



Opening of Oncology/Haematology Ward at Sligo Regional Hospital

Ms. Nora Casey officially opens the Oncology/Haematology Ward at SRH by releasing balloons along with members of the public and staff of SRH.

The Oncology/Haematology Ward was officially opened on 29 November 2013 by Norah Casey and fundraising by patients and families was acknowledged.

The ward provides a Family Room and Quiet space for relatives of patients. In recognition of the event and for those who fundraised for SHOUT (Sligo Hospital Oncology Unit Trust).

To mark the occasion 100 balloons were released outside the hospital. For more on our feature hospital, Sligo Regional Hospital – go to page 14.



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

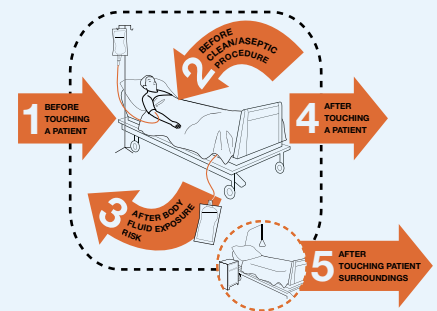
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NEXT ISSUE

The next issue will feature Mayo General Hospital and "Hand Hygiene". The content deadline is 19 May.

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



Chief Executive Officer Update

Welcome to the April edition of the West/North West Hospitals Group Newsletter

Firstly can I take this opportunity to thank all of those who contributed to this edition, especially those involved in its production? The first edition of the "New Look Newsletter" was very well received and I hope the newsletter continues to be a valuable source of information to all of our readers. As always, we welcome your feedback on how we can further improve the newsletter in terms of content, style and format.

If you have any comments or suggestions, please email wnwhg.newsletter@hse.ie and mark it for Mr Tony Canavan's attention.

MATERNITY SERVICES

Since our last edition you are all aware that there has been much coverage locally and nationally regarding **Maternity Services**.

The Chief Medical Officer Preliminary Report into the Portlaoise Hospital Maternity Services (PHMS) focusing on perinatal deaths (2006-date) and related matters was published.

The report will have considerable implications for all hospitals and further vindicates our decision to undertake our own Maternity Services Review and approach regarding models of care.

It reinforces the need for sound governance and managed networks and also different models of care. It also highlights significant issues regarding safety, sustainability and staffing levels of maternity units. We will now progress on with our own review as a priority - particularly the governance issues and the public engagement.

As we are in the run-up to local and European Parliament elections in May, there will be lots of speculation in the media in relation to the provision of maternity services in the West/North West and I would like to advise you all that it is just that – speculation. I will ensure that you will be consulted and kept informed of the facts of what is planned and the processes that are underway.

LETTERKENNY REBUILD PROGRAMME

The Group welcomed the **Minister for Health, Dr James Reilly TD**, to Letterkenny Hospital to open the Emergency Department/Acute Medical Assessment Unit and MRI Unit lost in the flood on July 26 2013. This was a very successful visit and a great day for Letterkenny Public, Patients and Staff alike. I would like to extend my thanks to all staff involved in organising this event.

Other rebuild projects that have already been approved include the Laboratory (for completion late 2014); the Kitchen/Dining Room (for completion in December 2014) and Coronary Care Unit (for completion September 2015)

Approval has also been received for a multi-purpose Radiology Interventional Suite for completion April 2016. This will allow Letterkenny Hospital to carry out a variety of diagnostic and treatment procedures within its own facilities, greatly improving the services for many patients who would have had to travel to Dublin previously for their treatments.

SERVICE PLAN 2104

The West/North West Hospitals Group Service Plan 2014 was published following approval by the Board on Thursday 13 March 2014. The service plan sets out the type and volume of services to be delivered by the Group in 2014 and detailed information is contained within the body of the report.

This is a key document as part of our communication strategy with internal and external stakeholders and I would encourage everyone to read it. The WNW HG Service Plan can be viewed at this link: www.wnwhg.ie/content/wnwhg-service-plan-2014

Delivering the Service Plan will be a major challenge for the Group this year and will require increased focus and again your help and support is needed.

2014 KEY PRIORITIES

We have set out our priorities for 2014 and these were approved by the Board on Tuesday 18 February 2014. Our priorities set out our high level ambitions for this year and you will be kept up to date on progress.

No	Priority	Lead Officer	Timescale
1.	Group Configuration / Integration	Bill Maher/Pat Nash	Q4- 2015
2.	Develop Group Strategy / Application to Trust Status	Bill Maher	Q4 -2014



Bill Maher, CEO

No	Priority	Lead Officer	Timescale
3.	Develop Primary Care Centre in Mayo and Galway	Bill Maher / Colette Cowan / Ann Cosgrove	Q4 -2015
4.	Develop Centre for Learning and Innovation	Bill Maher / Colette Cowan / Anthony O Regan	Q1- 2015
5.	Deliver Letterkenny Rebuild Programme	Bill Maher / Sean Murphy	Q4 – 2014
6.	Implement Maternity Services Review	Bill Maher / Geraldine Gaffney	Q4 – 2014
7.	Meet HIQA Standards	Pat Nash	Ongoing
8.	Implement North West Cardiology Recommendations	Bill Maher / Donal Reddan	Q3 -2014
9.	Implement Money Follows The Patient	Maurice Power	Q4-2015
10.	Meet National Targets for Trolley Waits	Pat Nash	Ongoing
11.	Meet Waiting list Targets : 12 month Outpatient ; 8 month Adult Inpatient , 20 Weeks Paediatrics Inpatient , 13 weeks scopes	Tony Canavan/ Colette Cowan	Ongoing
12.	Develop Branding Strategy & Website	Tony Canavan	Q4- 2014
13.	Identify opportunities for Cross Border Collaboration	Bill Maher	Ongoing
14.	Achieve Financial Breakeven	Maurice Power	Q4 -2014
15.	Deliver Haddington Road Agreement Recommendations	John Shaughnessy	Q4- 2014
16.	Develop CEO Awards Scheme for patient quality and innovation	Bill Maher/Noel Daly	Q3 -2014
17.	Further develop International Partnerships	Noel Daly/Bill Maher	Q4 -2014
18.	Develop Group Foundation	Noel Daly/John Killeen	Q4 -2014
19.	Develop Orthopaedic Network / Urology Network	Pat Nash/ Paul Naughton	Q4 -2014
20.	Develop and Launch HR Strategy	John Shaughnessy	Q2 - 2014

OTHER SIGNIFICANT EVENTS ACROSS THE GROUP

Corporate and Clinical Governance

The four new recently appointed Clinical Directors and Interim Chief Academic Officer for the Group were announced and we will be shortly announcing the associated Clinical Directors for the Group. Ms. Geraldine



From left to right: Dr Donal Reddan, Group Clinical Director for the Medical Directorate; Dr Colm O'Donnell, Group Clinical Director for the Diagnostic Directorate; Dr Geraldine Gaffney, Group Clinical Director for the Women's and Children's Directorate; Dr Paul Naughton, Group Clinical Director for the Peri-operative Directorate; and Dr Anthony O'Regan, interim Chief Academic Officer.

Gaffney, Group Clinical Director for Women and Children; Dr Colm O'Donnell, Group Clinical Director for Diagnostics; Dr Paul Naughton Group Clinical Director for Perioperative; Dr Donal Reddan, Group Clinical Director for Medicine and Dr Anthony O' Regan, Interim Chief Academic Officer.

A successful second workshop took place with the Executive Council and Directors of Nursing to review our Governance arrangements and further integrate the Group and a third workshop is scheduled to take place on the 09 April 2014 and you will be kept up to date on developments in future editions.

IRISH HEALTH CARE AWARDS

Lastly, I would like to congratulate the following projects which were short-listed for the Health Care Awards 2014 which took place earlier this month and include

- **Building Project of the Year** – Letterkenny General Hospital
- **Research Team of the Year** – Neurology Department, Galway University Hospitals –
- **Department Initiatives of the Year**
 - Transforming and Restructuring the Diabetes Centre in Galway using lean principles
 - Introduction of self administration of patients own drugs in hospital - Merlin Park University Hospital.

The scope of participation is enormous and to make it to the shortlist was a great achievement. Well done to all those involved!!!

Kind Regards,
Bill Maher, CEO

Group Head of Corporate Development

It has been a busy few months for the Board who have already met twice in 2014.

The first Board meeting of 2014 was held on 18 February at Croi House, Galway. The Meeting followed a similar format to last year. The Board received the Group's Accountability reports and was delivered through updates from Mr Bill Maher, CEO; Ms Colette Cowan Group Director of Nursing and Midwifery and Mr Maurice Power, Chief Financial Officer.

There were also two presentations; the first from Mr Bill Maher and Ms Deirdre Foley Woods on the first phase of the Maternity Service Review and the second presentation from Mr Neil Johnson and Ms Jenni Jones Director of Programmes Croi on the relationship between UHG and Croi and the programmes they provide. A patient also joined the meeting and presented her story, a first for the Board. This will become a regular feature and is a key part of our patient engagement strategy.

The Board Patient Safety Committee also reported back to the Board which is chaired by Dr Brendan Day, Non Executive Director (NED) and vice chaired by Ms Phyllis MacNamara, (NED). Other members of this Committee include Ms Sharon Moohan, (NED), Dr Pat Nash, Chief Clinical Director, Ms Colette Cowan Group Director of Nursing and Midwifery, Mr John McElhinney, Quality Safety & Risk Manager. This committee is supported by the Group Quality and Patient Safety Committee chaired by Dr Pat Nash.

The Board meeting closed with the launch by Ms Phyllis MacNamara of the West/North West Hospitals Group Website www.wnwhg.ie which now contains the agenda and minutes of our Board Meetings. Please feel free to access these important papers on the website and they will give you a flavour of the work of the Board.

The second Board Meeting was held on the 13 March at Portiuncula Hospital. The Board received the Group's accountability reports and was delivered through updates from Mr Bill Maher, CEO; Ms Colette Cowan Group Director of Nursing and Midwifery on behalf of Dr Pat Nash; Mr Maurice Power, Chief Financial Officer and Mr Tony Canavan Chief Operating Officer. As part of the Patient Engagement Strategy a patient also joined the meeting to present her story.

There were two presentations; the first from Dr Brendan Day, Non Executive Director of the Board and a GP living in Turloughmore, Co Galway and the Principal in a General Practice which serves a large, mixed rural/urban population from purpose built premises in Lackagh and Claregalway.



Board of the West / North West Hospitals Group – 18 February 2014

Back row: Dr John Killeen, NED; Dr Jim Browne, NED; Zubair Javeed, NED; Gerry McManus, NED; Dr Pat Nash, Group Clinical Director; Colam O'Neill, NED; Maurice Power, Group CFO.

Front row: Fiona McHugh, Group Head of Corporate Development; Sharon Moohan, NED; Bill Maher, Group CEO; Noel Daly, Group Chairman; Colette Cowan, Group Chief Director of Nursing and Midwifery; Phyllis MacNamara, NED; Dr Brendan Day, NED.

This presentation focused on the GP referral process and opportunities for improvement.

The second presentation was delivered by Mr Tom Daly, Director General, CAWT (Cooperation And Working Together) and Ms. Bernie McCrory, Chief Officer, CAWT on Cross Boarder Initiatives. Both of these are very significant for the Group and you will be hearing more about these in the future.

The Audit Committee also reported back to the Board. The primary function of this committee is to advise the Board in managing key financial and operational risks. This committee is chaired by Dr John Killeen (NED) and other members of this Committee include Mr Gerry McManus, (NED) and Mr Paddy Doherty, External Member. The Audit Committee is supported in its work by the Group's internal audit function.



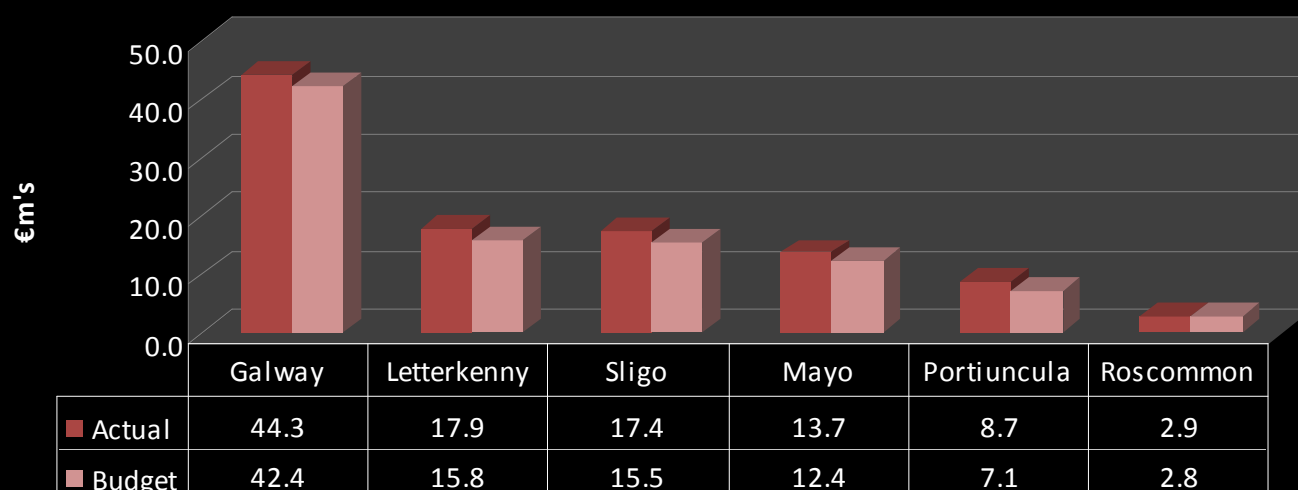
Fiona McHugh, Group Head of Corporate Development

The Board also approved the Group Service Plan 2014 and this will be launched shortly, supported by a number of road shows.

Kind Regards,
Fiona McHugh,
Group Head of Corporate Development

Chief Financial Officer

Actual v Budget at end February 2014



FINANCIAL PERFORMANCE – AT END FEBRUARY

The graph above shows the Group's expenditure against our budget for the first two months of 2014. At the end of February expenditure was €104.9m, an overspend on budget of €8.9m and an increase on 2013 figure of €2.8m.

The Group pay figures have increased by €0.7m on the same period last year the main reason for this is related to the increase in medical agency costs.

Non-pay costs have increased by €1.9m on last year. The non-pay cost pressures are largely patient related and include drugs and medicine, medical and surgical and nursing home fees. Other factors outside our control which impact on our nonpay expenditure include price inflation, technology advances and demand led services.

The income legislation which was enacted with effect from 01 January 2014 will allow us to bill our private patients who occupy a public bed, and are admitted through ED in all hospitals. This will allow GUH to increase generation of income but will be negated by reductions in the other hospitals within the Group.

COST CONTAINMENT PLANS

The Group received funding of €596m for 2014. This reflects a reduction of €13m or 2.5% on last year. Based on this reduction and the performance in the first two months the Group will be facing a serious financial challenge for 2014. We are currently finalising plans to help reduce the deficit challenge and will communicate our performance with you in future updates.

MFTP IMPLEMENTATION 2014

2014 sees the roll out of MFTP method of funding. For 2014 hospitals will continue to receive their block funding allocation, but a proportion of the budget is ring fenced for MFTP. In 2014 the MFTP component of each hospitals budget will be based on the value of agreed activity levels for both In-patient and Day cases procedures. Each Hospital was advised of its 2014 commissioning target in January 2014. These targets were based on either calendar year 2012 activity or activity for the period July 2012 to June 2013.

For 2014 hospitals that exceed their commissioning targets will not receive any extra funding, but hospitals that do not achieve target will receive a further budgetary reduction.

The initial meeting of the MFTP steering group took place on the 05 March. Terms of reference were adopted and the constitution of the group was agreed. The next meeting will take place in April.

CLAIMSURE

Agreement has been reached with the National team to progress with implementation of Claimsure in LGH, RCH and MGH in the second half of the year.



Maurice Power,
Chief Financial Officer

Chief Director of Nursing and Midwifery

For this issue of the Newsletter I've asked Margaret Casey, Director of Nursing and Midwifery at Portiuncula Hospital Ballinasloe to write about her experience working at Portiuncula. Margaret will outline some interesting patient-focused projects underway at the hospital. The March Board meeting was held in Portiuncula and I would like to acknowledge the warm welcome we receive there from the management team and also the excellent hospitality from the catering staff.

"Patient Focus"

FIRST IMPRESSIONS ALWAYS LAST IN ONE'S MIND.

Recently I have been thinking back to why I entered the nursing profession and the question "How may I serve our public and patients?".

Compassion, empathy, understanding, respect and a listening ear are the fundamental values that have come naturally to me over the past 26 years.

I too was overworked, under pressure and challenged at so many levels in my career and every nurse or midwife could relay the same story. Our only focus is the patient. Sometimes it is important to reconnect and become aware of our presence, reaction and interaction with our patients. They rely on us to guide them through what can be a life changing event for them and their families. We all have been on this journey on a personal level also.

Nurses and midwives get it right 99% of the time which is evidenced in the accolades and compliments we receive.

What of the other 1% of patients who are distressed and upset by their experience? Many of their complaints/ observations are "lack of compassion, empathy, understanding, respect and a listening ear". We need to take stock and acknowledge that yes we are under pressure, challenged with staffing and access for our patients, however, a nurse or midwife who embodies such a wonderful profession should never lose sight of the fundamentals of care and compassion.

Recent media reports and a subsequent letter from the Director General encourages us to take stock of our actions. The patient will always remember their first impression which can define all further interactions with us.

The West/North West Hospitals Group is committed to ensuring every member of staff remains focused on our guiding values of Respect, Compassion, Kindness and Quality. Every member of staff plays an important team and communication role in the Group.

We recently advertised for volunteers to form a Patient Council for the WNW HG. We received over 100



applications which is indicative of the public interest in being involved with developing our services. Each hospital site will be developing further "Patient Forums" to drive

local services and feed into the overarching Council. Our Patient Council will report quarterly to our Board and Executive Council.

We have also started establishing Patient Advice and Liaison (PAL) Officers to address the communication needs of our public and patients. We plan to test this model at GUH and then extend to the rest of the hospitals in the Group.

We are now bringing patient stories to the Board each month. Each site we visit has arranged a positive experience story and the Board have heard three patient stories to date. As Chief Director of Nursing and Midwifery, I also articulate the negative stories to ensure the organisation remains transparent and accountable.

Next month we will discuss:

- Healthy Ireland Implementation Plan;
- Centre for Learning and Innovation update; and
- Executive Walkabouts.

Colette Cowan,
Chief Director
of Nursing and
Midwifery



Colette Cowan,
Chief Director of Nursing
and Midwifery

Profile of Margaret Casey, Director of Nursing & Midwifery, Portiuncula Hospital Ballinasloe

I was appointed to the Director of Nursing and Midwifery post in Portiuncula Hospital, Ballinasloe, in June 2013. Prior to my appointment I was Acting Director of Nursing in Roscommon Hospital.

I am always looking for new ways of working that builds on the work currently being undertaken and supports the hospital group objectives and national standards.

I work with staff to develop and enhance nursing services. The ED ANP was appointed in November 2013. Nurse Prescribing and Ionising Radiation Prescribing is progressing. Other initiatives include the establishment of two professional nursing communication forums to standardise nursing practice and developments throughout the hospital. The Productive Ward: Releasing time to care programme has commenced on 2 wards. Staff have been trained as 'Train the Trainers' to ensure the programme will be rolled out to all wards. TPOT is well established and the staff won an award for their poster at the national conference early in 2013.

I am the Director of Nursing and Midwifery lead for the Clinical Nurse Specialists for the Group. The enthusiasm of this Group inspires me – their commitment, drive, innovation and willingness to share their knowledge and develop new ways of working is exemplary.

I work closely with the Group Director of Nursing and Midwifery, the NMPDU, CNME and other Directors of Nursing in the Group to deliver on the Group Nursing and Midwifery Strategy. Currently I am undertaking The Future Nurse Leaders course with The RCSI and ONMSD and also The Diploma in Quality and Leadership with the RCPI



Margaret Casey, Director
of Nursing & Midwifery,
Portiuncula Hospital Ballinasloe

There are many demands within the health service environment and nurses and midwives need to take the initiative to be involved and lead out on change. Change can be difficult but from experience I feel it is time to stop worrying about it – with change comes the knowledge that change is manageable.

Everyone is working hard. I want to thank the staff in PHB for their welcome and continued support in both developing services and ensuring our patients receive the best care, at the right time, in the appropriate setting.

I have a passion for nursing and could not contemplate a different career.

Group Director of Human Resources

HAND HYGIENE

Each hospital has been asked to ensure that 100% of staff (regardless of grade or the fact that you may not work directly with patients) are trained in Hand Hygiene by the end of April. Work is underway and RCH has actually met the target already. Sligo and Portlincera have achieved 81% compliance with Letterkenny at 78%. Unfortunately both Castlebar and Galway have a considerable amount of catching up to do and I ask all staff who have not been trained in Hand Hygiene techniques since June 2012 to immediately request a place on the short training course. This is a vital part of the Group's Patient Safety strategy and your commitment to it is a measure of how paramount patient care is to us all.

HADDINGTON ROAD AGREEMENT (HRA) UPDATE

Work has been completed on the Regularisation of Paid Acting-Up and Responsibility Allowance arrangements and documentation has been forwarded to Area HR for the next stage of the process. The Unpaid Acting applications are close to verification and sign off.

Work has progressed in respect of the operation of Sections 2.24 and 2.25 of the HRA relating to employees on final point of their scale. It provides for a reduction of annual leave over the period of the HRA or a cash deduction from salary. This is a large scale task involving an estimated 1,700 staff.

All hospitals in the Group have also completed the Senior Staff Nurse process for 2013.

The Assurance Process which assesses the impact of all aspects of the Haddington Road Agreement has commenced with a very comprehensive and detailed data collection exercise. This is an enormous body of work that the Department of Public Expenditure and Reform require to confirm the cost savings and productivity improvements arising from all aspects of the agreement across all grades.

PREVENTION AND MANAGEMENT OF STRESS IN THE WORKPLACE

This policy guides employees in relation to preventing stress, promoting their own well-being, and dealing with work-related stress. In relation to the latter, staff are encouraged to inform their line manager at the earliest opportunity if they are feeling stressed and to jointly identify the sources of stress at work. Steps to ameliorate the problem can be taken in work through a referral to the Occupational Health Department or the Employee Support Service, though employees can self-refer if they wish. Managers and staff can contact Lucy Dowling on an individual or group basis to address stress management issues and Lucy can assist you in preventing stress, becoming aware of stressors, finding solutions

and generally supporting you if you feel the need. Please feel free to call her at 091 77 59 65 or 77 59 66.

ATTENDANCE AND ABSENTEEISM

The reduction of absenteeism continues to be a key priority across the Group. Since we began recording as a seven site entity in October, the monthly rate of absence has been varied – 5.11% in October, 4.39% in November, 4.37% in December and 4.96% in January. These are a long way off the 3.50% target we are expected to meet and we lag all of the major hospitals across the country with the exception of only one. In times of significant resource shortages, it is even more important that we attend work and reduce the pressure that absence puts on our colleagues.

There have been some hopeful signs over the past few months as Portlincera, Roscommon, Letterkenny and Mayo moved into the sub 4.00% range on 8 occasions between them since October, with the high-light being 2.55% in MGH in February. Congratulations to all concerned in these sites and, though there is still a lot of work to do if we are to move to the target figure of 3.50%, I take heart from these encouraging signs and ask that all staff put in a special effort over the coming months to bring the Group to the fore for high staff attendance levels.

'HAVE YOUR SAY' – THE EMPLOYEE ENGAGEMENT SURVEY

The Steering Committee to oversee the Group's approach to implementing improvements arising from the EES will meet on 04 April to begin the 'enablement' part of Employee Engagement Survey. There are representatives from Support Staff, Nursing, Management, Medicine, HSCPs and the unions invited to sit on the Steering Group. Each site will, following the initial meeting of the Group's Steering Committee, establish a Local Steering Committee to oversee the changes. We will be interested to hear from staff on each site who may wish to be involved in the Local Steering Committees so please feel free to contact myself or your General Manager to let us know of your interest.



John Shaughnessy,
Group Director of Human
Resources

Medicine Directorate

Dr. Donal Reddan, Group Clinical Director, Medical Directorate

I am delighted to announce the appointment of the Associate Clinical Directors to the Medical Directorate as follows:-

- Dr Ramona McLoughlin, Consultant Gastroenterologist, Galway University Hospitals.
- Dr Finola Lavin, Consultant Physician, Mayo General Hospital .
- Dr Katherine Finan, Consultant Respiratory Physician, Sligo General Hospital.
- Dr Ken Mulpeter, Consultant Geriatrician, Letterkenny General Hospital.

Interviews for the post of Associate Clinical Director in Roscommon/Portlinculla are scheduled for April, 2014.

The role of the Associate Clinical Directors will be to provide operational leadership and clinical management for the relevant directorate on their respective site.

SPECIALTY LEADS

The post of Specialty Leads for the Directorate across the Group are due to be advertised in the next 2 weeks.

The role of Specialty Lead will be to provide clinical leadership for their specialty across the West/North West Hospitals Group.

PRIORITIES FOR 2014

The Directorate have agreed the following as the main priorities for 2014.

1. Implement and develop new group wide directorate structure.
2. Appoint Associate Clinical Directors
3. Establish new Acute Medical on call process to incorporate an Acute Physician model consistent with AMP recommendations for Level 4 hospitals
4. Develop group wide specialties and specialty leads
5. Continue to develop a Performance based culture across Group to include patient quality outcomes
6. Continue to develop the bed flow process and improve Clinician engagement with the process.
7. Implement the DXA Service in Hospital 1 under the governance of Rheumatology Service.
8. Develop ECHO clinics at GUH for a number of specialties.
9. Continue to develop an appropriate Quality and Safety culture and develop a standard follow through process for acute incidents.
10. Continue to work with Finance on Cost Containment challenges and to plan for managing directorate budget.
11. Review and implement the Northwest cardiology review
12. Review and improve the throughput, efficiency and clinical effectiveness of the haematology/oncology dayward
13. Develop a unified Endoscopy Service that has sufficient capacity to meet service need.
14. Develop GUH as a centre of excellence for Haematology clinical trials and bone marrow transplantation
15. To continue with the planned expansion in Radiotherapy

ACUTE MEDICINE PROGRAMME

Significant progress has been made with regard to patient flow through the Acute Medicine Unit with the combined efforts of the Patient Flow Team, Bed Management, Nursing Management and the AMU Staff. The AMU 8 at 8 policy i.e. eight free cubicles at 8 am has facilitated the flow of medical patients from the ED after triage to the AMU and this has helped reduce the patient experience time. 8 beds have been ring-fenced in the SSU – Short Stay Unit under the governance of the AMU physicians. Patients in these beds are either discharged within 48 hours or transferred on to the appropriate speciality and moved to the appropriate ward. This development is already paying significant dividends by improving AMU efficiency and flow.

The morning hand-over meeting at 8 am ensures the safe handover of all patients who have been admitted through the ED department in the preceding 24 hours or any inpatient whose condition has deteriorated overnight. This meeting also facilitates the early handover of consults.

The weekend discharge meeting on Friday at 3 pm identifies potential discharges over the weekend to both Medical and Nursing Staff on call over the weekend. It is hoped this will facilitate the SDU target of 20% weekend discharge rate.

NCHD LEAD

GUH has been selected as a pilot site for a Lead NCHD project and Dr Ruth Casey SpR Medicine has been appointed as Lead NCHD for Medicine and Diagnostics Directorates. Ruth will represent NCHDS at the Physicians Group Meeting and the Medical Directorate monthly Business Meeting.

NEW CONSULTANTS APPOINTMENTS GUH

I would like to welcome Dr Darren Mylotte, who has been appointed as Consultant Cardiologist to Galway University Hospitals.

RENAL NURSES STUDY DAY

The first Renal Nursing Study day was held on 01 February, 2014. Nurses from GUH Renal Services (Nephrology ward, Acute / Chronic Haemodialysis and Home Therapies), identified a need to enhance nursing knowledge by providing evidence based education from both national and international sources.

A date for the second renal study day is now scheduled for 26 April 2014. It is planned to have this as an annual event and nurses from across the group will be invited to attend and participate. Well done to all involved in organising this worthwhile event.

ANNA MAY DRISCOLL AWARD

The Medical Directorate would like to congratulate Paddy Brown, CNS Neurology who was awarded a Learning Bursary from the Anna May Driscoll Foundation in January, 2014.



Dr. Donal Reddan,
Group Clinical Director,
Medical Directorate

Diagnostic Directorate



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

SLIGO REGIONAL HOSPITAL: MRI RE-ACCREDITATION AWARD

The MRI service operating as a Public Private Partnership between Euromedic Sligo and Sligo Regional Hospital retained its CHKS certification following a recent survey visit in December 2013. The award is recognition for all the hard work carried out by the clinical and administrative staff involved in the running of MRI unit. This is the team's second successful accreditation bid and the certification will run through 31 Dec 2016. The award places the MRI service in Sligo Regional Hospital at the forefront of diagnostic providers in Ireland.

CHKS are a governing body operating worldwide, they assessed the MRI service against an internationally recognised set of standards and criteria; from the rights and needs of the patient through to the diagnostic investigation and health and safety. Based on the evidence gathered, the findings of the CHKS team demonstrate that all the standards were met at the time of survey.

The Survey team concluded that Euromedic Sligo and Sligo Regional Hospital should be commended for their responsiveness to patient feedback and the introduction of the "feet first scanning" initiative (to minimise claustrophobic reactions by anxious patients), a radical change to how patients are managed when having an MRI scan.

MICROBIOLOGY DEPARTMENT OF SLIGO REGIONAL HOSPITAL

The Microbiology Department of Sligo Regional Hospital was awarded accreditation by INAB to ISO 15189 for medical laboratory testing in February 2014. The accreditation journey has improved processes not only in Microbiology / serology but also throughout the laboratory. Full credit to the team on this excellent achievement.



New SPECT Scanner at Sligo Regional Hospital. Far Right : Brendan Morrissey Radiologist, Radiographers Ruth Connolly, Nicola Swift and Radiologist Steve Davitt.

LABORATORY SLIGO GENERAL HOSPITAL

The Public Health Laboratory (PHL) is a branch of the Microbiology Department at Sligo Regional Hospital The PHL provides a regional Food, Water and Environmental Monitoring analysis service for the HSE area. Recently, they expanded the service to include Microbiological Environmental Monitoring of some Hospital Departments.

The PHL was first awarded Accreditation, by the Irish National Accreditation Board (INAB) in 1998. Having successfully maintained it since, they are currently operating to ISO 17025. They have gradually expanded the

range of tests on their Scope of Accreditation. Their Staff compliment consists of 9 scientific staff, one assistant staff officer and a laboratory assistant. It is the dedication and skill of the staff that has helped their laboratory develop to its high standards today.

NEW SPECT SCANNER IN SLIGO HOSPITAL

The Diagnostic Directorate at Letterkenny Hospital would like to express their thanks to Sligo Regional Hospital and all the Hospitals in the Group for their assistance with flood relief.



Back Row: Sinead Boyle, Vera Nicholson, Caroline Mahon, Pauline Rooney, Gillian McGowan
 Middle Row: Efosa Enabulele, Wendy McGinty, Hazel McMahan, Martin Lawrence
 Front Row: Mary Reynolds, Fiona Henry



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

GALWAY – KEY CENTRE FOR ACUTE DEEP VENOUS THROMBOSIS WORK

Dr Gerry O'Sullivan and Dr Ian Davidson along with Dr Anthony Ryan performed venous endovascular reconstruction procedures on 5 patients at Galway University Hospitals which were broadcast live to a conference in Leipzig Germany on 28 and 29 January 2014. Dr O'Sullivan, Consultant Interventional Radiologist in GUH said "this is a major recognition of the work being carried out in Galway.

Galway is one of the key centres in Europe for acute deep venous thrombosis work. Many physicians from all over Europe travel to Galway every year to train with us in these techniques". Dr O'Sullivan said "Our Department is focused on providing the latest treatment techniques to achieve the best possible outcomes for our patients. We have strong research links with both academia and industry and are currently involved in a number of medical trials involving venous disease"



Left to right - Dr. Clare Roche, Clinical Lead Radiology GUH, Dr. Margaret Murray, Associate Clinical Director Diagnostics, GUH

NEW APPOINTMENTS:

The Directorate is pleased to announce the appointment of Dr Margaret Murray, Associate Clinical Director, GUH, Dr Declan Sheppard, Associate Clinical Director, PHB/RCH and Dr Ronan Ryan, Associate Clinical Director, Mayo Hospital.



Dr Colm O'Donnell,
Clinical Director

SLIGO REGIONAL HOSPITAL

Featured News

- Opening of Oncology/Haematology Ward at Sligo Regional Hospital
- SRH Key Priorities 2014
- "OK to Ask" campaign & Hand Hygiene Training
- Operation Transformation at SRH
- HIQA National Standards for Safer Better Healthcare
- Intermediate care in Our Lady's Hospital Manorhamilton
- Launch of North West Neurological Institute
- Friends of Sligo Regional Hospital
- SRH working with National Special Delivery Unit
- Stoma Care Award
- SRH Awarded Top Prize at Lean Awards
- The Productive Operating Theatre (TPOT)
- Open Disclosure
- SRH Volunteer Service
- SRH Patient Forum
- Clinical Audit Support Team
- Endoscopy Patient Satisfaction Survey
- 7th Radiologist Approval

Sligo Regional Hospital – Key Priorities for 2014:



“Ok to Ask” Campaign Launched

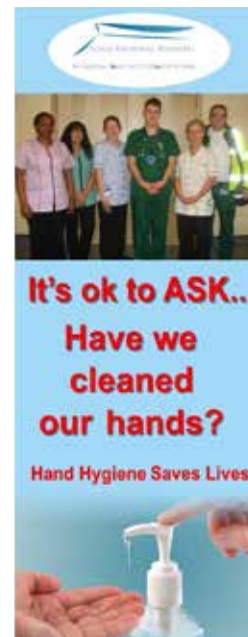
The hospital launched its “OK to Ask” campaign designed to assure patients that it is ok to ask if clinicians and staff have cleaned their hands. Pop up posters and smaller laminated posters are displayed at entrances to the hospital and in-patient areas on wards.

HAND HYGIENE TRAINING CARD 2014

The hospital in line with its own policy in terms of all staff receiving mandatory hand hygiene training on a yearly basis and recent WNWHG requirements to have 100% compliance by April have introduced a card for insertion inside the Staff ID Badge to highlight attendance at such training. The cards are issued by Infection Prevention and Control staff on completion of the training. Staff are also encouraged to utilise the E



Learning HSE Land Hand Hygiene module and produce their certificate from same in order to have their training record updated.



Sligo Regional Hospital is biggest loser!

OPERATION TRANSFORMATION GOES TO WORK ON STAFF AT SLIGO REGIONAL HOSPITAL

More than 50 staff took part in a fully supported 'Operation Transformation' programme over an 8 week period in Sligo Regional Hospital. The programme was established in order to run alongside the television series and was fully supported by experts from both within and outside the hospital, lead by staff from smoking cessation/health promotion and dietetics department. In all, 26 staff members completed the entire 8 week programme, resulting in a total weight loss of 12 stone and 9 pounds.

This is the first time such a programme has been offered to staff by the hospital and the positive feedback, improved staff morale and overall sense of well-being engendered by the programme may see it become a regular occurrence at the hospital. Each participant received an individual assessment by dieticians at the outset of the programme, which included weight, waist measurement, and BMI recording. Individual record cards were distributed and anticipated weight loss and actual weight loss per week were recorded. Each week participants were encouraged to partake in weekly sessions on site which included Zumba dance classes, circuit training and external speakers including beauticians; style coaching etc who shared their advice and tips. The hospital canteen staff created a healthy options menu to coincide with the programme, inspiring healthy meal choices for participants and the greater hospital staff.

The programme was supported by personal trainers, dieticians and a style coach, who all committed of their own personal time to conduct one-to-one consultations



with the participants. Such support from the community added to the overall sense of well-being and achievement experienced by the staff.

The prize for 'The Biggest Loser' was sponsored by local businesses including Life Hair and Beauty; Carraig Donn; Clarion Gym; Strollers and Bistro Bianconi. There were four prizes presented but the first prize was presented to Staff Nurse Mairead Grimes.

“This has had an enormously positive affect on our team” according to General Manager Grainne McCann “The overall sense of self awareness, well being and teamwork has been enhanced as a result of implementing such a supportive, inclusive programme. We are grateful to everyone who participated in the programme, along with those from the community who gave of their own personal time to encourage and support our team throughout the 8 week programme. We look forward to repeating the programme next year.”

Implementation of National Standards for Safer Better Healthcare

Work continues on the roll out and implementation of the National Standards for Safer Better Healthcare at Sligo Regional Hospital.

Following the completion of our self assessment against the standards, work is ongoing with the local implementation of the resultant Quality Improvement Plans.

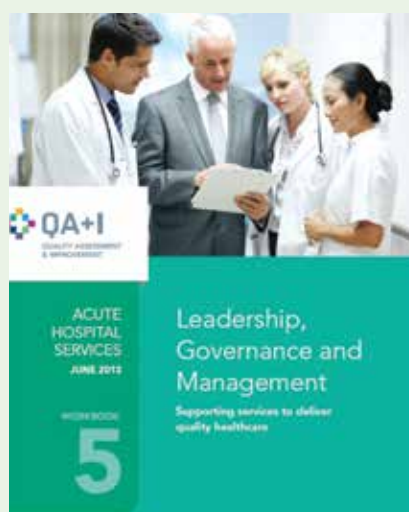
The National Standards for Safer Better Healthcare aim to give a shared voice to the expectations of the public, service users and service providers.

NATIONAL STANDARDS WORKSHOP

A National Standards Workshop was held at Sligo Regional Hospital on 06 March 2014. This included a presentation by Dr. Mary Browne, HSE National Standards Lead. The workshop was attended by Quality and Safety staff from all hospitals across the West North West Hospital Group.

It covered a variety of topics including completion of Quality Improvement Plans (QIP's) and the use of the QA and I Tool. It also gave an opportunity for hospitals to discuss implementation plans for the standards and give feedback on the process to date.

For further information please see: <http://www.hse.ie/eng/about/Who/qualityandpatientsafety/qpsfocuson/qpit.html>



Intermediate Care Initiative between Sligo Regional Hospital and Our Lady's Hospital Manorhamilton

A new service initiative was introduced in early December 2013 between Sligo Regional Hospital and Our Lady's Hospital Manorhamilton to expand the current role of Our Lady's Hospital Manorhamilton (OLHM). This would increase the number of intermediate/ step down care transfers of medically stable patients from Sligo Regional Hospital (SRH) and implement a hospital avoidance mechanism (by taking direct admissions from SRH Emergency Department and Acute Assessment Units.

Criteria has been developed and referral pathways were agreed and implemented. As a very positive development, since the implementation of the project, admissions have increased for intermediate care thus improving acute bed capacity within Sligo Regional Hospital.

Launch of North West Neurological Institute



Dr. Kevin Murphy, Consultant Neurologist, Sligo Regional Hospital

November 2013 saw the launch of the Northwest Neurological Institute (NWNi), a specialist Neurological Institute that will support patients, carers and clinicians across North West Ireland. When fully operational the NWNi will aim to provide general neurology and speciality clinics with specific interest in epilepsy, Parkinson's, MS and other movement disorders.

It is also hoped that the NWNi will provide nurse-led clinics, patient/family support clinics; educational programmes and that we will work closely with existing services in neurological care in the North West region. To support the development of Neurology in the North West roll out of the service, 2 candidate Advance Nurse Practitioners for Epilepsy were appointed to SRH in January 2014.

Friends of Sligo Regional Hospital

The Friends of Sligo Regional Hospital is a Registered Charity comprising of members of the public and supported by hospital staff with its key objective to raise the profile of services provided by SRH. It also provides medical equipment and facilities which would not otherwise be available from ordinary HSE funds.

Friends of SRH major fundraising drive for 2014 is for Cardiac Services and we are currently running a campaign 'Heart 2€ Heart' to raise €50,000 towards the campaign.



Sligo Regional Hospital selected to work with National Special Delivery Unit (SDU) on Demand and Capacity Modelling

Sligo Regional Hospital is delighted to have been selected to work with the Special Delivery Unit to enhance integrated planning and performance of hospital services.

This project aims to develop a planning framework to enable predictive modelling of capacity and demand, initially for use at a hospital level and potentially covering a local health economy (such as a Hospital Group). The work covers both the development of the management information and the supporting governance processes for the framework.

Once complete, this framework will assist us in planning our services throughout the year on a more structured basis, and it is planned that this model be made available for use across all acute hospitals.

SDU are being supported by PA Consulting, whose consultants have visited Sligo on a number of occasions to engage with staff and Speciality Management Teams. It is expected that this work will be completed over the coming weeks.

Clinical Audit on Medication Prescribers' Knowledge of the Impact of Ileostomy Formation on the Absorption of Medication

The Office of The Nursing and Midwifery Services Director, Health Service Executive presented its 2nd Nurse and Midwife Medicinal Product Prescribing Conference on 27 February 2014 in Dublin Castle. The event was opened by Mr Michael Shannon, Nursing and Midwifery Services Director and speakers included Minister Alex White, Minister of State for Primary Care, Dr. Siobhan O'Halloran, Chief Nursing Officer at The Department of Health and Mr Colm O'Gorman, Executive Director of Amnesty International, Ireland.

The purpose of the conference was to consolidate nurse/midwife prescribing as an integral part of healthcare in Ireland, to demonstrate the effectiveness and efficiency of nurse prescribing and note its contribution to healthcare in a time of great change. At present, there are 668 registered nurse prescribers and in excess of 450 candidate nurse prescribers.

Three documents were launched on the day including a toolkit for implementing nurse and midwife prescribing, a review of nurse midwife prescribing data collection system and a report on a clinical nurse/midwife specialist registered nurse prescriber survey.



Ms. Susan Moore, Clinical Nurse Specialist Stoma Care, SRH receiving her 1st prize award from Mr. Paul Shanahan, Microsoft Executive

A wide variety of posters on the theme of nurse prescribing were also available for viewing on the day. 1st prize in the poster competition of a Microsoft Surface Tablet went to Susan Moore, Clinical Nurse Specialist Stoma Care, Sligo Regional Hospital for her poster titled "Clinical Audit on Medication Prescribers' Knowledge of the Impact of Ileostomy Formation on the Absorption of Medication".

Sligo Regional Hospital Awarded Top Prize in UK Lean Healthcare Awards



International Winners for 'Room to Care' A Productive Ward Project:
L/R: Sean Manning, Senior Associate NHS Improving Quality,
Therese Gallagher, Asst. DoN, SRH, Mairead Hourihane, CNM II, SSGS, SRH,
Charlotte Hannon, Clinical Facilitator, SRH, Vera Conlon, RGN SSGS, SRH,
Lorna Kennedy, RGN SSGS, SRH, Noreen Casey, Clinical Facilitator, SRH

The Surgical Gynaecology Unit, Sligo Regional Hospital, was awarded first prize in the International category of the Lean Healthcare Awards UK, held in Leeds recently for their Productive Ward Project, 'Room to Care'. The unit was short-listed over several hundred applicants from hospitals internationally and was awarded first prize in a ceremony in the UK last month.

The submission outlined how staff on the unit had streamlined the admission process, created a warm, private environment for the patient and shortened the admission time, utilising information generated from the patient's attendance at the Pre-Admission Clinic. The results showed a time saving for the nurse of approximately 40 minutes per admission (560 hours in one year) and a very positive evaluation from a past patient who took part in the '15 step challenge' following the room's completion: "I was a past patient, and the admission room is a godsend... I can talk about very personal matters to the nurse or the doctor without 5 other patients listening through the curtains!" →

The Lean Healthcare Conference and Awards are an annual event run by the UK-based Lean Healthcare Academy in Leeds. It is a platform for sharing best practice and allows healthcare organisations to gain recognition for projects that deliver improvements in patient experience and in efficiencies. The 'Room to Care' project involved setting up a private space, separate from the general ward area, where patients are admitted by all members of the Multi-Disciplinary Team.

Following receipt of the award, the hospital has received a number of enquiries from UK-based hospitals wishing to replicate the 'Room to Care' project in their hospitals. Speaking after the awards ceremony, Grainne McCann,

General Manager of Sligo Regional Hospital said "This is great news for Sligo Regional Hospital and is an exceptional achievement by the Surgical Gynaecological team. The project was brought about by a desire to improve both the patient experience and hospital efficiencies and any initiative that delivers on both objectives is one to be proud of. We plan to implement the 'Room to Care' concept beyond the initial ward project here in Sligo Regional Hospital and look forward to sharing our learning with other hospitals throughout the West/North West Hospitals Group and beyond."

The Surgical Gynaecology team would like to acknowledge the support from the Nursing and Midwifery Practice Development Unit.

The Productive Operating Theatre (TPOT) at SRH

Projects for 2013/ Q1 2014 included:

- Applying the 5s principal to the Day Services Store Room
- Developed a New Patient Pathway for the Rapid Recovery Hip Patient, including Patient information booklet, Staff information booklet, Preloading Carbohydrate loading drink policy and Preloading analgesia guidelines. 8 patients were admitted under the pilot RR programme over three months with the AVLOS reduced from between 5 and 7 days to 3 days. The saving amounted to €19,000. The Rapid Recovery Programme commenced for all consultants in March 2014
- Roll out Theatre Admission Area to the first Adult pre assessed patients on all morning lists, in all specialties.
- Review the patient's pathway in the Pre Admission Clinic, Level 3



Mr Bill Gaine Orthopaedic Surgeon and Ms. Ann Judge CNM2, reviewing the patients booklet and staff information booklet for Rapid Recovery

Implementation of Open Disclosure at Sligo Regional Hospital

Open disclosure is a requirement of the National Standards for Safer Better Healthcare 2012 and it is also included in the provisions of the National Healthcare Charter 2012.

All health and social care staff have an obligation under the National Standards for Safer Better Healthcare 2012 to "fully and openly inform and support service users as soon as possible after an adverse event affecting them has occurred, or becomes known and continue to provide information and support as needed.

Following the recent launch of the National Open Disclosure policy and supporting documentation, SRH commenced local implementation in Q4 2013.

To date, 194 staff have attended Open Disclosure awareness sessions and workshops held at SRH.

There are additional awareness sessions and Workshops arranged during March - May 2014 for additional staff to attend. Open Disclosure is joint initiative between the HSE and State Claims Agency.

For further information, please contact local lead for Open Disclosure: Karen Reynolds, Quality & Safety Manager, Sligo Regional Hospital.

<http://www.hse.ie/opendisclosure>

A Day in the Life of a Volunteer at Sligo Regional Hospital

Sligo Regional Hospital is now in the fourth year of providing our "Volunteer Meet and Greet" Service at the hospital. There are currently 22 Volunteers who are part of this service providing help and assistance to visitors, patients and staff on a daily basis.

Mike Stevens is one of our Volunteers. He said "Being in hospital is particularly tough for all involved. It's not where people want to be. We're here to help as best we can and to offer whatever support is needed. We do so every day".

He is one of 22 giving their time freely to make the hospital experience better. Mike said: "Some people don't know where to go when they enter the building. It can be a little bit daunting and we are here to assist. I've been doing this for three-and-a-half years now. I got involved when I was approached as I attended a clinic in the hospital. I retired in 2007 and felt volunteering would be worthwhile. I certainly enjoy it and I get to meet lots of people." The volunteers are on hand five days a week in distinctive yellow polo shirts. Individuals operate two shifts, from 9am to 12 noon and on to 4pm. The volunteers have a special 'stand' on Level 3 as people make their way to the wards and services of the hospital.

Mike explained: "We also call to patients on wards to see if they might want anything from the shop, etc. We have a great team and it's nice to be able to do something helpful."

Mike says sensitivity is also required. He added: "Given the very nature of hospitals, it can be difficult for some people. You get to judge each situation and try to support people as best you can." Volunteers have a 'meet and greet' role. They also support various clinical areas and departments and some of our Volunteers also sit as lay members on hospital committees and groups.

An evaluation was recently carried out with all Volunteers to obtain their feedback on their overall satisfaction with the service and also to identify areas for improvement.

- 100% of Volunteers are enjoying volunteering at Sligo Regional Hospital. "People are very appreciative of what we do". "I love meeting and helping people, very rewarding!"

Sligo Regional Hospital Patient Forum

Our Patient Forum which was established in March 2010 to enable patients, staff and members of the public to have their say in the quality of services being provided locally is now well established and meets on a quarterly basis.

The role and purpose of the Patient Forum at Sligo Regional Hospital is to strengthen and provide enhanced opportunities to facilitate a collaborative approach to the planning, development and evaluation of services locally.

The objectives of the Patient Forum are:

- To further promote and develop a strong consumer service culture throughout SRH.
- To improve the quality of services by making them responsive to the needs and preferences of consumers.
- To develop a participative/structure where consumers views and opinions can be valued.
- To provide staff with information and support to meet consumer service objectives.

These objectives are in line with the HSE Consumer Services Strategy and National Standards for Safer Better

Healthcare. Members of the patient forum comprise of members of the public and multi-disciplinary hospital staff.

Public representatives, represent the following areas: Medical, Surgical, Oncology, Obstetrics/Paediatric, "Friends of Sligo Regional Hospital" and our Volunteer Programme.

Staff representation includes: General Manager, Assistant General Manager, Clinical Director, Director of Nursing/ Midwifery, Quality and Safety Manager, Consumer Services Officer, Risk Advisor and Consumer Services Area Officer.

A recent evaluation of the Patient Forum has shown that 100% of members believe that the patient forum has fulfilled its objectives and the format has worked work in terms of "minutes 100%", "meeting schedule 80%", "agenda items 60%", "membership 60%" and "follow up on actions 40%". Positive feedback included: "I think the Patient Forum is a brilliant concept as it allows regular hospital users to make observations on hospitals issues". Suggestions for improvement included "increased patient/ community representation on the group with increased input to actions and agreed priorities".

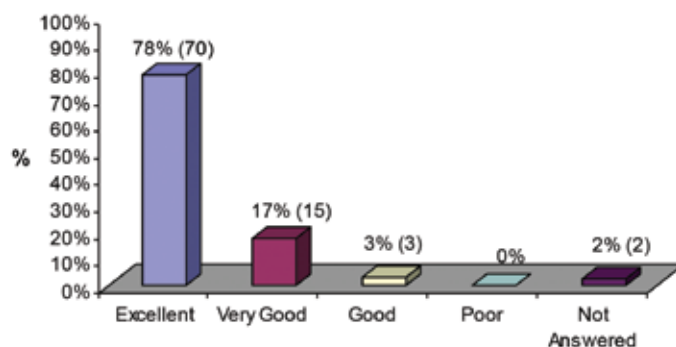
Endoscopy Patient Satisfaction Survey



The staff and management of the Endoscopy Unit at Sligo Regional Hospital are committed to the provision of a safe, equitable, patient centred service to all those who attend the Unit and are committed to ascertaining the views and experiences of service users to inform service improvement and learning.

The Endoscopy Unit at Sligo Regional Hospital was the first HSE hospital to achieve JAG Accreditation (April 2012) and the unit is currently preparing for its re-accreditation survey in May 2014.

98% (88) of patients participating in the Endoscopy survey rated the overall care and quality of service received in the Endoscopy Unit as excellent, very good or good.



Overall how would you rate the Care and Quality of service received in Endoscopy Unit?

Sligo receives approval for 7th Consultant Radiologist

Over the last 3 years there has been a considerable growth in Radiology workload, as well as the complexity and range of services provided within the Radiology Department. During 2013 alone, there was in excess of 90,000 diagnostic examinations completed within the department itself, a 6% increase from the previous year.

As such, the hospital was delighted to receive approval for a 7th Consultant Radiologist in February 2014. This is a significant development for the Department and will further enhance the level of service provided and reduce access times for both outpatients and inpatients to the department.

Sligo Regional Hospital Key Priorities

Going forward, we are now focused on our 2014 priorities whilst working within the new Hospitals Group to deliver an effective and safe service.

These key priorities include:

- Deliver on Access Targets for Unscheduled and Scheduled Care.
- Improve compliance with National Standards for Prevention and Control of Healthcare Associated Infections.
- Integrate our governance arrangements into the new Corporate Governance structures.
- Completion of our Quality Improvement Plan for implementation of National Standards for Safer Better Healthcare Standards.
- Enhance Employee Engagement and Communications throughout the hospital.
- Improve Absence Management across services.
- Deliver cost efficiencies and prepare for Money Follows the Patient.
- Deliver on Major and Minor Capital Plans for 2014.
- Enhancing linkages and partnerships with external agencies.



Grainne McCann,
A/General Manager

Key Performance Indicators

SLIGO REGIONAL HOSPITAL PERFORMANCE – FEBRUARY 2014

Out-patient Waiting List		
Current Value	Current	Future
406	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) Feb '14 - 406		

ED 9 hour breach		
Current Value	Current	Future
77.3	100%	
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 Value	Current	Future
0	0	
Target: no patient waiting >13 weeks.	Trend: v Previous Month	↓
Currently meeting 13 week target for scopes.		

Inpatient & Day Case Waiting lists		
Current Value	Current	Future
1		
Target: No Target: No patient should wait >8mths, 20 weeks (child) & 13 weeks (GI Scope)	Trend: v Previous Month	↑
Patient given a date for 11/3/14 cancelled & rescheduled for 25/4/		

Average Length of Stay (Medical)		
Current Value	Current	Future
6.4	5.8	
Target: 5.8 days	Trend: v Previous Month	↓

Emergency Re-admissions (Medical)		
Current Value	Current	Future
13%	11%	
Target: 11% target as per CompStat	Trend: v Previous Month	Up
13% re-admission rate for Jan.		

MRSA Blood Stream Infections		
Current Value	Current	Future
0.04%		
Target: <= 0.060 per 1000 bed days used.	Trend: v Previous Month	↓
Achieving target (data arrears) – Q2 2013		

Bed Days Lost (due to delayed discharges)		
Current Value	Current	Future
145		
Target: Monthly average for 2013 = 196.5.	Trend: v Previous Month	↑

Income – Placement of Private Patients		
Current Value	Current	Future
31	28	
Target: 28 patients per night	Trend: v Previous Month	↓
Average of 38 private patients per night of which 31 were placed.		

Financial Position		
Current Value	Current	Future
12.4%		
Target:	Trend: v Previous Month	↓
Hospital is 12.4% above budget Variances against budget are: Pay 9.62% Non Pay 12.7% Income 0%		

Staffing WTE variance from Staff ceiling		
Current Value	Current	Future
1339.51		
Target: To operate within HSE employment levels.	Trend: v Previous Month	→
January Nemu Ceiling 1306.75wte		

Absenteeism		
Current Value	Current	Future
5.7	3.5	
Target: To reduce absenteeism rate to 3.5% by December 2013. (monthly in arrears)	Trend: v Previous Month	↓
Absence rate has reduced from 6.13% in Jan '13 to 4.92% in Nov '13.		

Estates Update



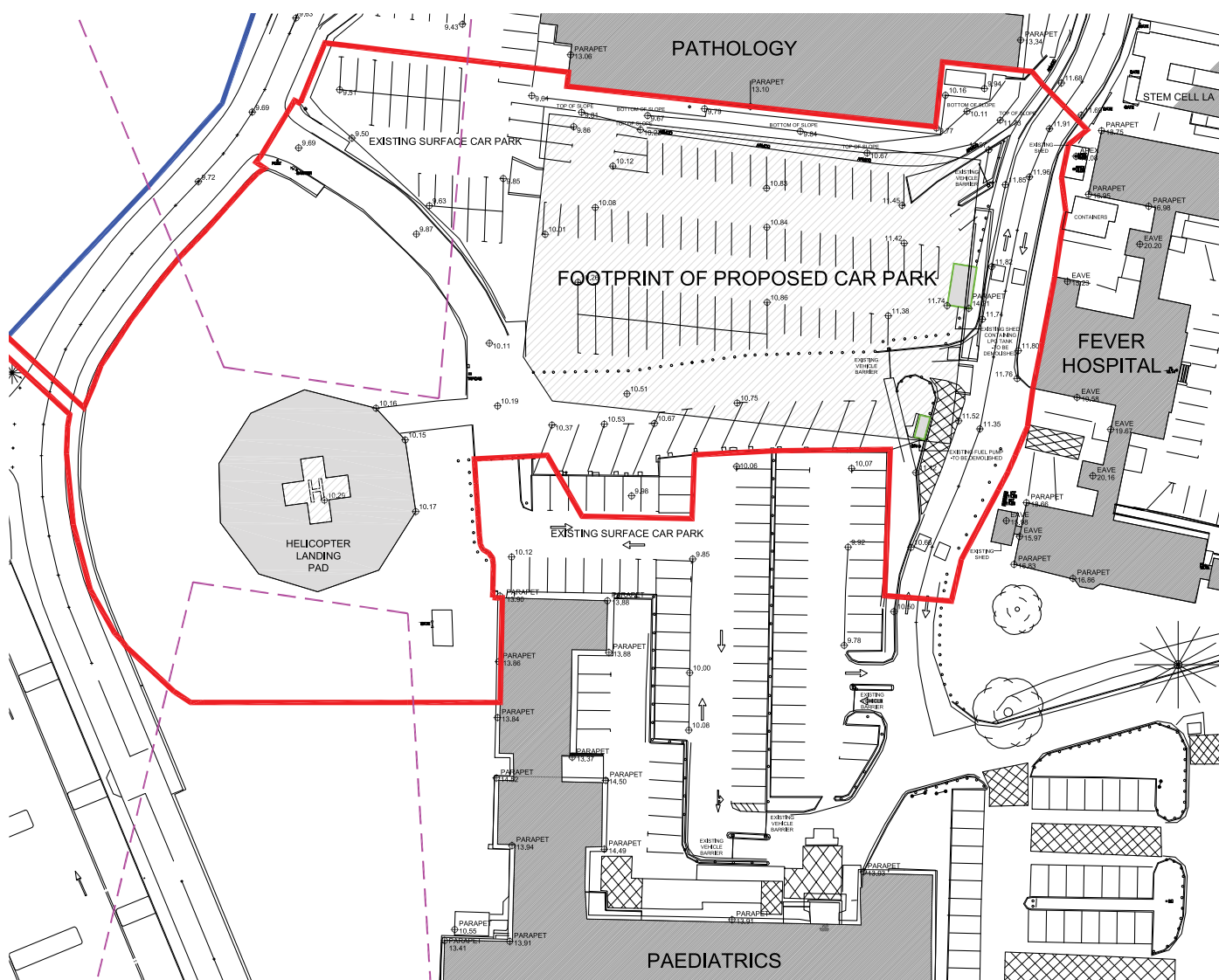
At the ceremony to mark the re-opening of the Emergency Department at Letterkenny Hospital, from left: Sean Murphy, General Manager, Letterkenny Hospital; Bill Maher, CEO, West / North West Hospitals Group; Dr Sinead O'Gorman, Consultant in Emergency Medicine, Letterkenny Hospital; Minister for Health, Dr James Reilly, TD; and Deputy Dinny McGinley, TD.

Letterkenny General Hospital

1.65m Emergency Department Opens 12 March 2014

The Minister for Health, Dr James Reilly TD, visited Letterkenny General Hospital on Monday 03 March for an event to mark the opening of the Emergency Department/ Acute Medical Assessment Unit which became operational on Wednesday March 12. The new €1.65m unit has fully restored all Emergency Department facilities along with the 11 Bed Acute Medical Assessment Unit lost in the flood on 26 July 2013 which damaged 40% of the hospital's ground floor space, affecting 70% of services.





Galway University Hospitals

Progression of Radiation Oncology Enabling Works/Loss of Staff Car Parking Spaces UHG

A Commencement Notice has issued in preparation for the commencement of the build of the upper deck car park adjacent to the laboratory. Minor works will commence at the end of March, and preparatory work for the car park project will commence mid April, 2014. This preparatory work includes relocation of ambulance bay, storm works diversion and roadway works. The car park construction is planned to commence 3rd Week in May, 2014.

From this date Staff car parking on site will be significantly reduced with the loss of approximately 80 staff car parking spaces.

Staff are requested to consider alternative modes of travel to work including the utilisation of public transport, cycling, walking, and car sharing etc where possible. We will be developing a small park and ride facility on MPUH site and will provide an enhanced shuttle bus service from MPUH with increased frequency, i.e. every half hour /twenty minutes during peak times.



Ann Cosgrove, General Manager

National Standards for Safer Better Healthcare

The National Standards for Safer Better Healthcare provide a roadmap for improving the quality, safety and reliability of healthcare:

1. Person-Centred Care and Support
2. Effective Care and Support
3. Safe Care and Support
4. Better Health and Wellbeing
5. Leadership, Governance and Management
6. Workforce
7. Use of Resources
8. Use of Information.

THE NATIONAL STANDARDS FOR SAFER BETTER HEALTHCARE

- Offer a common language to describe what high quality, safe and reliable healthcare services look like
- Enable a person-centred approach by focusing on outcomes for service users and driving care which places service users at the centre of all that the service does
- Create a basis for improving the quality and safety of healthcare services by identifying strengths and highlighting areas for improvement
- Can be used in day-to-day practice to encourage a consistent level of quality and safety across all services
- Promote practice that is up to date, effective, and consistent
- Enable providers to be accountable to service users, the public and funding agencies for the quality and safety of services by setting out how they should organise, deliver and improve services.

The guiding principle – and one that will be a focus via monitoring by the Health Information Quality Authority (HIQA), is to create momentum across the National Standards in progressing towards full implementation, while prioritising for immediate action areas of significant deficit or risk to service users.

HIQA have commenced monitoring compliance of service providers against the National Standards. These standards will underpin the proposed licensing of designated healthcare providers.



The WNW Hospitals Group has adopted a three tiered approach towards demonstrating compliance with the National Standards.

This incorporates firstly, a site level self assessment of the structures and processes in place at each hospital in the WNW Group to be finalised by May 2014.

Secondly assessment of how each of the Clinical Directorates is progressing against the various elements of the standards which will ultimately inform the completion of the third element of the process, a group wide assessment, by the end of June 2014.

QUALITY ASSESSMENT AND INFORMATION TOOL

To support the Self Assessment of the National Standards, a National Electronic "Quality Assessment and Information Tool" launched by HSE Quality and Patient Safety Directorate. This tool is available to access via hospital websites for those involved in the self assessment process.

In addition individual workbooks are now available to support the implementation of the standards (available for staff to access via Q Pulse).

Hospital KPI Summaries

Letterkenny General Hospital

February 2014 continued to show strong performance and improvement as services began to return to operational efficiency as the hospital continues to recover from the impact of the July flood.

Of the 12 hospital indicators, 6 were green in February, a further 5 were amber and only 1 was red.

ACCESS

- LGH is currently working to deliver 100% compliance on the inpatient and day case access targets and significant improvement on the outpatient access targets by the end of March 2014.
- 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.
- The KPI for Day of Surgery Admission for Surgical Inpatients has maintained its green status with 76% of inpatients being admitted on the day of surgery.
- Medical Inpatients average length of stay has improved to 6.9 days.
- There has been an 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 has now achieved 90% compliance. Further initiatives to reduced outpatient waiting times for Echo-Cardiography are still required.

PERFORMANCE

- Our staffing level rate continues to meet the KPI target. Of concern is the ongoing reduction in the allocated WTE ceiling for LGH and the



Sean Murphy, General Manager

impact of recruitment difficulties particularly amongst Medical and Nursing staff.

- Financial Performance - LGH currently has a (post flood adjusted) deficit of 8.2% resulting in a red status on this KPI.
- The focus of LGH Managers on the management of attendance has resulted in an improvement in our Attendance Performance in the month of February 2014 with absenteeism rates reduced to 3.96%.

QUALITY

- Our Staph Aurous Blood Stream Infection rates continue to meet their KPI targets.
- The Hand Hygiene Compliance remains below the 95% HIQA Standard and the management team are addressing this performance as a critical quality indicator for 2014.

Mayo General Hospital

ACCESS

- ED 6 hour and 9 hrs waits: the delays in ED in February were significant but taking into account that we have patients on trolleys for the complete month (reducing significantly the capacity of the department) the 6hr and 9hr target for ED patient was very good. 52% of the 9 hour breaches were overnight stays in ED; 22% were full ED patients.
- Inpatient waiting list: Mayo General Hospital achieved the PTL Target at year end (Dec 2013).
- Outpatient Waiting List: PTL target was achieved in most specialities. A challenge remains for approximately 100 patients in both general medicine and nephrology. The current plan is to make arrangements to have these patients seen in line with the timeframes agreed with the private facilities.
- Day of procedure rate is currently at 80%.

PERFORMANCE

- Financial position - Overall pay was 212K over Budget for February and Non Pay was over Budget by €410K in February.
- Staffing levels are at 971.2 WTE. The approved ceiling is 943 WTE (December 2013)
- Absenteeism is at 2.55%, down from 4.57% in January.



Charlie Meehan,
General Manager

QUALITY

- We had 2 MRSA in January and one VRE Bacteraemia.
- Hand Hygiene training compliance rate is at 86.2%

Galway University Hospitals

Please see below for a summary of progress to date against KPIs in February.

ACCESS

UNSCHEDULED CARE

- The ED continued to be busy throughout January and February with an average of 25 persons waiting on trolleys for month of January reducing to an average of 20 in February, 2014.
- An Unscheduled Care Governance Group has been established to progress an 8 week action plan to work on various aspects of service delivery to support unscheduled care targets including Acute Medicine, Frail Older Persons, Cancer, Surgical, Discharge Planning, Emergency Medicine, High Impact Cases, Metrics /Data and Referred Services.
- We are focusing on a downward trajectory in relation to trolley waits over an 8 week period with no more than 12 patients to be waiting on trolleys per day at the end of the 8 week period, to be achieved through progress in the various work streams.

SCHEDULED CARE

- Inpatient /Day Case Waiting List: Work is ongoing in relation to the inpatient waiting list with 879 patients who have not received treatment within the SDU target timelines as at 31 March. The specialities most challenged in relation to the targets include ENT, Ophthalmology, Orthopaedics, Pain, Oral Maxillo Facial, and scopes. A further bid has been made to the SDU in order to obtain funding to address these issues.
- Outpatient Waiting List: There are 2192 breaches in relation to the Outpatient waiting list targets as at 25 March. Work is ongoing through the specialties and the scheduled care working group to work on these breaches. Again the specialties with particular challenges are Orthopaedics, ENT, Urology, and Vascular Surgery.



Ann Cosgrove, General Manager

PERFORMANCE

- The WTE for February was 3130 which is significantly over ceiling however, it reflects key service requirements.
- Finance - we are over budget year to date and cost containment plan has been reviewed however costs /overspends relate directly to patient activity.

QUALITY

- Staph Aureus Blood Stream Infection - this rate is showing a downward trend with the rate being 0.14 per 1000 bed days for February 2014.
- Hand Hygiene - renewed efforts across the disciplines to achieve the target in relation hand hygiene training are being made through directorates and departmental level.

Portiuncula Hospital Ballinasloe

In February, a number of KPIs indicate that performance continues to improve with the exception of the financial KPI which is our most challenging KPI.

ACCESS

1. ED waits – 74.3% of all patients attending the ED were seen and admitted within 6 hours, a deterioration of 0.7% on January. Compliance with the 9 hour ED access target is at 98%.
2. 385 patients waiting over 9 months for an outpatient appointment, an increase of 61 patients on the previous month. We continue to address long waiters in challenging areas - Orthopaedics, Urology and Pain Control.
3. Day of Procedure rate – currently at 64%, within the target.
4. Average Length of Stay in was 4.3.
5. The MRI waiting list is 45 days.

PERFORMANCE

1. Staffing levels are at 650 WTEs; an increase in medical and nursing of 2.69 WTE's since last month.
2. Financial position – the variance at end of February is €1.6m (neg). This continues to be our most challenging KPI.
3. Fair Deal – 133 days (an increase of 33 days when compared with January).
4. Absenteeism is 4.70% (compared with 3.88% in January) and is mainly in general support services and nursing. Focus continues on back to work interviews.
5. DNA rate stands at 10.03%.

QUALITY

1. There was one hospital acquired c-diff infection this month.
2. Hand Hygiene training compliance rate is at 84.68% showing an improvement of 3% on the January figure and has moved into the amber rating.



Chris Kane, General Manager

FEBRUARY ACTIVITY LEVELS

- Inpatients exceeded the target by 6.79%.
- Emergency presentations (1957) exceeded by 0.58% and were 6.4% above the February 2013 figure of 1838 attendances.
- Outpatient activity is 0.58% above target.
- Day case exceeded by 1.79%.
- Births are 2% below the target but exceed the 2013 year to date figures for the same period.

Key Dates and Events

- Approval granted for a fourth Consultant Paediatrician.
- 'Battle of the Teams': A Safety Initiative introduced by the Pharmacy Department to improve communications regarding medication reconciliation.
- 06 February: Staff attended a Graduation Ceremony in Farmleigh following their successful completion of a HIQA/HSE joint Quality Improvement Project.
- 13 February: Open Disclosure Workshops and Briefing sessions facilitated by Angela Tysall.
- 27 February: Staff briefings were held by the Management Team to update staff on key priorities and the Hospital Service plan for 2014, KPI's and Safer Better Health Care Safe Care Standards.

Roscommon Hospital

The main areas of performance at Roscommon in February 2014 were as follows:

Access

- The Average Length of Stay increased to 8.8 days. The adjusted NHSS reduces this to 8.3 days. The Medical Average Length of Stay was 9.5 days.
- 14% of RCH patients are waiting over 52 weeks for an outpatient appointment.
- Inpatient waiting list: the General Manager and the GUH inpatient waiting list co-ordinator have met and discussed the SLA for 2014. This will see patients transferred from the GUH waiting list to Roscommon Hospital for inpatient procedures including endoscopy, general day surgery, plastic surgery and sleep studies.

PERFORMANCE

- Staffing levels and WTE ceiling within target; in February 272.46 WTE were employed, slightly above the ceiling of 268.
- Financial position - the overspend was €19,729 (1.49%) for February 2014; €132,141 (2.28%) YTD.
- OPD DNA for February was 15%, a slight increase of 1% on January 2014.
- Absenteeism at Roscommon Hospital was 6.19% for February 2014.

QUALITY

- Hand Hygiene training compliance was 85% in February.

FEBRUARY ACTIVITY LEVELS

- Day case activity for February was 573, a significant increase on January figures.
- OPD attendances were 1256; year to date there has been an increase of 2.59% compared with 2013.



Elaine Prendergast,
General Manager

SIGNIFICANT EVENTS:

1. Roscommon Hospital Endoscopy Unit: tenders for the builder of the Endoscopy Unit were advertised in February 2014. The closing date for the tenders was early March.
2. Roscommon Hospital Rehabilitation Unit in association with the National Rehabilitation Hospital: at the last meeting of the National Capital and Property Steering Committee held on the 28 January 2014, it was agreed that the Western Regional Rehabilitation Centre at Roscommon Hospital would be funded to Stage 1 design.

Hospital KPIs

Letterkenny Performance Summary – February 2014

<p>Out-patient Waiting List</p> <p>Current 8.5%</p> <p>Current Value 8.5%</p> <p>Trend: v Previous Month ↑</p> <p>Target: Out-patient waiting to be reduced to less or equal to 52 weeks by June 2014 and maintained at less than 52 weeks at each month thereafter.</p> <p>Total Outpatient Waiting List - 11,329 Patients waiting over 12 months – 960 Number of Orthopaedic Patients waiting greater than 12 months = 573</p> <p>Rag: Green =>10% Amber = 10-55% Red = +56%</p>	<p>Inpatient & Daycase Waiting List</p> <p>Current 2.9%</p> <p>Current Value 2.9%</p> <p>Trend: v Previous Month ↔</p> <p>Target: No patient should wait for inpatient/daycase treatment longer than 8 months for Adult; 20 weeks for Children; 13 weeks for GI Scope.</p> <p>Number of Breeches February: Adult – 117 Child – 7 Scopes – 1</p> <p>Rag: Green <=5% Amber: 6 - 20% Red:>=21%</p>
<p>Scheduled Inpatient Care</p> <p>Current 76%</p> <p>Current Value (January) 76%</p> <p>Trend: v Previous Month ↑</p> <p>Target: 67% of surgical inpatients should be admitted on day of surgery.</p> <p>Target changed from 52% to 67% in 2014 Sep – 28% Oct – 71% Nov – 78% Dec – 85%</p> <p>Rag: Green >= 67% Amber 55-66% Red <54%</p>	<p>Inpatient Capacity</p> <p>Current 46</p> <p>Current Value 46</p> <p>Trend: v Previous Month ↑</p> <p>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)</p> <p>6 month rolling average Nov 124 Dec 84 Jan 53 No. of patients transferred from hospital to private nursing home for February = 0</p> <p>Rag: Green <=120% Amber 121-150% Red >150% (of Jan-June12)</p>
<p>Quality – Echocardiography Access</p> <p>Current 90%</p> <p>Current Value 90%</p> <p>Trend: v Previous Month ↔</p> <p>Target: No inpatient to wait greater than 72 hours following receipt of request for echocardiogram.</p> <p>Oct – 87% Nov – 92% Dec – 56% Jan – 90%</p> <p>Rag: Green 98-100% Amber 90-97% Red <90%</p>	<p>Infection, Prevention & Control – Hand Hygiene</p> <p>Current 90%</p> <p>Current Value 90%</p> <p>Trend: v Previous Month ↑</p> <p>Target: To deliver 95% compliance with HIQA Hand Hygiene standard.</p> <p>Oct - 88% Nov - 92% Dec - 94% Jan - 84%</p> <p>Rag: Green=95-100% Amber=80-94% Red<80%</p>
<p>Financial Position</p> <p>Current 8.2%</p> <p>Current Value 8.2%</p> <p>Trend: v Previous Month ↑</p> <p>Target: To deliver within allocated budget</p> <p>Overspend February 2014 = €900,000 YTD Overspend = €1,300,000 Budget YTD = €15.8 million</p> <p>Rag: Green <3% Amber 3.1-5% Red >5.1%</p>	<p>Absenteeism</p> <p>Current 3.96%</p> <p>Current Value 3.96%</p> <p>Trend: v Previous Month ↑</p> <p>Target: To reduce absenteeism rate to 3.5%.</p> <p>Absenteeism rate for the month of February is 3.96% this is a decrease of 1.2% on the previous month.</p> <p>Rag: : Green<3.5 Amber: 3.51%-4.4% Red over 4.5%</p>
<p>ED 9 hour Breach</p> <p>Current 85.7%</p> <p>Current Value 85.7%</p> <p>Trend: v Previous Month ↔</p> <p>Target: All patients to be admitted or discharged within 9 hours at 8am.</p> <p>Sept - 89.9% Oct – 92% Nov – 87.3% Dec – 90.14% Jan – 87.2%</p> <p>Rag: Green:95-100% Amber:85-94%Red: <85%</p>	<p>Staffing Levels</p> <p>Current 1.08%</p> <p>Current Value 1.08%</p> <p>Trend: v Previous Month ↑</p> <p>Target: To operate within the staffing level agreed with the Hospital Group Executive.</p> <p>WTE Ceiling –1320.51 WTE Actual – 1334.93</p> <p>Rag: Green <3% Amber 3.1-5% Red >5.1%</p>
<p>Staph Aureus Blood Stream Infection</p> <p>Current 0.0</p> <p>Current Value 0.0</p> <p>Trend: v Previous Month ↔</p> <p>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)</p>	<p>Staph Aureus Blood Stream Infection</p> <p>Current 0.0</p> <p>Current Value 0.0</p> <p>Trend: v Previous Month ↔</p>

Portiuncula Hospital Performance Summary – February 2014

Out-patient Waiting List		
Current	Future	
Current Value 385		
Trend: v Previous Month		↗
Target: Out-patient waiting to be reduced to less than 9 months by December 2014. Please note that the main areas of concern are orthopaedics, urology and pain services. There has been a deterioration in the figure of 61 compared to the January figures		

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

Hand Hygiene		
Current	Future	
Current Value 84.68%		
Trend: v Previous Month		↗
Target: To increase Hand Hygiene Training and Education rate to 100% The overall hospital hand hygiene training/education rate for the month of January 2014 is 81%. There is continued emphasis on education and training with targeted training in specific departments. In addition, hand hygiene champion training has commenced. Rag: Green: 95-100% Amber: 84-94% Red: <84%		
Day of Procedure for Elective In-patients		
Current	Future	
Current Value 64%		
Trend: v Previous Month		↗
Target: To increase rate to 60% by December 2014. Day of procedure rate for the month of February 2014 is 64% compared with 67% in January. Rag: Green: 60% Amber: 50-59% Red: <50%		

DNA Rate		
Current	Future	
Current Value 10.03%		
Trend: v Previous Month		↗
Target: Reduce the number of patients who do not attend to 8% by December 2014. The current rate is 10.03% which shows a slight improvement of 0.3% on the January figure Rag: Green: 8% Amber: 10% Red: 14%		

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

MRI		
Current	Future	
Current Value 45 days		
Trend: v Previous Month		↗
Target: No Target: No Priority 2 or 3 patient should wait more than 70 days for an MRI scan appointment Currently it is 45 days waiting for access to MRI service. RAG: Green <70 days Amber 70-140 Red > 140		
Hospital Acquired C-Diff		
Current	Future	
Current Value 1		
Trend: v Previous Month		↗
Target: To reduce the number of Hospital Acquired C-Diff infections per month in 2014. There was 1 case of hospital acquired c-diff infections in February compared to zero in January 2014. Rag: Green: 0 Amber: 2 Red: >2		

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

Financial Position		
Current	Future	
Current Value -22%		
Trend: v Previous Month		↗
Target: To deliver financial breakeven across the Group by December 2014. Month overspend is €1.6m adverse ytd Cost containment plan and cost recovery plan in place. Service pressures and the non-filling of vacant posts have increased medical agency cost, energy costs also increased on January figure. New Income legislation has impacted on income.		

ED Waiting Times for Admission		
Current	Future	
Current Value 74.3%		
Trend: v Previous Month		↗
Target: 95% of all patients attending the ED should not wait over 6 hours. There is a slight deterioration of 0.7% compared to the January figure but there was a 6% increase in ED attendances compared to the 2013 same time period. We are achieving approximately 98% compliance with the 9 hour target.		

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

Average Length of Stay		
Current	Future	
Current Value 4.3%		
Trend: v Previous Month		↗
Target: Achieve a target of 4.5 days. The hospital is performing well in this indicator but there has been an increase in the figure since January where the figure was 3.53%. Rag: Green: 4.5 Amber: 5.5 Red: >5.5		
Fair Deal - Bed Days Lost		
Current	Future	
Current Value 133		
Trend: v Previous Month		↗
Target: To reduce the lost bed days to less than the current monthly bed days lost. 133 bed days lost due to delayed discharges. This is an increase of 33 days when compared with the previous month of January. Rag: Green: 185 Amber: 235 Red: >235		

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

Absenteeism		
Current	Future	
Current Value 4.77%		
Trend: v Previous Month		↗
Target: To reduce absenteeism rate to 3.5% by December 2014. Rag: Green: 3.5 Amber: >4.5 Red: >5.5 There has been a deterioration in the absenteeism rate figure of 0.82% compared to January 2014%		

Mayo General Hospital Performance Summary – February 2014

<p>Outpatient Waiting List</p> <table border="1"> <tr> <td>Current PTL</td> <td>Future</td> </tr> <tr> <td>460</td> <td></td> </tr> <tr> <td>Current Value</td> <td>Future</td> </tr> <tr> <td>Target: Outpatient waiting to be reduced to less than 52 weeks.</td> <td></td> </tr> <tr> <td colspan="2">Patients were referred to private facilities and arrangements were made to have patients at Mayo General Hospital.</td> </tr> </table>	Current PTL	Future	460		Current Value	Future	Target: Outpatient waiting to be reduced to less than 52 weeks.		Patients were referred to private facilities and arrangements were made to have patients at Mayo General Hospital.		<p>Bed Days Lost</p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>19%</td> <td></td> </tr> <tr> <td>Current Value</td> <td>Future</td> </tr> <tr> <td>Target: Reduce to 10% on 2012 number. Situation continued to improve from 302 % in January 2013.</td> <td></td> </tr> <tr> <td colspan="2">Beds closed in District Hospital and in Rehab Unit pose a threat to this target. However this remains very high with on average 15 delayed discharges per day. Action plan drafted with PCCC. Meeting scheduled between SDU and Primary Care Division and the Mayo services on 25th March 2014 to address issue.</td> </tr> </table>	Current	Future	19%		Current Value	Future	Target: Reduce to 10% on 2012 number. Situation continued to improve from 302 % in January 2013.		Beds closed in District Hospital and in Rehab Unit pose a threat to this target. However this remains very high with on average 15 delayed discharges per day. Action plan drafted with PCCC. Meeting scheduled between SDU and Primary Care Division and the Mayo services on 25 th March 2014 to address issue.		<p>ED Patients waiting for admission at 8am</p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>A total of 344 ED Patients waiting for admission at 8am.</td> <td></td> </tr> <tr> <td>Current Value</td> <td>Future</td> </tr> <tr> <td>344 patients for Feb 2014.</td> <td></td> </tr> <tr> <td colspan="2">Problems compounded by bed closures in Community and in particular District Hospitals. Medical admission excluding AMAU 0 days were up for Feb 2013 compared to Feb 2012 by 6.9%. Meeting scheduled between SDU and Primary Care Division and the Mayo services on 25th March 2014 to address issue.</td> </tr> </table>	Current	Future	A total of 344 ED Patients waiting for admission at 8am.		Current Value	Future	344 patients for Feb 2014.		Problems compounded by bed closures in Community and in particular District Hospitals. Medical admission excluding AMAU 0 days were up for Feb 2013 compared to Feb 2012 by 6.9%. Meeting scheduled between SDU and Primary Care Division and the Mayo services on 25 th March 2014 to address issue.			
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<p>Day of Procedure Rate for Elective Inpatients</p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>80%</td> <td></td> </tr> <tr> <td>Current Value</td> <td>Future</td> </tr> <tr> <td>Target: To increase rate to 75%.</td> <td></td> </tr> <tr> <td colspan="2">Pre-assessment clinics in place.</td> </tr> </table>	Current	Future	80%		Current Value	Future	Target: To increase rate to 75%.		Pre-assessment clinics in place.		<p>MRSA</p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>0.064%</td> <td></td> </tr> <tr> <td>Current Value</td> <td>Future</td> </tr> <tr> <td>Target: <0.060 per 1,000 bed days.</td> <td></td> </tr> <tr> <td colspan="2">MRSA rate up to Q3 2013 was .064. MGH was the same as the National rate in Q3. As we had no MRSA in Q4 2013 we would have come under this figure for Q4.</td> </tr> </table>	Current	Future	0.064%		Current Value	Future	Target: <0.060 per 1,000 bed days.		MRSA rate up to Q3 2013 was .064. MGH was the same as the National rate in Q3. As we had no MRSA in Q4 2013 we would have come under this figure for Q4.		<p>Hand Hygiene</p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>86.2%</td> <td></td> </tr> <tr> <td>Current Value</td> <td>Future</td> </tr> <tr> <td>Achieve 100% compliance.</td> <td></td> </tr> <tr> <td colspan="2">Action Plan developed by Infection Control Committee to improve compliance. Non compliance among Medical staff of is a concern. Clinical Director to oversee action plan</td> </tr> </table>	Current	Future	86.2%		Current Value	Future	Achieve 100% compliance.		Action Plan developed by Infection Control Committee to improve compliance. Non compliance among Medical staff of is a concern. Clinical Director to oversee action plan			
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Roscommon Hospital Performance Summary – February 2014

Out-patient Waiting List		Outpatient DNA Rate		Increase Day Case activity	
Current	Future	Current	Future	Current	Future
<p>Current Value 14%</p> <p>Trend: v Previous Month</p> <p>Target: No patient should wait more than 52 weeks for an OPD appointment. Percentage of patient on Outpatient waiting list greater than 52 weeks.</p> <p>RAG Score Green = >10% Amber = 10 – 55% Red = +56% Jan = 13% - RCH Orthopaedic WL</p>		<p>Current Value 15%</p> <p>Trend: v Previous Month</p> <p>Target: Reduce the number of patients who do not attend Outpatients to 10% or less by December 2014</p> <p>RAG Score Green = >10% Amber = 10 – 15% Red = +16%</p>		<p>Current Value 573</p> <p>Trend: v Previous Month</p> <p>Target: To increase Day Case activity at Roscommon Hospital to 600</p> <p>RAG Score Green = 500-600 Amber = 350 -499 Red = <349 Plastics Service – Additional 3 Days activity in Feb</p>	
<p>Health & Safety – Staff Injuries</p> <p>Current Value 5</p> <p>Trend: v Previous Month</p> <p>Target: To reduce the number of staff related incidences to less than 1 per month</p> <p>RAG Score Green = 0-2 Amber = 2-4 Red = ≥5</p>		<p>Medical Average Length of Stay</p> <p>Current Value 9.5</p> <p>Trend: v Previous Month</p> <p>Target: ALOS for all medical discharges is reduced to 5.8 days by December 2014</p> <p>RAG Score Green= <5.8 Amber=5.9 – 9 Red= over 9.1 Medical Discharges adjusted for NHSS = 9 Days Total AVLOS = 8.8 Days – (NHSS Adjusted = 8.3 Days)</p>		<p>Reduce Delayed Discharges</p> <p>Current Value 106</p> <p>Trend: v Previous Month</p> <p>Target: Reduce bed days lost due to delayed discharges by 10% on 2013</p> <p>RAG Score Green=≤226 Amber=227 – 240 Red= ≥241</p>	
<p>Antibiotic Usage</p> <p>Current Value</p> <p>Trend: v Previous Month</p> <p>Target: To reduce the medical usage rate of antibiotics to 83.4 per 100 bed days utilised by December 2014</p> <p>RAG Score Green=<86 Amber=86.1-95 Red= + 95.1</p>		<p>New Cases of C Diff</p> <p>Current Value 3.1</p> <p>Trend: v Previous Month</p> <p>Target: To reduce the background rate of HCAI of C Difficile to <2.5per 10,000 bed days used</p> <p>RAG Score Green= <2.5 Amber= 2.6 - 4 Red= 4.1 No of Patients = 1</p>		<p>Hand Hygiene Compliance</p> <p>Current Value 85%</p> <p>Trend: v Previous Month</p> <p>Target: Percentage compliance during hand hygiene opportunities observed.</p> <p>RAG Score Green = 90 -100% Amber = 80-89% Red = 79%</p>	
<p>Financial Position</p> <p>YTD</p> <p>Current Value 2.28%</p> <p>Trend: v Previous Month</p> <p>Target: To deliver financial breakeven by December 2014</p> <p>RAG Score Green: 0 – 3% Amber: 3.1% - 5% Red: <5.1%</p> <p>Monthly Overspend = €19,729 YTD Overspend = €132,141</p>		<p>Staffing Levels</p> <p>Current Value 1.66%</p> <p>Trend: v Previous Month</p> <p>Target: WTE should not drop below the WTE ceiling so as to maintain patient safety and services by December 2014</p> <p>RAG Score Green: 0 - -5% Amber: -5.1 - -10% Red: > -10%</p>		<p>Absenteeism</p> <p>Current Value 6.19%</p> <p>Trend: v Previous Month</p> <p>Target: To reduce the absenteeism rate to 3.5% by December 2014</p> <p>RAG Score Green= <3.5% Amber= 3.51% - 4.49% Red=over 4.5%</p>	

Galway University Hospital Performance Summary – February 2014

<p>Outpatient Waiting List</p> <p>Current Value: 2073 Trend: v Previous Month (↑)</p> <p>Target: Out-patient waiting to be reduced to less than 62 weeks</p> <p>Work is progressing through the Directorates to deal with long waiters across all specialities. Great progress made in Orthopaedics and most Medical Specialities. Awaiting National launch of CPD Project as basis of action plan.</p> <p>JAN 2014 - 1890 Patients > 12 Months</p> <p>The above figure is for all patients on the Outpatient PTL waiting over 12 months with and without an outpatient appointment.</p>	<p>OPD DNA Rate</p> <p>Current Value: 12.65% Trend: v Previous Month (↑)</p> <p>Target: Reduce the number of patients who do not attend to 10% by December 2013</p> <p>OPD group are looking to extend the partial booking system across all specialities... National guidelines on attendance and DNA policy to be made available.</p> <p>JAN 2014 - 13%</p>	<p>ED Patients waiting for admission at 8am</p> <p>Current Value: 20 Trend: v Previous Month (↑)</p> <p>Target: < 10 patients waiting in ED for admission at 8am</p> <p>The average number of patients on trolleys overnight per day at GUH for February was 20.</p> <p>JAN 2014 - 25</p>
<p>CT Waiting List</p> <p>Current Value: 241 Trend: v Previous Month (↑)</p> <p>Target: No Category 2 or 3 patient should wait more than 70 days for a CT.</p> <p>The wait time for CT Scans is now 241 days. We are continuing to send patients for scans to BCH, though we receive many declines/refusals by patients who are unable/willing to travel to Roscommon.</p> <p>JAN 2014 - 133</p>	<p>In-patient & Day Case Waiting List</p> <p>Current Value: 910 Trend: v Previous Month (↑)</p> <p>Target: No patient should wait >8 months by end of November, 20 weeks (Child) and 13 Weeks (GI Scope)</p> <p>Work is on-going with the Medical and Surgical Directorates. All Waiting List Targets were met last month (No patients waiting longer than 9 months (Adult), 20 weeks (Child) and 13 Weeks (GI Scope). Reduced theatre resources available this month. New Group wide Inpatient /Daycase Policy being launched this month. Adult IP WL Breaching 8 Month target</p> <p>JAN 2014 - Adults 441 waiting over 8 months (Scopes and Children are in the maintenance phase now)</p>	<p>Average Length of Stay</p> <p>Current Value: 6.8 Trend: v Previous Month (↔)</p> <p>Target: 6.0 days to see the average stay achieved</p> <p>The new National Programmes on Surgery will help reduce the average length of stay. This is complemented by local work on agreeing formal bed allocations across Medicine and Surgery.</p> <p>JAN 2014 - 6.9 (excluding Obs)</p>
<p>Day of Procedure Rate for Elective Inpatients</p> <p>Current Value: 65% Trend: v Previous Month (↑)</p> <p>Target: To increase rate to 75%</p> <p>The new National Programme on Elective Surgery will help increase the day of procedure rate. This is complemented by local work on agreeing formal bed allocations across Medicine and Surgery. Increased awareness of this KPI will be available to management from CIMS tool.</p> <p>JAN 2014 - 58%</p>	<p>Staph Aureus Blood Stream Infection</p> <p>Current Value: 0.14 Trend: v Previous Month (↑)</p> <p>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)</p> <p>List infections (both periparturient & cesareal) have been identified as major causes of both MRSA & MSSA blood stream infections at GUH</p> <p>There were 3 CVC-associated Staph aureus bloodstream infections in GUH for January and February 2014. These infections occurred predominantly in medical patients.</p> <p>There have been no PVC-associated Staph aureus bloodstream infections in GUH for January and February 2014.</p> <p>2013 Jan - is 0 per 1000 bed days</p> <p>JAN 2014 - 0.21</p>	<p>Bed Days Lost</p> <p>Current Value: 50 Trend: v Previous Month (↑)</p> <p>Target: Reduce by 10% over 2012 figures</p> <p>Work is ongoing through the Discharge planning group to reduce the number of Bed Days Lost.</p> <p>JAN 2014 - 62</p>
<p>Financial Position</p> <p>Current Value: -8.67% Trend: v Previous Month (↑)</p> <p>Target: To deliver financial breakeven across December 2013</p> <p>Above Figures is for GUH Only. The Financial Control Committee is in place to ensure that GUH meets budgetary targets.</p> <p>JAN 2014 - -8.08%. GROUP FINANCE POSITION JAN 2014 : -8.74%</p>	<p>Staffing WTE variance from Staff Ceiling</p> <p>Current Value: 3,105.00 Trend: v Previous Month (↑)</p> <p>Target: To operate within HSE employment levels.</p> <p>The Employment Monitoring Committee are in place to ensure that GUH meets its WTE ceiling - ceiling under review.</p> <p>December 2013 calling: 2,937 JAN 2014 WTE: 3,105.28</p>	<p>Absenteeism</p> <p>Current Value: 4.58% Trend: v Previous Month (↑)</p> <p>Target: To reduce absenteeism rate to 3.5% by December 2013</p> <p>Work is ongoing across GUH to reduce the levels of absenteeism through back to work interviews etc. with a particular focus on this KPI.</p> <p>JAN 2014: 4.78% Based on NEMJ figures</p>