Saolta
Grúpa Ollscoile Cúram Sláinte
University Health Care Group

e-Newsletter

Issue 20: March 2015

A review of the Plastics and Reconstruction Surgery Service at Roscommon Hospital in 2014

Back Row (L-R); Bill Maher, Former Group CEO; Maura Loftus, Director of Nursing RH; Cllr Maura Hopkins; Deirdre Jones, Consultant Plastic and Reconstruction Surgeon; Elaine Prendergast, GM RH; Deputy Frank Feighan; Front Row (L -R) Bernie Finneran, Staff Nurse; Deirdre Conlon, Staff Nurse; Leo Varadkar, Minister for Health.

Minister for Health Mr. Leo Varadkar visited Roscommon Hospital on 27th September 2014. Members of the executive council, hospital Consultants and local politicians attended a meeting with Minister Varadkar, to discuss Roscommon Hospital developments since its reconfiguration in 2011. Minister Varadkar was given a tour of the hospital, visiting the Ambulatory Care and Diagnostic Unit, where Ms Deirdre Jones, Consultant Plastic and Reconstructive Surgeon GUH/Roscommon Hospital was facilitating a wound suturing course with nursing staff from various hospitals throughout the group.

2014 will be remembered as another year of positive change and further service developments. Activity within the service has increased significantly in the last year from 3,162 patients recorded in 2013, to 3,900 by the end 2014. The service continues the "See and Treat" model of care. In addition patients with confirmed squamous cell carcinomas and melanomas who require follow-up now participate in a surveillance programme for monitoring of any local or regional recurrence and to assess for any new lesions.

Safety remains the number one priority in plastics. The introduction of the weekly "Safety Huddle" meeting has provided a forum for the gathering of surgical, nursing, administration and management staff to predict and prevent safety issues and any other issues which will affect the patient and plastic service.

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The next feature Hospital: Portiuncula Hospital.
For feedback, comments and suggestions, please email newsletter@saolta.ie

Chief Executive Officer

Welcome to the first issue of our 2015 Newsletter.

I hope you all enjoyed the Christmas and may I take this opportunity to wish you all a Happy New Year and best wishes for 2015.

As we move into the fourth year as Saolta University Health Care Group, I would like to thank Mr. Bill Maher and Ms. Colette Cowan for their huge contribution in getting the Group to this stage. I would also like to wish them both well as they commence their new careers as CEO of Royal College Surgeons Ireland Hospital Group (RCSI) and CEO of University Limerick (UL) Hospital Group. I look forward to working with them in the coming years as we progress the reform of the Hospital Groups and the formation of Hospital Trusts.

With the departure of Bill and Colette, I have been appointed as Acting CEO and I look forward to building on the progress made to date and to working with every member of staff to ensure that the Saolta Group becomes the first Hospital Trust in Ireland. We will face many challenges along the way but I am confident that in the West/North West we have the staff and the courage to succeed and I am looking forward to the year ahead. I would also like to welcome Ms Jean Kelly, Acting Chief Director of Nursing and Mr. Tony Baynes, Acting Chief Finance Officer to the Senior Management Team. I know they are already well settled into their respective roles.

2015 is well under way and the Group has been engaged in a number of key service challenges not least of which are the ED pressures being experienced in five of our acute hospital sites currently. The issue of overcrowding in our Emergency Departments creates real difficulties for our patients. I want to thank members of the public for their patience as we continue to work under very significant pressure to provide them with the care they require. I would also like to acknowledge the efforts of our staff at the front line, who go above and beyond calls of duty on a daily basis to do their very best for our patients.

I know that there will be many challenges as we progress through the year, but equally, I am confident with the support of the Board that we will find solutions to these challenges.

The Saolta University Health Care Group Service Plan 2015 is complete and will issue over the coming weeks. I would encourage you to take time to review it so that you get a sense of the priorities for the group of hospitals for the year ahead. The Service Plan is a working document and will become the basis on which our performance this year is measured.

Maurice Power,
A / Group CEO

Some of the key priorities contained in the operational plan are:

Improvement in ED services – Our focus in 2015 will be to reduce the number of patients awaiting admission on a trolley in each of our 5 EDs at the 08:00 count each morning. In addition we will be focussing strongly on reducing the length of time patients spend within our EDs. This is called the Patient Experience Time (PET) and it is important as it has a direct bearing on a patient's experience of care in the hospital. Research shows that it also has a direct bearing on how expediently patients recover from illness. We will be working with the National ED taskforce and the SDU on this issue.

Meeting Waiting list Targets – The Minister for Health, Mr Leo Varadkar recently announced that the target waiting times will be 18 months by end of June and reduced to 15 months by end of December 2015. This is an achievable target in respect of many specialties and indeed many hospitals in the Group. However, some of our larger specialties will struggle to meet this target. Nonetheless, it is a very important issue for the group and we are currently drafting our plans to achieve this target in full. Access to Diagnostic Services and access to critical Cancer Services across the Group are very important for our patients. This will also be a significant focus of our attention in 2015.

Implementation of the Clinical Directorate structure – We will roll out a Directorate based Management Structure across the hospitals Group this year. This is an important development with regard to the governance arrangements for the Group. This will initiative be led by our Chief Clinical Director, Dr. Pat Nash.

Budget – the Group did receive a very welcome additional budget injection of €37m for 2015. However there still remains a significant financial challenge to ensure we remain within the overall allocation of €638m for 2015. To put this in context we spent €658m in 2014 which is €20m over the current budget so the Group Chief Financial Officer will be working with the Hospitals to address this deficit gap and develop financial plans. Money Follows the Patient has been renamed as Activity Based Funding (ABF) and more developments will ensue in 2015.

Preparation of the **Group's Annual Report** for 2014 is underway and will be completed by end of April.

Capital Programme – There are a significant number of capital projects underway. While these are very welcome they will create challenges while we continue to maintain projects. This is dealt with in more detail in the Estates Section of this Newsletter.

Looking forward to meeting you all in person over the coming months.

Mr. Maurice Power
A/CEO
Saolta University Healthcare Group

Group Chairperson

On behalf of the Board, may I first of all wish you all a very happy new year and every success for 2015.

This is my first newsletter of 2015 and my first message of the year as Interim Chair.

Last year was a very busy year for the Board and Board Committees as we strengthened the governance of the Group to provide effective delivery of clinically safe and integrated health services to the population served by the Saolta University Health Care Group.

At its simplest, the Board helps to define what is going to be done, who is going to do it and ensures that it gets done well for the patients we serve. In short, to ensure that the Executive are accountable for the services which are provided by the Group, we look forward to working with the Patient Council which was recently established and will help the Group fulfill its obligations towards our patients.

As the Board move towards legal status in 2015, we will hold 10 Board Meetings to fulfil our responsibilities. Like previous years, I am rotating the meetings to ensure we cover all the hospitals in the Group. Where possible, the Employee Engagement Road Shows will take place on the same day and this will provide us with the opportunity to meet with you and promote the strategy and the working of the Group and Board. The strength of the Group is in having a unity of purpose in delivering a patient-focussed service to all the patients in our region.

Again, we will hold two of our Board Meetings in public this year, one in Sligo on12th May and one in Portiuncula Hospital, Ballinasloe on 14th October and I would encourage you all to attend.

Dr. John Killeen,
Interim Chairperson Saolta University Health Care Board

Mr. Maurice Power will be the CEO until October 2016 and his Executive Team will be Tony Canavan, Anthony Baynes, Dr. Pat Nash, Jean Kelly, John Shaughnessy and Fiona McHugh. The Board looks forward to working with them to attain the objectives of the Group in the coming year.

I look forward to the next 12 months and updating you on our progress.

Kind regards,

Dr John Killeen
Interim Chairperson
Saolta University Health Care Group

Group Director of Finance

YEAR END 2014

The final expenditure figures for 2014 showed a Group expenditure of €657m. After receiving a once off supplementary budget contribution of €50.5m at the end of December, the Group had an overspend on budget of €5.3m at the end of 2014.

Our main cost pressure in 2014 was the increased cost of agency, due to difficulites recruiting consultants and NCHD's. Patient related nonpay pressures such as drugs and medicines and medical surgical supplies also contributed to our overspend.

2015 BUDGET

The Graph below shows a breakdown of the budget received by each hospital from 2013 to 2015. The Saolta Group received funding of €637.6m for 2015; this reflects an increase of €36.5m or 5.9%.

While the increase in the 2015 budget is welcomed and will help the Group fund some of the service deficits from 2014 and earlier years, significant challenges remain in all categories of expenditure, which will require continuous monitoring of expenditure and an assigned savings plan to achieve breakeven.

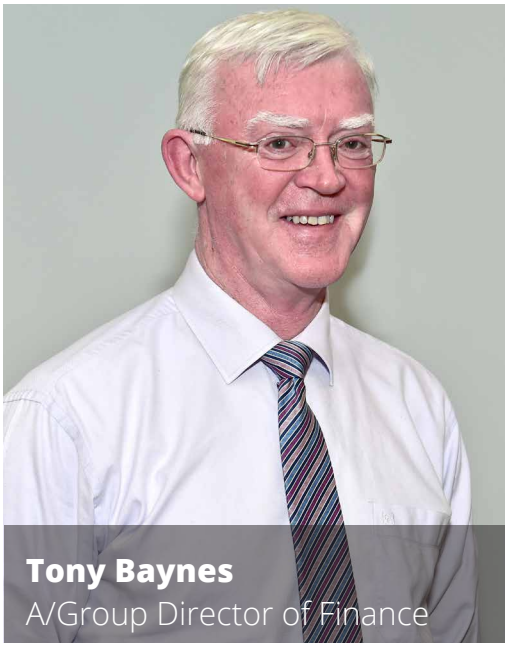
COST CONTAINMENT PLANS

Several areas have been identified nationally for targeted cost containment plans including medical agency and procurement. The HSE has assigned to the Group net medical agency savings of €11.9m. Our current estimate is a maximum saving of €5.7m, the achievement of which will pose a serious challenge. Cost savings of €5m have been assigned to Procurement. A key element in achieving these nonpay savings will be the cooperation and engagement with National Procurement.

MFTP IMPLEMENTATION 2015

2015 will see a shift from historical block budget to MFTP or activity budget for inpatient and daycase discharges. This will place an onus on all staff within the organisation to properly record all patient activity to ensure that the Group hospitals are properly reimbursed for all the work carried out.

We will continue to work through the MFTP steering group to increase awareness and educate staff in this very important development in the way hospitals are funded.



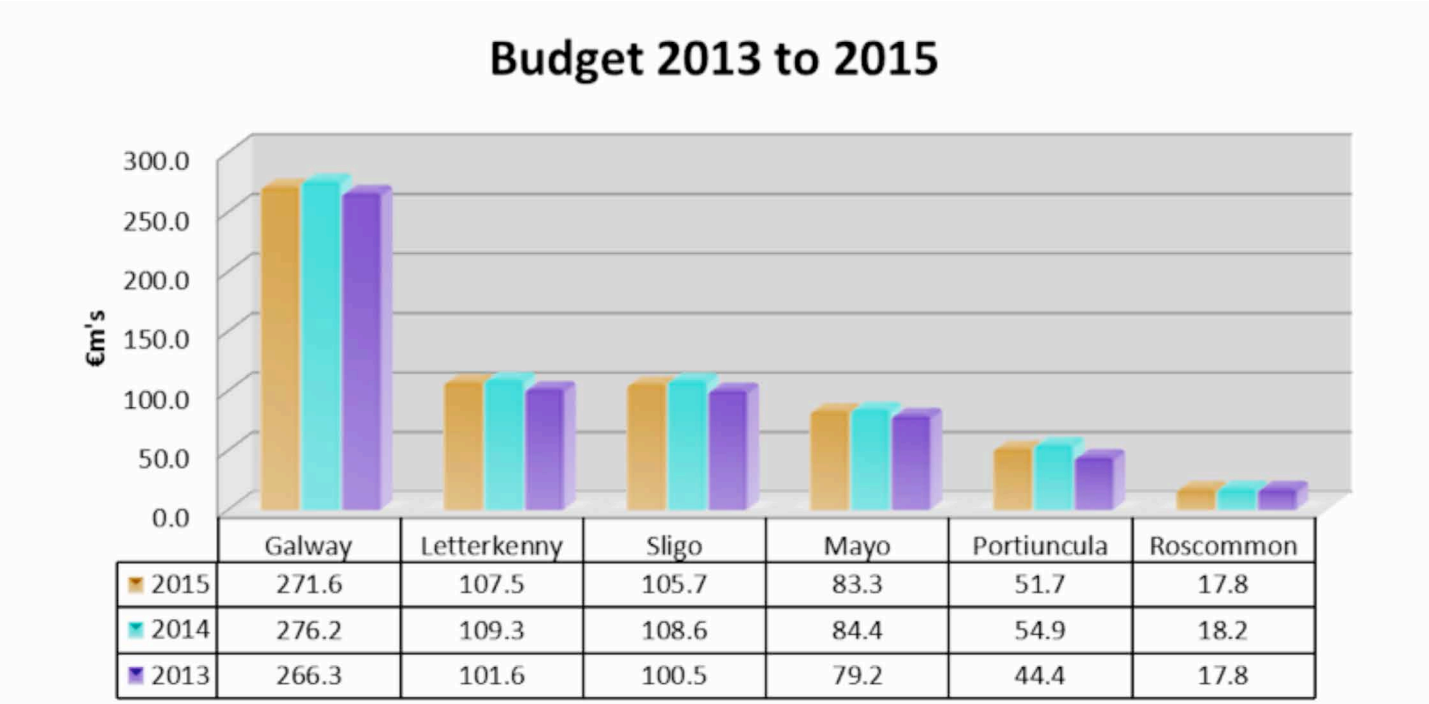
Tony Baynes
A/Group Director of Finance

ICT STRATEGY

There is a huge demand for IT Systems and Services and reports show our expenditure on IT to be less than 1% of revenue. We need real increase in IT investment to improve safe patient care and improve our efficiency. Nationally there is a new Chief Information Officer (CIO), Richard Corbridge whose primary role will be to make a case to the Government for increased investment in Healthcare IT with a view to improving outcomes for patients. We are working closely with the CIO and our ICT strategy will be closely aligned to the national strategy which is due for release over next couple of months.

Locals significant projects:

- The Saolta ICT Strategy will be completed this quarter and presented to the Executive Council and Board in March.
- Electronic Document & Records Management System
- Secure Email for GPs – Hospitals link is now in place and an initial pilot being progressed between some GPs and Cardiology GUH.
- Microsoft Product Upgrade Project, upgrading all our PCs and Server has commenced across all the hospitals. It will affect all users at some stage and we need your support and patience for this.



	Galway	Letterkenny	Sligo	Mayo	Portiuncula	Roscommon
2015	271.6	107.5	105.7	83.3	51.7	17.8
2014	276.2	109.3	108.6	84.4	54.9	18.2
2013	266.3	101.6	100.5	79.2	44.4	17.8

WI-FI UPDATE

- Galway have full Wi-Fi infrastructure in place and have full access for Public & Patients. Further enhancements are coming this spring, such as faster speeds and ease of access.
- Portiuncula and Roscommon – The Wi-Fi equipment has been delivered and is currently awaiting installation.
- Mayo & Letterkenny – have made submission for funding Wi-Fi. A decision has yet to be made by National ICT.
- Sligo has Wi-Fi but it is limited and is based on National ICT Infrastructure with limited bandwidth.

OTHER ICT PROJECTS

- Oncology Information System – purchase orders to be issued in the next few days. Formal project will then kick off.
- EPR – iCM - Sligo/Letterkenny working on iCM to provide Order Communications to NIMIS and potentially other EPR applications; working with national Agenda in mind
- ED Information System - business case forwarded to National ICT; being brought forward for approval
- Laboratory Information System - hardware submission made for Galway but for 2015; Sligo/ Letterkenny in same position – need upgrade
- OPD – self-registration; Procurement responses being evaluated for initial shortlisting.
- OPD – software platform with texting; Business case forwarded to National ICT for review.
- Letterkenny are also working closely with Altnagelvin on streamlining the sharing of patient information for patients who go between both sites.

Tony Baynes
A/Group Director of Finance

Group Director of Human Resources

EXIT INTERVIEWS

Many of you may not be aware that we conduct Exit Interviews with Employees prior to their departure. The interview is best described as a semi-informal chat based on the areas covered by the Saolta Exit Interview Form which can be located on Q-Pulse - FORM-HR-2. The primary aim of it is to learn the reasons for the person's departure and to glean some information about their time working for us. We hope this learning will be helpful to us to bring about improvements as an employer and as a deliverer of a service.

The information provided at the Exit Interview is held securely by the HR department. For the most part it will remain confidential between the interviewee and interviewer from HR. However, as one of the main purposes of holding Exit Interviews is to learn from the feedback, the information provided may be used to prompt changes and enhance the working experiences of staff. This may include providing feedback to Line Manager/Senior Management though it is done with the best interests of all stakeholders to the fore. The following is a Sample of comments made by staff who have left GUH for example.

WHAT WERE THE HIGHLIGHTS OF YOUR TIME SPENT IN GUH?

- 'A great bunch of hardworking staff with loads of knowledge and experience to share.'
- 'The hospital staff in UHG are fantastic and made my time here so memorable'
- 'Have worked with wonderful caring people in a busy environment'
- 'Loyalty between staff /employees felt supported'
- 'Very nice place to work, good teamwork, good comrade'
- 'Supportive Colleagues , encouraging and supportive Line Manager'
- 'Gaining experience in many different areas'
- 'Gaining more confidence in my abilities
- 'Working with wonderful staff'
- 'Nice place to work'
- 'Enjoyed my time working in UHG due to the friendliness of staff and their good nature'
- 'Great rapport and interaction with my colleagues over 20 years and excellent opportunity for learning'
- 'Have made life-long friends'
- 'Highlight for me in UHG was the challenge the position presented to me, I gained leadership experience, improved my decision-making skills and worked as part of a team'

John Shaughnessy, Group Director of Human Resources

- 'Team work and friendship amongst staff, excellent support and motivation from my Manager. Training and emphasis on education and career development'

WHAT CHANGES DID YOU MAKE OR WOULD HAVE LIKED TO MAKE TO IMPROVE THE WORKPLACE?

- 'More staff – better Nurse to patient ratio'
- 'Would prefer to be based in one place for at least 3 month rather then moving from area to area'
- 'Introduce a Preceptorship system for new inexperienced staff'
- 'Introduce updated equipment'
- 'More Training for staff'
- 'Less stressful environment, and more support for staff'

ADDITIONAL COMMENTS

- 'I enjoyed the work here unfortunately it was hard working in my area due to lack of team spirit and a highly pressurised area'
- 'Additional training in the Clerical Administrative area is badly needed'
- 'Need to increase staff numbers'
- 'A lot of stress encountered by Nursing staff'
- 'More staff required, shortage of staff has led to a lot of pressure and tension in the Department'
- 'Relationships between various departments are poor'
- 'Shortage of staff is a big issue and is negatively impacting on the quality of work and staff morale'

While there are positives and negatives in the samples above, what is most important is that we learn from the experiences of colleagues and that we continuously strive to improve our individual performance and the service we deliver. To this end, we will continue to engage with staff who remain in the Group as well as staff who leave.

Group Director of Nursing and Midwifery

Now over three months in my new position as A/Group Director of Nursing and Midwifery, my nursing colleagues and I bid a fond farewell to my predecessor Colette Cowan and we thank her for the solid foundation that she has left for Nursing to build on.

I feel privileged to have worked as Director of Nursing & Midwifery for the last two years in GUH which was an experience I thoroughly enjoyed. In 2012 I was fortunate to work in Roscommon County Hospital for a brief time and last summer I worked as Director of Nursing & Midwifery in Sligo Regional Hospital- both experiences allowed me to get to know staff and also to experience what it is like to work in another hospital within The Group. I welcomed the opportunity it gave me to understand the issues in level 3 & 4 hospitals and will thus help inform my decision making going forward.

Taking up my new role is daunting but does present me with great opportunities. Staff that know me know that I like to meet the people on the front line and get their perspective on issues. As A/Chief Director of Nursing & Midwifery I will operate an open door policy and encourage staff who will meet me over the coming months to stop and talk to me.

The 2015 Service Plan is now complete and approved by The Board and will be circulated to all Hospital Management Teams. I would urge everyone to read it as the plan clearly lays out the priorities for the year and these priorities feed into the National Service Plan.

Nursing Priorities for 2015:

- To continue to work nationally with the Chief Nursing Officer to help finalise the framework for Workforce planning for Nursing and Support Staff.
- Work with the Clinical Directors to progress the development of the Directorates.
- Implement Public Patient Involvement Strategy across the group with the appointment of Patient Advise Liaison Officers across the sites. Further develop the PALS already in place to become a proactive service instead of a reactive service. To develop the Saolta Patient Council.

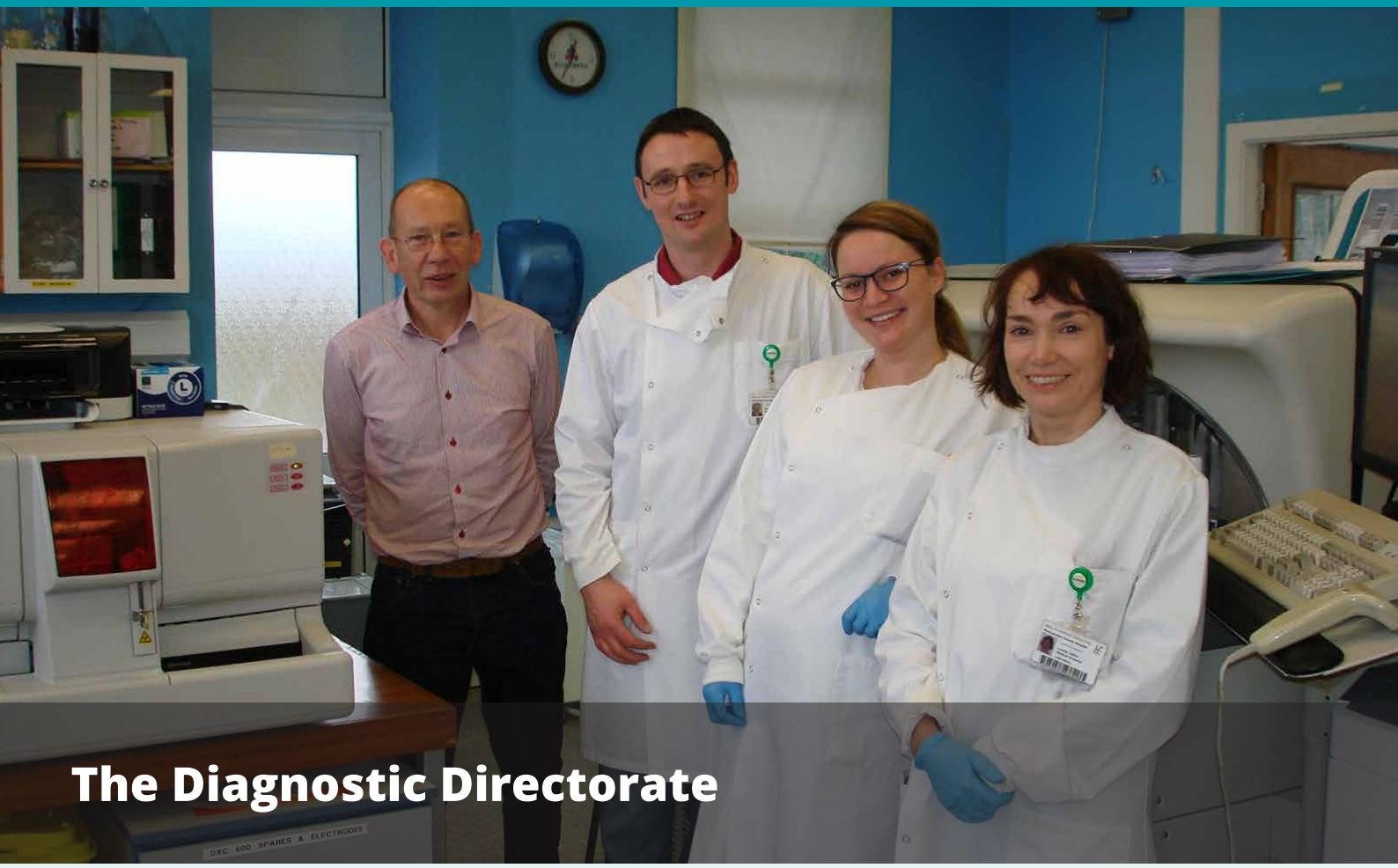
Jean Kelly
A /Group Director of Nursing and Midwifery

- Align further Advance Nurse Practitioner and Clinical Nurse Specialists Role development with the Directorates.
- Develop a consistent approach to Nurse development across the group.
- Ensure the roll-out of national clinical guideline on sepsis and to embed NEWS and IMEWS.
- Continue to align the education needs of our nurses with our academic partners.
- Roll out Nursing Metrics 'Test your care' in areas where there are no electronic metric systems.

My focus is to put the patient at the centre of what we do and remind myself and others of our guiding values which are Respect, Compassion and Kindness.

I also want to take the opportunity to say a big 'Thank you' to everyone for their dedication and commitment to all our patients during a difficult few months. I look forward to working with you and meeting you over the coming months.

Jean Kelly
A/Group Director of Nursing & Midwifery



The Diagnostic Directorate

Photo : Staff from the Pathology Lab. at Roscommon Hospital. From left to right Tadgh Kenny, Chief Medical Scientist, Paul McArdle, Medical Scientist, Maggie Staunton, Medical Scientist, Louise Talbot, Medical Scientist.

This issue features Roscommon Hospital, thank you to Tadgh Kenny, Chief Medical Scientist for the article below.

BENEFITS OF A BLOOD SCIENCES LABORATORY

Historically, pathology has evolved into distinct disciplines, and training and practice has reflected this. The past decade has seen the birth and slow development of a new branch of pathology – blood science – which merges aspects of haematology, biochemistry and some elements of immunology and serology. Possibly the simplest way of defining a Blood Sciences Laboratory is that the focus changes from departmental tests to sample type. The operation of a Blood Sciences Laboratory requires a trained cohort of staff who can operate competently across all disciplines. In Roscommon we are fortunate to have such staff with a variety of educational backgrounds that allow us to provide a multidisciplinary service.

In the Pathology Laboratory at Roscommon Hospital we aspire to providing a Blood Sciences Laboratory to the best of our ability. The focus of this article will be on the benefits of a Blood Sciences set up.

It allows us to operate a centralised Specimen Reception where all samples are received processed and entered on the Laboratory Information system using the same sample number irrespective of test or sample type. This reduces data entry costs and there is additional savings on phlebotomy, requests forms, telephone calls, as multiple forms and samples are not required for different tests.

After centrifugation and order entry samples and forms are re checked and loaded onto racks which are placed on appropriate analysers for testing. A robust series of rules on either the analyser or LIMS prompts the user to carry out additional checks, repeats or reflex tests if results are outside expected ranges. Some examples of this is if the WBC differential indicates that Atypical lymphocytes are elevated then a test for Infectious Mononucleosis would automatically be performed to outrule Infectious mononucleosis. Or if a change is noted in a patients Haemoglobin (known as a delta check) then one of the possible causes is that the sample was taken from a different patient and labelled incorrectly. At this stage a repeat FBC would be requested but in addition if any other bloods were taken then these would also be withheld and a repeat requested.

Possibly one of the biggest benefits of a Blood Science Laboratory can be seen at the authorisation stage where one medical scientist reviews all results and can see the patient's full Biochemistry and Haematology profile. For

example if FBC, Coagulation and Biochemistry results are outside critical limits then all this information can be conveyed in one phone call.

If Haemoglobin is low and the patient has previous history of antibodies in Transfusion then the ward can be notified when we are phoning the low HB that the patient has a previous history of Transfusion antibodies and there may be delay in getting suitable blood if required. Trends can be noted and acted upon, for example an elevated Bilirubin post transfusion with no obvious improvement in Haemoglobin value may suggest a delayed haemolytic transfusion reaction.

- The operation of a Blood Sciences Lab. has allowed us to comfortably meet expected turnaround times for all urgent samples (see graph below) and all non urgent in house samples reported within 2 hours and GP samples within a maximum of 3 hours. Some advantages are: Day case transfusions of blood can be easily accommodated without the need for admission.
- Rapid turnaround times to MAU, MDS, UCC can assist Clinicians in decision making re patients treatment and the need for discharge or admission.
- Day case surgery can be supported without any delays.

We are currently accredited to ISO15189 in Blood

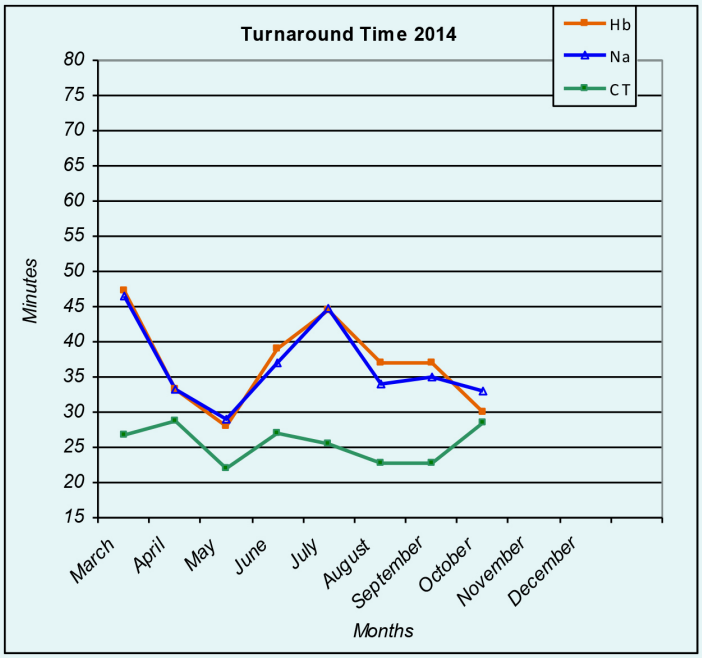


Figure 1. Turnaround times for urgent samples. Radiology (CT Patients) require a maximum 30min.

Transfusion and Haemovigilence and intend to progress to accreditation in Blood Sciences also. On the Quality side of things by operating as a Blood Sciences Lab then one Quality Manual, one Safety manual, one User manual, one monthly quality meeting, one monthly staff meeting and one INAB inspection would cover all disciplines.

As staff are trained across all disciplines an out of hours services can be provided by one member of staff.

For end users on the ward all results are displayed in a windows based environment and there is no need to click through several screens to review all results.

In conclusion by operating as a Blood Sciences Lab. we are able to minimize our costs, get the best possible value form a limited number of staff, reduce waste and provide a quality service to our patients and clinicians.

Former Group Director of Nursing Colette Cowan speaking at the launch of Saolta brand Launch.

Many thanks to Collette Cowan for her dedication and commitment as Group Director of Nursing & Midwifery and Acting CEO of the Group. Colette was very supportive of the Diagnostic Directorate and we wish her every success in her new role at the University of Limerick Hospitals Group.

The Medical Directorate

IRISH THORACIC SOCIETY AWARD FOR OUTSTANDING CONTRIBUTION TO RESPIRATORY MEDICINE

Professor Pat Finnegan, Professor Emeritus, and previous Dean of Medicine at the National University of Ireland Galway (NUIG); and retired respiratory consultant at University College Hospital Galway, was presented with the Irish Thoracic Society Award for Outstanding Contribution to Respiratory Medicine at the Society's recent Annual Gala Dinner.

On presenting the award, friend and colleague Prof JJ Gilmartin paid tribute to Prof Finnegan and outlined the highlights of a career marked by outstanding achievements as both teacher and innovator.

A graduate of University College Galway (now NUIG) Professor Finnegan spent the early stages of his career in Birmingham. Here he was involved in seminal work in the development of long term oxygen therapy which included use of the first prototype concentrator in the early 1970s. The safe prescription of oxygen therapy, nowadays taken for granted, owes much to those ground-breaking advances.

On his return to Galway in 1976 Prof Finnegan applied his skills to the management of patients across the spectrum of respiratory disease. He was a pioneer in the development of non-invasive ventilation, and indeed developed the first home-based NIV programme in Ireland. Prof Finnegan's vision for and commitment to his patients and to respiratory medicine in Ireland is well illustrated by his extraordinary efforts in obtaining this novel and life saving treatment. It was not until the new millenium that such programmes became common place around the world.

As lecturer, then Professor and later Dean he has contributed enormously to the development of the Medical School in Galway. Under his direction the Faculty expanded to embrace Nursing and the Allied Health Professions. As a teacher to generations of Irish graduates, particularly from UCG, his reputation is legendary. His teaching style is epitomised by his hallmark – the bedside tutorial - and as a mentor he was known for being generous with his time and for his astute advice.

Professor Finnegan was also a key figure in the development of the Irish Thoracic Society. In 1985, when the Society evolved from what was previously the Irish Thoracic and Tuberculosis Society and joined forces with members of the Ulster Thoracic Society to become an all-island body, Professor Finnegan was elected as its first President.

Prof Finnegan's retirement has been no less productive albeit in the sphere of history rather than medicine. He is currently completing his third book. The first two entitled 'The case of the Craughwell Prisoners during the Land War in Co. Galway, 1879–85' and 'Loughrea; That Den of Infamy, the Land War in Co Galway 1878-82' were bestsellers in their genre. They are based around incidents during the Land War in East Galway including a grave miscarriage of justice which saw the wrongful conviction for murder of the author's grandfather, Patrick Finnegan.

There was a great attendance at the award ceremony to honour Prof Finnegan, and it was a true honour for the ITS to recognise the career and commitment of one of our most emminent physicians in the area of respiratory medicine.

Roscommon Hospital Featured News

- RH profile
- Previous Minister of Health visits RH
- Irish Hospice Foundation
- Urgent Care Centre
- Endoscopy Services

Introduction

Roscommon Hospital is located in the west of Ireland. Roscommon Hospital, part of the Saolta University Healthcare Group of hospitals, serves a population of approximately 65,000 in county Roscommon and further populations in adjoining counties.

The hospital is located on a 5.45 hectare site south east of Roscommon town on the N61 Athlone road. The hospital buildings consist of the original three storey core block built in the 1940's with a number of more recently constructed separate and interlinked blocks.

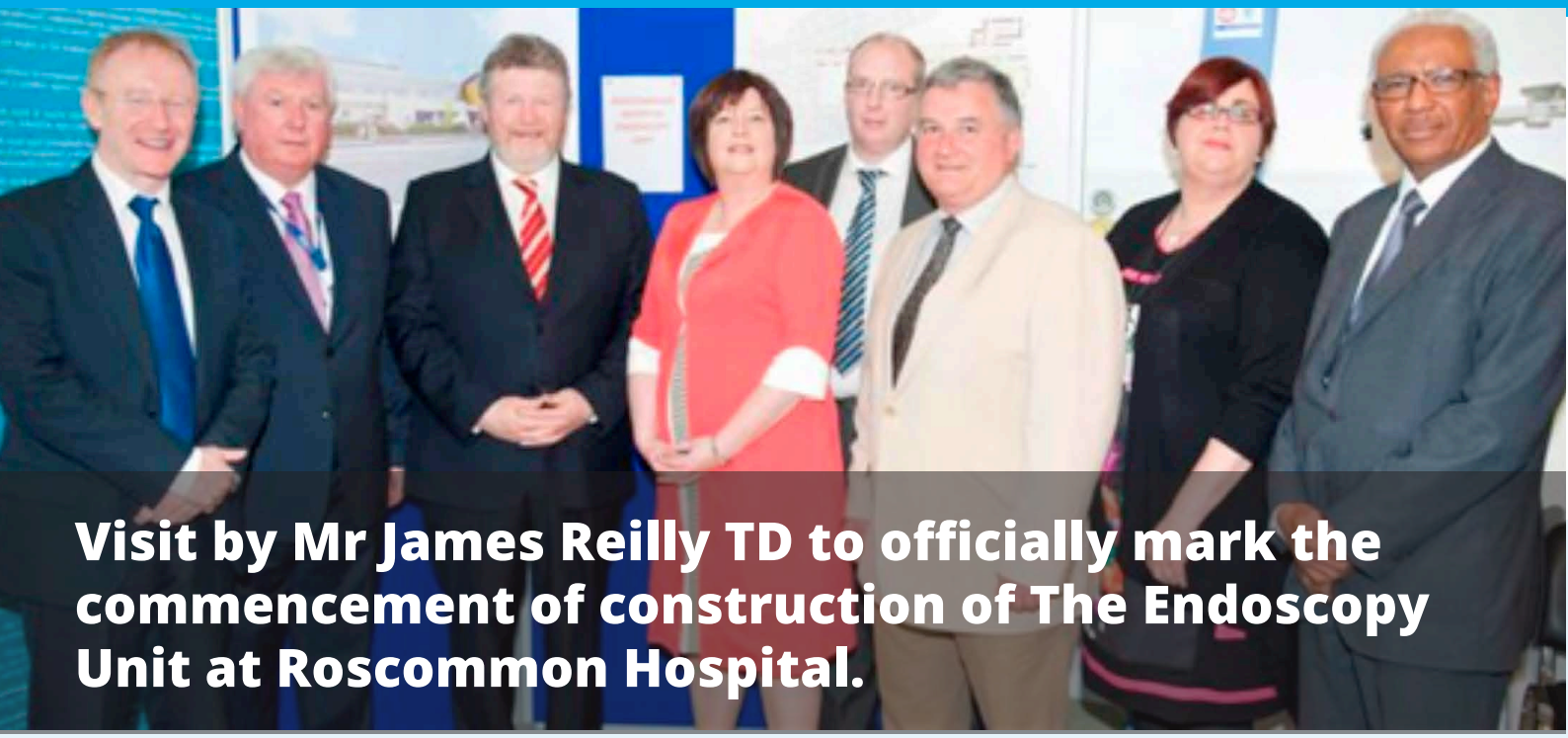
Roscommon Hospital is a Model 2 hospital within the Saolta University Healthcare Group, and provides the majority of hospital activity including extended day surgery, selected acute medicine, local injuries, a large range of diagnostic services (including endoscopy, laboratory medicine, point of care testing and radiology) specialist rehabilitation medicine and palliative care. The Hospital has 86 in-patient beds (including the Acute Mental Health Unit). The construction of a new Endoscopy Unit commenced in June 2014 is due to be opened in late 2015.

The future growth in healthcare will be in the areas of ambulatory care (including chronic disease management and day surgery), diagnostics and rehabilitation and model 2 hospitals will specialise in providing these services. As such, Roscommon Hospital's activity levels will increase in the coming years to meet the changing health requirements of the population. Already Roscommon Hospital has demonstrated the essential role that a model 2 can play as part of a Group of hospitals.

Roscommon has focused on providing "local excellence" since the change of services in 2011, in line with a model 2 profile. This means that the treatment and care now provided at the hospital is most appropriate to the size of the hospital and the local expertise. The hospital is delivering a range of services that can be performed in a smaller hospital in a safe and sustainable manner including high volume, day case care.

SERVICES AVAILABLE IN ROSCOMMON HOSPITAL INCLUDE:

Medical Ward	46 beds	24/7	
Surgical Ward	17 beds	Mon - Fri	Closed at weekends
Day Case Surgery / Endoscopy beds	15 beds	Mon - Fri	08.00am to 20.00pm
Ambulatory Care & Diagnostic Centre (ACAD)	9 beds/chairs	Wed - Thu	08.00am to 18.00pm
Urgent Care Centre accommodates the following services:	Minor Injuries Unit	Mon - Sun	08.00am to 20.00pm (walk in service)
	Medical Assessment Unit	Mon- Fri	09.00am to 17.00pm (referral by GP)
	Medical Day Services	Mon - Fri	09.00am to 17.00pm (referral by Consultant)
	Rapid Access Medical Clinic	Mon - Fri	09.00am to 17.00pm daily (referral by GP)
Radiology	CT	Mon-Fri	09.00am to 17.00pm
	General X-Ray Service	Mon-Fri	10.00am to 12.00 (GP referrals - walk in -no appointment needed) & 14.00pm - 16.00pm (GP referrals - walk in -no appointment needed)
Cardiac Rehabilitation		Mon-Fri	09.00am to 17.00pm
Cardiac Investigations Unit		Mon-Fri	09.00am to 17.00pm By appointment
Out-patients Department		Mon-Fri	09.00am to 17.00pm By appointment
Laboratory			
Heath & Social Care Professionals (In-patient services)		Dietician Physiotherapy	Occupational Therapy Speech & Language Therapy



Visit by Mr James Reilly TD to officially mark the commencement of construction of The Endoscopy Unit at Roscommon Hospital.

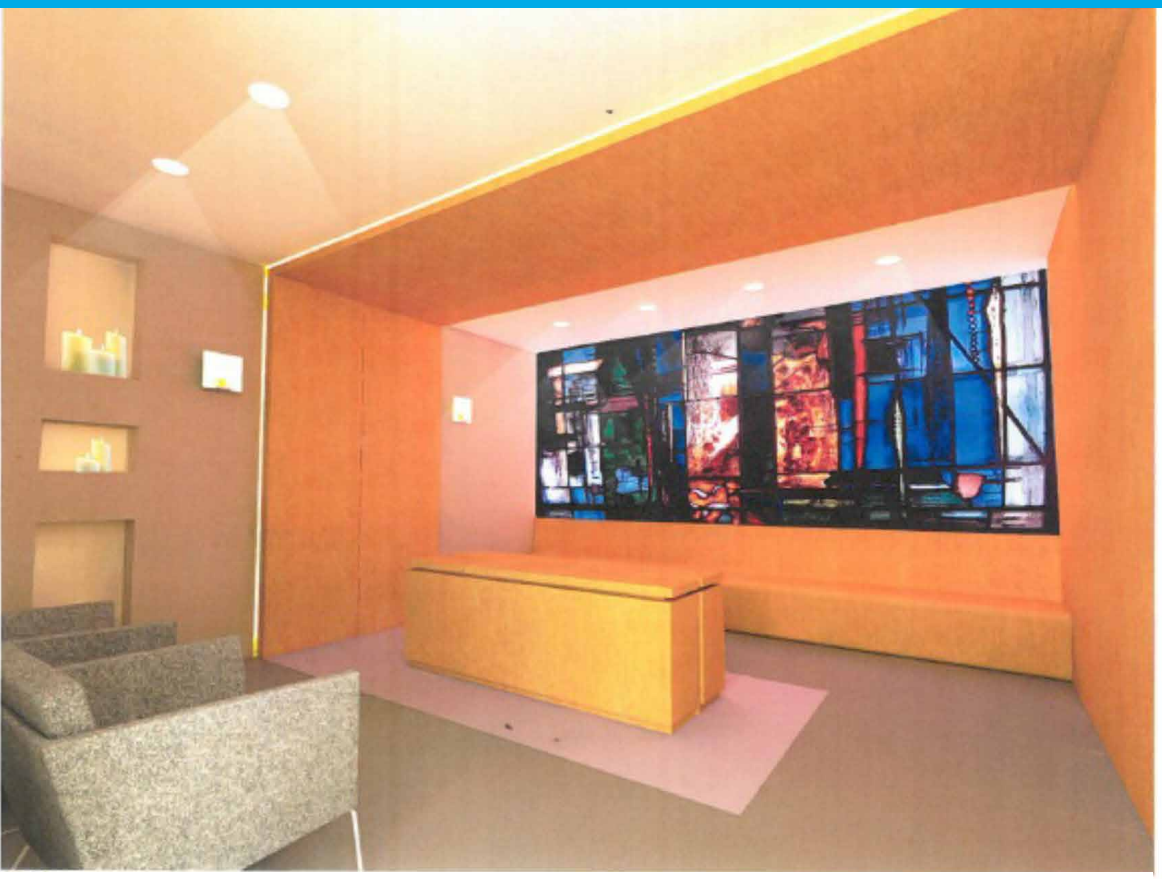
Photo (l to r) Frank Feighan T.D., Noel Daly, Chairman of Board, WNWH Group, Mr James Reilly, T.D., Minister for Health, Elaine Prendergast, General Manager Roscommon Hospital, Ian Pudney, Architect, Mr Liam McMullin, Consultant Surgeon Roscommon Hospital, Maura Loftus, Director of Nursing Roscommon Hospital & Mr Mohamed Eldin, Consultant Surgeon Roscommon Hospital.

Former Minister for Health Mr James Reilly TD attended Roscommon Hospital 12 May 2014 to officially mark the commencement of construction of The Endoscopy Unit at Roscommon Hospital.

MVS Construction Ltd commenced construction on 30 June 2014 and currently on target to be completed by 26 June 2015. The new unit is planned to be opened in Q4 2015.

Mary Connell, Domestic Supervisor, Catriona Rayner CNM II meeting Minister Reilly during his visit to RH.

Mr Tappas Chattergee, Senior Registrar/Associate Specialist Endoscopy, Dr Declan Sheppard Consultant Radiologist & Mr Liam McMullin, Consultant Surgeon.



Proposed Design of Mortuary Viewing Room

FIG 2.3
CONTEMPORARY STAINED GLAZING

FIG 2.4
SENSE OF CALM AND PEACE

FIG 2.5
USE OF NATURAL MATERIALS WHERE POSSIBLE

Irish Hospice Foundation - Design & Dignity Grants

Applications were made to the Irish Hospice Foundation for a Design & Dignity grant for two proposed projects at Roscommon Hospital to include the upgrade of the Mortuary Viewing Room and development of a Family Room located near the main inpatient wards.

Both projects have been awarded a Design and Dignity grant and work on both projects will commence in 2015. These grants will complement the exceptional support the hospital receives from the Mayo/Roscommon Hospice Foundation for the care of palliative patients and their families.

Proposed Design of Family Room

THE IRISH HOSPICE FOUNDATION

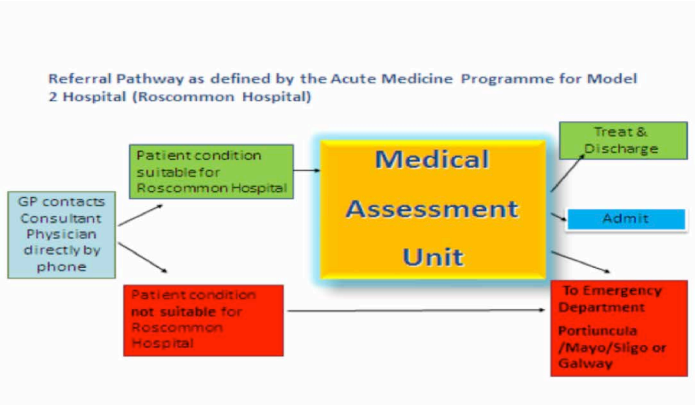
What services are available in the Urgent Care Centre in Roscommon Hospital?

The Emergency Department in Roscommon Hospital was reconfigured as an Urgent Care Centre (UCC) in 2011.

This article explains all of the services currently available in the UCC in Roscommon Hospital.

1. MEDICAL ASSESSMENT UNIT IN THE URGENT CARE CENTRE

GP's can refer patients to the Medical Assessment Unit (M.A.U.) from 09.00am to 17.00 daily, Monday to Friday. The M.A.U. is located in the Urgent Care Centre.



2. MEDICAL DAY SERVICES

Open Monday to Friday from 09.00am to 17.00pm. Medical Day Case procedures including venesection, blood transfusions and IV drug infusions take place in this unit.

3. RAPID ACCESS MEDICAL SERVICE

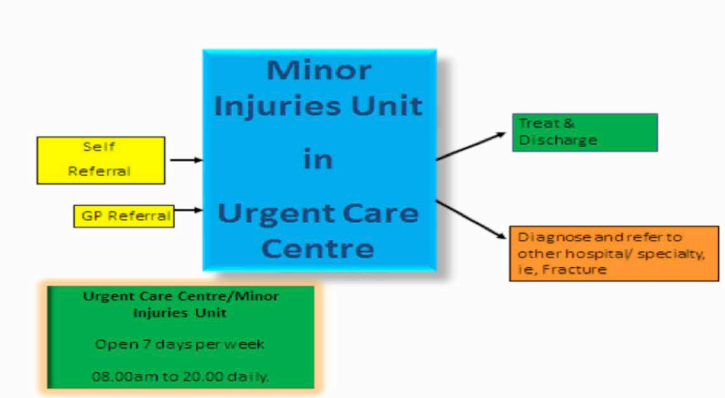
Urgent GP referrals are seen by Consultant Physicians in this unit Tuesday to Thursday each week.

(I to r) Elaine Prendergast, General Manager Roscommon Hospital, Minister for Health Leo Varadkar, T.D., Dr Gerry O'Mara, Consultant Physician Roscommon Hospital and Maura Loftus Director of Nursing Roscommon Hospital

4. MINOR INJURIES UNIT

The Minor Injuries unit is a facility for walk in/self-referral or GP referrals located in the Urgent Care Centre.

It is open 7 days per week from 8am to 8pm daily.



Adults and children of 5 years and over who present with the following conditions can be treated in the Unit:

- Suspected broken bones in legs from knees to toes
- Suspected broken bones in arms from collar bone to finger tips
- All sprains and strains
- Facial injuries including Oral and Nasal Injuries
- Minor Scalds and burns
- Wounds, bite, cuts grazes and scalp lacerations
- Small abscesses and boils
- Splinters and fish hooks
- Foreign bodies in eye/ears/nose
- Minor chest injures
- Minor Head injuries (must be fully conscious and had no loss of consciousness or vomiting after head injury)
- Road Traffic Accident – delayed presentations only
- Change of Indwelling Urinary Cather (Adults only)
- P.E.G. tube re-insertion (Adults only)
- Dislocated shoulders (Adults only)

Referral Pathway to the Minor Injuries Unit in the Urgent Care Centre

Continued from page 1

Many medical and nursing students have been assigned to the service through the year and we appreciate their hard work and participation. Many General Practitioners have attended for refresher days of their minor surgery skills.

This has also been an educating experience for the plastics team to hear the opinions from the community and our main referral sources.

The progression of nurse education has seen the completion of a Burns and Reconstructive postgraduate degree, a level 9 dermatology course and hopefully in the near future a post graduate Lymph Oedema course. Roscommon Hospital welcomes the initiation of Advanced Practice in Plastics and the appointment of the ANP candidate Amanda O'Halloran in early 2015.

In September 2014, Roscommon Hospital commenced the wound management and closure programme taught by Ms. Deirdre Jones, Ruth Hoban, Kay Carlos Infection Control CNS, Naomi Davies ANP, Adeline Greene Tissue Viability CNS and supported by the Centre for Nursing and Midwifery Education (C.N.M.E.) in Castlebar and Derrick Browne St. James' Hospital. This programme is fully approved by the Nursing and Midwifery Board of Ireland and concluded in December 2014. Nursing colleagues from PHB and GUH also participated in this

course which included suturing, stapling and gluing of traumatic and surgical wounds. On 27 September 2014 Minister for Health Leo Varadkar whilst on a visit to Roscommon Hospital dropped in on one of the educational sessions (see photo).

Roscommon Hospital Plastic surgery service continues close communication with the NCCP in the treatment of all types of skin cancer and in the education of the public on the risks of sun exposure and sunbed use.

The virtual pigmented lesion referral continues to be trialled in plastics and is proving successful with triage occurring within days of referral.

Exciting times for endoscopy services at Roscommon hospital

Roscommon Hospital Endoscopy Service provides high quality, patient centred standard of care in an efficient, safe and equitable manner. We pride ourselves on the developments and improvements we have achieved over the past couple of years in this service. We aim to respect the patient's privacy and dignity throughout their journey in the Endoscopy Service and ensure confidentiality in respect of their care and treatment.

RECENT DEVELOPMENTS AND ACHIEVEMENTS IN ENDOSCOPY

- NCSS BowelScreen Programme commenced at Roscommon Hospital in February, 2014.
- Roscommon Hospital achieved Level 1 Joint Advisory Group on Endoscopy (JAG) accreditation in February, 2013 and achieved Level 2/Year 2 JAG accreditation since September, 2014.
- Introduction of Electronic Recording System – (EndoRAAD and EndoDIVER) and submission of audit results to the NQAIS Endoscopy QA Programme since January, 2014.
- Completion of the Global Rating Scale for Endoscopy (GRS) twice yearly in April and October.
- Roscommon Hospital has an active Endoscopy User Group which meets monthly and oversees the development and expansion of this important service for the hospital and its future.

Audits and Surveys carried out throughout the year in accordance with our Rolling Programme of Audits. A safe working environment continues to be promoted, ensuring the health and wellbeing of our patients, relatives, visitors and staff in the Endoscopy Service. We aim to achieve excellence in our practices and ensure that the patient's needs are paramount throughout their stay with us. Despite our patients short stay we endeavour to meet their needs and where necessary will refer continued care to the appropriate medical professionals with the acute or primary care setting.

Photo: Representatives from the Endoscopy User Group with the Minister of Health and other Public Representatives at the announcing of the commencement of the new Endoscopy Unit. (May 2014)

NEW ENDOSCOPY SUITE

The 2-roomed Endoscopy Suite is currently being built at Roscommon Hospital, at a cost of 5.5m It is expected that this building will be ready for use by Quarter 3 2015. It is a priority for Roscommon Hospital that this service is fully operational once the building works is finished and commissioning of the equipment is completed.

Demand continues to grow for the service and throughout the Saolta Hospital Group. Through the provision of the additional capacity here it is envisaged that Endoscopists from other hospitals would avail of the service here in order to carry out procedures and reduce waiting times and lists elsewhere.

TEAM WORK:

We are extremely fortunate in Roscommon Hospital to have a core group of dedicated staff involved in the delivery of our endoscopy service. Under the leadership of Mr. M. Eldin, Consultant Surgeon/Clinical Lead the endoscopy service has developed and expanded over the past number of years.

One of the most significant achievements was the awarding of JAG Accreditation to our unit – Level 1 in February 2013, and Level 2 in September, 2014.

The continual development and improvement in the Endoscopy Service is overseen by the dedicated Endoscopy User Group, comprising representatives from the Surgical Department, Nursing, Administration, Theatre.

PATIENT SATISFACTION:

Twice a year there are Patient Satisfaction Surveys carried out, with very good response rates (43% in our last audit). The following are a sample of the comments written by patients from the most recent survey (December, 2014):

"Great service, wonderful hospital with really nice pleasant staff, well done! (DW)

"I was more than happy with my time at Roscommon Hospital. I found all the staff very professional. Unit clean. The courtesy and respect was indeed a credit" (MMcD)

"A good experience – thanks to all concerned" (MM)

"Totally satisfied with professional manner" (MB)

"Staff and doctors were excellent, very helpful and I could not ask for any better service" Well done to all concerned!" (CC)

THE FUTURE...

All of the staff involved in the delivery of Endoscopy Services are excited about the provision of the new Endoscopy Suite, which will ensure that the patient's journey and experience will be further enhanced and that their care will be delivered in a purpose built suite and meet all best practice requirements.

We look forward to continuing to work hard to ensure that the Endoscopy Service delivered at Roscommon Hospital retains its exemplar status, continues to achieve JAG Accreditation and most of all ensuring that every possible support and care is given to our patients.

Estates and Capital Programmes for 2015

PORTIUNCULA HOSPITAL BALLINASLOE (PHB)

- Progression of design process for replacement 50 bedded ward block

ROSCOMMON HOSPITAL (RH)

- New Endoscopy Unit completion
- Completion of Spatial Strategy for the site to inform future developments.

MAYO GENERAL HOSPITAL (MGH)

- Cystic Fibrosis Day unit completion
- Medical Academy build completion
- Progress Endoscopy Upgrade Project

UNIVERSITY HOSPITAL GALWAY (UHG)

- Completion of Medical Gasses Project Maternity UHG
- Completion and commissioning of Clinical Research facility (joint project with NUIG, the building encompassing both Clinical Research Facility and Translational Research Facility)
- Commence build on a three storey 75 bedded ward block
- Commence design process on Replacement Blood & Tissue Establishment
- Progression of Design & Dignity grant aided Project St. Monica's Ward

MERLIN PARK UNIVERSITY HOSPITAL (MPUH)

- Completion of Ventilation project Orthopaedic Theatres MPUH
- Relocation of Cardiac Rehab Services to Nurses Home MPUH
- Refurbish / Prepare hospital ground for new Rehab facility

SLIGO REGIONAL HOSPITAL (SRH)

- NUIG Medical Academy build completion
- Progress to stage 2 of design process for New Surgical / ED Block: Design team appointed 12.2014
- Upgrade of hospital CSSD
- Progress the development of the Interventional Radiology Suite
- Upgrade of the Coronary Care Unit
- Completion of Mortuary Upgrade
- 1940 roofs and windows Replacement Project
- Progress Acute Mental Health Unit development

LETTERKENNY GENERAL HOSPITAL (LGH)

- Medical Academy build completion (NUIG)
- Completion of Rebuild Project following Major Floor 2013 to include
- Restoration and upgrade of the catering department damaged
- Restoration and upgrade of the laboratory department damaged
- Restoration and upgrade of the underground service duct and services
- Flood Prevention Works

Letterkenny General Hospital KPI's Update

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

December 2014 KPI's continue to show strong performance and improvement in many of our KPIs as work initiated in 2013 continues to culminate and services began to return to operational efficiency as the hospital continues to recover from the impact of the July 2013 flood. In respect of access targets the hospital performance was assisted by outsourcing a range of inpatient and day case surgeries and outpatient appointments. Of the 12 hospital indicators 5 were green in December, further 6 were amber and only 1 was red.

Scheduled Care Access times for Outpatient Waiting list and Inpatient & Day Case Waiting list were both amber and green respectively reflecting the ongoing active management of the waiting lists; commissioning of the interim Out Patient Department which has provided capacity for waiting list initiative clinics; and the outsourcing of activity. LGH is currently delivering 87% compliance on the Inpatient & Day case access targets. There was slight decrease in Outpatient access targets in December however, there are now over 3000 non-orthopaedic patient breaching the 12 month target primarily due to NCHD shortages and off-site location of accommodation.

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

The KPI for Day of Surgery Admission for Surgical Inpatients is green with 81% of inpatients being admitted on the day of surgery. It is planned to further expand the day of admission early in 2015 through the creation of additional capacity in the Enhanced Recovery Unit as part of our Minor Works Programme.

Our Staph Aurous Blood Stream Infection rates has disimproved in December but number of cases was small (3 cases). Of concern on the staffing is the ongoing reduction in the allocated WTE ceiling for LGH and the impact of recruitment difficulties particularly amongst Medical staff.

Medical Inpatients average length of stay is 5.8 days.

Financial Performance has improved for LGH with a deficit of 2.6% in December resulting in a green status on this KPI.

LGH has put particular emphasis on Hand Hygiene Compliance over the last 12 months, however, with compliance in December at 95% HIQA Standard and consequently this KPI is green. The management team are addressing this performance as a critical quality indicator for 2015 to ensure this focus is improved upon by all LGH staff and that LGH becomes a lead hospital in respect of its Hand Hygiene Standards.

The focus of LGH Managers on the management of attendance had resulted in an improvement in our Attendance Performance early in the year, placing LGH as one of the best performing hospitals within the Group for staff attendances. Absence rates for December has dropped slightly to amber at 4.45%

Finally, there has been improvement in waiting times for inpatient echo-cardiography. This indicator was chosen as one of our quality indicators in terms of clinical risk but also in respect of the impact it has on inpatient admission rates and Medical length of stay. A management plan has been developed to address the issues within the service and this KPI that no inpatient should wait more than 72 hours following receipt of request Echo-Cardiogram achieved amber at 97% compliance in December and initiatives continue to ensure that reduction in outpatient waiting times for Echo-Cardiography is maintained.

Sligo Regional Hospital KPI's Update

GENERAL MANAGER'S PERFORMANCE REPORT

PERFORMANCE INDICATORS

- ED 9 hour wait times reduced slightly from 90% in November to 89% in December, with 6 hr wait time from 78% to 76%.
- OPD: - Number of patients waiting >12 months has increased from 2165 mid October to 2399 in mid January 2015. 17 patients waiting>24 months
- The Average Length of Stay for medical patients has risen from 6.1 days in November to 6.5 days in December, which is above the target of 5.8 days.
- 34 Adult & 12 Paeds Waiting list breaches occurred in December in ENT, Urology and Gynae.
- Target continues to be met for urgent and routine scopes.
- Delayed Discharges reduced as a result of transitional care funding. Average is now 5-7 patients per day.
- Income: - Number of private patients placed has reduced to 76% but overall shows significant decrease of private patients presenting and only 26 patients placed per night in December.
- The MRSA Blood Stream Infection & C Diff rates continues to show us below the target levels
- The financial position at year end has changed due to an extra allocation to the hospital budget increasing in from €98m to €108.6m. This shows the hospital as having 966k deficit on budget at year end (0.89%)
- Staffing levels are at 1378 in December.
- Absenteeism: - Absence rates have increased from 4.29% in November to 5% in December.
- Flu vaccine has commenced with onsite clinics held weekly. 18% uptake to November 2014.

Mayo General Hospital KPI's Update

ACCESS

ED PET waits - 6 hour and 9 hrs waits

The numbers of patients on trolleys for December has been the highest in last three years. This is very concerning as the ED attendance is not a significant influencing factor here, it appears that the acuity of patient attending appear to be higher.

The admission conversions rate is 29.9%. This includes the patients transferred/ referred to AMAU (not all these patients were admitted 168) it also included 20 patients transferred to UHG. 6.4% of ED attendances were admitted to AMAU from registration; this has increased from last month.

The admission conversions rate is 35% up 5% from Oct. This includes the patients transferred/ referred to AMAU (not all these patients were admitted 148) it also included 32 patients transferred to UHG.

5.2% of ED attendances were admitted to AMAU from registration; this has reduced fro last two months but this will be due to AMAU being open over night. The numbers taking there own discharge against medical advice was 0.44% down on last month. The numbers taking there own discharge against medical advice was 0.6%.

Scheduled Care
In-patient waiting list

PTL 40 orthopaedic breaches. Extra pre assessment clinics have been arranged for the end of September 2014 to address these cases.

Outpatient Waiting List

Arrangements have been put in place to hold additional clinics to address nephrology waiting list. Dermatology and ENT still present a challenge.

PERFORMANCE

Based on the Budget allocation at the beginning of December Pay was over by €1.7m

Income

The addition allocation in December had no impact on the 2014 Income Budget and the final position was €196K ahead of target. RTA income was €614K ahead of target mainly due to one significant case. While this had a negative impact on the Bad Debt provision it also masked an issue in relation to a shortfall of €650K in patient income.

Car park income of €307K after vat was generated in 2014 up from €1K in 2013 as a result on the installation of the new equipment which has already paid for itself in less than a year. Shop Franchise income has increased by €10K or 4.6% on 2013. Staffing – 982.54- Approved ceiling is 914 Absenteeism Rate 3.10% December 2014

Portiuncula Hospital Ballinasloe KPI's Update

KEY PERFORMANCE INDICATORS (KPI'S) – DECEMBER 2014

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

ACCESS

1. ED waits – the hospital achieved 79.09% all patients seen and admitted within 6 hours this was a dis-improvement on the previous month of 2.05%. We are achieving approximately 95% compliance with the 9 hour target.
2. Our outpatient waiting list shows that there were 696 patients waiting over 9 months. This figure has increased by 61 on the November figure the areas of concern are Orthopaedics, Dermatology, Endocrinology, Gynaecology and Urology.
3. Day of Procedure rate – currently 83.3%.
4. Average Length of Stay in November was 4.48 days an increase of 1.14 days
5. The MRI Waiting time is 15 days for the month of December 2014 a significant reduction of 15 on the previous month.

PERFORMANCE

1. Staffing levels are at 655.83 a slight increase of 2.22 on the November figure.
2. Financial position – The variance at end of December 2014 is €11.5m (neg) Agency costs and income performance continues to be challenging.
3. Fair Deal - Bed days lost due to delayed discharges was 273 days which is a slight increase of 6 days on the figure in November.
4. Absenteeism stands at 3.85% a slight reduction of 0.59% on the previous month.
5. DNA rate stands at 9.54% - a dis-improvement of 0.4% on the previous month.

QUALITY

1. There were 3 hospital acquired c-diff infections for the month of December.
2. Hand Hygiene Training compliance rate is at 94%. There continues to be significant emphasis on education and training.

ACTIVITY LEVELS – DECEMBER 2014

- In-patients exceeded the target by 5.58%
- Emergency presentations were below the target by 0.11%
- ED admissions exceeded the target by 6.80%.
- Outpatient activity is 2.79% above the target set for the year
- Day cases exceeded target by 4.66%
- Births are 3.36% below the target, and are 3.36% below the 2013 YTD for the same period.

KEY DATES AND EVENTS:

- Staff members that received their Diploma in Leadership presented their 'Hand Hygiene' Project at Mullingar Hospital on the 4th December 2014.
- There was a Local Leadership Walkabout of the SCBU and the Paediatric Unit on the 10th December 2014.
- Members of staff undertook Access Training on the 11th December 2014.
- A Staff Briefing was held for staff on the 18th December 2014 which outlined Achievements in 2014, Priorities and Service Plan for 2015.
- INAB re-accreditation in the Blood Transfusion Department was held on the 20th January 2015.

Galway University Hospitals KPI's Update

DECEMBER 2014 ACTIVITY & KEY PERFORMANCE INDICATORS

UNSCHEDULED CARE

Emergency Department – Patient Experience Times

The total number of attendances in the Emergency Department in 2014 was 64,136 and the average daily attendance was 176 patients per day. There is continued focus on Patient Experience Times (PET) at patient flow and particularly in relation to the elimination of PETs over 24 hours. The November 6 and 9hr PET was 55.0% and 72.3% respectively. The values for December were 55.80% and 68.00% for 6 and 9hrs. Activity levels in the ED continue to be challenging and consequently PET times have not improved. A Frail Elderly Project was piloted for the month of November with positive outcomes. The resource to support this project on a long term basis has been approved at ECC.

Work is ongoing in conjunction with PCCC on maximising all egress options for patients including; Transitional Beds, Intensive Home Care Packages and the utilisation of the Community Intervention Team service. All of these measures are having a positive impact on patient flow.

SCHEDULED CARE

Inpatient /Day Case Waiting List

The number of patients on the inpatient waiting list at the end of December was 8,685. The number of patients breaching the 12 month target in GUH is 823 for the month. Particular focus has been given to scopes breaching. Surgical lists were undertaken in the MPUH site recently in the Plastics specialty and we plan to build on this in 2015.

Outpatient Waiting List

There were 28,431 patients on the GUH outpatient waiting list at the end of December. The number of patients breaching the OPD waiting list target for this period was 6,699. One of the significant factors for the increase is related to the reintegration of patients originally referred to the private sector who require an investigation or procedure. There were 1700 patients in this category and arrangements are now being made for these patients to be seen in GUH or other hospitals within the Group.

WTEs

The WTE Ceiling for GUH is 2,940 and the December WTE was 3,207.58, this increase will present a significant challenge to our pay budget in 2015.

Finance

The month of December 2014 showed a €1.9m deficit, bringing the entire year deficit to €13.3m. This compares to a €2.7m deficit in December 2013 and a full year deficit of €15.3m for 2014.

Staph Aureus Blood Stream Infection

There were 61 episodes of Staph aureus bloodstream infection in GUH for the period January to December 2014, this compares to 58 episodes for the same period in 2013.

Hand Hygiene

The overall % of staff trained as of the end of December is running at 92% and training is ongoing.

Staff Engagement – Local Implementation Group

A Local Implementation Group has been established at GUH; the group has met on three occasions to date and will be focusing on tangible improvements for staff across both sites; the main areas of focus are in relation to communication, staff engagement and performance. An action plan has been developed and sub groups have been set up to work on agreed projects.

Key Performance Indicators

LGH Performance Summary – December 2014

Out-patient Waiting List

	Current	Future
Current Value	29.7%	
Target: Out-patient waiting to be reduced to less or equal to 52 weeks by June 2014 and maintained at less then 52 weeks at each month thereafter.	Trend: v Previous Month	⇩

Total Outpatient Waiting List - 15899
Patients waiting over 12 months – 4724
Number of Orthopaedic Patients waiting greater than 12 months = 801

Rag: Green =>10% Amber = 10-55% Red = +56%

ED 9 hour Breech

	Current	Future
Current Value	92.9%	
Target: All patients to be admitted or discharged within 9 hours at 8am.	Trend: v Previous Month	⇩

July – 88.9%
Aug – 92.2%
Sep – 93.9%
Oct – 93.3%
Nov – 94.5%

Rag: **Green:**95-100% **Amber**:85-94%**Red:** <85%

Inpatient & Daycase Waiting List

	Current	Future
Current Value	5.5%	
Target: No patient should wait for inpatient/daycase treatment longer than 8 months for Adult; 20 weeks for Children; 13 weeks for GI Scope.	Trend: v Previous Month	⇩

Number of Breeches December:
Adult – 231
Child – 3
Scopes – 6

Rag:Green <=5% Amber: 6 - 20% Red:>=21%

Scheduled Inpatient Care

	Current	Future
Current Value (November)	81%	
Target: 67% of surgical inpatients should be admitted on day of surgery.	Trend: v Previous Month	⇧

Target changed from 52% to 67% in 2014
June – 63%
July – 72%
Aug – 67%
Sept – 60%
Oct – 71%

Rag: Green >= 67% Amber 55-66% Red <54%

Inpatient Capacity

	Current	Future
Current Value	53	
Target: 6 month rolling average Bed days lost due to delayed discharges should be reduced to the levels pertaining the first half 2012 (Jan – June)	Trend: v Previous Month	⇩

6 month rolling average
July 47
Aug 53
Sept 49
Oct 42
Nov 48 Transfers to private nursing homes from LGH for Dec =

Rag: Green <=120% Amber 121-150% Red >150% (of Jan-June12

Inpatients

	Current	Future
Current Value (November)	6.6	
Target: Medical inpatients AvLOS <= 5.8 days	Trend: v Previous Month	⇩

May – 7.0 days
June – 6.8 days
July - 7.2 days
Aug – 6.4 days
Sept – 6.1 days
Oct – 5.9 days

Rag: **Green:** <= 5.8 **Amber** 5.8-9 **:Red:**

Quality – Echocardiography Access

	Current	Future
Current Value	93%	
Target: No inpatient to wait greater than 72 hours following receipt of request for echocardiogram.	Trend: v Previous Month	⇩

Aug – 96%
Sep – 99%
Oct – 98%
Nov – 99%

Rag: Green 98-100% Amber 90-97% Red <90%

Staph Aureus Blood Stream Infection

	Current	Future
Current Value	0.36	
Target: Fill bar is colour coded red = projection exceeds 2013 numbers(>0.13 per 1000 bed days), amber projection equals 2013 levels (=0.13 per 1000 bed days), green = projection is below 2013 levels (<0.13 per 1000 bed days)	Trend: v Previous Month	⇩

3 Cases of Healthcare Associated Staph Aureus Bacteremia

Rag:

Infection, Prevention & Control – Hand Hygiene

	Current	Future
Current Value	95%	
Target: To deliver 95% compliance with HIQA Hand Hygiene standard.	Trend: v Previous Month	⇩

Aug – 91%
Sep – 92%
Oct – 94%
Nov – 96%

Rag: **Green=95-100%** **Amber=80-9**
Red<80%

Financial Position

	Current	Future
Current Value	2.6%	
Target: To deliver within allocated budget	Trend: v Previous Month	⇧

Overspend December 2014 = €0.5 million
YTD Overspend = €2.8 million
Budget YTD = € 107.3 million
(Above excludes flood costs)
Rag: Green <3% Amber 3.1-5% Red >5.1%

Staffing Levels

	Current	Future
Current Value	2.81%	
Target: To operate within the staffing level agreed with the Hospital Group Executive.	Trend: v Previous Month	⇩

WTE Ceiling – 1320
WTE Actual – 1357.08

Rag: Green <3% Amber 3.1-5% Red >5.1%

Absenteeism

	Current	Future
Current Value	4.45%	
Target: To reduce absenteeism rate to 3.5%.	Trend: v Previous Month	⇩

Absenteeism rate for the month of December is 4.45% this is a increase of 0.78% on the previous month.

Rag: : Green<3.5 Amber: 3.51%-4.4% Red over 4.5%

SRH Performance Summary – December 2014

Out-patient Waiting List

	Current	Future
Current Value	2399	0

Target: Out-patient waiting to be reduced to less than 12 months.

Trend: v Previous Month ⇩

Jan '13 – Patients >12 mths = 3507
Jan '14 – 345 (with appts in Jan)
Dec '14, 2399 patients >12 months

ED 9 hour breach

	Current	Future
Current Value	89%	

Target: 100% of patients seen within 9 hours

Trend: v Previous Month ⇩

Technical issue with PET reported times following IPMS upgrade at end of Jan. SDU revising database.

Scopes

	Current	Future
Current Value	0	0

Target: no patient waiting >13 weeks.

Trend: v Previous Month ⇩

1 pt breached in March – data quality issue

Inpatient & Day Case Waiting lists

	Current	Future
Current Value	0	

Target: No Target: No patient should wait >8mths, 20 weeks (child) & 13 weeks (GI Scope)

Trend: v Previous Month ⇧

0 Breeches - May

Average Length of Stay (Medical)

	Current	Future
Current Value	6.5	

Target: 5.8 days

Trend: v Previous Month ⇧

Emergency Re-admissions (Medical)

	Current	Future
Current Value	12%	

. **Target:** 11% target as per CompStat

Trend: v Previous Month ⇧

13% re-admission rate for Jan.

MRSA Blood Stream Infections

	Current	Future
Current Value	0.000	

Target: <= 0.060 per 1000 bed days used.

Trend: v Previous Month ⇩

Achieving target (data arrears) – Q4 2013

Bed Days Lost (due to delayed discharges)

	Current	Future
Current Value	286	

Target: Monthly average for 2013 = 196.5.

Trend: v Previous Month ⇧

Income – Placement of Private Patients

	Current	Future
Current Value	26	

Target: 28 patients per night

Trend: v Previous Month ⇧

Financial Position

	Current	Future
Current Value	0.89%	

Target:.

Trend: v Previous Month ⇩

Staffing WTE variance from Staff ceiling

	Current	Future
Current Value	1378	

Target: To operate within HSE employment levels.

Trend: v Previous Month ⇨

Absenteeism

	Current	Future
Current Value		

Target: To reduce absenteeism rate to 3.5% by December 2013. (monthly in arrears)

Trend: v Previous Month ⇩

Out-patient Waiting List

	Current PTL	Future
Current Value	871	
Target: Out-patient waiting to be reduced to less than 52 weeks	Trend: v Previous Month ⇩	

A number of specialties require special attention. Progress has been made in Nephrology and arrangements are being put in place to address the remaining longest waiters. The Dermatology waiting list continues to be addressed through initiative clinics. Additional ENT clinics are planned and Ass Clinic Director is putting a plan in place to address medical waiting lists.

Bed Days Lost

	Current	Future
Current Value	79 days lost in Sept	
Target Reduce to 10% on 2013 number. Situation continued to improve in September 2014.	Trend: v Previous Month ⇧	

23 less beds available in District Hospital and in Rehab Unit than was available in 2013. Interim action plan developed between MGH and Mayo PCCC. There remain a number of outstanding issues namely that we do not access to sufficient number of community beds or packages of care. Meeting involving national services required.

ED Patients waiting for admission at 8am

	Current	Future
Current Value	A total of 324 ED Patients waiting for admission at 8am	
324 Patients for January 2015	Trend: v Previous ⇧	

CT Waiting List

	Current	Future
Current Value	353	
Target: No Category 2 or 3 patient should wait more than 70 days for a CT.	Trend: v Previous Month ⇩	

Deterioration in performance requires an additional WTE, Staff have been approved through the ECC, however recruitment remains a problem due to problems with NRS, Once staff are recruited waiting list will be reduced.

In-patient & Day Case Waiting List

	Current PTL	Future
Current Value	35 adults	
Target: No patient should wait >8 months by end of November, 20 weeks (Child) and 13 Weeks (GI Scope)	Trend: v Previous Month ⇧	

Orthopedic waiting lists are problematic Plan in place to address backlog.

Average Length of Stay in Medicine

	Current	Future
Current Value	4.5 days	
Target: 5.8 days to be the average stay achieved	Trend: v Previous Month ⇩	

ALOS for Medical patients Jan – August 4.93 days slight improvement of 0.04 Days.

Day of Procedure Rate for Elective Inpatients

	Current	Future
Current Value	70%	
Target: To increase rate to 85%	Trend: v Previous Month ⇧	

Pre-assessment clinics in place. Slight increase from August 2014

MRSA

	Current	Future
	0.045	
Target <0.057 per 1,000 bed days	Trend: v Previous Month ⇧	

0.048 Q4 2013. National average 0.060

Hand Hygiene

	Current	Future
Current Value	86.2%	
Achieve 100% compliance	Trend: v Previous Month ⇧	

Action Plan developed by Infection Control Committee to improve compliance. Non compliance among Medical staff of is a concern. Associate Clinical Directors to oversee action plan

Financial Position

	Current	Future
Current Value	□over ytd	
Based on the Budget allocation at the beginning of December Pay was over by €1.7m. However an additional Budget allocation was received which resulted in a favourable variance of €197K. This reflects the under-spend related to NCHDs that we filled from Agency.	Trend: v Previous Month ⇩	

Staffing WTE variance from Staff Ceiling

	Current	Future
Current Value	986.67	
Target: To operate within HSE employment level of 955.77	Trend: v Previous Month ⇧	

Absenteeism

	Current	Future
Current Value	3.48%	
Target: To reduce absenteeism rate to 3.5%,	Trend: v Previous Month ⇧	

Absence Reports for January 2015

RH Performance Targets – December 2014

Out-patient Waiting List

	Current	Future
Current Value	18	
Target:. No patient should wait more than 52 weeks for an OPD appointment. Percentage of patient on Outpatient waiting list greater than 52 weeks.	Trend: v Previous Month	

RAG Score Green = >10% Amber = 10 – 55% Red = +56%
ENT –69 Pts /Urology 12 Pts/Orthopaedics 237 pts waiting over 12 months

Outpatient DNA Rate

	Current	Future
Current Value	14.4	
Target: Reduce the number of patients who do not attend Outpatients to 10% or less by December 2014	Trend: v Previous Month	

RAG Score Green = >10% Amber = 10 – 15% Red = +16%
Efficient C (2 way Text Messaging Service) implemented in 3 specialties – Surgery/Plastics/Urology in November-
Dec V Nov: Surg -3%/ – Pls -2%– Urology +13%

Increase Day Case activity

	Current	Future
Current Value	516	
Target: To increase Day Case activity at Roscommon Hospital to 600	Trend: v Previous Month	

RAG Score
Green = 500-600 Amber = 350 -499 Red = <349
Day Cases remained within target range – December - Activity reduced by 1 week (seasonal closure)

Health & Safety – Staff Injuries

	Current	Future
Current Value	7	
Target: To reduce the number of staff related incidences to less than 1 per month	Trend: v Previous Month	

RAG Score Green = 0-2 Amber = 2-4 Red = ≥5

Aggression – 5
Theft – 1
Health & Safety - 1

Medical Average Length of Stay

	Current	Future
	10.3%	
Target: ALOS for all medical discharges is reduced to 5.8 days by December 2014	Trend: v Previous Month	

RAG Score Green= <5.8 Amber:=5.9 – 9 Red= over 9.1
Total AVLOS = 11 Days - Medical AVLOS remaining consistently high.

Reduce Delayed Discharges

	Current	Future
Current Value	181	
Target: Reduce bed days lost due to delayed discharges by 10% on 2013	Trend: v Previous Month	⇧

RAG Score Green=≤226 Amber=227 – 240 Red= ≥241

Antibiotic Usage

	Current	Future
Current Value	N/A	
Target: To reduce the medial usage rate of antibiotics to 83.4 per 100 bed days utilised by December 2014	Trend: v Previous Month	⇔

RAG Score Green=<86 Amber=86.1-95 Red= + 95.1

New Cases of C Diff

	Current	Future
YTD	6.4%	
Target: To reduce the background rate of HCAI of C Difficile to <2.5per 10,000 bed days used	Trend: v Previous Month	⇔

RAG Score Green= <2.5 Amber= 2.6 - 4 Red= 4.1
No of Patients for December 2014 = 0

Hand Hygiene Compliance

	Current	Future
Current Value		
Target: Percentage compliance during hand hygiene opportunities observed.	Trend: v Previous Month	⇔

RAG Score Green = 90 -100% Amber = 80-89% Red = 79%
Not audited in December

Financial Position

	Current	Future
YTD	.47%	
Target: To deliver financial breakeven by December 2014	Trend: v Previous Month	⇔

RAG Score Green: 0 – 3% Amber: 3.1% - 5% Red: <5.1%

Monthly Overspend = □ 9,000

YRD Overspend = □ +85,000

Staffing Levels

	Current	Future
Current Value	2.45%	
Target: WTE should not drop below the WTE ceiling so as to maintain patient safety and services by December 2014	Trend: v Previous Month	⇔

RAG Score Green: 0 - -5% Amber: -5.1 - -10%
Red: > -10%
Monitoring of sick leave through the back to work discussions and reviews continue on an ongoing basis. Review of absenteeism is part of the Management Meetings within the group. National target for absenteeism is 3.5%.

Absenteeism

	Current	Future
Current Value	3.69%	
Target: To reduce the absenteeism rate to 3.5% by December 2014	Trend: v Previous Month	⇔

RAG Score Green= <3.5% Amber= 3.51% - 4.49%Red=over 4.5%

Out-patient Waiting List

	Current	Future
Current Value	696	
Target: Out-patient waiting to be reduced to less than 9 months by December 2014.	**Trend: v Previous Month**	

The Outpatient s list has 696 patients waiting over 9 months this has increased by 61 patients on the previous month breaches in the following specialties, orthopaedics, dermatology, urology, gynaecology , endocrinology and pain services.

Rag: Green: 0-300 Amber: 301-999 Red : 1000

DNA Rate

	Current	Future
Current Value	9.54%	8%
Target: Reduce the number of patients who do not attend to 8% by December 2014.	**Trend: v Previous Month**	

The current rate is at 9.54%, an increase of .4% on November

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

ED Waiting Times for Admission

	Current	Future
	79.09 %	
Target: 95% of all patients attending the ED should not wait over 6 hours.	**Trend: v Previous Month**	

The 6 hour waiting time in December was 79.09% this has dis-improved from the previous month of 81.14%.
We are achieving approximately 93% compliance with the 9 hour target.

Rag: G: 95-100% A: 80-94% R: <80%

Hand Hygiene

	Current	Future
Current Value	94%	
Target: To Increase Hand Hygiene Training and Education rate to 100%	**Trend: v Previous Month**	

The overall hospital hand hygiene training/education rate for the month of November 2014 is 94%. There is continued emphasis on education and training with targeted.

Rag: Green: 95-100%Amber:94%-84%Red: <84%

MRI

	Current	Future
Current Value	15	
Target: No Target: No Priority 2 or 3 patient should wait more than 70 days for an MRI scan appointment.	**Trend: v Previous Month**	

Currently the waiting time is 15 days for access to MRI service a significant decrease of 15 on the previous month.

RAG: Green <70 days Amber 70-140 Red > 140

Average Length of Stay

	Current	Future
Current Value	4.48 days	
Target: Achieve a target of 4.5 days.	**Trend: v Previous Month**	

ALOS has increased by 1.14 days when compared with November

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

Day of Procedure for Elective In-patients

	Current	Future
Current Value	83.8%	
Target: To increase rate to 70% by December 2014.	**Trend: v Previous Month**	

Day of procedure rate for the month of December is 83.3%.

Rag: Green: 70% Amber: 60-69% Red: <60%

Hospital Acquired C-Diff

	Current	Future
Current Value	3	
Target: To reduce the number of Hospital Acquired C-Diff infections per month in 2014.	**Trend: v Previous Month**	

There were 3 cases of hospital acquired c-diff infection in December.

Rag: **Green:** 0 **Amber:** 2 **Red:** >2

Fair Deal - Bed Days Lost

	Current	Future
Current Value	273 Days	
Target: To reduce the lost bed days to less than the current monthly bed days lost.	**Trend: v Previous Month**	

There were 273 bed days lost due delayed discharges. This is an increase of 6 additional days when compared with November. The hospital was experiencing delays with Fair Deal and Home Help application and supports

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

Financial Position

	Current	Future
Current Value	-26%	
Target: To deliver financial breakeven across the Group by December 2014.	**Trend: v Previous Month**	

The variance at end of December 2014 is £11.5m (neg) on a budget allocation of £44.2m which represents a 26% overspend on Budget. Agency costs are challenging and also income is not performing against budgeted levels

Staffing Levels

	Current	Future
Current Value	655.83	633
Target: To operate within our allocated ceiling of 633	**Trend: v Previous Month**	

There has been an increase of 2.22 WTE since the November figure.

Rag: Green: 633 **Amber:** <650 **Red:** >650

Absenteeism

	Current	Future
Current Value	3.85%	
Target: To reduce absenteeism rate to 3.5% by December 2014.	**Trend: v Previous Month**	

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

Absenteeism has reduced by 0.59%

GUH Performance Summary – December 2014

Out-patient Waiting List

	Current	Future
Current Value	6699	
Target: Out-patient waiting to be reduced to less than 52 weeks	**Trend: v Previous Month** ⇧	

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.
November 2014 4956 Patients > 12 Months
The above figure is for all patients on the Outpatient PTL waiting over 12 months with and without an outpatient appointment.

OPD DNA Rate

	Current	Future
Current Value	13.1%	
Target: Reduce the number of patients who do not attend to 10% by December 2014	**Trend: v Previous Month** ▭	

OPD group are looking to extend the partial booking system across all specialties.. National guidelines on attendance and DNA policy to be made available.

November 2014 13.1%

ED Patients waiting for admission at 8am

	Current	Future
Current Value	15	
Target: < 10 patients waiting in ED for admission at 8am	**Trend: v Previous Month** ⇩	

The number has decreased significantly from an average of 24 in November. The figure 15 is the same number of average overnights for December 2013.

November 2014 24

CT Waiting List

	Current	Future
Current Value	154	
Target: No Category 2 or 3 patient should wait more than 70 days for a CT.	**Trend: v Previous Month** ⇧	

The wait time for CT Scans (priority 2) is now13O days. We have managed to reduce our waiting list by half in the last month due to the introduction of a blitz on the longest waiting CT Colonoscopies which were small in number but were pushing our waiting list time out significantly. Additionally, we have recommenced sending patients to RCH for their scans as their staffing issues are now resolved.

November 2014 147

In-patient & Day Case Waiting List

	Current	Future
Current Value	2466	
Target: No patient should wait >8 months by end of November, 20 weeks (Child) and 13 Weeks (GI Scope)	**Trend: v Previous Month** ⇧	

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. **Adult IP WL Breaching 8 Month target**
November 2014 Adults 2215 waiting over 8 months (Scopes and Children are in the maintenance phase now)

Average Length of Stay

	Current	Future
Current Value	6.4	
Target: 5.6 days to be the average stay achieved	**Trend: v Previous Month** ⇩	

The new National Programmes on Surgery will help reduce the average length of stay. This is complimented by local work on agreeing formal bed allocations across Medicine and Surgery.
November 2014 6.9 (excluding Obs)

Day of Procedure Rate for Elective Inpatients

	Current	Future
Current Value	60%	
Target: To increase rate to 75%	**Trend: v Previous Month (October Figure)** ⇩	

The new National Programme on Elective Surgery will help increase the day of procedure rate, this is complimented by local work on agreeing formal bed allocations across Medicine and Surgery. Increased awareness of this KPI will be available to management from CIMs tool.
November 2014 62%

Staph Aureus Blood Stream Infection

	Current	Future
Current Value	0.13	
Target: Fill bar is color coded red = projection exceeds 2011 numbers (>0.16 per 1000 bed days), orange projection equals 2011 levels (= 0.16 per 1000 bed days), green = projection is below 2011 levels (<0.16 per 1000 bed days)	**Trend: v Previous Month** ▭	

Line infections (both peripheral & central) have been identified as major causes of both MRSA & MSSA blood stream infections at GUH.
There were 13 CVC-associated *Staph aureus* bloodstream infections in GUH for the period January to December 2014. This compares with 21 CVC-associated *Staph aureus* bloodstream infections in GUH in 2013. There was 1 probable PVC-associated *Staph aureus* bloodstream infections in GUH for the period January to December 2014. There were no PVC-associated *Staph aureus* bloodstream infections in GUH in 2013.
November 2014 0.13%

Bed Days Lost

	Current	Future
Current Value	62	
Target: Reduce by 10% over 2012 figures	**Trend: v Previous Month** ⇧	

Work is ongoing through the Discharge planning group to reduce the number of Bed Days Lost.

November 2014 60

Financial Position

	Current	Future
Current Value	-5.7%	
Target: To deliver financial breakeven across December 2013	**Trend: v Previous Month** ⇩	

Above Figures is for GUH Only. The KPI figure is our Target (98% of 2013 YTD Expenditure) against GUH Actual YTD Expenditure 2014.
November 2014 -5.7%

Staffing WTE variance from Staff Ceiling

	Current	Future
Current Value	3,207.58	
Target: To operate within HSE employment levels.	**Trend: v Previous Month** ⇧	

The Employment Monitoring Committee are in place to ensure that GUH meets its WTE ceiling – ceiling under review.
November 2014 ceiling: 2,941 November 2014 WTE: 3,201.95

Absenteeism

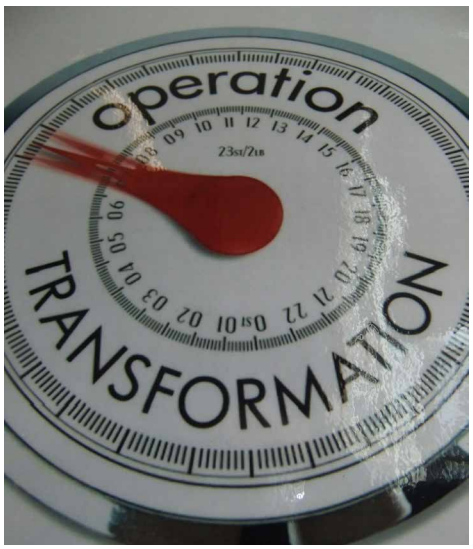
	Current	Future
Current Value	3.69%	3.50%
Target: To reduce absenteeism rate to 3.5% by December 2013	**Trend: v Previous Month** ⇧	

Work is ongoing across GUH to reduce the levels of absenteeism through back to work interviews etc. with a particular focus on this KPI.
November 2014: 3.56% Based on NEMU figures

In Other News ...

Operation Transformation at Galway University Hospital 2015

Employees are our most valuable asset; hence the launch of "Operation Transformation" @ GUH, a 6 week health & wellbeing initiative in association with Saolta's Healthy Ireland Implementation Plan (2015-2017) to raise awareness of health and wellbeing supports for hospital staff. Armed with a deep insight into the specific needs of staff working in the healthcare sector, a detailed health and wellbeing programme was designed to meet wellbeing needs with a wide variety of health enhancing initiatives. Education and awareness for employees around health topics such as healthy eating, exercise and stress management formed the foundations of the plan.

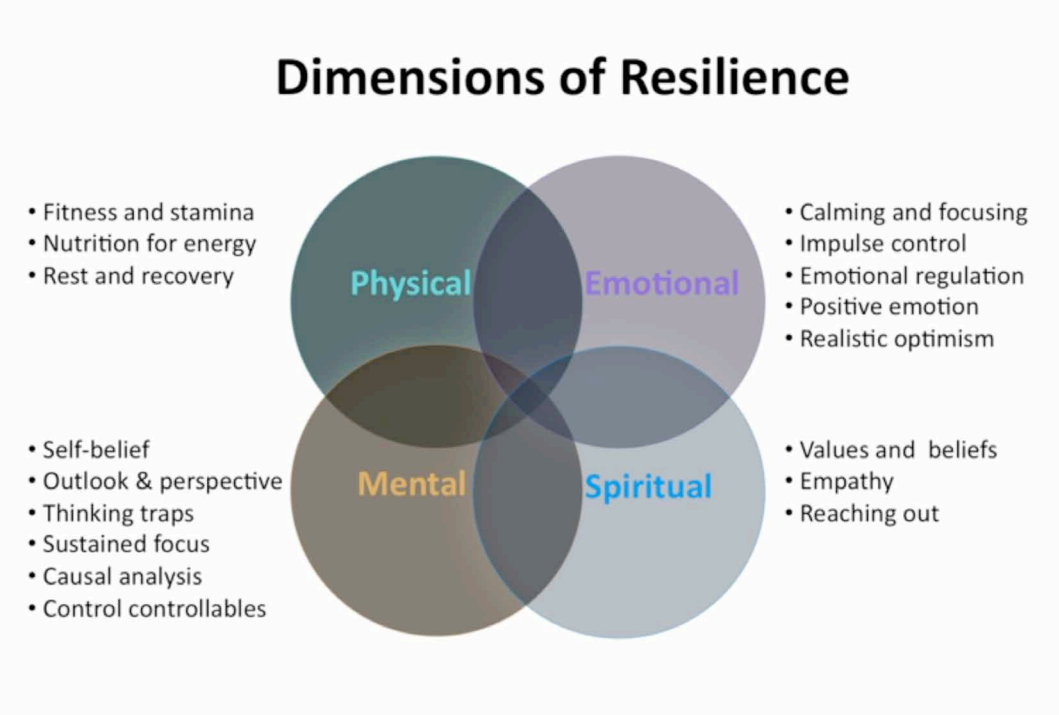


Empowering staff to make informed choices, by exploring the Food Pyramid, adherence to health enhancing physical activity, understanding food labelling and trying out new health recipes can effect real changes in the health and wellbeing of staff. The act of taking control is in itself empowering. This in turn can raise awareness about health issues and encourage individual long-term behaviour change.

A good support network of colleagues can play an important part in our emotional and mental wellbeing thus Powering Kindness @ GUH provided an opportunity for staff to share positive experiences at work thus increasing staff morale. The Employee Support Service @ GUH provided weekly sessions for staff on Stress management, interpersonal communication and building resilience for everyday life. Guided lunch time meditation sessions gave an opportunity for staff to engage in relaxation exercises. Getting this programme right first time isn't easy but with the support from our staff evaluation forms we will be able to refine our approach accordingly.

"Here's to Healthy, because Healthy is Happy!"

Becoming More Resilient



How many times in the last week have you said 'I can't take this stress anymore' or 'why do I keep overreacting to such small things' or 'is this all there is to life?' Or maybe things are just fine but you keep thinking that something is missing.

The reality is that most of us aren't emotionally or psychologically prepared to handle adversity which means that instead of facing our problems bravely and confidently, we risk giving up and feeling helpless. We may be good in some areas and need help in others.

Our thinking style is like a lens through which we view the world. Can you boost your resilience? Absolutely. It's all about changing the way you think about adversity.

We need resilience;

- To put behind us the damage that may have occurred in our youth and to take responsibility for creating the adulthood we want.
- All of us need resilience to steer through the everyday adversities that befall us.
- Your level of resilience will determine your ability to overcome, steer through and bounce back when adversity strikes.

Resilience is the key to success at work and satisfaction in life. Resilience is comprised of seven abilities: emotional regulation, impulse control, empathy, optimism, causal analysis, self-efficacy, and reaching out.

These skills can be learned.

Increasing resilience will require work on your part and it will require you to be honest about how you see yourself and others. Less time wasted and energy drained. You can minimise negative emotions and increase your experience of positive emotions.

Training will be offered in near future in this area.

Lucy Dowling (091) 893358

Interventional Radiology Conference

Galway University Hospital Interventional Radiology only hospital in Ireland & UK to host 'live cases' for International Conference transmitted remotely 'real-time' using cutting edge technology

Galway University Hospital Interventional Radiology (IR) hosted "live cases" for the LINC conference in Germany on 27/1/2015. More than 100 cases were performed from 15 international centres worldwide and transmitted real-time online to a wide medical / healthcare audience using the latest in high definition television and wireless technology. The audience (remotely) had the ability to ask questions as the operations were carried out. GUH is the only hospital in Ireland or the UK to be so honoured. This was one of the biggest meetings of its kind in the world and was viewed live by at least 4000 doctors / health care professionals on the main screen in Leipzig, Germany; plus many thousands more around the world. This is Galway's second year to take part in this Interventional course following last year's resounding success.

LINC is a comprehensive and interventional live course designed to foster collaboration between colleagues worldwide and to promote the understanding and development of endovascular therapies that can be incorporated into daily clinical practice. This highlights how technological advancements in Medicine are contributing to improving practice through innovative online education and training. Leipzig Interventional Course is committed to advancing the scientific and clinical evaluation and treatment of patients with complex vascular disease through an interdisciplinary intervention and discussion of novel endovascular techniques as they occur.

See link online:

http://www.leipzig-interventional-course.de/linc-2015/programme

The app to view the live cases can be downloaded from the website and the live cases, as they occur, can be viewed online anywhere real-time.

Health App up and running

HSE Cancer App- Janet Richmond, Mary Grace Kelly and Barry Murphy, Sendmode. Photo- Clive Wasson

Two Letterkenny based nurses have helped pioneer a new web based application that offers the latest research free to the public on helping prevent cancer.

The simple to use website hosts a range of information on how to help reduce your risk of developing cancer.

The research work contained in the "Stop Cancer" app, has been conducted by Advanced Nurse practitioner, Dr Janice Richmond and Clinical Research Nurse, Mary Grace Kelly, both from the Oncology Department of Letterkenny General Hospital.

Mary Grace explains that the site is full of up-to-date information on how to reduce your risk of cancer by making appropriate lifestyle changes.

It features six areas online viewers can explore including topics such as: Diet, Smoking, Alcohol, Weight, Exercise, Sun/Sunbeds, Food for Thought quiz and the Myths.

Their research took place in 2014 and the duo sought to assess the knowledge and perception of the lifestyle risk factors for developing cancer among people in Ireland who have had cancer.

Anonymous questionnaires were posted to a sample of 620 individuals who had cancer and who were attending follow-up clinics in Letterkenny and Beaumont Hospitals with almost 70% of these questionnaires returned to the researchers.

From the responses obtained they identified that people require clear and concise information so that they can make lifestyle changes to help prevent cancer or reduce their risk of a previous cancer coming back.

"It is not just an app for people who have had cancer, it is for anybody, as the information is still the same. It helps to clear up a lot of things that you may here about what people say prevents you against cancer. It is more about pairing the information back and saying this is the latest research in the various areas," Mary Grace explained.

The site was developed in conjunction with local technology firm, Sendmode, who are based Letterkenny's Co-Lab, next to LYIT.

To access this site, go to http://stopcancer.support

Mayo General Hospital News Snippets

Minister meets Interim Chair, Saolta Health Care Group & Hospital Management Team, MGH from left to right - Dr. John Killeen, Interim Chair, Saolta HC Group, Deputy John O'Mahony, TD, Fiona Healy, Allied Health Professional Rep, HMT, Dr. Michael O'Neill, ACD, W&C, Dr. Ronan Ryan, ACD Diagnostics, Mr. Paul O'Grady, ACD Perioperative, Karen Reynolds, Assistant General Manager, Deputy Michelle Mulherin, TD, Minister Leo Varadkar, Charlie Meehan, General Manger, Catherine Donohoe, Director of Nursing.

VISIT BY MINISTER FOR HEALTH LEO VARADKAR – SATURDAY 21ST FEBRUARY 2015

Minister Leo Varadkar visited Mayo General Hospital on Saturday 21st February 2015 and was welcomed by members of the hospital management team and staff and volunteers.

CYSTIC FIBROSIS CENTRE

The new Day Care and Out Patient facility for people with Cystic Fibrosis has just being completed at Mayo General Hospital. This project a partnership between Mayo General Hospital, Cystic Fibrosis Ireland and Cystic Fibrosis West. The total cost of the Day Care and Outpatient facility is €1.3m.

CF West raised €900,000 through fundraising, €200,000 was received from the National Lottery and €200,000 from HSE. MGH provided the site and equipment and will redeploy the staff required to manage the new unit. The building will be handed over this month and will be officially opened by the Taoiseach in the near future.

MAYO MEDICAL ACADEMY

The Mayo Medical Academy is in its 4th year of development. Currently there are 60 medical students enrolled and all of these students are receiving their clinical teaching at Mayo General Hospital and involving a network of 25 General Practices throughout County Mayo. The Academy commenced in January of 2012 and the first intake of students graduated in June of 2014. To further consolidate this development, NUIG in partnership with Mayo General Hospital are investing a sum of €2million to convert the existing St. Mary's Church into a permanent modern academic centre with careful preservation of the existing structure. Building work started on the 11th February and is expected that the building project will completed by the end of September 2015 and will be available to facilitate the September intake of students. The facilities of the Mayo Medical Academy, including GMIT will be available in a broader context to facilitate the training needs of the hospital including medical, nursing and allied health professionals. The current Dean of the Mayo Medical Academy, Consultant Surgeon Kevin Barry, was recently promoted to the post of Professor by NUIG.

ENDOSCOPY SUITE

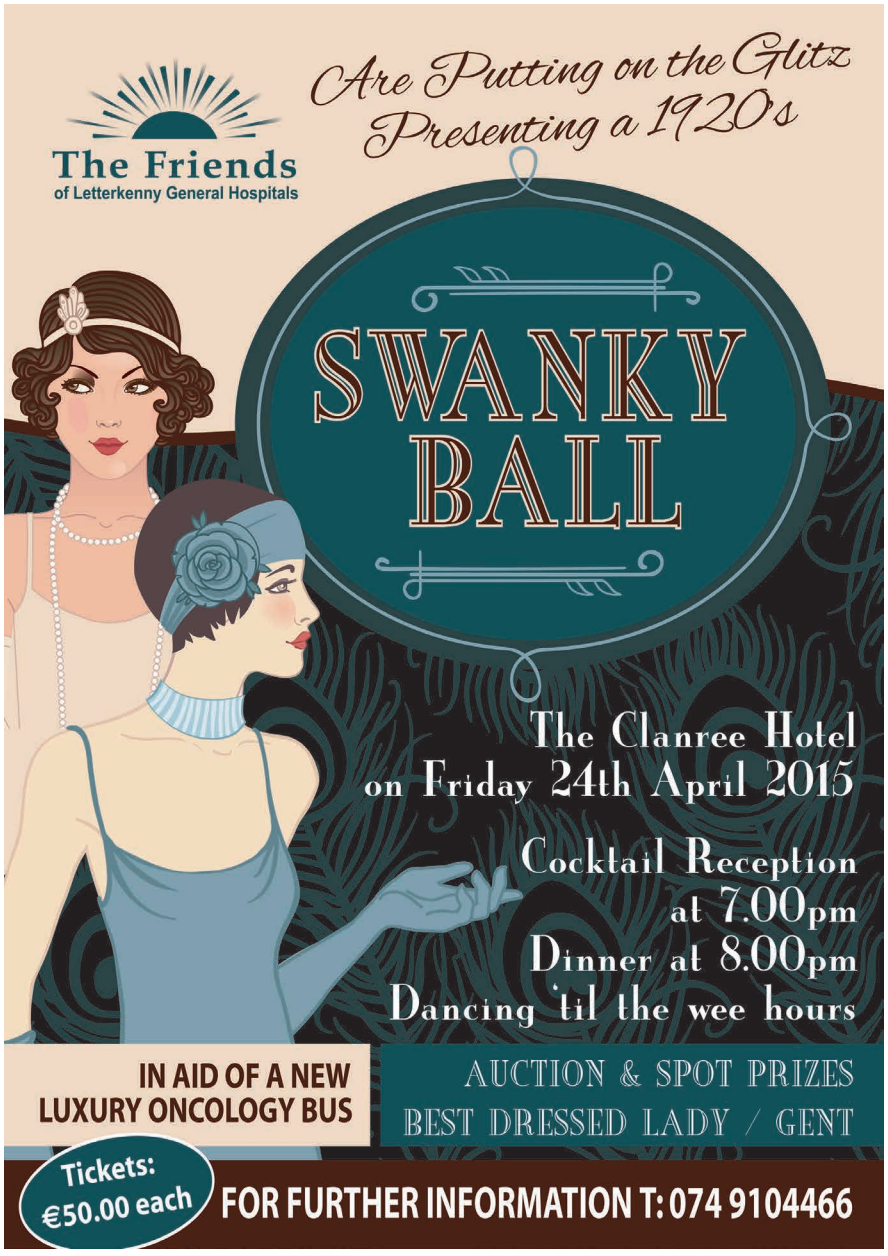
A €1.7m development is planned to extend the Endoscopy Unit at Mayo General Hospital. The project has been approved by the HSEs Capital Committee (waiting funding), the project is at tender stage and design team is in place.

The Endoscopy Unit at Mayo General Hospital provides a comprehensive Diagnostic Endoscopy Service to over 3,200 patients per annum and demand is increasing year on year. This proposal will improve people's experience of our services and their outcomes, through developing, changing and integrating our services in line with best practice. It will enable Mayo General Hospital to achieve JAG accreditation and will support Mayo General Hospital plans in becoming a screening centre as part of the National Colorectal Cancer Screening Programme.

Saolta University Health Care Group launched its annual Cancer Centre Annual Report on 19th December in GUH.

This report documents the annual cancer service workload from the Saolta University Health Care Group. While some of the cancer surgery and radiotherapy is provided via the Cancer Centre at Galway University Hospitals the report outlines the regional cancer care provided via the multiple hospital sites across the Group. NUI Galway, the Group academic partner, is forging educational and research links with the clinical community.

Available on www.saolta.ie



Saolta University Health Care Group
Saolta House, University Hospital Galway
Newcastle Road, Galway, Ireland

saolta.ie