

4 in 1 NEWS



Issue 8
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INSIDE THIS ISSUE:

CEO Message	2
GUH KPI's	5
Roscommon News	14
Portiuncula News	19
Directorate News	23
Estates update	40



Message from Bill Maher, Chief Executive Officer, Galway and Roscommon University Hospital Group

Welcome to the first Christmas Edition of our newsletter. As we approach year end, it's important to focus on all we have achieved and thank everyone for their teamwork and dedication.

With a reduced budget and many external constraints such as the employment moratorium, 2012 has been a year of challenges and struggles but I'm very proud to say as a Group we have risen to this and managed to deliver some extraordinary achievements which you will read about throughout this newsletter. It is not possible for me to identify all of the changes and improvements that have been or are in the process of being introduced as there have been so many.

To mention but a few:

- The Group was 'born' on 09 January, 2012
- Corporate and Clinical Governance arrangements established
- Developed Clinical Director Structure and Support mechanisms
- Reduced inpatient waiting list from 9,901 to 0
- Considerable decrease in trolley waits despite significant increase in ED admissions
- Developed Performance Management culture/KPI sets
- Integrated services within the Group
- Now operating under WTE ceiling and reduced absenteeism
- Re-engaged with National Clinical Programmes
- Delivering more activity with reduced spend
- Framework for Board now established.

Impressive reading and all the above, and much more, could not have been achieved without the efforts of everyone, and I sincerely thank you for your hard work, dedication and commitment to patient care and to Galway and Roscommon University Hospital Group, during the past year.

Looking to the future the Group has set out ambitious plans for 2013 and I look forward to your continued support in how services can be safely managed and delivered during the even more challenging times ahead. To use a quote inadvertently given by me at the recent Irish Hospital Consultant Association Conference held in Galway (IHCA) and for those Bachman–Turner Overdrive fans "You Ain't Seen Nothing Yet".

On behalf of the Chairman and Executive Management Team and on a personal level I would like to wish you and your family a very happy Christmas and peaceful New Year. Enjoy the break if you manage to get one with your family and loved ones.

Finally, I would also like to say a special word of thanks to all our staff that will be working over the Christmas and New Year holidays.

God Bless.

Kind Regards,
Bill Maher
Group CEO



Message from Noel Daly, Chairperson of the Galway and Roscommon University Hospital Group

As Christmas and the New Year approaches it is a time to reflect back on the year gone by and plan for the year to come.

Since my appointment in June, I have been working to the brief given to me by the Minister for Health and that is to chair the board of the Group which is responsible for developing effective corporate and clinical governance structure for the Group along with the quality and safety of systems of care in place for patients of the Group.

As I write this we are still waiting for the go-ahead from the Minister for Health to finalise the composition of our board and also the report by Prof John Higgins, Chair of the Hospital Group Strategic Board on the composition and number of new hospital groups. The shape of our Group and the future direction will depend very much on the outcome of both of these.

We will face many challenges ahead as the Group develops and I am confident that the non-executive members of the board will be announced in January which will enable us to accelerate the development of the Group. The important groundwork in terms of governance and clinical structures are already now in place and key executive appointments have been made recently such as the Group Director of Human Resources – John Shaughnessy; the Group Director of Nursing – Colette Cowan; and most recently, the Group Clinical Director – Dr Pat Nash.

There have been many great achievements this year and all staff are to be commended for the high level of commitment and hard work which I have seen first hand and which is also reflected in the delivery of high quality services to our patients. Bill has mentioned a few of the Group highlights in his message and to add to that, one of my highlights was the day of our first board meeting. It was a meeting of the executive members of the board only but will be a date I will always remember as it co-incided with another memorable day, 04 July.

The attitude of professionalism which is evident in the Group will drive us forward. The Galway and Roscommon University Hospital Group was one of the first formed in January this year and I look forward to maintaining a leading position as we develop towards a Hospital Trust.

May I finish by wishing you good health and happiness for Christmas and the New Year.

Kind regards,
Noel Daly
Group Chairperson



Message from Tony Canavan, Chief Operating Officer, Galway and Roscommon University Hospital Group

The challenges facing the Group during 2012 were all about improving access to services, making best use of the resources and providing services of the highest quality. All three of these priorities are heavily intertwined and interdependent.

From time to time however one or other of these three challenges tends to come to the fore. Earlier this year we celebrated some of our successes relating to access to services. More recently we have been very focused on making the best use of allocated resources, particularly as we approach the end of the financial year. This month more than any before, we have seen service quality come to the fore as a challenge that faces our Hospital Group.

Service quality is not like the other two challenges. It is far more difficult to define and more difficult to measure. It is more difficult to know if we are “getting it right”. The publication of the HIQA Standards “For Safer Better Healthcare” earlier this year helped us to understand what “getting it right” means. These standards spell out for us what it means to deliver a quality service.

So when I describe the three challenges facing the Hospital Group including the delivery of quality care, the real challenge is how do we make these standards part of everything we do, in every location, by every member of staff, for every service that we deliver. It is only in doing so that we will be able to provide assurance to ourselves, to the people that we care for and to the people who pay us to deliver services that our Hospitals are safe and deliver the highest standards of care available.

As you are all aware through the media the past few weeks have been very difficult for everyone in University Hospital Galway following the tragic death of Ms Savita Halappanavar RIP.

I know that you all share our heartfelt sympathy for her husband, family and friends. We are assisting staff and supporting them in every way and we are cooperating fully with the HSE review team, the HIQA investigation team and the Coroner.

Kind Regards,
Tony Canavan
Chief Operating Officer



GUH Performance Summary – October 2012

<p>Out-patient Waiting List</p> <p>Current Value: 41823 Trend: v Previous Month ↑</p> <p>Target: Out-patient waiting to be reduced to less than 62 weeks (Ibc)</p> <p>Work is progressing through the Directorates to deal with long waiters across all specialties. Great progress made in Orthopaedics and most Medical Specialties. Awaiting National launch of OPD Project as basis of action plan. Last Month 45495</p>	<p>OPD DNA Rate</p> <p>Current Value: 13.3% Trend: v Previous Month ↑</p> <p>Target: Reduce the number of patients who do not attend to 10% by December 2012</p> <p>OPD group are looking to extend the partial booking system across all specialties. National guidelines on attendance and DNA policy to be made available. Last Month 13.3%</p>	<p>ED Patients waiting for admission at Bam</p> <p>Current Value: 10 Trend: v Previous Month ↔</p> <p>Target: < 10 patients waiting in ED for admission at Bam</p> <p>Average value remained same during month of October. Bed availability pressures in all specialties during midweek have kept average numbers high waiting beds. Improved patient flow processes has minimized this number with further improvements being made in process management. Winter contingency plan commences implementation in November. Forward focus for all services is on improved discharge planning. SDU continues to support our drive to improve patient experience lines. Last Month 10</p>
<p>CT Waiting List</p> <p>Current Value: 305 Trend: v Previous Month ↑</p> <p>Target: No Category 2 or 3 patient should wait more than 56 days for a CT.</p> <p>The Cat Scan waiting list for Category 2 & 3 patients stands at 1195 patients waiting and a wait time of 11 months. This waiting list is monitored weekly. We are utilizing the Group services by sending patients out to RCH to be scanned there. We are performing a validation process to ensure all patients on the list are valid. The extended waiting day for radiographic staff has reduced our out-patient bookings due to staff shortages. We are endeavoring to address this through the modality mapping process and increasing the number of CT related radiographers. Last Month 341</p>	<p>In-patient & Day Case Waiting List</p> <p>Current Value: 265 Trend: v Previous Month ↑</p> <p>Target: No patient should wait >9 months by end of September (Children within 20 wks)</p> <p>Work is on-going with the Medical and Surgical Directorates. All Waiting List Targets were met last month (No patients waiting longer than 9 months (Adult), 20 weeks (Child) and 13 Weeks (GI Scope). Reduced theatre resources available this month. New Group wide Inpatient/Daycase Policy being launched this month. Last month 2413 patients were seen 0 patients remaining on list on 1st October. 31st October 265 patients were remaining to be seen.</p>	<p>Average Length of Stay</p> <p>Current Value: 5.2 Trend: v Previous Month ↑</p> <p>Target: 5.6 days to be the average stay achieved</p> <p>The new National Programmes on Surgery will help reduce the average length of stay. This is complemented by local work on agreeing formal bed allocations across Medicine and Surgery. Last month 6.1 (excluding Obs)</p>
<p>Day of Procedure Rate for Elective Inpatients</p> <p>Current Value: 6% Trend: v Previous Month ↓</p> <p>Target: To increase rate to 7%</p> <p>The new National Programmes on Elective Surgery will help increase the day of procedure rate, this is complemented by local work on agreeing formal bed allocations across Medicine and Surgery. Increased awareness of this KPI will be a valuable management from CIMS tool. Last month 44%</p>	<p>Staph Aureus Blood Stream Infection</p> <p>Current Value: 9.99 Trend: v Previous Month ↔</p> <p>Target: Fill rate is color coded red = projection exceeds 2011 statistics, orange projection equals 2011 levels, green = projection is below 2011 levels</p> <p>Less infections (both prophylactic & causal) have been identified as major causes of both MRSA & MSSA blood stream infections at GUH. There have been 26 PVC-associated Staph aureus bloodstream infections in GUH for the ten month period to the end of October 2012, compared to a total of 19 PVC-associated Staph aureus bloodstream infections in GUH for the whole of 2011. These infections occurred predominantly in medical patients (Haemodialysis and Haematology/Oncology patients). There have been 4 PVC-associated Staph aureus bloodstream infections in GUH to the end of October 2012, compared to a total of 3 PVC-associated Staph aureus bloodstream infections in GUH for the whole of 2011. Last Month 0.26 per 1000 bed days</p>	<p>Bed Days Lost</p> <p>Current Value: 41 Trend: v Previous Month ↓</p> <p>Target: Reduce by 10% for 2012</p> <p>Work is ongoing through the Discharge planning group to reduce the number of Bed Days Lost. Last Month 37</p>
<p>Financial Position</p> <p>Current Value: 8.23% Trend: v Previous Month ↑</p> <p>Target: To deliver financial breakeven across Group by December 2012</p> <p>The Financial Control Committee is in place to ensure that GUH meets budgetary targets. Last Month 10.13%</p>	<p>Staffing WTE variance from Staff Ceiling</p> <p>Current Value: 3006 Trend: v Previous Month ↑</p> <p>Target: To operate within HSE employment levels.</p> <p>The Employment Monitoring Committee are in place to ensure that GUH meets its WTE ceiling – ceiling under review. August 2012 ceiling 3085 September ceiling 3060 Last Month WTE 3038</p>	<p>Absenteeism</p> <p>Current Value: 4.63% Trend: v Previous Month ↑</p> <p>Target: To reduce absenteeism rate to 3.5% by December 2012</p> <p>Work is ongoing across GUH to reduce the levels of absenteeism through back to work interviews etc. with a particular focus on this KPI. Last Month 3.85% Based on NEMU figures</p>

Finance Committee Galway and Roscommon University Hospital Group

Recent Appointments

I am delighted to announce that Mr Mark Grogan and Mr Dermot Sheriff have now been appointed as Group Management Accountants to the Group and GUH respectively and Ms Mary Garvey to the post of Management Accountant to Roscommon Hospital. These positions are key posts in our ongoing development of the Group and I wish to them well in their new careers.

Financial Performance

At the end of October the Group financial position showed an over spend on budget of €27.7m. 2012 has been an extremely challenging year from a financial perspective and the results to date are proof of this. There have been a number of factors that have not helped our cost containment initiatives in 2012 including the fair deal budget realignment, non approval to our proposal to re-designate beds, income generated from Private Health Insurers and increased cost pressures in cancer drugs.

On a positive note we have managed to reduce our expenditure by over €2m compared to last year and we are close to achieving some of the nationally set targets particularly in the area of agency and NCHD overtime.

Activity Based Costing System Update

One of the key recommendations from the recent PA Consulting report on HSE financial management was a key requirement to implement ABC systems in the Hospital sector. I am happy to say that we had already commenced work in October on developing an ABC system and the initial project phase on data collection began in early November. We are currently working with our systems provider Performation on Phase 1 of the project, Data Extraction and Delivery. To date we have provided the company with detailed financial and patient activity information for calendar year 2011. Information provided includes general ledger extracts, hospital HIPE and PAS data as well as patient level information from other key hospital information systems such as radiology and laboratory systems.

We are currently reviewing our initial data set and Performation will be on site over the next few weeks to meet with our information systems experts to attain a more detailed understanding of our information. I would like to thank all the departments involved to date for their co-operation in this very important project.

Claimsure Project (System for Electronic Claims Management)

As I write this update Claimsure is going live in admissions in GUH. This will be followed by on-site training for other key users including finance staff, ward clerks, ED staff and Consultants. The system will also be rolled out to Roscommon and Portiuncula in early 2013. Full implementation will result in a paperless claims management system with the main insurers and a more streamlined and efficient service.

My thanks to all involved in the project for your ongoing support, particularly the project management team and Ann Marie Clancy for leading out on the implementation.

Maurice Power
Chief Finance Officer



Human Resources Department Galway and Roscommon University Hospital Group

Workforce Profile of the Group

The overall Group whole time equivalent (WTE) of the Group at the end of October 2012 is 3,931, which is lower than the number of staff who worked in the organisation twelve months ago and 9% fewer than worked in the Group hospitals in May 2009. We are operating within our employment quota (3,982) and focusing on the management of our pay budget very successfully.

Notwithstanding the above, the management team continues to work hard at securing the filling of a number of outstanding posts and the good news is that, as recently as last Friday, approval was secured to recruit 12 permanent Staff Nurses for Critical Care, and a further 4 Staff Nurses for Theatres (in addition to the 8 already in process). An additional 6 posts are also to be fast-tracked as a result of this very successful engagement with the National Directors who comprise the Employment Control Group.

These approvals are a further endorsement of the excellent work being done by the Group and its staff, and are evidence of further evolution towards an independent hospital group.

Attendance and Absenteeism

As the reduction of absenteeism continues to be a key priority, it was disappointing to record an increase in our rate for the month of October in all three hospitals. The September rate was very encouraging at 4.18%, with GUH dipping to 3.85% - an excellent performance, though still short of the national target. However, the October data was disappointing with a Group absence level of 4.99%.

GUH audits on Leave Cards continue - there will be an average of one per month done by the end of the year, and the PHB and RCH audits will begin in January. Additional emphasis will be placed on Return to Work and Review Meetings from this point forward and it is expected that **each and every absence will be followed by the appropriate meeting with the Line Manager.**

Savings which can be made from improved attendance levels will be key to enabling the Group to continue to develop and some may possibly be accessed for the employment of replacement staff. This will reduce the strain on staff, both those who are ill and those who are providing the service in their absence.

There is still significant work to do within all three hospitals if we are to move to the target figure of 3.5% and I ask that all staff put in a special effort over the coming months to bring the Group to the fore for staff attendance levels.

Human Resources Department Galway and Roscommon University Hospital Group

Health and Safety Representatives for GUH

The following employees have been successful in securing roles as Health and Safety Representatives for GUH. All have been informed and will be undertaking the appropriate training in due course.

UNIVERSITY HOSPITAL GALWAY:

Mr Jimmy Lawless, EMT Driver, Ambulance Section, UHG

Mr Dudley Nee, Electrician, Maintenance Dept., UHG

Ms Aoife O'Brien, Senior Medical Physicist, Dept. of Med Physics and Bioengineering, UHG

Mr Kevin O'Crowley, Medical Scientist, Histology, Laboratories, UHG

MERLIN PARK HOSPITAL:

Ms Martina Burke, Domestic Attendant, Unit 4, MPH

Season's Greetings

Finally, I wish to take this opportunity to sincerely thank all staff for their magnificent efforts throughout 2012. In a very challenging time of significant change, reducing resources, both financial and staffing, we all rose to the challenge and delivered on many of the targets set. Each and every staff member contributed to the delivery of an excellent service to our patients and their families and it is a great credit to all.

I hope you have a very enjoyable Christmas with your families and friends and that those of you who are working over the Christmas Eve and Christmas Day period are not over-stretched and get an opportunity to enjoy the New Year period with your families.

I look forward to working with you in 2013 when we will again prove to be a very professional and productive workforce, paving the way in a new and exciting era in acute healthcare.

John Shaughnessy
Group Director of Human Resources



Message from Sue Hennessy, Waiting List Manager, Galway and Roscommon University Hospital Group

Inpatients

The Group celebrated the fantastic achievement of reaching all the SDU treatment targets for Adults, Children and Scopes in September 2012. Since then work has been ongoing to maintain these targets and this has been very challenging for a number of reasons. Theatre staffing has been at a premium, resulting in limited access to theatre lists. Despite these challenges, progress has been made and it is hoped that the SDU targets will be maintained at the end of December.

The New Year will present further challenges as we aim to work towards a target of no adults waiting longer than 8 months for a procedure by June 2013. We are preparing to roll out some really useful waiting list management tools in the New Year, to assist with the management of our inpatient waiting lists, so watch this space!

Outpatients

In recent weeks, we have switched our attention to the outpatient waiting lists. We have reduced the length of time patients have been waiting for an appointment by 20 months. There have been a number of new clinics implemented to deal with patients who were waiting over 4 years for an appointment with dermatology and the physiotherapy specialist led Musculoskeletal Clinic being key examples. In some specialties we have run additional clinics, such as neurology and plastics, and in other specialties we have increased the number of new patients seen in a clinic, such as rheumatology and nephrology.

Our current focus is on validating the patients who have been waiting for over a year for an appointment, across GUH, Portiuncula and Roscommon Hospitals. A new 'communication centre' was set up in Merlin Park with space for 10 personnel. This was planned and implemented within 10 days and we are very grateful for the support from IT services, maintenance, Merlin Park Management and Eircom who were instrumental in helping us to achieve this. The centre has been manned by a number of staff from across the Group of Hospitals and across a number of areas including the Medical Directorate, Surgical Directorate, Women and Children's Directorate, Laboratory Directorate and Corporate Services including HR and IT. This level of support from colleagues has enabled us to send validation letters to 23,000 patients and in the first week we have responded to 5,000 calls!

We hope that all patients who receive a letter will contact us at the call centre to advise us if they still need to see a consultant about the issue they were referred for. Once we have validated the waiting list, we can plan the services that we need to deliver in 2013!

Message from Sue Hennessy, Waiting List Manager, Galway and Roscommon University Hospital Group

Diagnostic Services

We have also been working with our colleagues in radiology to reduce the waiting time for an outpatient MRI to less than 3 months. We have worked with Alliance Healthcare based in Portiuncula Hospital to achieve this and so far over 500 patients have received their MRI scan and we hope to scan a further 200 before the end of the year. This initiative is designed to assist those waiting for an outpatient MRI but also to increase the availability of diagnostic MRI's for patients who are currently in-hospital – reducing the time to diagnosis.

Finally.....

I would like to take this opportunity to applaud and thank all members of staff in the Waiting List Office and Outpatient Services, who have worked extremely hard all year, adapting to many changes that have been thrown at them. They have risen to the challenge every time with a smile and the net result will be improved services for patients who are at the centre of our services.

Finally, I take this opportunity to wish you all a peaceful Christmas and a prosperous New Year!

Sue Hennessy
Waiting List Manager



**Message from Colette Cowan,
Group Director of Nursing and Midwifery
Galway and Roscommon University Hospital Group**

It is hard to believe that we are coming to the end of another year with Christmas looming. It has been a particularly busy few months across the Hospitals with Staff dealing with many challenges to keep our services running well. We appreciate it and it doesn't go unnoticed.

Christmas is a time to relax and reflect on times past and plan for the future.

In my new role as Group Director of Nursing and Midwifery we will be working and collaborating on our 5 year Nursing and Midwifery Strategy. The foundation of our role as patient advocates, care givers and family supports are the standards for Better Safer Healthcare.

We will be focusing on these standards for 2013 to improve the quality and safety of our Hospitals. Many staff are leading out on these standards on a daily basis through improving Patient Experience and our focus must continue on keeping our patients at the centre.

It has been a pleasure for me in my new role over the last 9 months to observe the vision and team work across the Clinical Directorates with all grades of staff.

- To observe the growth and development of CNM's, CMM's, CNS's, ANP's and new graduates.
- To observe the development of the Group structure with very clear responsibility and accountability through our Executive Council and new Board.
- To observe the ambitions and willingness of staff to improve our Patient Flow, deliver on our waiting lists and develop new ways of working
- To observe the cross site working between GUH's, PHB and RCH.

You are a great team.

It is time to take stock and acknowledge your hard work and look back on all the people you have given great care to. Thank you for all of this.

Watch out for our Nursing and Midwifery Annual report in January 2013 and our new Governance Plan and Vision for the Nursing and Midwifery Group across the 4 Hospitals.

Wishing you all a very Happy Christmas and a Prosperous New Year in 2013.

Colette Cowan
Group Director of Nursing and Midwifery



Leadership Development for the Galway and Roscommon University Hospital Group

Our healthcare system is currently undergoing major structural reform and one key element is the establishment of Hospital Groups followed by Hospital Trusts to manage public hospitals. Prof John Higgins was appointed by the Minister for Health in June as Chair of a Strategic Board to assist the Department of Health in the design and establishment of Hospital Groups and his report on how acute hospitals will be grouped and governed is due shortly.

Our Group was one of the first two hospital groups set up in January and we have already made significant progress. However, developing leaders to support the transition and further development of the Group is critically important to our future success. The Board of the Group wants to develop strong leaders to ensure the development of the new organisation and more importantly to develop services for the local community into the future.

In order to develop the Group's future leaders a project team was set up to identify potential leaders for the Group and equip them with the necessary skills and tools to fulfil their future roles. We identified that there was a strong need for multi-disciplinary leadership and management development. As chair of the project team Colette Cowan contacted Dr Michael Shannon, HSE Nursing and Midwifery Director and Cora Lunn, Interim Director National Leadership and Innovation Centre for Nursing and Midwifery for their input and assistance.

We worked together with the HSE's HR Succession Management Development Programme to develop a programme which is tailored for each participant. Eleven participants have been nominated and started the programme in November.

The programme is multidisciplinary and targeted at high performing staff in administrative grades and at senior roles in Medical, Nursing and Health and Social Care professions such as Clinical Directors, Directors of Nursing and Senior Therapy Managers.

The programme includes a set of psychometric tests carried out in advance of a one-and-a-half day assessment event which incorporates a range of group and individual exercises, a strategic exercise, a presentation and a career interview. Participants receive detailed feedback on areas of strength and areas for development, all measured against the set of competencies for National Directors. Individual Development Programmes are agreed with participants which may include specific "real life" projects and targeted skill development which is supported by coaching/mentoring as required. The participants will now carry out their individual development programme over the next 12 months.

We wish the participants every success as they embark on this leading edge approach to leadership development which we are calling the "Future Leaders Programme".

Bill Maher and **Colette Cowan**
CEO **Group Director of Nursing**

Leadership Development for the Galway and Roscommon University Hospital Group



Photo above:

Bill Maher, CEO and Colette Cowan, Group Director of Nursing with the programme participants at the launch of the Group's "Future Leaders Programme" in November.

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

Message from Elaine Prendergast, General Manager, Roscommon Hospital

As we approach the end of the year it is timely to reflect on the great work carried out at Roscommon Hospital during the year. The year started on a very positive note with the integration of this hospital into the Galway and Roscommon University Hospital Group. The development of a management and governance structure for all of the four hospitals under one umbrella was very significant for Roscommon Hospital. Throughout the year the development of the Group has continued to be of benefit to us and we here in Roscommon Hospital feel that we are an equal and important partner within the group.

There have been many achievements and developments throughout the year within the Hospital Group which we here at Roscommon are proud to have contributed to.

The most recent local significant achievement was receiving Accreditation from the Joint Advisory Group on GI Endoscopy (JAG) for our Endoscopy Services. I wish to take this opportunity to thank all the staff who were involved for their hard work, energy and enthusiasm which they gave willingly to the project which culminated in this great success. It is also a great platform for us to develop Endoscopy services even further into the New Year. We are also excited with regard to progress on our Endoscopy Capital Project. The layout and design for the new suite has been agreed and we are currently at Planning Permission stage for this.

In reviewing 2012 I wish to acknowledge also the continuing development of the Plastics Service which is facilitated by Ms. Deirdre Jones, Consultant Plastic Surgeon, which expanded throughout the year and we hope to continue with this development into the future also.

There was a very successful An Bord Altranais inspection and visit in September and I wish to commend our Nursing Management Team, nursing staff and nursing admin support who were involved in the preparation for same.

We also played a significant role with the Group in achieving the “zero” target for patients awaiting Day Case procedures. Our staff here worked hard and closely with counterparts in Galway University Hospitals to achieve this target. We look forward to continuing to support this work and ensuring that our patients are well cared for, and continue to have good and timely access to services here.

Great work was carried out in our Medical Records Library during the month of November which resulted in a full tidy up and rearrangement of all our Medical Records. This was a very big and important project for many reasons, which has resulted in the provision of a safer work area for staff, better and more storage space for charts and the introduction of guidelines for all staff involved in chart retrieval and filing. I wish to acknowledge the support of the Clerical/Admin staff who willingly and energetically worked on the project and who were ably assisted by members of the Portering and Maintenance Staff. Well done to all!

In early December our local Sports and Social Club arranged a “pre-Christmas Raffle” for all its members in the Staff Canteen. They were very generous in the number and range of prizes which were on offer. The winners were particularly grateful to receive some cash, tax-free, during Budget week! Again I wish to compliment the members of this committee for arranging same and giving us a mix of fun and camaraderie at work.

Message from Elaine Prendergast, General Manager, Roscommon Hospital

Another project which was delivered on during the year was the implementation of the Radiology Information System (RIS) – this has resulted in a change of practice for staff and will lead to a more efficient and effective Radiology service on site.

There have been many improvements which have been contributed to during the year and I wish to commend staff on their input into same. Thanks to each of you for all that you have done for the betterment of patients and relatives throughout the year. We were also fortunate to welcome new staff to some areas during the year and I wish to congratulate the staff who took up promotional positions also. We look forward to working with you during your time here.

In 2012 we said “goodbye” to a number of staff who retired or resigned after giving many of service here at the hospital. Our wish for each of them is that they have a happy and healthy retirement and we acknowledge once again their loyalty, dedication and commitment to Roscommon Hospital during their working lives.

Our priority for the 2013 has to be to continue to deliver the best and highest possible level of care to our patients in a safe, efficient and effective manner. We must at all times put the needs of the patient and their relatives first and ensure that they are treated with dignity, courtesy and respect. We must also continue to perform in line with our Key Performance Indicators and the targets which we have set out for 2013.

I do believe that there is a good future ahead for Roscommon Hospital and that we have a very important role to play in the delivery of healthcare within the Galway and Roscommon University Hospital Group. We will continue to bid for the development and enhancement of services on site here.

Some staff have had bereavements and losses over the year and I offer you our sympathies and know that you will miss your loved ones this Christmas. Staff struggling with either personal illness or illness in their families will also be in our thoughts and prayers, and we hope that all will return to good health soon.

I wish to thank the Management Team, Heads of Departments and Nursing Administration for their ongoing support and assistance throughout the year and to all who have gone above and beyond their duty to ensure that services were maintained. We acknowledge the champions for the changes we have undertaken and the staff who demonstrate excellent leadership skills and are supportive of their staff. I acknowledge that staff are at times under pressure due to shortages, workload and fluctuations in activity, however, we must always keep the welfare of the patient and their family in mind as a priority.

I am thankful for the support of Mr. Bill Maher, CEO throughout the year and his input, support and belief in our services. I also acknowledge the co-operation and assistance of my fellow General Managers and the GRUH Group Management for their assistance during the year.

There is great work being done in Roscommon Hospital and we have to be proud of our service here and acknowledge that through the changes that come about, we will continue to deliver the best possible service to our patients, members of the public and to each other.

Message from Elaine Prendergast, General Manager, Roscommon Hospital

Sleep Studies commenced at the hospital early in 2012, under the direction of Dr. Saleem, Consultant Physician. This initiative has been very successful and I wish to acknowledge the support of the team involved in implementing this initiative here and all involved in the service.

For 2013:

As a personal resolution perhaps each of us could adopt "PRIDE" as a motto for the year ahead to ensure that we continue to build on our own "Local Excellence" motto which we have adopted for the hospital.



I hope each of you have a very happy Christmas with your families and loved ones, and wish you every good wish for the year ahead.

Many thanks

Elaine Prendergast
General Manager



Roscommon Hospital Performance Summary – October, 2012

Orthopaedic Out-patient Waiting List		DNA Rate		Increase Surgical day Case activity	
Current	Future	Current	Future	Current	Future
<p>Current Value 763</p> <p>Trend: v Previous Month</p> <p>Target: No patient will wait for an Orthopaedic Outpatient appointment for more than 1 year by December 2012.</p> <p>OPWL validation for Orthopaedics ongoing. Longest waiting time reduced from September, 2006 to January, 2007. Referral rate exceeds appointment rate. Increase of 13 from September. An indicator to be addressed under the new SDU Outpatient Waiting List guidelines</p>	<p>↗</p>	<p>Current Value 11</p> <p>Trend: v Previous Month</p> <p>Target: Reduce the number of patients who do not attend OPD to 10% by December 2012</p> <p>DNA Rate conveys a dramatic decrease this month from 19% in Sept to 11% following the commencement of the Outpatients text reminder service wef 1st October '12. This brings us into the lower end of amber status. The year to date DNA rate continued at 13% with a downward trend which is a positive sign for year end.</p>	<p>↕</p>	<p>Current Value 388</p> <p>Trend: v Previous Month</p> <p>Target: To increase Surgical Day Case activity at Roscommon County Hospital to 500 cases per month by treating patients on the UHG waiting lists.</p> <p>The GUH Long Waiters under Endoscopy & Surgery continue to be treated.</p> <p>Urology service and the extended Plastics Day-Case service is progressing.</p> <p>An increase this month on September figures by 52.</p>	<p>↕</p>
Admission Rate via MAU		New/Review Ratio Out Patient Services		Average Length of Stay	
Current	Future	Current	Future	Current	Future
<p>Current Value 99%</p> <p>Trend: v Previous Month</p> <p>Target: To reduce the admission rate of all attendees at the MAU to 20% by December 2012</p> <p>Figure manually calculated pending a change in the PAS registration process. (68 Med Assess attendances documented, Medical Admissions via UCC = 67). This indicator requires a more accurate data source which is not currently available and will be reviewed for 2013.</p>	<p>↕</p>	<p>Current Value 1:2.8</p> <p>Trend: v Previous Month</p> <p>Target: New to review outpatient ratio of OPD attendances to be 1:2 by December 2012</p> <p>The October figure is unchanged from last month. Contributing factors to this indicator are the high reviews under the Medical related clinics and dedicated review clinics under diabetes, haemochromatosis and warfarin.</p>	<p>↕</p>	<p>Current Value 10.4</p> <p>Trend: v Previous Month</p> <p>Target: Overall ALOS for all inpatients discharges is reduced to 5.7 days by December 2012</p> <p>This figure has increased again in October from 9.7 days in September. Medical long-stay patients are a significant contributing factor with 92 days lost with Pts awaiting NHSS approval.</p> <p>October 2012 Result = 10.4 Days – (NHSS adjusted figure = 9.8 Days)</p>	<p>↗</p>
Antibiotic Usage		New Cases of C. Diff		Fair Deal - Bed Days Lost	
Current	Future	Current	Future	Current	Future
<p>Current Value 96.8</p> <p>Trend: v Previous Month</p> <p>Target: To reduce the medial usage rate of antibiotics to 84.4 per 100 bed days utilised by December 2012</p> <p>National average 85.02 (DDD/100 BDU) - Level at RCH 96.8 - Average for General hospital type 90.7</p> <p>This is an improvement for RCH in 2011 as it is no longer in the top 5 highest consumption hospitals as has been the case for the last 5 years. RCH is now ranked 11 out of 41 of the highest consuming hospitals.</p>	<p>↕</p>	<p>Current Value 0</p> <p>Trend: v Previous Month</p> <p>Target: To reduce the background rate of HCAl of C Difficile to <2.6 per 10,000 bed days used</p> <p>No confirmed cases in October, 2012 – this is the positive trend for the hospital.</p> <p>There have been no confirmed C. Diff Hospital Acquired Infections in 2012 to date in Roscommon Hospital.</p>	<p>↕</p>	<p>Current Value 8.53%</p> <p>Trend: v Previous Month</p> <p>Target: To reduce the number of bed days lost due to delayed Fair Deal approval to 31 bed days per month by December 2012</p>	<p>↕</p>
Financial Position		Staffing Levels		Absenteeism	
Current	Future	Current	Future	Current	Future
<p>Current Value -14%</p> <p>Trend: v Previous Month</p> <p>Target: To deliver financial breakeven by December 2012</p> <p>Overspend of €305,000 in reporting period. Income focus meetings taking place regularly and emphasis on income generation and collection. Total overspend €1m to date.</p>	<p>↕</p>	<p>Current Value -3.1%</p> <p>Trend: v Previous Month</p> <p>Target: WTE should not drop below the WTE ceiling so as to maintain patient safety and services by December 2012</p> <p>WTE Oct 274.19, Sept 277.09, Aug 278.86, July Wte 273.48. Ceiling adjusted to 283 from March, 2012.</p>	<p>↕</p>	<p>Current Value 8.53%</p> <p>Trend: v Previous Month</p> <p>Target: To reduce the absenteeism rate to 3.5% by December 2012</p> <p>Rate continues to rise. Meeting with Director of HR to examine causes and develop action plan.</p>	<p>↕</p>

Roscommon Sports and Social Club

Roscommon Sports and Social Club held their Annual Christmas Raffle in the Staff Canteen on Friday 07 December 2012. Lots of prizes were won including cash, vouchers, hampers and gift sets.



Many thanks to the Kitchen Staff who provided a lovely festive spread and to all who helped on the day especially Brendan Leech who made a wonderful Santa. Lots of prizes were won including cash, vouchers, hampers and gift sets.



Happy Christmas to all!

Christmas Thoughts



It's sharing your gifts, not purchasing gifts;
 It's not wrapping presents,
 It's being present and wrapping your
 arms around the ones you love;
 It's not getting Christmas Cards out on time,
 It's sending any card, anytime at the right time;
 It's not having the biggest and best Christmas Light display,
 It's displaying the Christ Light that comes from your heart;
 It's not Santa coming down the chimney,
 It's Jesus coming down from the Heaven, and giving us the gift of eternal life."

Message from Chris Kane, A/General Manager, Portiuncula Hospital, Ballinasloe

As December approaches we are looking forward to the festive season!

I would like to congratulate and thank the members of staff that recently received Long Service Awards in November. The awards ranged from 10 to 40 years service. Congratulations to all!

The NIMIS Project went 'live' on the 20th November 2012. Well done to all involved! This is an exciting and important development for the Hospital from both a patient/staff and General Practitioner perspective and I would like to acknowledge the hard work of the Project Team and for ensuring a smooth transition and delivering the project on time.

Ms. Lis Nixon, National Lead for Unscheduled Care and Ms. Mary Boyd, SDU Liaison Officer to Portiuncula visited the hospital on Wednesday 07 November 2012. The Unscheduled Care Group at Portiuncula facilitated a presentation which outlined the considerable improvements and inroads into improving the patient journey through the hospital. The presentation also acknowledged and thanked the Special Delivery Unit for the role that they have played through the provision of guidance, support and funding. The SDU acknowledged that Portiuncula has made significant improvements in relation to reducing the length of time patients wait on trolleys in the Emergency Department in 2012. However, during the winter months it is expected that there are increased pressures. Our aim in 2013 is to focus on reducing these waiting times further and to manage our patient flow more efficiently.

The hospital has experienced during October and November a number of infection control outbreaks such as Norovirus which has had a significant impact on our ability to provide isolation beds and has impacted on bed availability. Continued emphasis is required on adhering to strict hand hygiene measures amongst all disciplines. The Hospital continues to manage and monitor infection control in conjunction with support from microbiology services in Galway.

I would like to acknowledge all staff in the hospital for their hard work during 2012 and their continued commitment to providing high quality services to our patients. I hope that staff and their families can enjoy a Peaceful and Happy Christmas and that we can re-focus our energies with enthusiasm and positivity as we start 2013.

Key Performance Indicators (KPIs) – October 2012

Overall Portiuncula is performing well in a number of KPI's such as:

- Emergency Department Waiting Times – 80.07% compliance against target
- Outpatient Waiting Lists – number continue to decrease - reduction in Dermatology – further work required in relation to Orthopaedics and Urology.
- Day-case Rates – 83% which is exceeding the National target
- Average Length of Stay – 4.14 days
- Staffing levels are within the target
- Day of procedure – currently at 54%
- Absenteeism – 5.42% - a deterioration on previous month - compounded by Norovirus Outbreak.
- Ongoing challenges in the area of financial KPIs.

Chris Kane
A/General Manager



Portiuncula Hospital Performance Summary – October 2012

Out-patient Waiting List	
Current	Future
769	
Current Value	
Trend: v	↑
Previous Month	
<p>Target: Out-patient waiting to be reduced to less than 9 months by December 2012.</p> <p>Number of patients waiting in the OPD over 9 months is 769 this has reduced by 91 patients on the previous month. Dermatology at 195 which has reduced by 146 patients. Continued focus to address long waiters in Orthopaedics 118, Pain Clinic 170 and Urology 215.</p>	

Rag: Green: 0 Amber: 0-100 Red >100

DNA Rate	
Current	Future
9.79%	8%
Current Value	
Trend: v	↑
Previous Month	
<p>Target: Reduce the number of patients who do not attend to 8% by December 2012.</p> <p>The DNA rate in October stands at 9.79% this is a reduction of 0.9.79% on September 2012. 6 specialities are below the HSE target of 10%. Efforts continue to reduce this rate further.</p>	

Rag: Green: 8% Amber: 10% Red: 14%

ED Waiting Times for Admission	
Current	Future
80.07%	
Current Value	
Trend: v	↑
Previous Month	
<p>Target: No patient should wait over 6 hours.</p> <p>The waiting times in October have increased by 3.56% however it should be noted that there was a 10.82% increase in attendances on October 2011. 80.07% of all patients were seen and admitted within the 6 hours.</p>	

Rag: G: 90-100% A: 80-89% R: <80%

CT Waiting List	
Current	Future
40	
Current Value	
Trend: v	↑
Previous Month	
<p>Target: No Priority 2 or 3 patients should wait more than 56 days for an appt by the end of December 2012.</p> <p>The September figure shows Priority 2 and 3 patients are currently seen within 40 days.</p>	

Rag: Green: ≤ 56 Amber: >56 Red: >65

Day Case Rate Basket of 24	
Current	Future
83%	
Current Value	
Trend: v	↑
Previous Month	
<p>Target: No increase the rate to 75% within the basket of 24 procedures to be treated as day cases.</p> <p>Currently the rate is at 83% improved by a further 1%.</p>	

Rag: Green: 75% Amber: 70% Red: <70%

Average Length of Stay	
Current	Future
4.14	
Current Value	
Trend: v	↑
Previous Month	
<p>Target: Achieve a target of 4.5 days.</p> <p>The LOS for October has increased by .11 days when compared with September. This KPI target is within the target set.</p>	

Rag: Green: 4.5 Amber: 5.5 Red: >6.5

Day of Procedure for Elective In-patients	
Current	Future
54%	60%
Current Value	
Trend: v	↑
Previous Month	
<p>Target: To increase rate to 7% by December 2012.</p> <p>Improved by 3% on September</p>	

Rag: Green: 60% Amber: 50-59% Red: <49%

Hospital Acquired MRSA	
Current	Future
5	36
Current Value	
Trend: v	↑
Previous Month	
<p>Target: To reduce the number of Hospital Acquired MRSA infections to 3 per month in 2012.</p> <p>There were 5 Hospital acquired MRSA infections for the month of October 2012. The infection control committee is continually reviewing the levels of infection in conjunction with all clinical area. There continues to a requirement for a Microbiology support on this site.</p>	

Rag: Green: 3 Amber: 4 Red: >4

Fair Deal - Bed Days Lost	
Current	Future
160	
Current Value	
Trend: v	↑
Previous Month	
<p>Target: To reduce the lost bed days to less than the current monthly bed days lost.</p> <p>160 Bed days lost in the month of October - this is an increase of 49 days on September. Continued emphasis on Fair Deal processing and minimizing delayed discharges.</p>	

Rag: Green: 185 Amber: 235 Red: >235

Financial Position	
Current	Future
>23%	
Current Value	
Trend: v	↑
Previous Month	
<p>Target: To deliver financial breakeven across the Group by December 2012.</p> <p>The hospital is currently showing €8.02 m adverse position vs budget ytd. There have been savings in non-pay in the areas of Travel, Bedding, Laboratory and Professional Fees. There remains increased spends, drugs, cleaning and energy costs.</p>	

Staffing Levels	
Current	Future
640.40	
Current Value	
Trend: v	↑
Previous Month	
<p>Target: To operate within our allocated ceiling of 651 wtes.</p> <p>The WTE figure for shows a slight increase of .26 WTEs from September 2012. Continued focus on reducing WTE figures in line with the budget as part of financial recovery plan.</p>	

Rag: Green: 651 Amber: >651 Red: >660

Absenteeism	
Current	Future
5.42%	
Current Value	
Trend: v	↑
Previous Month	
<p>Target: To reduce absenteeism rate to 3.5% by December 2012.</p> <p>The absenteeism rate for October 2012 is 5.42%. This is a increase of 1.19% on September. Active monitoring to reduce absenteeism rates through absence management programmes and back to work interviews. A series of managing attendance training sessions for line managers taking place.</p>	

Rag: Green: 3.5 Amber: >4.5 Red: >5.5

Long Service Awards

Members of staff from Portiuncula were celebrated for giving 10, 20, 30 and 40 years service to the Hospital. The Awards are a long standing tradition to recognise and value staff and 47 staff received Awards on the day. This was the sixteenth year of the awards and the recipients come from a variety of disciplines across the Hospital. The event took place in the staff dining hall and was attended by members of the Management Team and staff from individual departments came to support and congratulate their colleagues.

Ms. Chris Kane, Acting General Manager at Portiuncula Hospital paid tribute to the staff for their ongoing commitment to Portiuncula Hospital. The awards were presented by Chris Kane, Acting General Manager and Eamon Mc Manus, HR Manager.



10 Year Recipients' (some pictured on left):

Olive Brogan; Michelle Burke; Mary Casey; Irene Casey; Andrea Cooke, Ann Marie Cruise; Mark Diskin; Lorraine Donnelly; Mary Finn; Deirdre Finnerty; Peter Finnerty; Irene Flynn; Anne Gardiner; Marie Garvey; Frances Harte; Karen Hurley; Marie Niland; Maura Keighery; Amanda McCole; Bernadette McDonnell; Ciara Mooney; Gretta Mulryan; Deirdre Naughton; Mary Neenan; Niamh O'Brien; Mary O'Shaughnessy; Jackie Reams; Anne Regan

20 and 30 Year Recipients' (some pictured on right):

Carlyn Blackweir; John Clarke; Geraldine Cosgrove; Caroline Dolan; Michelle Fallon; Breda Malone; Marie O'Dowd; Helen Raftery; Tom Carey; Anne Cunningham; Paddy Delaney; Brid Gohery; Phil Gunning; Helen Harney; Eileen Keary; Mary Kenny; Marion Mannion; Maura Masterson



40 Year Recipient (Pictured on left):

John Kelly (Maintenance/ Grounds)

Blood Bike West Launch



The Hospital was delighted to launch the '**Blood Bike West**' service on the 26 November 2012.

Blood Bike West is a safe, quick and reliable service for the transportation of medical items/blood etc. in emergency/urgent situations. The service operates out-of-hours between 7:00pm and 7:00am and is available 52 weeks of the year including Bank Holidays.

The service is staffed by volunteers and is free of charge to the Hospital.

We look forward to working with Blood Bike West in the future.

For more information: www.bloodbikewest.ie
info@bloodbikewest.ie



SURGICAL DIRECTORATE

Karl Sweeney, Clinical Director; Ailish Mohan, A/ Business Manager

Surgery and Anaesthesia National Clinical Programme update

November has brought two significant events in the development of the GRUHG Surgery and Anaesthesia Programme.

The first of which was a visit from the National Office of Clinical Audit (NOCA) on 05 November. This visit was hosted by the SAP Audit Committee and extended key members of the GRUHG Audit and Management team. The purpose of the visit was to discuss the roll out of a number of National Clinical Audits coming on stream in 2013. The first audit stream identified for delivery is the Irish Audit of Surgical Mortalities (IASM). The objective of the IASM audit will be to review all deaths that occur following an episode of surgical care and provide opportunities for improvements in patient outcome. The voluntary online system will be managed by peer review with an agreed governance structure to support clinicians with any follow up action required.

The second milestone in the development of SAP was the visit from the National Clinical Programme Committee on 08 November. This significant event welcomed Prof. Frank Keane, Mr Kenneth Meally and Ms Bairbre Golden, Clinical Leads of the National Programme, along with their colleagues from the National Office. The event was well attended and was hosted by the GRUHG Management Team. This visit was extremely valuable and provided a detailed insight in to the achievements and ongoing efforts being made by the Group as we continue to strive towards excellence in patient care through the SAP Sub programmes.

Future Health “2012-2015”

The Surgical Directorate were pleased to attend a staff briefing on the strategic framework for reform of the Health Service with Mr James Reilly, Minister for Health. This informative session outlined the actions that will be taken to deliver on the plan for the future, in particular, the interface between the Community and the Hospital Group. I believe that this is going to be an area of development at a national level which the Galway and Roscommon University Hospital Group would seek to be an integral part of.

Planning for 2013

The surgical directorate are placing particular focus on planning the priorities for 2013. Specialty leads for all surgical specialties within the directorate and Group hospitals will be supported by the directorate in the development and management of a set of key performance indicators for each specialty. A schedule of multi disciplinary meetings for 2013 will provide each specialty with a support structure to maintain and develop the services.

The Surgery and Anaesthesia programme will continue to be central to shaping the delivery of scheduled and unscheduled surgical care within the Group.

We will develop on progress made by each committee in 2012 and expect to see improvements in the patient journey and surgical care achieved in 2013.

SURGICAL DIRECTORATE

Karl Sweeney, Clinical Director; Ailish Mohan, A/ Business Manager

Hand Hygiene

A recent HSE Report on Hand Hygiene (June/July) states the HSE has set a target of achieving greater than 90% compliance with hand hygiene by 2013. The overall observational compliance rate for hand hygiene in GUH for this period is **86.7%**.



Early steps to achieving this target have commenced with the support of the GUH Infection Prevention and Control Support Team. The Surgical Directorate have kick started the roll out of education and training for surgical staff on hand hygiene by participating in “5 moments for Hand Hygiene” information Session. We will continue to support this mandatory training through the surgical wards and specialties with the development of action plans.



Photo details (From L to R):

Elaine Dobell, Marian Sice, Marian Morris O’Connell, Karl Sweeney, Helene Horsnell, Julie Nohilly, Judith Davitt (Infection Control) and Ailish Mohan.

Seasons Greetings

With 2012 drawing to a close we can reflect on an eventful year of achievements, developments and challenges faced by all staff and Directorates across the Group wide Hospitals. On behalf of all in the Surgical Directorate we wish to thank you for your hard work and dedication to providing excellent patient care during challenging and changing times.

We wish you all very Happy Christmas and best wishes for a happy and healthy New Year.

MEDICAL DIRECTORATE

Pat Nash, Clinical Director; Ann Dooley, Business Manager

This is my last newsletter as clinical director for medicine. I have taken up the Group Clinical Director role from 03 December but will remain as the CD for medicine until a replacement is appointed later this month. Firstly, I would like to thank all those who supported me in this role over the last four years and in particular Ann Dooley and Margaret O'Toole as business managers, Marie Cox as the ADON representative on the directorate, Marian Sice as administrative support and Pauline Burke and Grainne O'Byrne as AHP representatives.

It has been a time of huge change with the directorate evolving into its current role as the core management unit for the medical division. This has accelerated over the last year with the new management structure and despite all the resource and financial pressures, the medical group has seen many very positive changes. The reconfiguration between MPUH and UHG with relocation of all acute medicine to the UHG site has enhanced patient safety and improved patient flow. Ward cohorting and the implementation of the acute medicine programme, with the opening of the AMU 24/7 and the development of the short-stay unit (SSU) has improved patient flow and reduced our ED trolley numbers. This problem has not gone away and will require an ongoing focus on the numbers to ensure that we never return to the very high numbers we had in ED in 2011.

The directorate structure is fully embedded for medicine across the hospital group with identified leads in all 17 specialties. Quarterly review meetings with each specialty have become a core part of the review and planning for each specialty and the monthly directorate meeting involving all the clinical leads and nursing and AHP representatives is now the core decision making body for medicine. Development of specialty based KPIs is a key priority going into 2013.

I would like to wish all a very happy and peaceful Christmas.

Pat Nash

The following is a very brief overview of the status of our key priorities:

Governance

Clinical leads have been identified from Roscommon and Portiuncula - need to ensure full involvement and input from both hospitals.

Implementation of Acute Medicine Programme

Focus going forward on discharge planning at individual ward level. Call structure is to be reviewed with the Physicians.

There is a tentative plan in place to open AMAU in Portiuncula Hospital in January 2013 with a 5th Consultant in place.

MEDICAL DIRECTORATE

Pat Nash, Clinical Director; Ann Dooley, Business Manager

Trolley Waits ED

- There has been an increased pressure on beds over the past few weeks and a Winter Plan has been agreed with 14 extra contingency beds.
- Unscheduled Care Governance Group has been set up chaired by Clinical Director with monthly meetings taking place.
- An ED Development Group has been set up which is chaired by the Clinical and Non-Clinical Services Manager. A 4 step plan is in place on reconfiguring ED space – commencing with the creation of a separate Paeds area .

Implementation of Clinical Care Programmes

There continues to be active participation with the Clinical Care Programmes in Stroke, Heart Failure, Epilepsy, COPD, Diabetic Foot, Dermatology, Neurology programmes. There was a successful roll out of the Acute Cardiac Syndrome programme on the 05 October, 2012.

The Early Supported Discharge Stroke Pilot commenced in August GUH which has shown initial results of shorter length of stay, with improved patient outcome and satisfaction. A full detailed review will be finalised following end of Pilot on 21/12/12 and a Business Case to extend the pilot for 2013 has been submitted for consideration.

JAG Accreditation GI Endoscopy Services

GUH was successful in its assessment for JAG Accreditation for GI Endoscopy Services which took place on 27 November, 2012. The opening of the centralised Decontamination Unit will complete the process and this is due to happen early in the New Year. Well done to all concerned in Medical Endoscopy and Surgical Day Ward for this achievement especially Dr. Ramona McLoughlin, Clinical Lead, Ann Dooley, Project Lead, Gretta Greaney, CNM11, Maura Linehan, CNM11, Sean Reilly CNM1, Julie Nohilly ADON.

Achieving JAG Accreditation was a prerequisite for us becoming a Colorectal Cancer Screening Centre and following a meeting with the NCSS on 06 December, 2012 preparations have begun for the launch of the Screening programme. The implementation of the Endoscopy Reporting System, a National ICT project, is scheduled for April 2013 to support the commencement of the Programme.

Transfer of Acute Dialysis Unit

An Acute Dialysis Unit, consisting of 3 beds, opened in UHG on the 05 November, 2012 on St. Teresa's Ward. This is a major improvement to patient care as it will accommodate acute patients being dialysed on this site. We would like to welcome our colleagues from Unit 7 MPUH who staff the Unit. Well done to all concerned.

OPD Waiting Lists

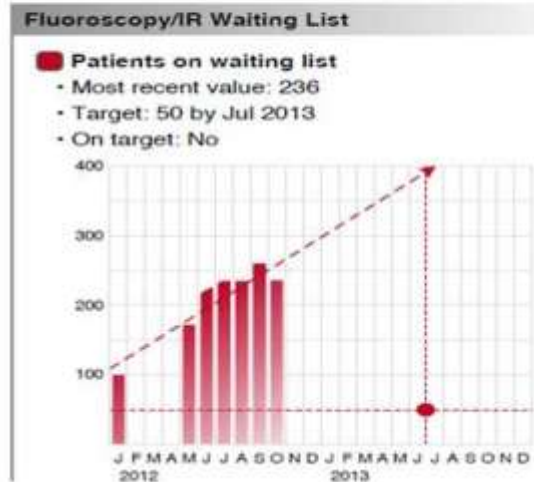
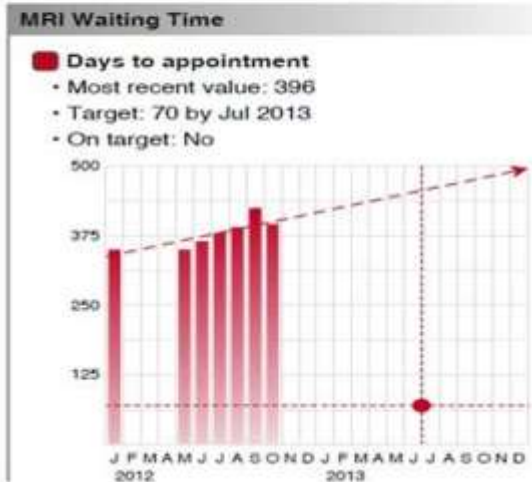
The Medical Directorate will be focusing on those waiting over 1 year for OPD services and are supporting the validation process currently underway.

RADIOLOGY DIRECTORATE

Ray McLoughlin, Clinical Director; Mary Murphy, Business Manager

All I want for Christmas Strategic Objectives for 2013

The strategic objective for the Radiology Directorate for 2013 is to aim to establish timely access to imaging for all patients across the Group by July 2013. Therefore we are focusing on our worst waiting lists, which are for CT, MRI, US, and Fluoroscopy. We are attempting to reach our targets by utilising spare capacity within the Radiology Directorate, and through SDU waiting list initiatives.



Under the Tree Equipment Replacement

Works for replacement of Fluoroscopy and Nuclear Medicine equipment continue at GUH – apologies again for resultant inconvenience. We are hoping to have fluoroscopy up and running early in the New Year, and our new Nuclear Medicine facility should be operational in Spring 2013.

PHB new RIS/PACS system went live in November – congratulations to all who worked so hard to bring this to pass. One of our projects for 2013 will be to integrate the RIS/PACS systems across the Group.

RADIOLOGY DIRECTORATE

Ray McLoughlin, Clinical Director; Mary Murphy, Business Manager

Santa's little helpers Key priorities for 2013

The Radiology Directorate Key priorities for 2013 are:

1.	Attain strategic objective of timely access to imaging for all patients across the Group
2.	Realise adequate staff levels
3.	Continue our staff training and education programme
4.	Continue our equipment replacement programme
5.	Rationalise service while working with critically low staffing levels
6.	Consolidation and integration of RIS/PACS
7.	Deliver Directorate Cost savings to support the Group Breakeven plan
8.	Reduce Directorate Risks
9.	Review Directorate Processes

A time for harmony

Sincere thanks to the members of the Radiology Directorate Procurement Sub-Committee who have worked hard over the last several months to harmonise costs for consumables in the Radiology Departments across the Group, with significant resultant savings.

We would like to thank all who have worked so hard throughout the Radiology Directorate during the last year, and wish all a peaceful and restful Christmas, and a fulfilling new year.

Christmas surprise Communication of Unexpected Radiological findings

This is a project we hope to implement in the New Year. Thanks to Dr Catherine Glynn who has prepared a draft protocol for same, as per Faculty guidelines, to be incorporated in the Agfa RIS/PACS Critical Alert software at GUH/RCH. This will ultimately allow us to alert clinicians to unexpected urgent findings on radiological studies by text or email.

Good tidings we bring Registrars pass their final exams:

Congratulations to our three Radiology Specialist Registrars: Dr. Collette English, Dr. Fergus Cafferty and Dr. John Ward on their recent success in the Part 11 Radiology examinations.

And finally

We would like to thank all who have worked so hard throughout the Radiology Directorate during the last year, and wish all a peaceful and restful Christmas, and a fulfilling new year.

WOMEN'S AND CHILDREN'S DIRECTORATE

Geraldine Gaffney, Clinical Director; Bernie O'Malley, Business Manager

A Gynaecology Women's Health study day was held in the Maternity Department on 11 December.

Aims and Objectives of this Study Day

To support registered midwives / nurses and medical staff update their knowledge on aspects of Gynaecology /Oncology, Colposcopy and Genitourinary service in University Hospital Galway. The aim of this study day is also to aid communication and relationship building between the hospital and the community, and to enhance better understanding of the role of the various stakeholders involved in the care of the woman with gynaecology and genitourinary problems. Also to provide clear and consistent information and advice for women availing of Gynaecology services regardless of clinical setting.

Learning Outcomes:

On completion of the one day programme participants will have:

- Discussed the evidence and current guidelines on cervical screening and colposcopy treatments.
- Received information on the development of the colposcopy quality assured service at UHG
- Reviewed the evidence on cervical, uterine and ovarian cancers.
- Received updates on bladder care and urinary incontinence for women.
- Discussed health promotion and disease prevention strategies.
- An understanding of the roles of the various stakeholders involved in the care of the woman with gynaecology and genitourinary problems.

Programme Evaluation

This study day was very positively evaluated by Midwives from all three Maternity units, General Practice Nurses /Public Health Nurse and general practice registrar. Some comments included: "Great to have this update and hope it continues... excellent study day... very informative...".

I would like to thank all staff who facilitated the sessions on this study day. It is planned to make this women's health study day an annual event.



Photo above shows participants at the recent Gynaecology Study Day at UHG.

WOMEN'S AND CHILDREN'S DIRECTORATE

Geraldine Gaffney, Clinical Director; Bernie O'Malley, Business Manager

Neonatal News

A fashion show was held in the Ardilaun Hotel on 21 October in aid of the Neonatal Intensive Care Unit fund, UHG. The Fashion show was organized by Ms. Paula Flanagan, the mother of a child previously cared for on the unit who held a similar show last year. The show this year raised ten thousand euro and was well attended. Local stores supplied the fashion which was modeled by the nursing and medical staff who took to the catwalk with great aplomb and professionalism on the day. We would like to convey our thanks to all concerned, in particular to Paula for her wonderful contribution to the Neonatal Intensive Care Unit.

Funding raised at last years show is currently in the process of being spent. It is planned to spend it on items of patient care and comfort and will be utilized to purchase rocking chairs, art work for the unit and some equipment.

Paediatric News

The Women's and Children's Directorate are delighted that the post of Paediatric CNM2/CNS for children with life limiting illness has finally been approved and interviews held. This post will be invaluable in the smooth transfer home of the child from the hospital and in supporting the child whilst being cared for at home. It will also provide a vital communication link with the hospital services.

Maternal and Newborn Clinical Information System (MN-CMS) project.

The Maternity Departments at both UHG and Portluncla are to introduce the National Maternal and Newborn Clinical Information System which has been in the planning stage for some time. This system will ensure a standard method of collection of maternal and newborn information nationally.

The project is now moving to an important stage. The Project Team have outlined the resources required and looked for the commitment from each site to be involved in the rollout of the system to provide local resources.

Once this commitment is received a full implementation and roll out plan can be developed. Ms Joan Malone has recently joined the HSE central project team as Business Implementation Manager. Joan will be a point of contact for the project and will be working with the hospitals throughout the analysis, design, planning and implementation phases of the project. We look forward to working with her.

WOMEN'S AND CHILDREN'S DIRECTORATE

Geraldine Gaffney, Clinical Director; Bernie O'Malley, Business Manager

Santa

Santa always has the Paediatric Ward high on his KPI list around this time of year. As he is now very hi tech, he was beamed into the Paediatric Ward on the 11 December via SKYPE and chatted to all the children. This caused great excitement with the children, parents and staff on the unit. As Santa was not in attendance in person, he sent all his elves to give out gifts to the children. We are very grateful to CISCO and our IT Department who made the link with Santa possible and thanks also to his hard working elves and staff on the ward.



Photo Details:

Eleanor Costello, Clerical Officer and Dr Claire Gaffney, Paediatric Register with Mrs Clause and the Elves at the Satellite Santa day in the Paediatric Unit, GUH; Santa was beamed into the Paediatric Unit via Skype to speak to the children at an event organized by CISCO.

LABORATORY DIRECTORATE

Damian Griffin, Clinical Director; Judith McLucas, Business Manager



I am delighted to announce the appointment of Ms. Anne Mannion as the new Group Laboratory Manager on 01 October 2012. Anne has previously held the post of Chief Medical Scientist for the Clinical Biochemistry Laboratory at Galway University Hospital. A native of Westport, she currently lives in Castlebar, but has spent all her working life in Galway.

In welcoming Anne into her new post we have discussed the many challenges facing the Laboratory Medicine Directorate currently and in the future.

The main challenge is the implementation of the Programme for Laboratory Modernisation. The Programme places clinical requirements and patient safety as top priorities as well as value for money and cost savings.

The main objectives of the programme are to implement a national pathology network and modernisation programme based on a whole-system approach with cooperative hubs and spokes organised according to clinical need and to coordinate the activities of individual laboratories using the 10 principles of Laboratory modernisation as the framework.

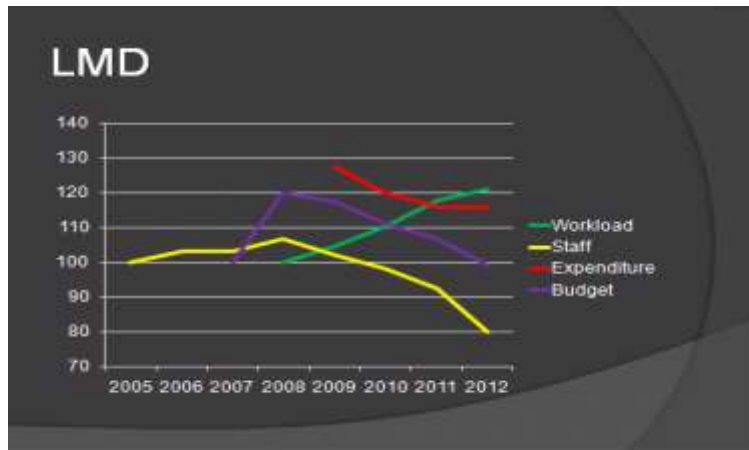
The 10 principles are as follows:

1. Accreditation
2. Clinical Input in all pathology disciplines
3. Network of National, Regional, Local laboratories
4. Demand Management
5. Improved ICT Connectivity
6. Improved work practices
7. Use Core Labs Automation
8. Improved Phlebotomy and Transport Logistics
9. A charging/cost/workload model using standardised test codes
10. Regulated Point of Care Testing

Outside of this, other drivers for laboratory modernisation include the changing status of the hospital group and its service plans. Service demands from the PCCC, Tertiary Referrals and Research and Academic Services, the NCCP and NCSS and the SDU have had a significant impact on laboratory workload. It is only through the hard work and commitment of our excellent staff that we have been able to keep pace with the requirement to delivery more with less (see fig 1 on next page). Overall our activity is increasing with reductions in both WTE numbers and budgets.

LABORATORY DIRECTORATE

Damian Griffin, Clinical Director; Judith McLucas, Business Manager



(Figure1.)

Where are we at?

All GUH laboratories, Blood Transfusion and Clinical Biochemistry in PHB and Blood Transfusion in RCH are accredited. The remaining PHB and RCH laboratories need to be accredited as part of single service across multiple sites. In addition the Point of Care Testing (POCT) Services are to be accredited. A common Risk management strategy and Risk Register is being established for the Group LMD. We have sub-specialty governance for accredited laboratories. However there is no clinical input in haematology or microbiology in PHB or in haematology or clinical biochemistry in RCH. We provide national services with the Salmonella Reference Lab, the CRE Reference Lab and the Tissue Lab. Regional Services are provided by the Virology Lab, the Immunology Lab, the TB Lab, and the Public Health Food and Water Lab. Local Services are consolidated in concert with the Acute Medicine Programme which defines hospital models with associated clinical services and activities. This clearly outlines the services that require to be supported by on and off site laboratory services.

What are our plans?

We plan to consolidate services to enable appropriate demand management with improved ICT connectivity, improved work practices and use of core laboratory automation. We intend to reconfigure the service in a hub and spoke model, with a consolidated blood sciences laboratory established in GUH.

In relation to medical microbiology, our intention is to have a single regional medical microbiology service. We also hope to develop a single integrated blood transfusion service for the group.

Anatomic Pathology is expanding into molecular pathology in GUH and establishing enhanced inter-site communications (MDTs). The LMD service will be subject to re-branding with a single identity for laboratory medicine directorate.

LABORATORY DIRECTORATE

Damian Griffin, Clinical Director; Judith McLucas, Business Manager

At present, all three laboratories have independent laboratory manuals. Our intention is to introduce a group laboratory manual, which should aid us in managing demand from both primary and secondary care. The introduction of Physician Order Entry systems, ongoing training of medical students and NCHDS, GP liaison, newsletters such as this and our own newsletter "Laboratory Matters" should all support us in ensuring more appropriate use of laboratory facilities. We are aware that we will need to upgrade our information and communication technology to support a hub and spoke laboratory configuration. Our first step in this regard is to have all our laboratories using a single laboratory information system. A Physician Order Entry System is the key technology we require to modernize and stream-line our laboratory service.

There have been significant changes in work practice in recent years with the introduction of the Clinical Directorate Structure. We are progressing towards a structure with fewer larger teams with clear management lines and accountabilities and the ability to adapt to changes in workload and distribution. The most significant staff reform is likely to be related to the development of an integrated blood science laboratory. In order to maximise the efficiency gains of such a facility, will require an extension to the working hours of all staff groups. There will also be a requirement for significant staff retraining and the development of new supervisory scientist posts in the Core Automation Laboratory and also cross-disciplinary training for scientific staff.

There have also been significant changes in the working lives of our consultant staff. Consultant histopathologists use Voice Recognition Software to dictate their reports. We are also working towards a group-wide governance structure for all the departments.

New roles will need to be established for project managers, to guide us managing the required changes. Expertise in project management, business skills, and IT professionals will all be required to provide expertise to various initiatives. Public-Private partnerships are already in use to support the service and may be developed further in the future.

Consolidated Blood Sciences Laboratory

The development of a consolidated blood sciences laboratory will see the introduction of new automation technologies including preanalytical, analytical, and postanalytical (biorepository) modules. There will be direct subspecialist consultant supervision in all relevant pathology disciplines. The Laboratory will be operationally managed by a Core/Automation Lab Scientist with cross-discipline trained lab aides and junior scientists. There will be guaranteed STAT, semi-urgent, and routine TATs that have been agreed with users.

It will require servicing by good logistics (pneumatic tube system, courier system). Ideally the laboratory will require a computerised Physician Order Entry and electronic reporting systems. There will be autovalidation of most results (e.g. using middleware to achieve an average 80% autovalidation), with a small number of senior scientists (specialised in their discipline) manually validating the remainder.

Microbiology technology changes will include the identification of microbes based on mass spectrometry and in Histopathology the use of Slide Scanners and Embedders. Clinical Biochemistry has introduced LC-MS with the anticipated development of a micro-nutrient laboratory using ICP-MS.

LABORATORY DIRECTORATE

Damian Griffin, Clinical Director; Judith McLucas, Business Manager

Phlebotomy and Transport Logistics

A Single Blood Collection System has been introduced across the Group. In GUH there has been a review of phlebotomy rosters to support weekend services.

The development of Community based phlebotomy services is an aspiration and full control by the Laboratory of Blood Sample logistics rationalisation of the current providers Biomnis, WestDoc , and other Taxis and Couriers.

Business Model

A new business model is being developed to support Budgetary Control with new applications to monitor budget and to monitor workload. Relative Value Units for all tests results and activities are being developed.

Contracting and payment for work with the Bon Secours Hospital, the Galway Clinic, the Galway Fertility Unit, the City and County Councils, Employment Screens and the National Cancer Screening Service is providing a revenue stream.

Regulated Point of Care Testing

We need to implement National POCT Guidelines and achieve full accreditation for POCT Services.

Controlled Development in Out-Patients and Primary Care is a key feature of the Laboratory Modernisation programme and must be adequately resourced.

We have very significant challenges ahead of us in the Laboratory Medicine Directorate at GRUHG and we are delighted to have strengthened our team considerably since Anne has come on board. I would like to wish her well and I look forward to working with her in modernising the laboratory service across the Group in our efforts to continue to deliver a high quality service to all our users.

Damian Griffin
Clinical Director

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

The Productive Operating Theatre - (TPOT)

Following a successful visioning day held on 23 October a follow up visioning day was delivered on 28 November in theatre to staff that were unable to attend the previous event.

The TPOT programme was developed as a systematic method to improve the surgical patient's journey peri-operatively and it does this by introducing modules of change.

Two 'showcase theatres' have accepted the challenge in GUH and the initial modules being rolled out include collecting data required to 'know how we are doing', making changes to the layout of rooms to create a 'well organized theatre', and putting a process in place so that staff in the theatre environment can appreciate 'the operational status at a glance'.

Day of Surgery Admission Area- Theatre Admission lounge

This area was officially opened on 08 November 2012 to coincide with the visit of Prof Frank Keane Surgical lead and Dr Bairbre Golden Anaesthesia Lead - Surgical Anaesthesia Clinical Programme (SAP)

Day of surgery admission will ensure day of surgery is maximised, length of stay is shortened, and cancellations are reduced.



Mr Karl Sweeney, Dr Bairbre Golden, Professor Frank Keane and Dr J Mc Elwaine



Mr K Sweeney, Dr B Golden, Professor F Keane, & Dr J Mc Elwaine, Mr B Maher & Ms C Cowan with staff from Surgical and Anaesthesia programme, St Nicholas Ward, Theatre and Surgical/ TACC directorate members

Seasons Greetings

TACC directorate wish to take this opportunity to thank all of the staff in Theatre, Anaesthesia and Critical Care for all the hard work and support throughout the year in achieving the priorities for 2012, and for assistance with achieving key hospital performance targets.

The directorate structure continues to grow and develop across the Galway and Roscommon University Hospital Group. Key performance indicators are an important element in strengthening and enhancing this.

We look forward to your continued support in achieving our key priorities for 2013.

GUH CNM/CMM Management Development Programme Class of 2012

We have now preparing for the 8th programme day in January 2013 and the class of 2012 will be getting ready for graduation in April. Attendance at the days has been consistently good with enthusiastic CNM/CMMs returning each day. Feedback indicates that nurse/midwife managers appreciate such an opportunity to discuss challenges associated with this role and to review competencies which will help them to lead the ward teams.

Topics for inclusion have been informed by current national and local agenda and requests from the participants themselves. In designing the programme the steering group has been mindful of focusing on the competencies for the role and in supporting professional and personal development. Topics chosen aim to enhance skills in managing change more effectively.

Becoming more aware of one's own emotional intelligence and tapping into competencies to inform different styles of leadership and job performance was addressed on day 7. Role play and observer as part of a triad has been used to allow participants to address issues in a *safe environment*. Action Learning sets have been established and training will be facilitated in the New Year.

Legal framework for managing people and information from HR personnel has been much appreciated as it allows managers to seek advice and share experiences and identifying opportunities in seeing issues differently. One session which generated great energy and interest was the importance of focusing on addressing issues before they can escalate into major IR debates.

Presentations have included information on the Coroners Act, patient safety and risk, clinical audit, expenditure with a presentation on a nursing project which resulted in significant cost savings.

The benefits and merits of networking and problem solving with other nurse/midwife managers cannot be underestimated. This programme has also facilitated attendees getting to know colleagues, an aspect often lost in a large organization.

Something to Sing About: A Global Choir of Cancer Survivors!

“Something to Sing About (STSA), a network of choirs for cancer survivors, was launched in UHG on Wednesday 14 November.

STSA is the brainchild of Dr Paul Donnellan, Consultant Medical Oncologist at Galway University Hospitals and Mayo General Hospital. Dr Paul Donnellan said, “A diagnosis of cancer is shocking news and undoubtedly a life-altering event”.

STSA celebrates the fact that most patients diagnosed with common cancers such as breast and prostate cancer turn out to be cancer survivors: 80% of prostate cancer patients will survive their disease; 90% of breast cancer patients live longer than 5yrs, and many of these are cured.

“There are more cancer survivors alive at this moment than at any other time in the history of the World. This is surely something to sing about!”

Cancer survivors continue to need ongoing support, especially from fellow-survivors and that choir practice can be therapeutic for these people. STSA hopes that the choirs will coalesce and perform concerts on a regular basis, the proceeds of which will go towards patient support and cancer research.

In a short number of months, “Something to Sing About” has grown from an idea to a network of choirs in Ireland and abroad. The idea is very simple and to set up an STSA choir all one needs is a few cancer survivors, a musical director, a room in which to meet weekly and a computer connected to the internet so that the instruction regarding musical works in progress can be down-loaded.

So far there are six STSA centres in the West of Ireland signed up (Castlebar, Westport, Ennis, Ballinasloe, Galway and Belmullet) with others about to start (Tuam, Galway Clinic and Sligo). Others which have displayed interest in joining include: Memorial Sloan Kettering Cancer Center in New York, 14 Breast Cancer Centres in the UK, and a centre in Brisbane Australia.

The interest and support STSA have garnered to date has been amazing. Not only does STSA have support groups joining with choirs brimming full of enthusiastic singers, but have also received very generous offers of support. In Galway for example, local man, cancer survivor and professional tenor Mr Frank Naughton pledged his support for the project and launched “Something to Sing About” on 14 November. The event was filmed by RTE 1 and featured on the 9 o’clock News the same evening. It was also covered in an extended and excellent report on TG4 the following day. Award-winning photographer Joe Shaughnessy covered the event for the Connaught Tribune.

Something to Sing About: A Global Choir of Cancer Survivors!

Following on from the media launch, STSA has received membership requests from Cork, Drogheda, Mullingar and Dublin. We have held a rehearsal with choirs from Galway and all other 5 active STSA centres with resounding success. All those interested in joining STSA either as a singer-survivor or general volunteer are invited to attend. New singers, volunteers and new choirs are welcome!



Photo details:

Centre: Séamus Leonard, STSA Musical Director and GUH staff member and Dr Paul Donnellan, Founder of *Something to Sing About* with members of the five choirs of cancer survivors who attended the launch of *Something to Sing About* in November in GUH.

Photo by: Joe O'Shaughnessy.

Our first large scale concert will be on Easter Sunday next year and in the meantime, our choir here in Galway University Hospitals, under the expert musical guidance of Seamus Leonard, will be holding a carol service on 21 December.

ESTATES UPDATE GUH
Ann Cosgrove,
Clinical and Non-Clinical Services Manager, GUH



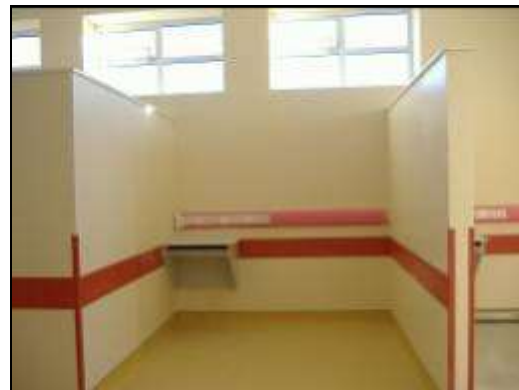
Radiation Oncology Project

Work has commenced at a national level to procure the design team for this project and also to review previous NPRO work in relation to equipment procurement. The local project team have met and will commence its work in early 2013 with the appointment of the Design team. Notice of intent to grant planning permission for the enabling works relating to replacement car parking has been received from City Council. We await formal granting of planning permission in the next month.

The progression of the replacement car parking will mean a reduction of 84 car parking spaces for staff.

Unit 2 MPUH

Work has progressed well on the reconfiguration and refurbishment of Unit 2 MPUH. It was planned to have practical completion in November but due to difficulties encountered with flooring contract this has been delayed and will not now be completed until 11 January, 2012 with service decanting thereafter.



Interim Ward Block

The Planning application is near completion and planning application will be submitted in December, 2012.

Fire Safety

Work is ongoing on the replacement of an existing fire alarm system in the Main Hospital Block, UHG and work has been undertaken recently in the theatre area.

ESTATES UPDATE GUH

Clinical Research Facility /Translational Research Facility (CRF/TRF)

The three planning applications in respect of the enabling works will receive planning permission in the coming days. The tendering process for the ventilation enabling works in St Angela's and St Rita's Wards is near completion and it is intended that these works will commence in January 2012. The tendering for the main build is in progress currently.



Radiology Equipment Replacement and Associated Building Works

Work is ongoing on the replacement of Nuclear Medicine, Gamma Camera and Radiopharmacy facilities and also is at an advanced stage in the provision of a replacement fluoroscopy facility.



I would like to thank all staff for your ongoing support in relation to building projects and reconfigurations which can be disruptive at various times.

ENVIRONMENTAL AWARENESS DAY, UNIVERSITY HOSPITAL GALWAY

As part of **European Waste Reduction Week** (17 to 25 November) an **Environmental Awareness Day** was held in University Hospital Galway (UHG) on **Monday 17 November**. The event was organised by the Environmental and Waste Management Co-ordinator, Galway University Hospital (GUH), in partnership with Aramark Healthcare at UHG. The purpose of the day was to raise awareness about the economic and environmental benefits of reducing waste, encourage changes in behaviour in every day life to reduce waste and highlight some of the initiatives currently being rolled out across GUH to reduce waste. Some of the initiatives rolled out on the day included:-

Launch of Caffeine for your garden initiative:- UHG shop/café generates approximately 6 tonne of coffee ground waste each year. This waste has traditionally been segregated, collected and processed by an external waste contractor. Coffee ground waste is now portioned into bags and offered to staff members to take home as compost for their garden.

Launch of re-usable coffee cups: Approximately 2,000 disposable coffee cups are consumed each day in UHG. Re-usable coffee cups are now available for purchase at UHG and to promote the switch over, coffee is offered at a reduced price when the re-usable cup is presented.

Recycling Station Launch: Information and guidance provided on the newly constructed waste recycling station in the hospital restaurant. The purpose of the recycling station is to reduce the amount of recyclable waste entering the landfill stream in this area.

Focus on portion sizes: Free portion scoops and measuring spoons offered to all attending to create an awareness of portion sizes and highlight the expense associated with over-sizing of food portions

Tips provided by Aramark **chef on reducing food waste at home, questions and answers on hospital waste management, quiz and spot prizes, information on home composting, energy conservation and waste prevention in the home.**

Thank you to Galway and Roscommon University Hospital Group Management for their support and also thank-you to Aramark Healthcare, Galway County Council, Galway City Council, Clean Technology Centre, Stop Food Waste Campaign-EPA.

Michelle O'Dowd, Environmental and Waste Management Co-ordinator



Photo from left to right:
Paul Cullen, Aramark,
Rónan Casey, Aramark,
Rachel Malyan Aramark,
Michelle O'Dowd, Environmental
and Waste Management Co-
ordinator, GUH,
Siobhán Molloy, Aramark

GUH Arts Trust

Art@Work is the annual exhibition organised by GUH Arts Trust that showcases art produced by the staff of GUH. The exhibition will be on view at the Arts Corridor of UHG until January 31. Art@work is celebrating its tenth birthday this year. Each year the Art@work exhibition aims to uncover more budding artists. This year it features approximately fifty artworks from more than twenty staff working in GUH. Over 50 members of staff in the past ten years have exhibited their work on the corridor every Christmas. The exhibition includes a diverse range of media and techniques including; oils, watercolour, acrylic, photography, drawing.

The exhibition features work by Kieran Tobin, Anna Hynes, Eugene Farrell, Margaret Burke, Noreen Burke, Peter Murphy, Caroline McGarr, Clint Coen, Mai Forristal, Mary Joyce, Mary Heneghan, Sarah Parnell Mooney, Brenda Muldoon, Michelle Munnely, Miriam Wall, Michael Sugrue, Garrett Hurley, Ethel Purcell, Michelle Comer, Aisling Mohan, Joni Liddy, Natalia Dombek. Many of the artists have exhibited annually over the ten years.

Staff in GUH are not only talented visual artists; two staff members launched books this week in UHG. Jack McCann retired consultant recently published his second book of poetry entitled *Escaped Thoughts* and radiologist Charlotte Curley published her first children's book *The Good Inventor*. Both writers attended writing workshops facilitated by writer Maire Holmes and organised by GUH Arts Trust in UHG. Please contact the arts office if you would like to purchase either of these two books.

Other programmes include an exciting project in the haemodialysis unit in MPH funded by an Arts Participation Award from the Arts Council and in the Paediatric department *Cloudlands*; an arts and technology project for teenagers, programmed by Helium Arts and Health. Cleary and Connolly's installation for Tulca Festival of Visual Art is also available for viewing at the Lily Pond in MPH until the New Year. Kevin Higgins is facilitating creative writing for patients and staff on a weekly basis. For more information on his open workshop contact the arts office.

GUH Arts Trust is a registered charity, to make a donation or for further information regarding the hospital arts programme and the work of GUH Arts Trust contact Margaret Flannery, Arts Director at 091 544979 or guharts@hse.ie



MPH staff cleaning Lily Pond area as part of film *Entangled* by artists Cleary and Connolly



My Red Hat by Mary Joyce, Cardiology UHG



Let it Snow by Mary Hennelly, Volunteer in UHG

The GUH Choral Society wishes everyone a very happy Christmas!

We will be performing a ward-based Carol Service for inpatients of UHG on 18 December along with a Carol Service for staff in the foyer of UHG on the 19 December at 1pm.

We have recently recorded a couple of Christmas carols which we have entered into the Lyric FM "Christmas Choirs" competition so keep an ear out for them on Lyric FM in the coming weeks between 10am and 2pm.

The GUH Choral Society was formed in October 2010. It is made up of current and retired staff of the HSE in the Galway City area. Initially a small group of 10 singers, it has grown year-on-year to its current size of 30 members who give of their time to practise and perform for the benefit of patients, staff and their own enjoyment.

New members are always welcome!

For more information on the Choral Society, please contact:

Séamus Leonard
(Musical Director), UHG,
phone: 091—893 474 or
email:

seamus.leonard@hse.ie



If you wish to contribute to the GRUHG Newsletter or give us your feedback, comments or suggestions please contact: newsletterGRUHG@hse.ie



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Newsletter Content Deadlines for 2013

Please see below for the content deadline for the next issue:

Issue 1: 28 January (this is the latest date for content)



Thank you for your contributions during 2012 and we look forward to reading your submissions throughout 2013.