the Group
- Challenges we face
- Governance Arrangements
- Board of Directors
- 'The 3 Legged Stool'
- Priorities for 2014
- Budget Overview
- Group Employee Engagement Survey 'Have Your Say'
- Group Human Resources Strategy
- Chief Director of Nursing and Midwifery presentation
- Chief Operating Officer presentation



John Shaughnessy,
Group Director of Human
Resources

The CEO, Director of HR and Head of Corporate Development will attend all of the sessions. The Chief Clinical Director, the Chief Director of Nursing and Midwifery, the Chief Operating Officer and the Chief Finance Officer will attend some

sessions as will the General Manager on each site and any available Clinical Directors and Associate Clinical Directors.

I urge all staff who can to take this opportunity to meet with us and to offer your views on the key issues as you see them.

ANNOUNCEMENT OF DIRECTORATE SUPPORT MANAGER APPOINTMENTS

I am delighted to announce two appointments to key positions within the new Group Clinical Directorate structure.

Marie Dempsey is the new Directorate Support Manager for the Perioperative Directorate and will be based in UHG.

Marie has held the Business Manager brief for GRUHG and is delighted to be taking on the expanded role in the West / North West Hospitals Group.

Ann Dooley has also assumed an expanded role in the Medicine Directorate as the Support Manager. Ann previously held the position of Business Manager in GRUHG and is excited by the challenge presented by the expanded role.

The remaining two Directorate Support Manager positions are in process currently and will be announced at the earliest opportunity.

I wish Marie and Ann all the best in the new roles and am confident that their experience to date will stand them in good stead.

FUTURE LEADERS PROGRAMME 3!

The next Future Leaders Programme will commence late this year or early next year. Keep your eyes open for further information on how to apply!

Diagnostic Directorate



Pictured above from left to right:

Ms. Margaret Tarpey, Chief Medical Scientist (The Galway Blood and Tissue Establishment – GBTE), Ms. Fionnuala NiChonchubhair, Medical Scientist GBTE, Dr Amjad Hayat Consultant with administrative responsibility of the GBTE and Consultant Haematologist in GUH, Ms. Camila Roche, Medical Scientist GBTE and Ms. Joy Buckley Senior Medical Scientist GBTE.

The Diagnostic Directorate – Galway

There are 405 staff working for the Diagnostic Directorate in Galway University Hospitals - 270 in the Laboratory and 135 in the Radiology Department. The Diagnostic Directorate in the Galway University Hospitals is led by Dr Margaret Murray, Consultant Haematologist.



Dr Colm O'Donnell,
Clinical Director

THE GALWAY BLOOD AND TISSUE ESTABLISHMENT

The Galway Blood and Tissue Establishment at University Hospital Galway (GBTE) provides services that include, Blood Transfusion, Biovigilance (Haemovigilance / Tissue Vigilance), On-Call Blood Transfusion Service, Reference Centre, and the provision of Autologous Stem Cells

Transplantation and Human Tissues as well as the preparation of Autologous Serum Eye Drops (ASE's).

GBTE is a licensed Blood Establishment under EU legislation. A 'Blood Establishment' is any structure or body involved in any aspect of the collection, testing, processing, storage and distribution of blood and blood components. GBTE is licensed by the IMB as a Blood Establishment as opposed to a Blood Bank due to its activity in collecting and processing Blood Products. It provides the service for irradiation of red blood cells or platelets (if required) and the collection of blood for Autologous Serum Eyedrops (ASE's) production.

GBTE is also a licensed Tissue Establishment under EU legislation. A "Tissue Establishment" is a unit of a hospital or another body where activities of donation, procurement, testing, processing, preservation, storage or distribution of human tissues and cells are undertaken.

GBTE is the first licensed GMP (Good Manufacturing Practice) Hospital based laboratory facility in the Republic of Ireland.

The GMP Blood and Tissue licence allow for Autologous Serum Eye drops (ASE's) preparation in the Blood and Tissue Establishment. The service of ASE production is offered and issued to patients as a treatment for persistent epithelial defects, Superior Limbal Keratoconjunctivitis (SLK), severe dry eye or as a support measure in ocular surface reconstruction. Serum contains a large variety of growth factors, vitamins and immunoglobulins some in higher concentrations than in natural tears. These substances contribute to the therapeutic effect of serum in ASE's.

In addition the Blood and Tissue Establishment works closely with the NUIG Clinical Research Facility (CRF), the Centre for Cell Manufacture Ireland (CCMI) and supports GUH in Clinical research trials.

COLLABORATION WITH CURRENT CLINICAL TRIALS INCLUDE:

1. The examination the safety of intramuscular autologous transplantation of escalating doses of mesenchymal stromal cells in patients with no option critical limb ischemia.
2. The CHART 1 Trial (Congestive Heart failure Cardiopoietic Regenerative Therapy) which investigates the efficacy and safety of bone marrow derived Cardiopoietic cells for the treatment of chronic advanced ischaemic heart failure.

The Centre For Cell Manufacture in Ireland (CCMI) located on the NUIG campus was recently officially opened by Minister Seán Sherlock. GBTE organised a stand to demonstrate its involvement in these Clinical Trials.

Advances in regenerative medicine and stem cell technologies are approaching clinical practice and the Establishment is perfectly placed to provide the resulting services to the Group.

CLINICAL AUDIT PRIZE

Congratulations to one of our Radiology SPRs won the 2014 clinical audit prize. Dr Barry Hutchinson at GUH won first prize of €1,500 for '**Adherence to wearing of in-date Radiation Dosimetry Badges in the UCHG Radiology Department**'.

Sincere thanks to Dr Conall Mac A'Bhaird who has contributed a piece in Irish on the Letterkenny Flood.

OTHARLANN LEITIR CEANNAIN

Ag deireadh mí Iúil na bliana anuraidh bhuaile tuile tubaiseach Otharlann Leitir Ceannain agus scriosadh an Rannóg Radeolaíochta de bharr an damáiste a rinne sé. I measc na bpíosaí trealamh a scriosadh go h'iomlán bhi ceithre seomra X -ghathaithe, agus MRI. Cé go raibh an córas PAS agus na ríomhairí faoi dhá throigh uisce, d'éirigh leis na hinnealltóirí ón chomhlacht Agfa dhá aonad x-ghathaithe, dhá aonad ultra-fhuaim, dhá aonad x-ghathaithe soghluaiste agus aonad " dianaitheoir íomhá "soghluaiste a chur ag obair arís sa Rannóg Raideolaíochta.

Rinneadh éacht mór, i mo thuairm, gur éirigh linn an t-inneal CT, dhá sheomra sealadach x-ghathaithe agus seomra sealadach idirbheartaíochta agus dhá sheomra ultra-fhuaim a chur ag obair san Roinn Fisí-teiripé taobh istigh de mhí. B'éigean achan seomra agus oifig a ghlanadh agus cóir a bheith achan rud a bhí iontu a chaitheamh amach. Ta CT úr san áit anois agus tá an trealamh MRI ar ais ag obair arís. Beidh seomra x-ghathaithe idirbheartaíochta nua á chur isteach go luath agus rinneadh na hoifigí, na seomraí feithimh a athrú ar fad. Beidh rannóg breá úr againn ar deireadh thiar ach ní bheidh sé uilig réidh go dtí tús na bliana seo chugainn, faraoir.



Photo Above. Bill Maher (CEO, NWHG), Ms. Margaret Tarpey (Chief Medical Scientist and Dr Amjad Hayat (Consultant with administrative responsibility)

GUH's Productive Operating Theatre Programme

Through the TPOT continuous improvement programme one of the projects progressed was reducing delays in transfer of patients from Post Anaesthetic Care Unit (PACU) to wards.

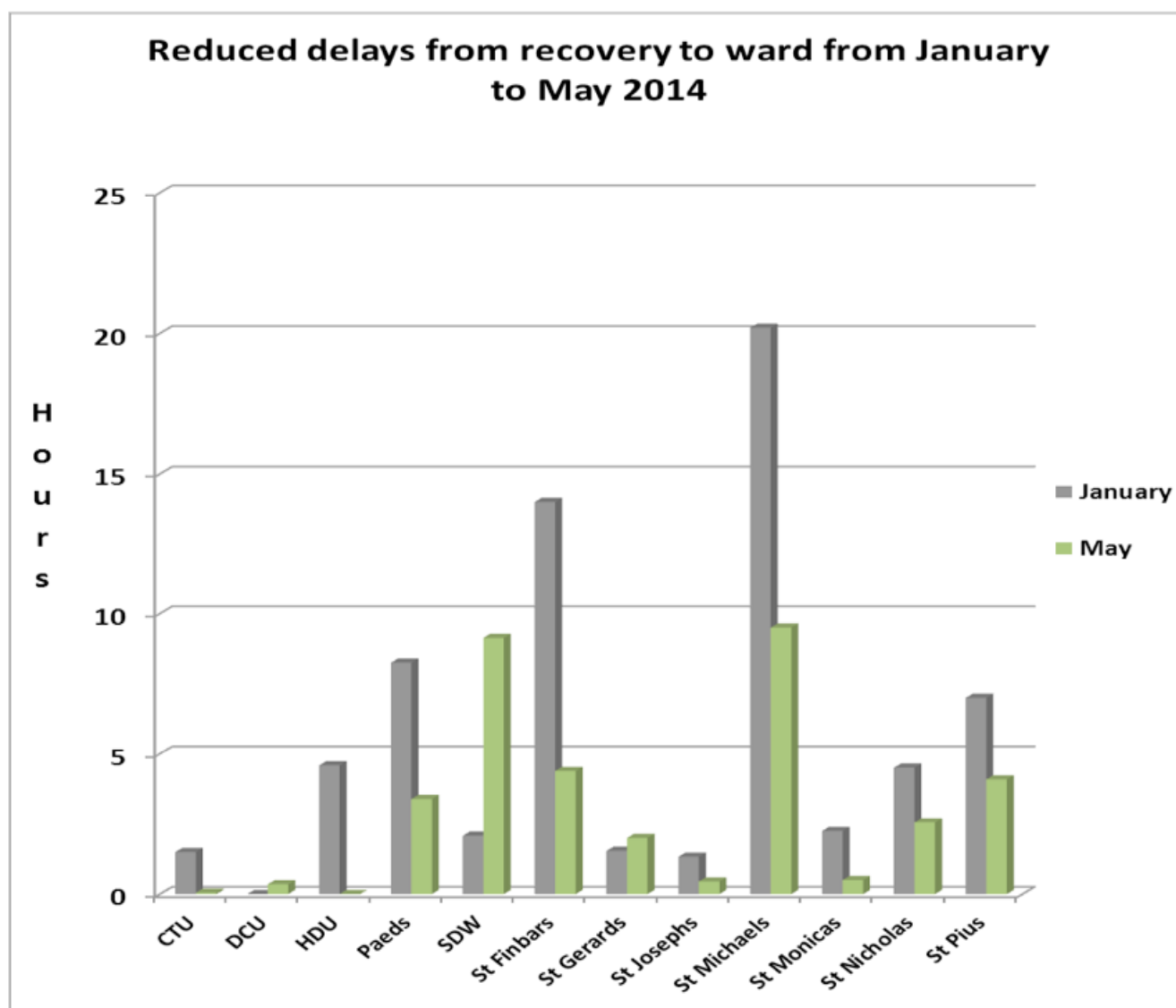
In January 2014, 68 hours of delays in transferring patients from the Post Anaesthetic Care Unit (PACU) were recorded in one week and this resulted in:

- Delays of 7 hours 16 minutes in patients being transferred from theatre to PACU
- Recovery and theatre staff working later than rostered hours
- Two patients being cancelled in that week

Since January 2014 the GUH TPOT Team has worked on improving the patients pathway from theatre, to PACU and to the wards. The aim was to reduce delays by 50% by May 2014.

ACHIEVEMENTS

Delays in collecting patients from the PACU were reduced by 50% by May 2014. Delays in patient's transfers from theatre to recovery were reduced from 7 hours and 16 minutes to 40 minutes.



This was achieved by:

- Local anaesthetic cases being transferred directly back to the wards in wheel chair by Health Care Assistants (HCA). A patient handover sheet based on the ISBAR communication tool was developed.
- Formation of a working group between the surgical wards and theatre to improve the patient's pathway. This improved communication and also staff awareness of the costs incurred (quantitative and qualitative) if patients are not collected from PACU in a timely manner.
- Changes in the way care is delivered in recovery - moving from nurse availability determining patient allocation to nurses' allocation to specific recovery bays.
- PACU Nurses transferring the patients back to ward if wards are not available to collect the patient in a timely manner.

Theatre would like to thank the Surgical Wards for their co-operation in this key achievement.

Breedha Cahill – TPOT Lead

NATIONAL POLICY FOR SAFE SITE SURGERY

The National Policy for Safe Site Surgery has been rolled out in theatre in June. This supports safe practice by ensuring that patients undergoing surgical procedures do so safely. This will be audited on an ongoing basis in line with national audit tool to measure and ensure compliance.

OTHER IMPROVEMENT PROJECTS

Remarkable work has been done by the health care assistants in standardising the sterile supplies storage room and to improve the vision boards (knowing what we are doing board and Operational Status at a Glance board). The National TPOT Programme Manager and leader have recently visited GUH and were very impressed with the progress.

Photographs of key elements of our ongoing improvement plan were taken to share with other sites. We have been advised that GUH progress will also appear in the next edition of the National Clinical Programme in Surgery Newsletter.

GALWAY UNIVERSITY HOSPITAL

Key Priorities 2014

Implementation of National Standards for Safer better Healthcare

Implementation of National Consent Policy 2014

Progress with Outpatient Waiting List

Inaugural Western Cancer Care Centre Conference

500th patient undergoes minimally invasive prostate cancer radiation treatment

GUH leading the way in Coronary Care Procedure

Diabetes Team wins Healthcare Award

World COPD Day at GUH

GUH Leads International Training on Revolutionary New Treatment for High Blood Pressure / Stroke Prevention

GUH Leading the Way in Interventional Radiology

GUH Radiology Registrar Develops Mobile Contacts App for Hospitals in the West / North West Hospitals Group

Oesophageal Cancer Awareness Day

New Family Rooms in ICU at GUH

Booklet for Advanced Nurse/Midwife Practitioners launched at GUH

GUH Celebrates five years of the Volunteer Service

GUH celebrated a morning of poetry as part of the Cúirt International Festival of Literature

Teenagers take over GUH – Avator Project

Hospice Friendly Hospital Awareness Day

Care World Cafe

Aoife O'Brien

Bus Information Screens

KEY PRIORITIES 2014

- Deliver Service Plan Activity Targets
- Implementation of Safer Better Health Care Standards
- Improve Access to services – Scheduled and Unscheduled Care
- Continue to Monitor and Improve Health Care Acquired Infection Rates
- Meet Financial Targets in Relation to Money follows the Patient and Income Generation
- Implement the Human Resource Policy and Delivery on Specific Initiatives including Absenteeism and Haddington Road Agreement
- Progression of Capital Projects
- ICT – Participation in the development of the WNW HG Information Management and Technology Strategy
- Further develop the Performance Management Culture
- Strengthen Integration with PCCC
- Participate in the WNW HG Integration Programme
- Implementation of National Clinical Programmes

IMPLEMENTATION OF NATIONAL STANDARDS FOR SAFER BETTER HEALTHCARE

The National Standards for Better Safer Healthcare were launched in June 2012 and provide a framework which underpins continuous improvement in the quality and safety of healthcare services. The standards describe the principles of quality and safety for healthcare settings which can be understood by the public, service users and service providers.

The implementation of the National Standards for Safer Better Healthcare is ongoing at GUH. The assessment process concluded at the end of June 2014, and work is ongoing with regard to the implementation of the Quality Improvement Plans.



THE IMPLEMENTATION OF THE NATIONAL CONSENT POLICY 2014 AT GUH.

The need for consent extends to all interventions conducted by or on behalf of the HSE on service users in all locations. Thus, it includes social care as well as health care interventions and applies to those receiving care and treatment in hospitals, in the community and in residential care settings.

How the principles are applied, such as the amount of information provided and the degree of discussion needed to obtain valid consent, will vary with the particular situation.

- The National Consent Policy 2014 and its supporting documentation is now available on GUH useful resources and www.hse.ie.
- An information booklet which contains the key points and principles outlined in the policy will be available for all staff with associated education. Sheila Garrett (Quality and Risk department) will print the information booklet.

This booklet contains the following:

- Key principles of consent for the adult
- Key principles of consent for children and minors
- Key principles of consent when conducting research

PATIENT INFORMATION LEAFLET

The printing department in GUH are in the process of printing a patient information leaflet on consent. A code will be provided for this leaflet. The leaflet will be available to order from stores. All wards/departments should ensure they have these available on their ward/department to distribute to their patients.

EDUCATION OF DOCTORS

Dara Byrne facilitates consent training for all new NCHDs entering GUH. A barrister who specialises in medico legal issues, Olwynn McWeeney gives two 1 hour sessions on consent to the NCHDs every July and January. Each attendee obtains a consent information booklet in their pack.

Each attendee at induction training every July and January will also receive the information booklet.

EDUCATION OF NURSES/MIDWIVES AND HEALTH CARE ASSISTANTS

A consent training pack will be available on all wards

Majella Small (clinical placement coordinator, MPUH) and Edel Mannion (CNM2 Nursing Practice Development) will do brief 10-15 minute education sessions on the ward outlining the key points of the policy.

EDUCATION OF ALLIED HEALTH PROFESSIONALS

Each AHP department will have a consent training pack and will ensure all of their staff are aware of the key points of the policy.

If you require any further information, please contact Dara Byrne dara.byrne2@hse.ie; Edel Mannion edel.mannion@hse.ie or Majella Small majella.small@hse.ie

PROGRESS WITH OUTPATIENT WAITING LIST AT GALWAY UNIVERSITY HOSPITALS CONTINUES

Last year one of the top priorities for Galway University Hospitals was to reduce the outpatient waiting list to meet the national target that no patient should wait longer than 12 months for an appointment.

In order to ensure that patients continue to get appointments within the national targets the hospital regularly validates the waiting list and at the end of May GUH has written to all patients who have been on the waiting list between 3 months and one year. This is necessary to ensure that the hospital has the most up to date contact details – people may have moved address in the past year – and to check if the patient still needs the appointment.

In order to make it easier for patients to respond, the hospital also used text messages to contact patients on the waiting list. Text messages were sent to all patients on the waiting list who had provided us with their mobile numbers or whose GP had provided the number when requesting an appointment.

12,071, text messages were issued of which 10,708 were delivered.

The hospital received 9,406 replies, of this number of replies, 376 patients advised of a change of address and 1503 advised that they no longer required an appointment.

As this was the first time that GUH had utilised text messaging for verifying patient contact details, letters were also issued. To date the feedback from patients on the new text system has been very positive and more importantly has facilitated the hospital in updating the waiting list very quickly.

In 2013 significant improvements were made in relation to the length of time patients waited for Outpatient appointments, in 2014 the hospital is continuing its focus to reduce the length of time that people are waiting for an appointment. The co-operation of our patients is essential in the validation process and is much appreciated.

INAUGURAL WESTERN CANCER CENTRE CONFERENCE AT GALWAY UNIVERSITY HOSPITALS

The West / North West Hospitals Group hosted the first Western Cancer Centre Conference at GUH in December 2013.

The conference brought together speakers from the National Agencies – the National Cancer Control Programme, the National Cancer Registry and the ESRI – along with experts in radiation oncology, haematology, colorectal/breast/lung and prostate screening to discuss key issues and the development of cancer services in the West.

Professor Michael Kerin, Chair of the Cancer Strategy Group for the West / North West Hospitals Group and Professor of Surgery and Head of Discipline at NUI Galway spoke of the plans for developing cancer services for patients from the West of Ireland. He said, "Our vision is to develop a comprehensive cancer centre which continues to deliver large volume, high quality diagnostics and therapeutics such as radiation, systemic chemotherapy and surgery.

"Cancer care will be provided by the clinically led multidisciplinary teams and the delivery of cancer care will be separated from the elective and emergency (scheduled and unscheduled) care programmes. Some elements of this vision are already achieved; others require ongoing development. We are continuously aware that many of our patients are travelling long distances within the hospital group and will expand the arrangement of various tests and investigations on the same day."

Also at the Conference, the Galway University Hospitals Cancer Centre 2012 report was presented and reviewed. The report provides an overview of developments in each of the cancer specialties and an update on cancer research and education/training.

Since the implementation of the NCCP in 2006 and the designation of Galway University Hospitals as the cancer centre for the West/North West, the numbers of cancer diagnoses have increased. In 2012 over 43,000 referrals were made to the GUH Cancer Centre with more than 10,000 patients attending the breast clinic and the colorectal/upper GI clinics. The growth of the GUH Cancer Centre has been supported by an increase in the number of cancer specialists appointed and the development of the Symptomatic Breast Centre, BreastCheck and the Rapid Access Prostate and Lung Clinics. A multidisciplinary approach to cancer management and the expansion of clinical trials and research programmes will enable the cancer centre to develop further in order to deliver optimal cancer care to the people of the West and North West of Ireland.



Photographed at the launch, from left: Marie Cox, Group Assistant Director of Nursing; Prof Michael Kerin, Chair of the Cancer Strategy Group for the West / North West Hospitals Group and Professor of Surgery and Head of Discipline at NUI Galway; Bill Maher, CEO of the West / North West Hospitals Group; and Noel Daly, Chair of the Board of the West / North West Hospitals Group.



Members of the prostate brachytherapy team, from left: Prof Frank Sullivan, Consultant Radiation Oncologist and Lead Clinician, Department of Radiation Oncology; Martina Sweeney, Staff Nurse; Jackie Barrett, Anaesthetic Nurse; Ger O'Boyle, Clinical Nurse Manager 2; Marie Cox, Group Asst Director of Nursing; Mr Jam Khalid, Consultant Radiation Oncologist; and Mary Hodkinson, Staff Nurse.

GALWAY UNIVERSITY HOSPITALS REACHES MILESTONE AS THE 500TH PATIENT UNDERGOES MINIMALLY INVASIVE PROSTATE CANCER RADIATION TREATMENT (PROSTATE BRACHYTHERAPY)

On Friday 01 November, the 500th patient underwent prostate brachytherapy for the treatment of prostate cancer at Galway University Hospitals (GUH). Brachytherapy is a once off treatment option that involves the implantation of radiation seeds directly into the prostate as an alternative to conventional external beam radiotherapy and surgery.

The treatment has been available to patients in the west for the past six years as a result of the innovation of Prof Frank Sullivan, Consultant Radiation Oncologist who has been successfully treating patients in GUH since 2007.

Prostate (seed implant) brachytherapy is a technique to treat early stage, prostate cancer by strategically placing radioactive seeds inside the prostate gland (using specialised ultrasound guidance equipment) where they remain to irradiate the malignant tissue within the prostate. For men who have been diagnosed with low risk prostate cancer, the option of brachytherapy means just one visit to hospital which is more convenient for patients who may otherwise require seven to eight weeks of daily external radiotherapy sessions or surgery. Some patients, with higher risk features, may need other additional treatments such as a short course of radiation and/or hormone therapy.

"GUH does not admit patients to a hospital bed for this day 'surgery'. The patient comes in to GUH in the morning and goes home the same day", says Prof Sullivan. "This represents a significant cost saving to the hospital over other available techniques."

Prof Sullivan outlined that, "Patients who are suitable for Prostate Brachytherapy benefit from high dose highly targeted radiation, shorter treatment times and studies are showing disease control rates equivalent to the other curative options, as well as improved quality of life for patients."

GALWAY UNIVERSITY HOSPITALS IS LEADING THE WAY IN CORONARY CARE PROCEDURE

Galway University Hospitals (GUH) has been leading the way in providing an emergency 24-hour heart-attack treatment programme, formally known as primary percutaneous coronary intervention or PPCI. This non-surgical procedure is the gold standard treatment for a full-blown heart attack and is used to treat the narrowed or blocked coronary arteries found in heart disease. Recent international evidence has shown PPCI to be the most effective treatment of a major heart attack.

The National Clinical Lead for the Programme is Professor Kieran Daly, Consultant Cardiologist at Galway University Hospitals, and GUH has led the way as the first hospital to go live in October 2012, providing a 7 day week 24 hour service. The Cardiology Intervention team at Galway comprises a number of Consultant Cardiologists, Medical staff, Cardiac Technicians, Cardiology Nurses and Radiographers, and is supported by other healthcare professionals. For every case 24 hours a day, there is a Consultant Cardiologist, Cardiology Registrar, Cardiology Nurse, Cardiac Technician and Radiographer made available.

Galway University Hospitals was one of six hospitals designated as a Primary PCI centre based on having a catheter laboratory available along with the required number of cardiologists that are trained in PPCI. GUH is

now receiving patients from all over the west of Ireland, with many being transported by the Air Corps Medevac 112 helicopter as part of the Emergency Aeromedical Service.

The National Ambulance Service has been pivotal in the success of this programme. Through their assessment of a patient, including evaluation of the heart tracing or ECG, they determine the appropriate treatment strategy. The "heart attack team" in GUH is activated, and the patient is transferred directly for the emergency procedure.

Dr. Briain MacNeill, Consultant Interventional Cardiologist, GUH says; "When a full-blown heart attack, known as a STEMI, is identified there are two options for treating the patient. If the ambulance service can get to GUH within 90 minutes of travel time, then the patient will be brought directly to the hospital for the PPCI procedure. The ambulance service may also call on the Emergency Aeromedical Service if the flight time including pick-up is within the 90 minute travel time. The National Ambulance Service has direct access to the Cardiology Team on call and can update the hospital on patient condition on route and expected arrival time."

Since its commencement Galway University Hospitals has treated patients not only from Mayo, Galway and Roscommon but also from Sligo, Leitrim, Donegal, Limerick, Tipperary, Offaly, Longford and Westmeath, as well as people on holidays from US, Canada and France.



Irish Air Corps personnel with staff from Galway University Hospitals from left: Captain Niall Buckley; Kevin Malone, Staff Nurse, Cardiac Catheterisation Lab; Dr Roisin Colleran, Specialist Registrar in Cardiology; Captain Jake MacCarthy; Rosemary Walsh, Clinical Nurse Manager, Coronary Care Unit; and Dr Stephen Tuohy, Specialist Registrar in Cardiology with the Air Corps Medevac 112 helicopter at the helipad at University Hospital Galway.

GALWAY UNIVERSITY HOSPITALS' DIABETES TEAM WINS HEALTHCARE AWARD

An initiative to introduce structured education programmes for people with diabetes by the Diabetes Education Team at Galway University Hospitals won the "Patient Lifestyle Education Project" category at the Irish Medical Times 2013 Healthcare Awards.

The project involves providing structured training to people with type 1 diabetes and type 2 diabetes so that they can develop the necessary skills and knowledge to successfully self manage their chronic illness.

The programme for people with type 1 diabetes is called DAFNE or **Dose Adjustment for Normal Eating** and the Diabetes Team delivers this course up to seven times per year. The programme comprises a five day course with a booster session 6-8 weeks later and is delivered by two trained diabetes educators (diabetes nurse specialist and diabetes dietitian) to groups of eight people at a time.

The programme for people with type 2 diabetes is called DESMOND or **Diabetes Education and Self Management for Ongoing and Newly Diagnosed** and this programme is delivered in the community by specially trained diabetes nurse specialists and dietitians. The programme runs every two weeks and is either one full day or two half days.

Both programmes are now part of routine diabetes care. The team have scientific evidence to show that the DAFNE programme (for people with type 1 diabetes) has reduced hospital admissions and has reduced the frequency of severe hypoglycaemia. In addition, people who follow the DAFNE programme have improved quality of life and treatment satisfaction and reduced levels of depression, anxiety and diabetes-related distress.

Speaking of the achievement Dr Sean Dinneen said, "Through the dedication and commitment of busy healthcare professionals and with the support of senior management in the West / North West Hospitals Group, Galway Primary Community and Continuing Care (PCCC) and NUI Galway we have succeeded in changing the emphasis of our diabetes service from one that was very provider orientated to one that is now very patient centred.



The Diabetes Education Team at Galway University Hospitals who won the "Patient Lifestyle Education Project" category at the Irish Medical Times 2013 Healthcare Awards; photographed receiving the award from left: Bernadette McDonnell, Diabetes Nurse Specialist and DAFNE Educator; Dr Sean Dinneen, Consultant Physician and Senior Lecturer, School of Medicine, NUI Galway; Mary Clare O'Hara, Diabetes Education Project Manager and Researcher; and Carmel Murphy, Senior Diabetes Dietitian and DAFNE Educator.

WORLD COPD DAY AT GALWAY UNIVERSITY HOSPITALS

Last November the Respiratory Services at Galway University Hospitals held an event in the main foyer of UHG to mark World COPD Awareness Day.

COPD is a general term for a number of chronic lung disorders including bronchitis, emphysema and chronic obstructive airway disease. It is estimated that 440,000 people in Ireland suffer from COPD and the most common cause of COPD is smoking. If COPD is detected early, treatments are available to prevent further deterioration of lung function.



Mary English, Maintenance (home nebs) PCCC; Mairead Ward, Physiotherapist GUH; and Sheila Farrell, Snr Physio, COPD Outreach.

GALWAY UNIVERSITY HOSPITALS LEADS INTERNATIONAL TRAINING ON REVOLUTIONARY NEW TREATMENT FOR HIGH BLOOD PRESSURE / STROKE PREVENTION

Last December, Galway University Hospitals become the first hospital in the UK and Ireland to provide training on a new treatment for high blood pressure called renal artery denervation.

Dr Faisal Sharif, Consultant Cardiologist, who pioneered the use of the treatment at GUH in 2011, led the training to a group of 15 Doctors from hospitals in various countries including Abu Dhabi, Sweden, Croatia, Italy, United Arab Emirates, Hungary, Lithuania and the UK. The training included classroom lectures, simulator exercises and two live cases carried out by Dr Sharif.

The procedure involves using low-power radiofrequency energy to deactivate the nerves in the kidneys which leads to a significant and sustained reduction in blood pressure. The device used is manufactured in Galway by Medtronic and the procedure is carried out as a day case.

Dr Faisal Sharif, Consultant Cardiologist training an international team of Doctors on a new treatment for high blood pressure called renal artery denervation in December.

GALWAY UNIVERSITY HOSPITALS LEADING THE WAY IN INTERVENTIONAL RADIOLOGY

Galway University Hospitals (GUH) is a leader in Interventional Radiology with a world class service providing venous endovascular reconstruction to patients from all over Ireland and overseas.

Venous endovascular reconstruction involves using a minimally invasive, targeted treatment to get through blockages in veins and to insert stents to connect areas of normal veins back together.

On January 28th and 29th Dr Gerry O'Sullivan and Dr Ian Davidson, Consultant Interventional Radiologists at GUH, along with Dr Anthony Ryan, Consultant Interventional Radiologist at Waterford Regional Teaching Hospital performed venous endovascular reconstruction on five patients which were broadcast live to a conference in Leipzig, Germany bringing together over 3,500 experts in Vascular Diseases from 70 countries.

According to Dr O'Sullivan, being chosen to showcase the expertise available in GUH is a major recognition of the work being carried out in Galway. He said, "Galway is one of the key centres in Europe for acute deep venous thrombosis work, and we are delighted to have an opportunity to share our experience. Every year a significant number of patients are referred to Galway for specialist assessment, advice and treatment. In addition



dozens of physicians from all over Europe travel to Galway every year to train with us in these techniques.

"By broadcasting the procedures at GUH live to the conference, we were able to share our experience with a much larger group of doctors. Due to management support and foresight we are fortunate to have two advanced Siemens angiography suites- we also have the benefit of a highly trained group of nurses, radiographers and anaesthetists whose expertise is critical.

"We have had considerable success with these new, highly advanced, technologically sophisticated procedures, which have the capacity to greatly enhance our patients' quality of life and often save limbs. Typically patients we treat suffer with swollen, stiff, and heavy legs and they cannot walk for any distance. Many of these patients have had ulcers at one time or another which have failed to heal. After successful treatment patients can walk further, their legs are less swollen and their ulcers usually heal.

"Our department is focused on providing the latest treatment techniques to achieve the best possible outcomes for our patients. We have strong research links with both academia and industry and are currently involved in a number of medical trials involving venous disease.

"We have a long tradition of working with medical device companies and we will be using venous stents manufactured in the Boston Scientific plant at Parkmore, as well as from the Cook Medical plant in Limerick during the operations which will be broadcast to the conference in Leipzig. It is a privilege to have the opportunity to participate in such an innovative and exciting meeting of world experts who are focussed on improving patients' quality of life."



Venous endovascular reconstruction procedures on five patients at Galway University Hospitals were broadcast live to a conference in Leipzig, Germany on January 28 and 29. Photographed after the final procedure at GUH, from left: Dr David Ferguson, Radiology SpR; Dr Gerry O'Sullivan, Consultant Interventional Radiologist; Colm Daly, Radiographer Clinical Specialist; Irene O'Meara, Radiographer; and Dr Anthony Ryan, Consultant Interventional Radiologist at Waterford Regional Teaching Hospital.

GUH RADIOLOGY REGISTRAR DEVELOPS MOBILE CONTACTS APP FOR HOSPITALS IN THE WEST / NORTH WEST HOSPITALS GROUP

The mobile app was developed by Dr Joe Sheehan, who works as a Radiologist Registrar in Galway University Hospitals along with Shane McAllister who is an app developer and Kieran Coleman, who is a GP trainee working in Mayo General Hospital. The development of the app was kindly sponsored by MSD.

A new mobile app which contains all the contact telephone numbers for each of the hospital sites in the West / North West Hospitals Group was launched in GUH in May.

The new app is free to download for use by staff and GPs. Users can choose which hospital to set as "home" and the app also includes many other features such as shortcuts to numbers used frequently.

iPhone: To download the app on your iPhone type "Hospital Contact" into the app store.

Android: To download the app on your android phone type "Hospital Contact" into the Google Play store.

Then enter the following access code once you have downloaded the app: **west999** (code only needed for the first use).



At the launch of the West / North West Hospitals Group contacts mobile app at UHG, from left: Dr Joe Sheehan, Radiology Registrar and one of the developers of the app; Ger Bowens, Hospital Account Manager, MSD; and Dr Donal Reddan, Group Clinical Director for Medicine.

OESOPHAGEAL CANCER AWARENESS DAY



Photo details: At the recent Oesophageal Cancer Awareness Day at UHG, from left: Olive 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.

In March Galway University Hospitals held a very successful oesophageal cancer awareness day in the foyer of UHG. At the information day, Clinical Nurse Specialists in Upper GI Cancer and Colorectal Cancer met with members of the public to discuss concerns and to answer questions.

Anna O'Mara, Clinical Nurse Specialist in Upper GI Cancer says, "Our aim was to raise awareness of this type of cancer which affects over 400 people on average in Ireland every year. I would like to thank the members of the public for their support on the day.

"Oesophageal Cancer can affect both men and women however the risk is higher with males and as is the case with many cancers, smoking is a significant factor. The risk of developing oesophageal cancer does increase with age but we have seen cases in young people also.

"The oesophagus, also known as the gullet, is the connective tube between your throat and stomach. All food and liquids we swallow are pushed to the stomach by the contraction of the oesophageal muscles. Oesophageal cancer is caused when the lining of the oesophagus experiences abnormal cell growth. There are two main

symptoms that may indicate oesophageal cancer and these are difficulty swallowing and weight loss.

"Oesophageal Cancer is a treatable condition if caught early enough and we hope that our awareness day helped people to understand what to look out for and what lifestyle changes can help reduce the risk.

"Our information day in UHG was just one of many events which took place around the country as part of 'Lollipop Day' which is organised by the Oesophageal Cancer Fund, a registered charity set up in 2001 to raise awareness of the symptoms of oesophageal cancer and to provide money for research so as to improve the journey and outcomes for people with oesophageal cancer and their families.

In 2012, GUH was designated by the National Cancer Control Programme as one of three national satellite centres for Oesophageal and Gastric Cancer Care. Patients have access to a full range of treatment options under a multidisciplinary approach including radical surgery, radiation therapy and chemotherapy.

NEW FAMILY ROOMS IN ICU AT GALWAY UNIVERSITY HOSPITALS

The two family rooms in the Intensive Care Unit (ICU) in University Hospital Galway were refurbished for use by the families of those who have loved ones receiving treatment in the unit. The refurbishment of these rooms was carried out by Máire Ní Bhriain and the family and friends of her late daughter, Sadhbh Ní Bhrádaigh.

The rooms have been named 'Suaimhneas' (Comfort) and 'Tearmann Shaidhbh' (Sadhbh's Sanctuary) in memory of Sadhbh, an 18 year-old student from Oranmore who died from Pneumococcal Meningitis on Christmas night 2009. Máire, Sadhbh's Mother spoke of the background to the project, "We set up a trust called 'Spiorad Shaidhbh' to honour her memory through fundraising and organising small acts of kindness that will improve the lives of others in the local community in which we live. These small acts of kindness are called 'Sadhbh's Wish List' and we hope to fulfil one wish a year of the next five years".

"The aim of Wish Number One was to refurbish the existing family rooms in the ICU into a more comfortable environment where family and friends could rest while caring for a loved one. This is a time when a comfortable peaceful environment can help ease the stress and strain on the patient's family.

"We, her family and friends, had cause to avail of these rooms at a very sad and difficult time in our lives and, after Sadhbh's death, made a commitment to make them more comfortable for other families like ourselves who need or wish to stay close to their loved ones.

"We are delighted to officially open these rooms here today and hope, as the room names suggest, that they will provide comfort and sanctuary to all who find themselves awaiting news of a loved one in ICU.

"We would like at this time to acknowledge the generosity of family, friends, most especially Louise Carmody of the Diabetic and Pregnancy Clinic in UHG for her stalwart work and support throughout the project, and the wider community who contributed to the fundraising to help us fulfil Wish Number One.

Macha Ní Bhrádaigh, sister of Sadhbh; Siobhán Carroll from ACT for Meningitis (Aoibhe Carroll Trust); and Jean Kelly, Director of Nursing and Midwifery, GUH.



At the opening of the refurbished family rooms in the Intensive Care Unit, Galway University Hospitals, which was carried out by Máire Ní Bhriain and the family and friends of her late daughter, Sadhbh Ní Bhrádaigh, from left: Máire Ní Bhriain; Dr Patrick Neligan, Consultant Anaesthetist, ICU;

BOOKLET FOR ADVANCED NURSE/ MIDWIFE PRACTITIONERS LAUNCHED AT GALWAY UNIVERSITY HOSPITALS

A booklet outlining the work of Registered and candidate Advanced Nurse Practitioners (RANP and ANPc) and Registered and candidate Advanced Midwife Practitioners (RAMP and ANMPc) working at Galway University Hospitals and at other hospitals in the West, along with RANPs working in Community Health Services, was launched at GUH in May.

The RANP and RAMP specialties at Galway University Hospitals include: Emergency Department, Diabetes, Neonatology, Haematology, Colposcopy, Urology, Radiotherapy, Neurology and Psychiatry.

The booklet showcases the expertise of each of the registered and candidate practitioners and a listing of research and publications they have carried out which demonstrates the ongoing development of advanced clinical nursing/midwifery knowledge and critical thinking skills required to independently provide optimum patient care”.



Advanced Nurse and Midwife Practitioners from Galway University Hospitals at the launch of a booklet outlining the work of Registered and candidate Advanced Nurse Practitioners and Registered and candidate Advanced Midwife Practitioners working in the West, from left: Naomi Davies, Emergency; Helen Burke, Diabetes; Alison van Laar, Liaison Psychiatry; Shirley Angland, Emergency; Madge Kennedy, Emergency; Marion Cahill-Collins, Vascular; Emer Duffy, Emergency; Teresa Meenaghan, Haematology; Maura Molloy, Women's Health; Pat Rodgers, Women's Health; and Jean James, Neonatology.

GALWAY UNIVERSITY HOSPITALS CELEBRATES FIVE YEARS OF THE VOLUNTEER SERVICE



At the five year anniversary celebrations of the 'Meet and Greet' Volunteer Programme at Galway University Hospitals (GUH), from right: Ann Cosgrove, General Manager, GUH; Phil Whyte, Volunteer Co-ordinator, GUH; Volunteers Patricia Dooley, Mary Heneghan, Deborah Reilly, Ronald Sayers, Phil Grealish, Mary Griffin, Muriel Silke and Alice Parsons; Colette Cowan, Group Director of Nursing and Midwifery, West/North West Hospitals Group; Mary Hynes, HR Manager, GUH; John Shaughnessy, Director of Human Resources, West/North West Hospitals Group.

In September Galway University Hospitals (GUH) celebrated five years of the 'Meet and Greet' Volunteer Service at the hospital.

Ann Cosgrove, General Manager, GUH explains the significance of the Volunteer Service. She says, "Our Volunteer Programme has been very successful and indeed many other hospitals have approached us for advice when setting up their own programmes. We are very proud of the excellent work of the volunteers who give their time so generously to this hospital and indeed the benefit to the patients over the last five years has been immense”.

The main role of the volunteer is to provide a friendly welcome and reassuring first impression to everyone who enters the hospital and to help and guide visitors and patients to the various wards, departments and clinics in the hospital.

The Meet and Greet Volunteers sit to the left hand side as visitors and patients go into the main foyer of UHG. When people need directions to a particular ward or clinic, the volunteers will bring them to their destination, chatting and easing stressed nerves along the way. The volunteers wear distinctive maroon bibs with the words 'Volunteer – Galway University Hospitals', so they are easily identifiable and are always very approachable and willing to help.

Phil Whyte, Volunteer Co-ordinator, GUH adds, "The volunteers are ordinary people who give willingly of their time and generously help others to cope with the challenges of attending a busy acute hospital. They have brought such positivity and energy to their role and have become an integral and valued part of the team at the hospital. We are delighted to mark the five year anniversary and look forward to many more.”

GUH CELEBRATED A MORNING OF POETRY AS PART OF THE CÚIRT INTERNATIONAL FESTIVAL OF LITERATURE

On Friday 11 April 2014, Galway University Hospitals Arts Trust unveiled the eleventh series of Poems for Patience. There was great excitement on campus as the Poems for Patience event was officially launched by poet Theo Dorgan. The theme Theo has chosen for 2014 is "We are not separate from the world." The event took place on the Arts Corridor, University Hospital Galway. This is part of an ongoing initiative by Galway University Hospitals Arts Trust to introduce poetry into Galway University Hospitals.

Poet Theo Dorgan introduced 21 poems he has selected, including works by Galway poets Moya Cannon, Rita Ann Higgins, Mary O'Malley, Patrick Deeley, as well as Samuel Green, Carol Ann Duffy, Sharon Olds, and many more.

The poetry is circulated throughout the waiting areas of University Hospital Galway and Merlin Park University Hospital. Galway University Hospitals Arts Trust's first series of Poems for Patience in partnership with the Cúirt International Festival of Literature was launched at the festival in 2004.

Theo Dorgan was born in Cork in 1953. He is a poet, prose writer, documentary screenwriter, editor, translator and broadcaster. Dedalus reissued his first two poetry collections: *The Ordinary House of Love* (1991) and *Rosa Mundi* (1995) in a single volume, *What This Earth Cost Us*, in 2008, his most recent collection is *Greek* (2010). Dedalus Press will publish a new collection in 2014. A former Director of Poetry Ireland, he has worked extensively as a broadcaster of literary programmes on both radio and television. He is also a member of Aosdána and served on The Arts Council of Ireland from 2003 - 2008. He lives in Dublin.

In 2013 to mark the tenth anniversary of the Poems for Patience project Galway University Hospitals Arts Trust launched a poetry competition. The trust was delighted with the incredibly high standard and the huge response from poets and has decided to run the competition on an annual basis. Kevin Higgins, Writer in Residence at Galway University Hospital Galway introduced Sighle Meehan, the 2014 winner of the Galway University Hospitals Arts Trust second poetry competition. Sighle was presented with a copy of her poem in a poster format and read the winning entry *Just the One*.



Ann Cosgrove, Theo Dorgan Poet who launched Poems for Patience, Dani Gill, Director Cúirt International Festival of Literature, Kevin Higgins Writer in residence GUH and Margaret Flannery Arts Director



Phyllis McNamara WNWGH Board Member and board Member of Galway University Hospitals Arts Trust, James C. Harrold Galway City Arts Officer and Sighle Meehan, winner of this years Galway University Hospitals Arts Trust poetry competition.

TEENAGERS TAKE OVER GUH – AVATOR PROJECT

The Cloudlands Project for teenagers in hospital has been in University Hospital Galway since November 2012. Artist Emma Fisher visits the hospital every fortnight to work with teenagers on a variety of arts and technology projects.

On **Wednesday, 07 May**, Emma was joined by the two other Cloudlands artists Rachel Tynan from Temple Street Children's Hospital and Eszter Nemethi from University Hospital Cork to share some of the work with GUH staff.

On the day staff in GUH was invited to create their own Avatar at lunchtime. Meanwhile children and teens in the Paediatric unit worked on a music video starring all of the avatars that were gathered during the day. This video was to illustrate a song "Chance," written by one of the teens while in hospital. The video was then screened in the playroom of the Paediatric unit later that evening.

This process served to increase the profile of the project within the hospital. It also showed the teens involved in the project that they are part of something wider by connecting them to the other two participating hospitals. It also empowered the teens and celebrated their work by allowing them to direct the artists to spread their stories among the hospital community. This creative exchange proffered an opportunity for staff to learn about the arts programme in GUH, particularly the various creative opportunities for children and teens, coordinated by GUH Arts Trust in partnership with Helium.

Cloudlands is the first national arts project designed specifically for teenagers in hospital. It is produced by Helium, the arts and health company for children and young people. For further information check out www.helium.ie or contact GUH Arts Office at 091 544979 or guharts@hse.ie



Members of GUH staff who took part in the Helium Creative Exchange Day helping children in the paediatric unit make a music video.



Avril Carr from Helium Arts and Health, with Eszter Némethi, Emma Fisher and Rachel Tynan artists working with Teens in GUH as part of the Cloudlands project.

HOSPICE FRIENDLY HOSPITAL AWARENESS DAY AT GALWAY UNIVERSITY HOSPITALS

The End of Life Care Committee in Galway University Hospitals (GUH) held a very successful information day to raise awareness of the work of both the committee and the Hospice Friendly Hospitals (HFH) Programme yesterday, Monday 21 July in the foyer of University Hospital Galway.

The HFH network is an end-of-life care programme developed by the Irish Hospice Foundation (IHF) which is linked to 40 acute hospitals across Ireland including GUH. The HFH aims to support front line staff who are delivering end of life care to ensure the best possible care for the patient when they are reaching the end of their life's journey, so that patients die with dignity and respect and to help their families to cope.

Colette Goonan, Children's Outreach Nurse and member of the End of Life Care Committee at GUH said, "The aim of the information day was to raise awareness of the work which has been undertaken at the hospital around end-of-life care and emphasise the importance of dignity and respect for patients and their families at this difficult stage of life.

End-of-life care refers to all care at end of life from the clinical care through to the support provided by hospital staff including dealing with the administration involved. End-of-life care also includes the care and support provided by staff to families and friends and care of the body of the deceased and for the bereaved who live on".

We also launched our updated 'Bereavement Booklet' which was initially developed by our first End of Life Committee over a decade ago. This booklet is a valuable source of information for all individuals dealing with grief in their own lives and includes additional information specifically for children and updated practical information in relation to tax and other legal issues that may arise."

Sharon Foley, CEO of the Irish Hospice Foundation, commented, "The simple aim of the Hospice Friendly Hospitals Programme is to embed hospice principles into hospital practice. We are delighted at the positive reaction of hospital staff in Galway University Hospitals to the various initiatives that have been introduced. We hope that patients and families will feel the benefit of the training and education when it matters most to them."



The End of Life Committee at Galway University Hospitals (GUH) held an information day to raise awareness of the work of both the committee and the Hospice Friendly Hospitals Programme on Monday 21 July in UHG. Back row, from left: 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 McCormack, Staff Nurse, Unit 5, Merlin Park University Hospital; and Fr Robert McNamara, Hospital Chaplain.

UNSCHEDULED CARE WORLD CAFÉ HIGH IMPACT TARGETS FOR WEST / NORTH WEST HOSPITALS GROUP

The Unscheduled Care WNW HG World Café took place on 30 May 2014.

We hosted the World Café to:

- Focus on what matters
 - PDD
 - Home by 11am/Early Morning Discharges
 - Weekend Discharges
- Contribute our thoughts
- Speak our minds & hearts
- Listen and share
- Link and connect ideas
- Formulate a plan of action for WNW HG going forward

LEARNING FROM THE EVENT:

1. Multidisciplinary hospital wide teams are essential in overseeing and implementing change. WNW HG recognise that this is a hospital-wide problem.
2. A Champion for change must be identified. Someone with energy and leverage must lead the way and be willing to advocate tirelessly for improvement.
3. Senior Leadership takes clear and consistent message that improving patient flow is a priority.
4. WNW HG must learn and use formal improvement methods, like rapid cycle change, on a daily basis and track results.

These improvements should be simple and straightforward in order to achieve results quickly

FACTORS FOUND TO IMPROVE PATIENT FLOW IN WNW HG:

- Obtaining Executive support
- Engaging medical staff
- Utilising MDT's
- Promoting collaboration between the ED and inpatients
- Sustaining and monitoring the success of interventions
- Analyzing which changes had the greatest impact and why
- Empowering Staff
- Providing senior manager intervention to overcome barriers
- Promoting awareness for new initiatives throughout the Group
- Improving communication processes to enhance clarity and reduce complexity

ACHIEVING TRANSPARENCY IN THE SYSTEM

Transparency around initiatives and data must become an organisational value, so that all stakeholders have the information they need to do their jobs. Transparency means open sharing.

Improvement becomes possible once staff know how things are now and can see objective evidence of possible change.

THE WNW HG JOURNEY TO SUCCESS:

Pulling people through the system rather than relying on departments or services to 'PUSH' people forwards ensure our patients receive the quality of care that they all deserve

The workshop was a very positive sharing experience with great lessons and practical actions identified. The learning from the World Cafe was presented to the SDU on Friday 6/6/14. PJ Harnett's (SDU Liaison Officer) response:

"Please compliment all involved in the World Café and the ideas, momentum and narrative generated is really super stuff"

We would like to express sincere thanks to all who attended and were involved in this hugely successful event and look forward to a follow up in the near future!

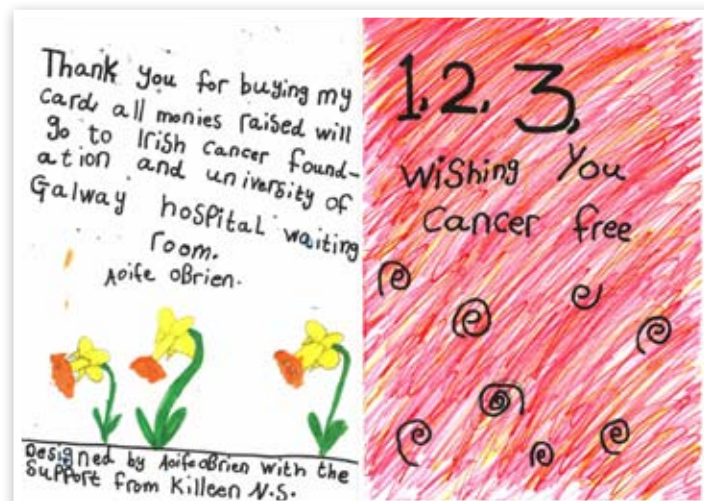


AOIFE O'BRIEN – DESIGN OF CARDS TO RAISE FUNDS FOR THE IRISH CANCER SOCIETY

Mrs. Lisa O'Brien recently made contact with our Chief Director of Nursing and Midwifery in relation to her daughter Aoife O'Brien. Aoife is an 8 year old student of Killeen National School and with their support has designed and created cards and has raised over €600 which she has presented to the Irish Cancer Society. In addition, Aoife has also purchased magazines and books for the oncology/haematology day ward waiting room with the proceeds of her wonderful cards as her grandmother is receiving treatment here at present.



Olive Gallagher, PAL's Officer, Jerry Nally, ADON Medicine & Cancer Services, Christina Farrell, CNMII Haem/Onc day ward, Mrs Lisa O'Brien and Aoife O'Brien



NATIONAL TRANSPORT AUTHORITY INSTALLS BUS INFORMATION SCREENS.

Screens with real time bus information have been installed in the main foyer at UHG, making long waits at the bus stop a thing of the past. The timetables are part of a larger scheme to encourage bus travel throughout the city. "The real time travel information displays are only a small part of the overall GUH strategy to support more sustainable transport to and from our campus," said services manager Geoff Ginnetty.

GUH employs approximately 2,700 staff and greater than 417,000 patients attend the hospital each year, these figures along with the general public visiting and accompanying patients to hospital makes GUH one of the largest generators of trips in Galway city. The hospital has a mobility management plan working towards delivering sustainable transport options. GUH joined the National Transport Authorities 'Smarter Travel workplaces Programme' in 2010, and have benefited

from their expertise, funding and resources towards the hospitals mobility management plan. The NTA made the suggestion of putting screens with real time information in GUH early this year. Such screens have already been installed in Beaumont and the Mater hospitals. "The NTA have covered the cost of the display screens and we will work towards having the real time bus information for Bus Eireann along with shuttle bus services and city direct services timetabling information available on TV screens throughout the hospital" said Geoff.

Other improvement measures taken to support sustainability include; the increased hospital shuttle bus services between UHG and MPUH, the promotion of car sharing on carsharing.ie, the Cycle to Work Scheme for staff, increased bike parking spaces throughout campus and the promotion of the tax saver scheme, www.taxesaver.ie. GUH are in regular contact with the NTA, Galway city Council and local bus providers to improve the bus connectivity to both campus' to make it more of an attractive option for staff and public travelling to GUH.



Estates Update



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.

HRB Clinical Research Facility, Galway

The HRB Clinical Research Facility, Galway (HRB CRFG), www.crfg.ie, is a joint venture between Galway University Hospitals (GUH) and National University of Ireland, Galway (NUIG) and has been in operation since March 2008. The CRFG provides the infrastructure, physical space, facilities, expertise and culture needed to optimally support patient-focused research studies and clinical studies aimed at understanding a range of diseases and translating the knowledge obtained through this research work into regulatory approved advances in patient care as speedily as possible.

OVER 4000 PEOPLE ENROLLED IN CLINICAL RESEARCH STUDIES SINCE 2009

Since patient recruitment started in the HRB CRFG in 2009 over 4000 patients and volunteers have been involved in clinical research in over 150 studies through the facility. Participants have travelled from all over Ireland to take part in the state of the art research being conducted in Galway.

SERVICES OFFERED

Through close collaboration with NUI Galway and GUH the HRB CRFG is increasing the availability of new research therapies and investigations across a spectrum of disease areas including cancer, cardiovascular disease and diabetes, haematology, rheumatology, renal, obstetrics, psychiatry, dermatology, infectious diseases and general practice. The HRB CRFG provides study coordination, regulatory support, patient recruitment, biostatistics and data management support for a range of research programmes dealing with the health of the population. Future collaboration with additional international and Irish based medical and pharma companies are in development for clinical trials in the areas of diabetes, oncology, IBD and cardiology.

For further information please see www.crfg.ie

Galway University Hospitals

CLINICAL RESEARCH FACILITY

The Clinical Research Facility is progressing well in line with project with a target end date of the 31 Jan 2015.

INTERIM WARD BLOCK

Enabling work preparation for this project is currently underway having due regard to patient comfort measures during the construction phase of the project.

CAR PARKING

The construction of the two tier car park at University Hospital Galway commenced in mid July 2014.



Roscommon Hospital

Endoscopy Project



The construction of the Endoscopy Unit at Roscommon Hospital commenced on 30 June 2014.

Elaine Prendergast, General Manager with members of the Construction Company, MVS Ltd, the Design Team and HSE Estates.

Tobacco Control in the Health Services - What we can do

By: Laura Mchugh, Health Promotion Officer, Health and Wellbeing Division.

That fact is that 1 in every 2 smokers will die of a tobacco related disease.

Ireland's 1 million smokers, their families and friends, and our health services all pay a huge price as a result of smoking. In Ireland, the average cost per admission of treating a smoker in an in-patient setting for a tobacco related illness is €7,700.

Hospital admission is an opportunity to identify smokers and offer help to stop smoking. A national study in 2011 illustrated that almost a quarter of inpatient discharges had a recording of any tobacco use on their HIPE record. Data from this study suggests that there is an under-reporting of tobacco use among the inpatients in Irish hospitals (recording of tobacco use ranged from 5% to 46% in the study). Efforts should be made to ensure that the smoking status of all patients is ascertained at hospital admission, to ensure that patients receive the necessary treatments and support to enable them to stop smoking. In addition, continued efforts should be made by medical personnel documenting a relationship between a patients' condition and smoking, so that coders can use the most appropriate codes as per coding guidelines (Sheridan & Howell, 2013).

WHY DON'T SMOKERS JUST QUIT IF IT IS SO DANGEROUS?

Research tells us that most smokers – 8 out of 10 - want to quit, and that 4 out of every 10 smokers try to quit each year. Unfortunately, for some people, their addiction to nicotine can be very difficult to overcome. However, it is not impossible. Of those who have quit- just over a third (35%) quit on their first attempt- and overall half of them succeeded after their second attempt. The trick is to keep trying.

WHY ARE HOSPITAL GROUNDS NOW TOBACCO FREE?

The tobacco free campus initiative is part of an international move to make healthcare institutions completely smoke free as there is a growing recognition that allowing smoking on healthcare campuses significantly undermines the health promotion message of the organisation. A key component in moving towards the creation of a tobacco free society is the denormalisation of tobacco use at every opportunity. This is not an anti-smoker initiative but rather a desire to change our approach towards the use of tobacco across society.

Making smoking less attractive to children and young people and increasing its social unacceptability are key elements in the denormalisation of tobacco.

HOW CAN ALL OF US HELP PEOPLE TO STOP SMOKING – MAYBE OUR LOVED ONES?

Smokers know that cigarettes are bad for them and remember that about 80% of smokers want to quit. Many of them feel that quitting is too hard, that they won't succeed, that they will do it tomorrow, next month, when they're 30, or when they're 40. We can remind smokers that it's never too late, that most people have to try a few times before they succeed, and that quitting is worth it. We are saying to all smokers in Ireland:

A) 1 IN 2 SMOKERS WILL DIE OF A TOBACCO RELATED DISEASE, BUT IT DOESN'T HAVE TO BE THAT WAY FOR YOU.

B) YOU CAN QUIT. WE CAN HELP.

Visit www.quit.ie

Call the National Smokers' Quitline on Freephone 1800 201 203

Find our Facebook page www.facebook.com/HSEquit

ARE ELECTRONIC CIGARETTES SAFE TO USE? CAN PATIENTS USE THEM WHILST IN HOSPITAL?

At present, we cannot say that e-cigarettes are safe. The use of Electronic e-cigarettes is not permitted within HSE facilities or on HSE campuses. They should not be advertised, promoted or sold in any HSE facility. The evidence to date indicates that the products vary widely in the amount of nicotine and other chemicals they deliver and it is very difficult for consumers to find out what is actually delivered by the product they have purchased. Manufacturers of oxygen supplies for hospitals have advised that e-cigarettes pose a potential fire hazard in proximity to oxygen sources. Furthermore, the use of electronic cigarettes may promote or re-normalise smoking and make it harder to implement our tobacco free campus policy.

REFERENCES

Sheridan, A & Howell, F (2013) An Analysis of the Recording of Tobacco Use among Inpatients in Selected Irish Hospitals, HSE

Katrin Schaller, Linda Ruppert, Sarah Kahnert, Christina Bethke, Urmila Nair, Martina Pötschke-Langer (2013). Electronic Cigarettes – An Overview. Heidelberg

www.hse.ie/tobaccocontrol

www.quit.ie



"quit.ie services available on mobile devices »

STOP SMOKING SERVICES AND HEALTH INEQUALITIES

Audit of Galway University Hospitals Tobacco Free Campus Policy

The Tobacco Free Campus Policy was introduced in February 2012 which prohibits smoking anywhere within the hospital campus including the hospital grounds. The study aimed to assess the level of compliance policy at UHG and Merlin Park Hospital. The study methodology incorporated an observation audit of compliance and a count of cigarette butts at both campuses at set intervals 4 times each day for 7 days on each site. The data was collected in July 2013.

THE FOLLOWING RECOMMENDATIONS WERE MADE:

- A specific system of proactive enforcement by key members of staff at main and secondary entrances should be considered.
- The specific duties of security staff in relation to the policy needs to be made explicit. This should be based on agreement with security management and the relevant unions.
- Consideration should be given to updating the GUH uniform policy with a directive that does not permit smoking whilst wearing a staff uniform or badge.
- Current initiatives to raise awareness of the policy should also be examined to determine the need for additional initiatives to help maintain awareness.
- A system to provide safe access to hospital perimeter entrances that addresses liability issues needs to be established for patients that choose to continue to smoke.
- Due to the larger volume of smokers, specific initiatives for UHG need to be developed. In particular these should aim to address the large number of observed smokers and cigarette butts

outside main, secondary, and perimeter entrances.

- All signage referring to the outdoor smoking ban at GUH should be reviewed to determine if the information on signs and the citing of signs could be improved.
- Compliance level targets should be set to facilitate the achievement of 100% compliance.
- Observation audits should be undertaken on an annual basis to assess the degree to which compliance level targets have been met.

A follow up audit of compliance is taking place on both sites this July 2014.



Evidence of smoking - Jars left outside a building during the observation audit in July 2013



Researchers Maria Fane and Hope Murphy O'Connor monitoring compliance at the perimeter of UHG during the observation audit in July 2014 in UHG.

MAYO GENERAL HOSPITAL INFORMATION DAY

In July Mayo General Hospital held a very successful information day on quitting smoking for patients, visitors and staff.



From left: Charlie Meehan, General Manager; Catherine Donohoe, Director of Nursing and Midwifery; Claudia Oliveira, Respiratory Scientist; and Michelle Redmond, A/Respiratory Clinical Nurse Specialist.

Galway University Hospitals

KEY PERFORMANCE INDICATORS – June 2014

UNSCHEDULED CARE

EMERGENCY DEPARTMENT PATIENT EXPERIENCE TIME

The Patient Flow Response Team are focusing efforts on reducing the ED Patient Experience Time (PET). The May 6 and 9 hour PET was 60.8% and 75.7% respectively. The 6 and 9 hour values for June are 59.4 and 74.5%.

SCHEDULED CARE

INPATIENT/DAY CASE WAITING LIST

There are currently 1565 patients who have not received treatment within the SDU target timelines and are now breaching targets. The areas of particular concern are in relation to those patients who are waiting greater than 12 month. The specialties experiencing the greatest difficulties in relation to the targets include ENT, Ophthalmology, Orthopaedics, Pain, Oral Maxillo Facial.

OUTPATIENT WAITING LIST

There are 2955 breaches in relation to the Outpatient waiting list targets Efforts continue to be made through the specialties and the scheduled care working group to address these issues and a waiting list validation process is currently underway. The specialties most challenged in terms of breaches remain the same as for inpatients.

GUH have implemented a pilot project to endeavour to reduce the DNA rate in outpatients. Patients are contacted by text 7 and 3 days prior to clinic. If they no longer require a new patient appointment the appointment is then offered to a patient at the end of the relevant waiting list.

We have had positive results to date with over 100 new patient appointments being refilled with patients from the end of the waiting list.

WTE'S

The WTE ceiling for remains at 2,937 .The actual WTE figure for June is 3158.21 which is marginally less than the May figure of 3160.63. Overall the hospital remains over and this is a reflection of key service requirements.

STAPH AUREUS BLOOD STREAM INFECTION

There were 26 cases of Staph aureus bloodstream infection in GUH for the period January to June 2014, for the same period in 2013 there were 33 cases.

Letterkenny General Hospital

KEY PERFORMANCE INDICATORS – June 2014

The 12 Hospital KPI's for LGH combine a mixture of National Access Targets; Resource Utilisation Targets; and Clinical Efficiency and Quality Indicators.

June 2014 KPI's continue to show strong performance and improvement in many of our KPIs as work initiated in 2013 continues to culminate and services began to return to operational efficiency as the hospital continues to recover from the impact of the July 2013 flood. In respect of access targets the hospital performance was assisted by outsourcing a range of inpatient and day case surgeries and outpatient appointments. Of the 12 hospital indicators 5 were green in June, further 5 were amber and only 2 were red.

Scheduled Care Access times for Outpatient Waiting list and Inpatient & Day Case Waiting list were both amber and green respectively reflecting the ongoing active management of the waiting lists; commissioning of the interim Out Patient Department which has provided capacity for waiting list initiative clinics; and the outsourcing of activity. LGH is currently delivering 100% compliance on the Inpatient & Daycase access targets. There was slight improvement in Outpatient access targets in May, however, there are over 1000 non-orthopaedic patient breaching the 12 month target primarily due to NCHD shortages and off-site location of accommodation.

Initiatives to manage discharges and improve liaison with PCCC and Community Hospitals have continued to reduce the number of bed days lost due to delayed discharges. This KPI continues to be a key focus on the LGH Unscheduled Care Governance Group agenda.

The KPI for Day of Surgery Admission for Surgical Inpatients has maintained its green status with 67% of inpatients being admitted on the day of surgery. It is planned to further expand the day of admission later in 2014 through the creation of additional capacity in the Enhanced Recovery Unit as part of our Minor Works Programme.

Our Staph Aurous Blood Stream Infection rates continue to meet their KPI targets as do our Staffing Level KPI. Of concern on the staffing is the ongoing reduction in the allocated WTE ceiling for LGH and the impact of recruitment difficulties particularly amongst Medical staff.

Medical Inpatients average length of stay has improved to 7.0 days.

Unfortunately, Financial Performance has disimproved and LGH currently has a (post flood adjusted) deficit of 11.1% resulting in a red status on this KPI.

LGH has put particular emphasis on Hand Hygiene Compliance over the last 12 months, however, compliance remains below the 95% HIQA Standard and consequently this KPI remains at amber status. The management team are addressing this performance as a critical quality indicator for 2014 to ensure this focus is improved upon by all LGH and LGH becomes a lead hospital in respect of its Hand Hygiene Standards.

The focus of LGH Managers on the management of attendance had resulted in an improvement in our Attendance Performance early in the year, placing LGH as one of the best performing hospitals within the Group for staff attendances. It is therefore regrettable to see that absence rates for June remain Red at 4.78%. This is a decrease of 0.1% on the previous month and absences are being reviewed on a Department by Department basis.

Finally, there is a slight disimprovement in waiting times for inpatient echo-cardiography. This indicator was chosen as one of our quality indicators in terms of clinical risk but also in respect of the impact it has on inpatient admission rates and Medical length of stay. A management plan has been developed to address the issues within the service and this KPI that no inpatient should wait more than 72 hours following receipt of request Echo-Cardiogram achieved Amber 95% compliance in June. Further initiatives to reduced outpatient waiting times for Echo-Cardiography are still required.

Portiuncula Hospital

KEY PERFORMANCE INDICATORS – June 2014

In June, 2014 the hospital continues to focus on delivery of our Key Performance Indicators. The delivery of our KPI's remains an integral part of our hospital's performance. A number of KPI's indicate that performance continues to improve with the exception of the financial KPI which is our most challenging KPI.

ACCESS

1. ED waits – the hospital achieved 75.48% of all patients attending the ED were seen and admitted within 6 hours. We are achieving approximately 97% compliance with the 9 hour target.
2. Our outpatient waiting list shows that there are 513 patients waiting over 9 months. This is an increase of 66 patients on the previous month. We continue to address long waiters in challenging areas i.e. Orthopaedics, Urology and Dermatology.
3. Day of Procedure rate – currently at 56% which has shown a dis-improvement on last month.
4. Average Length of Stay in May was 3.86 days
5. The MRI Waiting list is 60 days for the month of June 2014.

PERFORMANCE

6. Staffing levels are at 651.12 WTE's a decrease of 4.14 WTE's since May 2014.
7. Financial position – The variance at end of April 2014 is €4.9m (neg). This continues to be our most challenging KPI.
8. Fair Deal – 146 days in June which has increased since last month.
9. Absenteeism is currently 4.6% which is an improvement on the May figure the higher levels are mainly in nursing and patient client support which are areas for improvement.
10. DNA rate stands at 10.6%

QUALITY

1. There were 2 hospital acquired c-diff infection for the month of June.
2. Hand Hygiene Training compliance rate is at 99% showing continuous improvement in overall hand hygiene training rates.

ACTIVITY LEVELS – JUNE 2014

- In-patients exceeded the target by 6.32%
- Emergency presentations exceeded the target by 2.16 %
- ED admissions exceeded the target by 10.33%.
- Outpatient activity is on target.
- Day case exceeded by 4.85%.

Roscommon Hospital

KEY PERFORMANCE INDICATORS – June 2014

1. PERFORMANCE INDICATORS (KPI'S)

Delivery of the 2014 KPI's continues at Roscommon Hospital.

Main areas of performance in June 2014 are:

- Staffing levels and wte ceiling within target.
- Absenteeism at Roscommon Hospital was 2.84% in June, a considerable improvement on the May 2014 result of 4.35% and April 4.55%.
- Day Case activity for June was within target
- Financial Position: There was an underspend in June of €14,000 (+1%)
- 100% of staff at Roscommon Hospital had received Hand Hygiene Training by 30 April 2014 deadline.

Main areas of Concern:

- Finance: YTD the hospital is showing a negative variance of €328K (3.4%) compared to budget
- OPD DNA for June increased to 17%.
- The Medical in-patient Average Length of stay was 9.8 days for June 2014.
- Hand hygiene compliance when audited was 83% for June 2014. Target is 90%
- 183 bed days were lost to delayed discharges in June 2014.
- 19% of patients on Roscommon Hospital waiting lists (ENT and Orthopaedics) are waiting over 12 months for an outpatient appointment.

2. LAUNCH OF THE HOSPICE FRIENDLY HOSPITALS PROGRAMME AT ROSCOMMON HOSPITAL

On 23 June 2014 The Hospice Friendly Hospitals Programme was launched at Roscommon Hospital. The hospital has introduced end-of-life care resources including the End of Life spiral which is a symbol to add respect and solemnity following the death of a person.

3. AFIB AWARENESS DAY

An AFib Awareness day, in conjunction with CROI was held at Roscommon Hospital on 06 June 2014. Pulse and Blood pressure checks were made available to visitors and staff throughout the day.

4. NATIONAL STANDARDS FOR SAFER BETTER HEALTHCARE WORKSHOP

Roscommon Hospital has completed the National Standards for Safer Better Healthcare self-assessment. The results were presented at a workshop held in Galway on 26 June 2014. A number of quality improvement plans were identified during assessment and work has begun on implementing these new plans.

5. COMMENCEMENT OF VASCULAR SERVICES AT ROSCOMMON HOSPITAL

Professor Stewart Walsh commenced weekly sessions at Roscommon Hospital on 11 June 2014. His sessions include Theatre, Outpatients and Day Surgery in the Ambulatory Care and Diagnostics Unit.

6. ENDOSCOPY UNIT – CAPITAL PROJECT

The construction of the new Endoscopy Unit commence on 30 June 2014. The contractor is MVS Ltd. The project will take 14 months to complete.

7. HIQA UNANNOUNCED INSPECTION

On 25 June 2014 HIQA carried out an unannounced inspection at Roscommon Hospital. The purpose of the visit was to assess compliance with the National Standards for the Prevention and Control of Healthcare Associated Infections. The focus of the inspection was on the environment and facilities management, and hand hygiene. The report will be published on 28 July 2014.

Sligo Regional Hospital

KEY PERFORMANCE INDICATORS – June 2014

NORTH WEST PAEDIATRIC INSULIN PUMP THERAPY SERVICE:

A meeting was convened by CEO with key stakeholders in relation to the establishment of a paediatric insulin pump service in the North West. It was proposed and agreed that Sligo would become the hub for this service in the Northwest with Outreach clinics to Letterkenny and consideration to Mayo at a later stage. A business case for posts was proposed for submission to ECC and a review of facilities to support this service is to take place in SRH.

NURSING STANDARDS OF CARE PROJECT

The Nursing Standards of Care Project which is overseen by the Standards of Care Steering Group is working through 5 key areas in its QIP - Workforce Planning, Nursing Documentation and Care Planning, Communication, Care Environment and Nutritional care. The committee have mapped the standard results to HIQA Safer Better Healthcare Standards. Progress to date includes: continual roll out of care planning in clinical areas, piloting the Clinical Handover Project in Medical South, Patient Discharge Leaflet (June 2014) and a newly revised Catering Committee. The work is largely supported by the Practice Development Unit Team.

HEALTH AND WELL BEING EVENT 28 MAY 2014

SRH hosted a open day Health and Well being event for staff on 28 May. The departments involved included Dermatology, Cardiac Rehab and Smoking Cessation services in partnership with the Marie Keating foundation. The primary purpose of the event was to reiterate Tobacco Free Campus initiative, on its 1 year anniversary through displaying findings of Clinical Audit and Consumer Survey of attitudes towards a Smoke Free Campus Policy. Over 80 staff members accessed free Spirometry, Carbon monoxide testing, BMI, Blood pressure. In addition we had photo imagery of effects of sun on skin. As a result of the event a number of staff enrolled for the staff smoking cessation programme.

BLOOD TRACKING SYSTEM INTRODUCED:

Sligo Regional Hospital went live with Phase 1 and Phase 2 of the Blood Track System project on 11 June. 'Blood Track' is a national project rolled out by the HSE to 51 hospitals in Ireland. It is designed to keep track of every unit of Red cells and Platelets in the country; this is part of the EU Directive. There are 3 Phases to the project:

Phase 1 of Blood Track is the laboratory based component of the project.

- Phase 2 and 3 are ward based and there are a number of associated elements:
- It allows the nursing staff to see if there is blood available for a patient
- The nurse can then order a unit of blood to be collected from Blood Bank by printing a 'Pick up Slip'
- When the porter brings the blood to the ward, the nurse accepting the unit then acknowledges receipt of same.

EXPANSION OF VOLUNTEER SERVICE:

The current Volunteer service is in existence at SRH since 2010. This service was expanded in July 2013 in the Medical South Ward where additional roles were taken on. These included:

- Assisting patients with messages from the hospital shop (receipt book also in existence)
- Reading newspaper/books to patients (where applicable)
- Listening/talking to patients (where applicable)

This expanded service was extended out to two further wards (Orthopaedics and Medical 7) at the end of June. This service has been successful to date and has been a benefit to patients and their families.

Hospital KPIs

Sligo Regional Hospital Performance Summary – June 2014

<table><tr><th colspan="3">Out-patient Waiting List</th></tr><tr><td>Current</td><td>Future</td><td></td></tr><tr><td>1179</td><td>0</td><td></td></tr><tr><td>Trend: v</td><td></td><td></td></tr><tr><td>Previous Month</td><td></td><td></td></tr></table> <p>Current Value</p> <p>Target: Out-patient waiting to be reduced to less than 12 months.</p> <p>Jan '13 – Patients >12 mths = 3507 Jan '14 – 345 (with appts in Jan) Feb '14 - 406 Mar '14 - 581 Apr '14 - 854</p>	Out-patient Waiting List			Current	Future		1179	0		Trend: v			Previous Month			<table><tr><th colspan="3">ED 9 hour breach</th></tr><tr><td>Current</td><td>Future</td><td></td></tr><tr><td>91.3%</td><td>100%</td><td></td></tr><tr><td>Trend: v</td><td></td><td></td></tr><tr><td>Previous Month</td><td></td><td></td></tr></table> <p>Current Value</p> <p>Target: 100% of patients seen within 9 hours</p> <p>Technical issue with PET reported times following IPMS upgrade at end of Jan. SDU revising database.</p>	ED 9 hour breach			Current	Future		91.3%	100%		Trend: v			Previous Month			<table><tr><th colspan="3">Scopes</th></tr><tr><td>Current</td><td>Future</td><td></td></tr><tr><td>0</td><td>0</td><td></td></tr><tr><td>Trend: v</td><td></td><td></td></tr><tr><td>Previous Month</td><td></td><td></td></tr></table> <p>Current Value</p> <p>Target: no patient waiting >13 weeks.</p> <p>1 pt breached in March – data quality issue</p>	Scopes			Current	Future		0	0		Trend: v			Previous Month		
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Portiuncula Hospital Performance Summary – June 2014

Out-patient Waiting List			
Current Value	Current	Future	
599	599		
Trend: v Previous Month			↗
Target: Out-patient waiting to be reduced to less than 9 months by December 2014. The Outpatient s list has 599 patients waiting over 9 months and has reduced by 95 patients since May there are breaches in the following specialties orthopaedics, dermatology, urology, gynecology , endocrinology and pain services. Rag: Green: 0-300 Amber: 301-999 Red > 1000			
Hand Hygiene			
Current Value	Current	Future	
99%	99%		
Trend: v Previous Month			↗
Target: To increase Hand Hygiene Training and Education rate to 100% The overall hospital hand hygiene training/education rate for the month of June 2014 is 99%. There is continued emphasis on education and training with targeted. Rag:Green: 95-100%Amber:94%-84%Red: <84%			
Day of Procedure for Elective In-patients			
Current Value	Current	Future	
56%	56%		
Trend: v Previous Month			↗
Target: To increase rate to 70% by December 2014. Day of procedure rate for the month of June is 56% Rag: Green: 70% Amber: 60-69% Red: <60%			
Financial Position			
Current Value	Current	Future	
-22%	-22%		
Trend: v Previous Month			↗
Target: To deliver financial breakeven across the Group by December 2014. The figure has deteriorated since May with an adverse variance now 22% caused by decreasing income along with increased Agency costs. Overspend is €4.9m adverse ytd. Cost containment plan and cost recovery plan in place. Service pressures , absenteeism and the non-filling of vacant posts have increased medical agency and clinical non pay costs			
DNA Rate			
Current Value	Current	Future	
10.6%	10.6%	8%	
Trend: v Previous Month			↗
Target: Reduce the number of patients who do not attend to 8% by December 2014. The current rate is 10.6% which is a slight dis-improvement of 0.21%on the May figure of 10.39% Rag: Green: 8% Amber:10% Red: 14%			
MRI			
Current Value	Current	Future	
60	60		
Trend: v Previous Month			↗
Target: No Target: No Priority 2 or 3 patient should wait more than 70 days for an MRI scan appointment Currently the waiting time is 60 days for access to MRI service this has improved by 20 days since May RAG: Green <70 days Amber 70-140 Red > 140			
Hospital Acquired C-Diff			
Current Value	Current	Future	
2	2		
Trend: v Previous Month			↗
Target: To reduce the number of Hospital Acquired C-Diff infections per month in 2014. There were 2 cases of hospital acquired c-diff infection in June this is an increase of 1 on the May figure. Rag: Green: 0 Amber: 2 Red: >2			
Staffing Levels			
Current Value	Current	Future	
651.12	651.12	633	
Trend: v Previous Month			↗
Target: To operate within our allocated ceiling of 633 Rag: Green: 633 Amber: <650 Red: >650 There has been a decrease of 4 WTE since the May figure.			
ED Waiting Times for Admission			
Current Value	Current	Future	
75.48%	75.48%		
Trend: v Previous Month			↗
Target: 95% of all patients attending the ED should not wait over 6 hours. The 6 hour waiting time was 75.48% We are achieving approximately 97% compliance with the 9 hour target. Rag: G: 95-100% A: 80-94% R: <80%			
Average Length of Stay			
Current Value	Current	Future	
3.86 days	3.86 days		
Trend: v Previous Month			↗
Target: Achieve a target of 4.5 days. 3.86 days is a slight dis- improvement on the May by 0.63 days Rag: Green: 4.5 Amber: 5.5 Red: >5.5			
Fair Deal - Bed Days Lost			
Current Value	Current	Future	
146 days	146 days		
Trend: v Previous Month			↗
Target: To reduce the lost bed days to less than the current monthly bed days lost. 146 bed days lost due delayed discharges. This is an increase of 9 days when compared with the previous month of May Rag: Green: 185 Amber 235 Red: >235			
Absenteeism			
Current Value	Current	Future	
4.61%	4.61%		
Trend: v Previous Month			↗
Target: To reduce absenteeism rate to 3.5% by December 2014. Rag: : Green: 3.5 Amber: >4.5 Red: >5.5 Absenteeism has decreased by 0.4% on the previous month of May			

Mayo General Hospital Performance Summary – June 2014

Out-patient Waiting List			Bed Days Lost			ED Patients waiting for admission at 8am		
Current Value	Current PTL		Current Value	Current		Current Value	Current	
	724			16%			A total of 121 ED Patients waiting for admission at 8am	
Trend: v Previous Month			Trend: v Previous Month			Trend: v Previous Month		
Target: Out-patient waiting to be reduced to less than 52 weeks			Target: Reduce to 10% on 2012 number. Situation continued to improve from 302 % in January 2013.			121 Patients		
A number of specialties require special attention. Arrangements have commenced to address some visiting services. Progress has been made in Nephrology and arrangements are being put in place to address the remaining longest waiters. The Dermatology waiting list continues to be addressed through initiative clinics. The ENT and medical waiting lists still present a significant challenge.			23 less beds available in District Hospital and in Rehab Unit than was available in 2013. Interim action plan developed between MGH and Mayo PCCC. There remain a number of outstanding issues namely that we do not access to sufficient number of community beds or packages of care. Meeting involving national services required.			The numbers on trolleys for June 2014 was significantly higher than June 2013, but almost 50% reduction on May 2014. This is the highest June numbers on trolleys for the previous four years.		
CT Waiting List			In-patient & Day Case Waiting List			Average Length of Stay in Medicine		
Current Value	Current		Current Value	Current PTL		Current Value	Current	
	353			23			4.96 days	
Trend: v Previous Month			Trend: v Previous Month			Trend: v Previous Month		
Target: No Category 2 or 3 patient should wait more than 70 days for a CT.			Target: No patient should wait >8 months by end of November, 20 weeks (Child) and 13 Weeks (GI Scope)			Target: 5.8 days to be the average stay achieved		
Deterioration in performance requires an additional WTE. Staff have been approved through the ECC, however recruitment remains a problem due to problems with NRS. Once staff are recruited waiting list will be reduced.			Orthopedic waiting lists are problematic due to recent cancellation elective surgery at MGH. Plan to be put in place to address backlog.			The current ALOS is 4.96 days this has significantly reduced on 2013 data but some of this is data accuracy and most is better compliance in 0 day LOS.		
Day of Procedure Rate for Elective Inpatients			MRSA			Hand Hygiene		
Current Value	Current		Current Value	Current		Current Value	Current	
	82%			0.000%			86.2%	
Trend: v Previous Month			Trend: v Previous Month			Trend: v Previous Month		
Target: To increase rate to 85%			Target <0.060 per 1,000 bed days			Achieve 100% compliance		
Pre-assessment clinics in place.			0.048 Q4 2013: National average 0.060			Action Plan developed by Infection Control Committee to improve compliance. Non compliance among Medical staff of is a concern. Associate Clinical Directors to oversee action plan		
Financial Position			Staffing WTE variance from Staff Ceiling			Absenteeism		
Current Value	Current		Current Value	Current		Current Value	Current	
	9.78%			970.72			3.53%	
Trend: v Previous Month			Trend: v Previous Month			Trend: v Previous Month		
Based Overall pay was 155K over Budget for June. Nursing pay accounted for €91K while Paramedical On-Call was over by €39K. The 2014 Pay Budget is down €1,519K on the 2013 Budget mainly due to the full year effect of HRA.			Target: To operate within HSE employment level of 955.77			Target: To reduce absenteeism rate to 3.5%.		
			Approved ceiling is 943 (December, 2013)			Absence Reports for June, 2014 – 3.53% Absence up from 2.93 in May, 2014.		

Roscommon Hospital Performance Summary – June 2014

Out-patient Waiting List			Outpatient DNA Rate			Increase Day Case activity		
Current	Future		Current	Future		Current	Future	
Current Value	19%	Trend: v Previous Month	Current Value	17%	Trend: v Previous Month	Current Value	528	Trend: v Previous Month
Target: No patient should wait more than 52 weeks for an OPD appointment. Percentage of patient on Outpatient waiting list greater than 52 weeks.			Target: Reduce the number of patients who do not attend Outpatients to 10% or less by December 2014			Target: To increase Day Case activity at Roscommon Hospital to 600		
RAG Score Green = >10% Amber = 10 – 55% Red = +56% ENT 48 Pts & Ortho 286 Pts o'12 mths			RAG Score Green = >10% Amber = 10 – 15% Red = +16% A 2% increase on May figures			RAG Score Green = 500-600 Amber = 350 -499 Red = <349 Plastics accounted for 37% of total DC activity Vascular Day-Cases commenced		
Health & Safety – Staff Injuries			Medical Average Length of Stay			Reduce Delayed Discharges		
Current	Future		Current	Future		Current	Future	
Current Value	4	Trend: v Previous Month	Current Value	10.4	Trend: v Previous Month	Current Value	183	Trend: v Previous Month
Target: To reduce the number of staff related incidences to less than 1 per month			Target: ALOS for all medical discharges is reduced to 5.8 days by December 2014			Target: Reduce bed days lost due to delayed discharges by 10% on 2013		
RAG Score Green = 0-2 Amber = 2-4 Red = ≥5			RAG Score Green = <5.8 Amber =5.9 – 9 Red = over 9.1 Medical Discharges adjusted for NHSS = 9.2 Days Total AVLOS = 9.4 Days – (NHSS Adjusted = 8.4 Days)			RAG Score Green =≤226 Amber =227 – 240 Red = ≥241		
Antibiotic Usage			New Cases of C Diff			Hand Hygiene Compliance		
Current	Future		Current	Future		Current	Future	
Current Value	83.6	Trend: v Previous Month	YTD	5.3	Trend: v Previous Month	Current Value	83%	Trend: v Previous Month
Target: To reduce the medial usage rate of antibiotics to 83.4 per 100 bed days utilised by December 2014			Target: To reduce the background rate of HCAI of C Difficile to <2.5per 10,000 bed days used			Target: Percentage compliance during hand hygiene opportunities observed.		
RAG Score Green =<86 Amber =86.1-95 Red = + 95.1			RAG Score Green = <2.5 Amber = 2.6 - 4 Red = 4.1 No of Patients = 7 YTD			RAG Score Green = 90 -100% Amber = 80-89% Red = 79%		
Financial Position			Staffing Levels			Absenteeism		
Current	Future		Current	Future		Current	Future	
YTD	-3.4%	Trend: v Previous Month	Current Value	0.47%	Trend: v Previous Month	Current Value	2.84%	Trend: v Previous Month
Target: To deliver financial breakeven by December 2014			Target: WTE should not drop below the WTE ceiling so as to maintain patient safety and services by December 2014			Target: To reduce the absenteeism rate to 3.5% by December 2014		
RAG Score Green : 0 – 3% Amber : 3.1% - 5% Red : <5.1% Monthly Underspend = €14k (1%) YTD Overspend = €328k			RAG Score Green : 0 - -5% Amber : -5.1 - -10% Red : > -10% WTE June 2014 =269.26 Ceiling = 268			RAG Score Green = <3.5% Amber = 3.51% - 4.49% Red =over 4.5%		

Galway University Hospital Performance Summary – June 2014

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Letterkenny Hospital Performance Summary – June 2014

Out-patient Waiting List		
Current	Future	
Current Value 14.1%	Trend: v Previous Month	↑
Target: Out-patient waiting to be reduced to less or equal to 52 weeks by June 2014 and maintained at less then 52 weeks at each month thereafter. Total Outpatient Waiting List - 12699 Patients waiting over 12 months – 1790 Number of Orthopaedic Patients waiting greater than 12 months = 688 Rag: Green =>10% Amber = 10-55% Red = +56%		
Scheduled Inpatient Care		
Current	Future	
Current Value (May) 67%	Trend: v Previous Month	↑
Target: 67% of surgical inpatients should be admitted on day of surgery. Target changed from 52% to 67% in 2014 Jan – 76% Feb – 67% Mar – 70% Apr – 75% Rag: Green >= 67% Amber 55-66% Red <54%		
Quality – Echocardiography Access		
Current	Future	
Current Value 95%	Trend: v Previous Month	↑
Target: No inpatient to wait greater than 72 hours following receipt of request for echocardiogram. Feb – 90% Mar – 91% Apr – 96% May – 99% Rag: Green 98-100% Amber 90-97% Red <90%		
Financial Position		
Current	Future	
Current Value 11.1%	Trend: v Previous Month	↑
Target: To deliver within allocated budget Overspend June 2014 = €1.0 million YTD Overspend = €5.4 million Budget YTD = €48.5 million (Above excludes flood costs) Rag: Green <3% Amber 3.1-5% Red >5.1%		
ED 9 hour Breach		
Current	Future	
Current Value 87.8%	Trend: v Previous Month	↑
Target: All patients to be admitted or discharged within 9 hours at 8am. Jan – 87.2% Feb – 85.7% Mar – 88% Apr – 88.4% May – 88.3% Rag: Green:95-100% Amber:85-94%Red: <85%		
Inpatient Capacity		
Current	Future	
Current Value 46	Trend: v Previous Month	↑
Target: 6 month rolling average Bed days lost due to delayed discharges should be reduced to the levels pertaining the first half 2012 (Jan – June) 6 month rolling average Feb 46 Mar 50 Transfers to private nursing homes from LGH for June =3 Apr 48 Community Hospitals transferred 6 patients awaiting May 50 NHSS funding to Private Nursing Homes Rag: Green <=120% Amber 121-150% Red >150% (of Jan-June12)		
Staph Aureus Blood Stream Infection		
Current	Future	
Current Value 0.12	Trend: v Previous Month	↑
Target: Fill bar is colour coded red = projection exceeds 2013 numbers(>0.13 per 1000 bed days), amber projection equals 2013 levels (=0.13 per 1000 bed days), green = projection is below 2013 levels (<0.13 per 1000 bed days) Rag:		
Staffing Levels		
Current	Future	
Current Value 1.64%	Trend: v Previous Month	↑
Target: To operate within the staffing level agreed with the Hospital Group Executive. WTE Ceiling – 1320.51 WTE Actual – 1342.21 Rag: Green <3% Amber 3.1-5% Red >5.1%		
Inpatient & Daycase Waiting List		
Current	Future	
Current Value 0.1%	Trend: v Previous Month	↑
Target: No patient should wait for inpatient/daycase treatment longer than 8 months for Adult; 20 weeks for Children; 13 weeks for GI Scope. Number of Breaches June: Adult – 5 Child – 0 Scopes – 0 Rag:Green <=5% Amber: 6 - 20% Red:>=21%		
Inpatients		
Current	Future	
Current Value (May) 7.0	Trend: v Previous Month	↑
Target: Medical inpatients AVLOS <= 5.8 days Jan – 6.9 days Feb – 7.3 days Mar – 6.0 days Apr – 6.4 days Rag: Green: <= 5.8 Amber 5.7-9 :Red: >9		
Infection, Prevention & Control – Hand Hygiene		
Current	Future	
Current Value 91%	Trend: v Previous Month	↔
Target: To deliver 95% compliance with HIQA Hand Hygiene standard. Feb – 90% Mar – 93% Apr – 91% May – 91% Rag: Green=95-100% Amber=80-94% Red<80%		
Absenteeism		
Current	Future	
Current Value 4.78%	Trend: v Previous Month	↑
Target: To reduce absenteeism rate to 3.5%. Absenteeism rate for the month of June is 4.78 % this is a decrease of 0.10 % on the previous month. Rag: : Green<3.5 Amber: 3.51%-4.4% Red over 4.5%		