

Grúpa Ospidéal
Oirthear na hÉireann



Ireland East Hospital Group



Annual Report 2016

A YEAR OF ESTABLISHMENT



Building a
Better Health
Service

Seirbhís Sláinte
Níos Fearr
á Forbairt

Cover photo: Staff of St Luke's General Hospital Carlow/Kilkenny at the opening of the new emergency department at the hospital in May 2016.

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Facts and figures

Our group at a glance in 2016



Largest of the hospital groups



11 hospitals (6 Voluntary and 5 Statutory)



Working with 4 Community Healthcare Organisation (CHO) partners



1.1 million population served



Covering counties Dublin, Meath, Westmeath, Carlow, Kilkenny, Wicklow and Wexford



In excess of €1 billion turnover



Strong integration platform with GPs across the Group
- first group to introduce Local Integrated Care Committees (LICC) to improve links between the hospital, community / primary care sectors

Our group in numbers



130,048 inpatient discharges



187,603 day case discharges



733,952 outpatient appointments



282,274 people seen in our Emergency Departments



14,551 babies delivered



10,971 total employees



1,572 doctors and dentists



4,201 nurses



1,320 allied healthcare professionals



2,242 support staff



1,564 clerical and administration staff



72 management staff

Our group specialisations

Largest number of national specialities, including



- ▶ National Heart/Lung /Liver/Pancreas Transplant Units
- ▶ National Spinal Unit
- ▶ National Isolation Unit for Infectious Diseases
- ▶ National Unit for Cystic Fibrosis
- ▶ National Unit for Pulmonary Hypertension
- ▶ National Unit for Neuroendocrine Tumours
- ▶ National Extra Corporeal Life Support, Cardiothoracic Surgery

Our Clinical Academic Directorate for Cancer Care treats more patients than any other Hospital Group in the country



- ▶ Care for over 45% of patients with breast cancer treated in Ireland
- ▶ 1 in 4 of all prostate cancers treated
- ▶ Over 50% of all breast cancer screening, through BreastCheck on two university hospital sites
- ▶ National centres for sarcoma and neuroendocrine tumours
- ▶ National centre for spinal surgery for advanced treatment of metastatic tumours
- ▶ Only centre providing cytoreductive surgery and heated intraperitoneal chemotherapy

Chairman's Foreword



Welcome to the first Annual Report of the Ireland East Hospital Group (IEHG), Ireland's largest hospital group. We were formed on an administrative basis in 2014 consisting of six voluntary and five statutory hospitals with 11,000 employees and responsible for 25 per cent of the population of Ireland. However, our lead hospitals, the Mater and St. Vincent's, provide very high acuity services nationally. From Wexford to Kilkenny, Mullingar to Navan and with a very strong presence in the Greater Dublin area, IEHG is at the forefront of developing healthcare fit for purpose for the next century.

Ireland has been over-reliant on its acute hospitals for the delivery of healthcare. Integration with primary and community care will be critical going forward. The Sláintecare Report highlighted the importance of managing disease in the community. IEHG is committed to this as to continually increase acute hospital beds is simply unsustainable. The future must be based in primary, community and ambulatory care.

We are working on a plan for the future of IEHG and it is clear that we must consolidate the provision of acute care to fewer, larger sites. The transfer of the National Maternity Hospital to Elm Park to be co-located with St. Vincent's University Hospital is a welcome first step. In 2018, we will publish our strategy for the future development of IEHG which will be evidence-based and integrated with primary and community care.

Ireland has a growing but also an ageing population and some of our hospitals serve very deprived populations. For example, the Mater Hospital operates the busiest adult emergency department in Ireland serving, additionally, very high acuity patients. Early intervention, integration and investing in 'healthy Ireland' are essential components of our health strategy. Integration is important not just between primary, community and acute care but also within the hospital group where the ability to manage 'the patient journey' will drive better outcomes, reduce waiting lists and reduce the risk of infection. We are watching developments in the United States very closely where, for example, most orthopaedic surgery is ambulatory with a focus on rehabilitation and re-ablement.

It has taken time to build the group management team and IEHG has some unique characteristics as it is principally a group of voluntary hospitals which have their own well-established governance. I am pleased to report how well this is working in practice and the strengths of the voluntary system have been of considerable benefit to the statutory hospitals. I want to place on record my thanks to the IEHG management team led by Professor Mary Day. Creating a management group, on a non-statutory basis, has been a novel departure in Irish healthcare yet it has worked very well. No-one should doubt the commitment of healthcare professionals at every level to do their very best for the citizens of Ireland through a period of extreme financial stringency. It is a privilege to work with my colleagues who serve the nation 24 hours a day, seven days a week and 365 days a year. We never stop!

Looking forward, the emergence of a consensus and the ten-year vision for health as set out in the Sláintecare Report is very welcome. The review of the boundaries between Community Health Organisations and Hospital Groups will further, in my view, support the importance of integration. We expect to have an administrative board in place for IEHG early in 2018 with legislation to put our hospital groups on a statutory basis in the 2018-19 period. With these developments, I believe

we can deliver a healthcare system fit for purpose for the 21st century and also one which is affordable, accountable, innovative and effective. Onwards!

Thomas Lynch
Chairman

CEO Foreword



2016 was a foundation year for the Ireland East Hospital Group. A significant amount of work was undertaken by the Group's senior executive and management team along with each of our hospitals. I would like to acknowledge the work of all the team across working groups, steering groups and subcommittees who contributed invaluable experience and hard work to help move us closer to realising our ambition *"to be the national leader in healthcare delivery, with a strong international reputation, improving the quality of healthcare and patient outcomes through education, training, research and innovation for the 1.1 million people we serve"*.

As the largest and most complex of the hospital groups with 11 hospitals (6 voluntary and 5 statutory), spanning seven counties and working with four Community Healthcare Organisation (CHO) partners, and a gross annual expenditure of in excess of €1billion, we have a unique opportunity to deliver integrated models of care, and to bring research and innovation to the core of the clinical service delivery model. To achieve this ambition, we have developed our ten-point framework programme, which will see IEHG established as an independent hospital group, with an Academic Health Science Centre as its core.

Over the past year IEHG has

- ▶ Established a management team to run the largest hospital group
- ▶ Prioritised developing integrated pathways across the continuum of care between the acute, primary, community and continuing care services
- ▶ Focused on developing a robust quality and patient safety function, to ensure that high-quality, safe care is delivered
- ▶ Developed our first Clinical Academic Directorate in Cancer, as a move towards an Academic Health Science approach
- ▶ Introduced an unscheduled care transformation programme to improve patient throughput in our EDs and enhance patient experience
- ▶ Created additional surgical and outpatient capacity in the group, by ensuring that model 2 hospitals carry out higher volumes of low acuity work, thereby freeing up capacity in the model 4 hospitals

In laying these strong foundations we see a future in health through the Ireland East Hospital Group that will

- ▶ Integrate with the primary, continuing and community care sector in a manner not previously achieved
- ▶ Bring research and innovation to the core of service delivery, ensuring that bench to bedside developments become a reality
- ▶ Ensure that we can meet the needs of the local population within a quality and safety framework that delivers high-quality, safe care
- ▶ Develop operating models that ensure smaller hospitals are aligned with academic teaching hospitals, thereby improving the quality of care to all our patients
- ▶ Provide patients with the same access to quality care regardless of location
- ▶ Optimise the use of resources, by ensuring that care is delivered in the most appropriate location

Our link with UCD is also vitally important to our work with generations of doctors, nurses and other health professionals who are graduates of UCD providing excellent service in our hospitals. These are the building blocks to achieving an Academic Health Science Centre.

Ambition for Academic Health Science Centre

A core objective of the IEHG is to develop an Academic Health Science Centre (AHSC), where education and research contribute to patient care and wellbeing. Internationally, such centres have scored well ahead of non-academic centres for patient outcomes and safety. AHSCs attract leading healthcare professionals and offer excellent training, adopt new technologies and health systems improvements rapidly and participate in a global effort to advance healthcare. This will result in better care for patients and better recruitment and retention of our staff.

We have also developed a Clinical Academic Cancer Care Directorate, which allows us to combine the strength and scale of our clinical cancer services at the Mater and St Vincent's along with the cutting-edge research of UCD to enhance the care given to cancer patients, to improve their life expectancy, to alleviate their suffering and to deepen our understanding of cancer. This will be the largest cancer care centre in the country, caring for more cancer patients than any other hospital group.

Linkages with Primary Care and the Community

In order to meet the needs of the patients we serve, it is absolutely vital that primary care and acute hospitals work closely together. We have a GP on the group management team and we have endorsed the concept of Local Integrated Care Committees (LICCs) to improve the links between hospitals, community and primary care sectors. They have already been established in Kilkenny, Wexford, Mullingar and Loughlinstown in Dublin – and work is underway in Navan. Clinical integration with the communities we serve is also vital. The IEHG has a dedicated work programme on Integration with Primary, Community, Continuing and Home Care Entities. The main aim of this is to ensure the needs of patients are aligned as seamlessly as possible across the continuum of care, with a special emphasis on managing the frail elderly patient pathway.

Conclusion

We have had a positive start in the Ireland East Hospital Group. We now want to build on that to make meaningful changes to the delivery of care, so that every patient within the IEHG can receive the same access to high-quality, safe care - regardless of where they live. This is just the beginning and a snapshot of who we are, what we do and what we have achieved in order to fully realise our ambitions in this Group. Patient care is at the centre of everything that we do. Their safety and the quality of care that they receive are of paramount importance, and we are constantly striving to improve the patient journey.

Mary Day
Chief Executive

Corporate governance

IEHG consists of six voluntary hospitals and five statutory hospitals. The six voluntary hospitals are for the purposes of the Health Act 2004 funded by the HSE as five Section 38 agencies (St. Michael's Hospital (SMH) and St. Vincent's University Hospital (SVUH) are part of one legal entity). Two voluntary hospitals National Maternity Hospital (NMH) and Royal Victoria Eye and Ear Hospital (RVEEH) are constituted by legislation or charter (where established prior to 1922). The Mater Misericordiae Hospital (MMUH) and the St. Vincent's Healthcare Group (SVHG) (the legal entity holding SVUH, SMH and its private hospital) are companies incorporated under the Companies Act 2014 and are also registered charities. The five statutory hospitals are St Luke's General Hospital Carlow/Kilkenny, Wexford General Hospital, Our Lady's Hospital Navan, Regional Hospital Mullingar and St Columcille's Hospital, Loughlinstown.

The Group Chief Executive has delegated authority to manage Hospitals within the Group under the Health Act 2004. In respect of Voluntary Hospitals this authority is operated through the Service Level Arrangement. The Group CEO is accountable for the Group's planning and performance in line with the Performance and Accountability Framework of the HSE. All targets and performance criteria adopted in the plan are reported monthly through this framework.

The establishment of Hospital Groups is an integral part of the 'whole system' health reform set out in *Future Health: A Strategic Framework for Reform of the Health Service 2012 – 2015*, which has reorganised public hospitals into more efficient and accountable hospital groups designed to harness the benefits of increased independence and greater control at local level.

The Ireland East Hospital Group (IEHG), together with the other Hospital Groups, has been initially established on a non-statutory administrative basis with plans to put in place an Interim Group Board appointed by the Minister for Health. This is being done in a manner that ensures a safe, high quality service for all, maximising and capitalising on the strengths of both larger and smaller hospitals, with better outcomes for patients, thereby ensuring our hospitals provide the most appropriate care in the most appropriate location.

The Ireland East Hospital Group has a single consolidated management team, with responsibility for performance and outcomes, within a clearly-defined budget and employment ceiling.

Work commenced in 2016, with our academic partner UCD, to develop IEHG into an advanced integrated Academic Health Science Centre (AHSC) model. The organisation of services across the hospitals will be organised as clinical directorates. Directorates which include a significant academic focus will be designated as Clinical Academic Directorates. An Academic Health Science Centre (AHSC) is a partnership between one or more universities and healthcare providers focusing on research, clinical services, education and training. AHSCs are designed to ensure that medical research breakthroughs lead rapidly to direct clinical benefits for patients.

Development of IEHG to a state of readiness for its constitution as an independently incorporated Academic Health Science Network is being pursued under the aegis of a comprehensive ten-point Work Programme, which is explained in greater detail in this our first Annual Report.

Hospitals



Hospitals are defined as models 1-4 based on the type of activity that can be provided.

Model 1 hospitals are community hospitals where patients are currently under the care of resident medical officers. These hospitals do not have surgery, emergency care, acute medicine (other than a select group of low risk patients) or critical care.

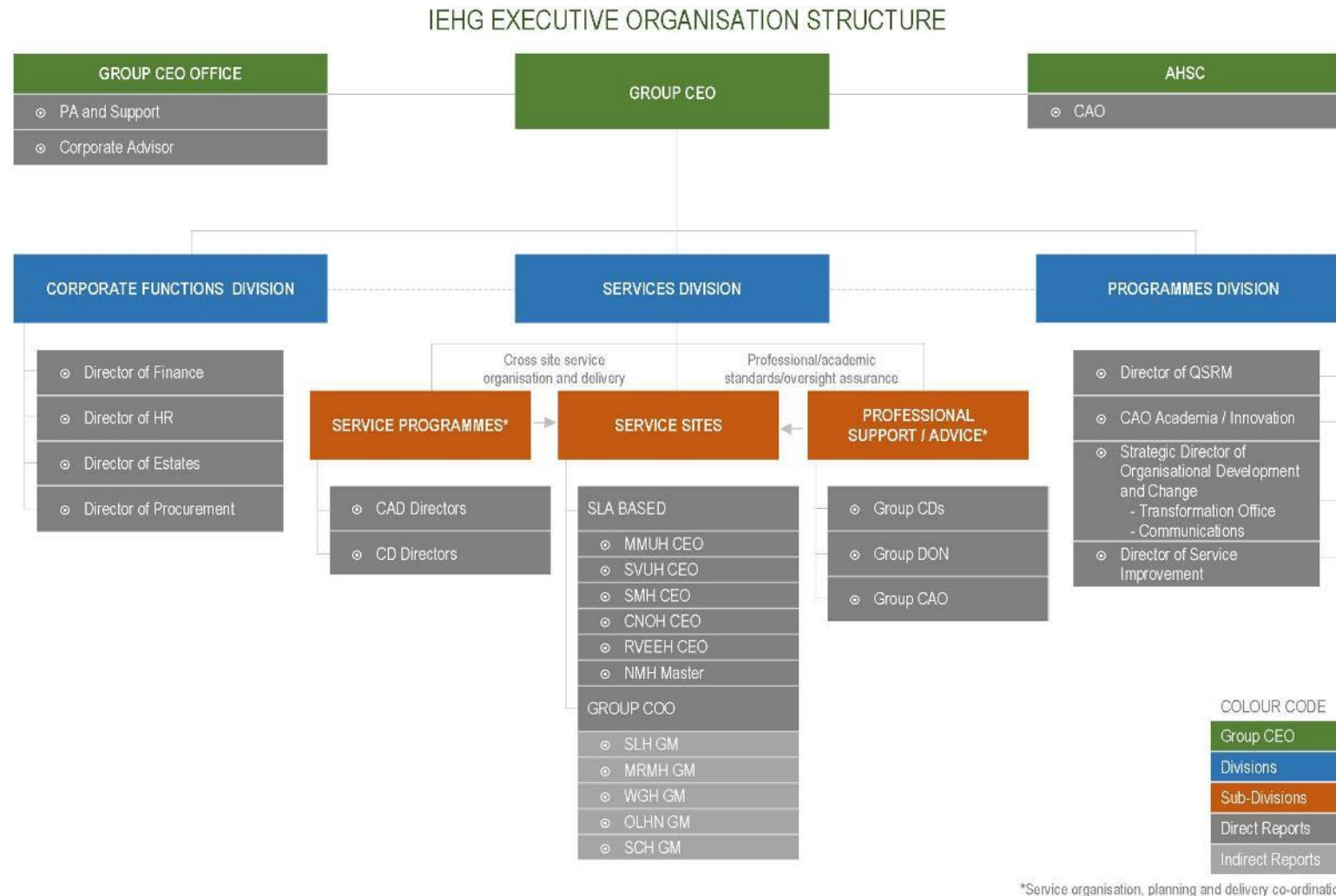
Model 2 hospitals can provide the majority of hospital activity including extended day surgery, selected acute medicine, local injuries, a large range of diagnostic services (including endoscopy, laboratory medicine, point-of-care testing, and radiology (CT, US and plain film X Ray)) specialist rehabilitation medicine and palliative care.

Model 3 hospitals provide 24/7 acute surgery, acute medicine, and critical care.

Model 4 hospitals are similar to model 3 hospitals but provide tertiary care and, in certain locations, supra-regional care.

(from *Securing the Future of Smaller Hospitals: A Framework for Development*)

IEHG Executive Organisation Structure



Management Team



Mary Day
Chief Executive Officer



Kilian McGrane
Chief Operations
Officer



Ann Donovan
Director of Nursing



Paula Lawlor
Director of HR



Declan Lyons
Chief Financial
Officer



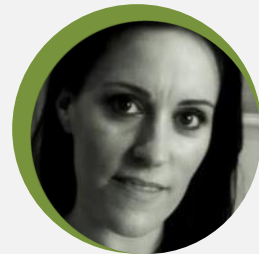
Des Fitzgerald
Chief Academic
Officer



Prof Risteard O Laoide
Joint
Clinical Director



Mr Kevin O'Malley
Joint
Clinical Director



Dr Carmel Sheridan
Director of Quality &
Patient Safety

IEHG Overview

Our vision

IRELAND EAST HOSPITAL GROUP

Mission Statement

The Ireland East Hospital Group, together with our academic partner University College Dublin, will be the national leader in healthcare delivery, with a strong international reputation, improving the quality of healthcare and patient outcomes through education, training, research and innovation for the 1.1 million people we serve.



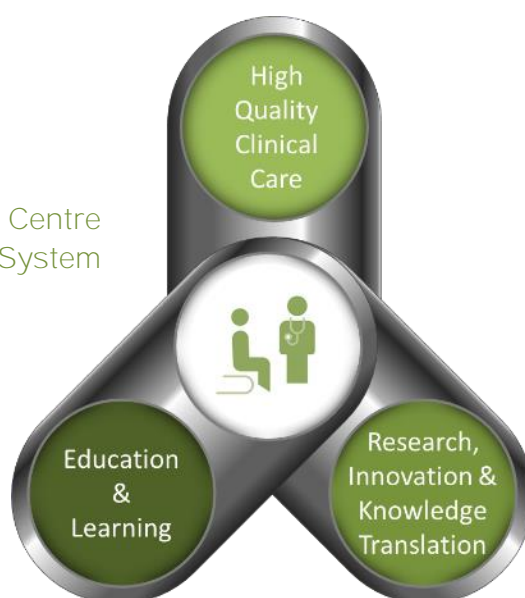
Our mission is to deliver improved healthcare outcomes through

Provision of patient-centred care	Access to world-class education, training, research and innovation through our partnership with UCD leading to the delivery of innovative, evidence-based healthcare	Application of a Lean management system in order to build a strategic and management model for operational excellence and continuous improvement	Improved communications across the speciality disciplines within the Group
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Academic Health Science Centre

The Ireland East Hospital Group, with its academic partner UCD, is evolving into an Academic Health Science Centre in a fundamental reshaping of the hospital-university model. The strategic shift reflects international experience that shows that the integration of education and research in an Academic Health Science Centre model improves patient care, research and drives the knowledge economy.

Academic Health Science Centre
A Patient-Centred System



IEHG/UCD have initially identified four key service themes which reflect our combined national and international strengths and ambitions in research, clinical practice and education. The themes are

- ▶ Cancer
- ▶ Cardiovascular
- ▶ Genomics
- ▶ Women's Health

These service areas are to be reorganised into Clinical Academic Directorates (CADs). The CADs will be the integrated centres for each defined area. They are charged with delivering high-quality care, educating and training healthcare professionals, embedding research into the system and translating those research benefits into patient benefits.

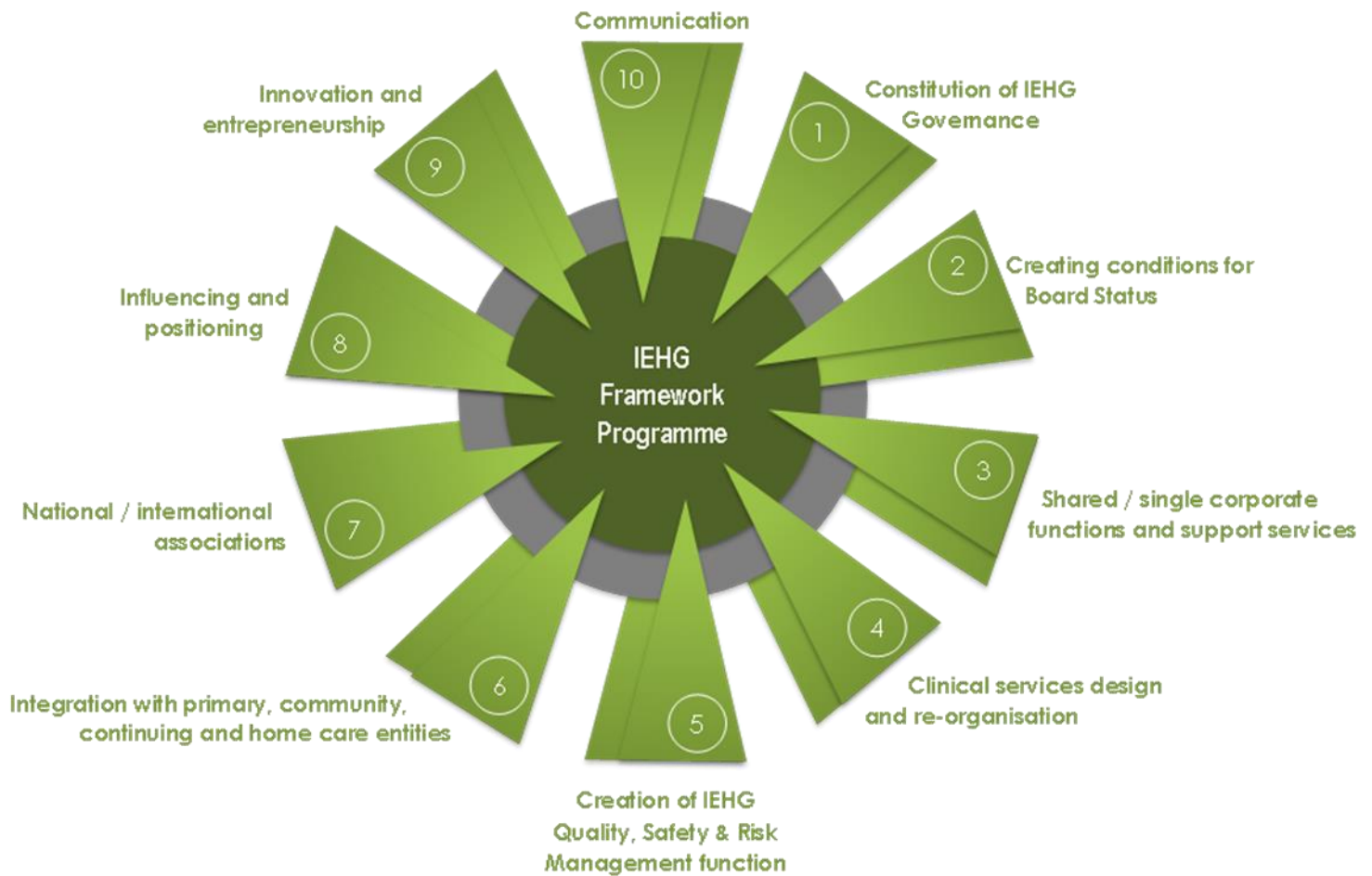
The Cancer Clinical Academic Directorate was launched in June 2016. This directorate converges IEHG's two nationally designated cancer centres at St Vincent's University Hospital and the Mater Misericordiae University Hospital into a single cancer function operating across two sites. The Cancer Directorate will, over time, embrace the cancer services in other Group hospitals and will provide comprehensive, integrated cancer services for the Group's catchment population. The Cancer Clinical Academic Directorate's objective is to become an internationally recognised Comprehensive Cancer Centre, aligning to the new National Cancer Strategy 2017-2026.

Our goals

Quality and safety culture	Develop a best-in-class quality and safety culture around patients and associated services across the Group
Integrate clinical services	Transform, re-organise, rationalise, expand, develop and integrate clinical services across the Group to meet community and population needs and expectations at catchment, regional, supra regional and national levels
Leading Irish Academic Health Science Centre (AHSC)	Create and develop an IEHG affiliation with UCD as the leading Irish Academic Health Science Centre (AHSC) partnership with international peer status and association
Best-in-class talent workforce	Develop a best-in-class talent workforce which is engaged and committed and continuously challenges and drives Group and system functioning
Develop physical infrastructure	Rationalise and develop physical infrastructure across the Group to fit-for-purpose/ contemporary model reflective of an AHSC of highest international peer status
Key tertiary/quaternary services	Specify the key tertiary/quaternary services to apply at IEHG and develop them to best-in class international peer status
Technologically advanced	Develop the Group as the most technologically advanced entity in the Irish health system to comparable best-in-class international peer status
GP integration with our hospitals	Integrate with our CHO partners and further develop GP integration with our hospitals. The formation of IEHG enables the coalescence of a broad range of clinical services across 11 hospitals combined with the cutting-edge research and academia of UCD

IEHG Framework Programme Action Plan

In 2016, the Ireland East Hospital Group established and commenced the implementation of its Framework Programme Action Plan, with a focus on the ten programmes of work below:



Action		Goal	Progress in 2016
1	Constitution of IEHG governance	Achieve legislation for Group	Ongoing communication with the Department of Health in relation to the acceleration of the identification and appointment of Board members / legislation for Group
2	Creating conditions for board status	Establishment of Group Board and Executive	<ul style="list-style-type: none"> ▶ Group Executive has been established ▶ A governance oversight committee has been set up ▶ 2017 working agreements and 3-5 year corporate plan have been drafted ▶ Political meetings have taken place with key stakeholders
3	Shared/single corporate functions and support services	To create shared / single administration functions across the group	<ul style="list-style-type: none"> ▶ Group leads for each function have been appointed ▶ Dedicated work programmes for each function have been established
4	Clinical services re-design and re-organisation	Develop a full clinical services portfolio to improve patient provisions	<ul style="list-style-type: none"> ▶ Launched Cancer Clinical Academic Directorate ▶ Organised work streams dealing with clinical services across the Group hospitals within a programmatic clinical directorate divisional construct ▶ Evolved clinical integration between Model 3 and Model 4 hospitals ▶ Explored capacity options in Model 2 hospitals for key specialities, reducing demands on Model 4 hospitals ▶ Focused on the development of a data analytics capacity
5	Creation of IEHG Quality, Safety & Risk Management function	Develop outstanding quality and safety culture across the group	<ul style="list-style-type: none"> ▶ A Risk Governance committee has been set up ▶ Baselining and assessment of QSRM governance ongoing ▶ A Quality dashboard is in development ▶ Development of specific speciality care KPIs are ongoing

6	Integration with primary, community, continuing and home care entities	To be the prototype for integration between primary and community care	<ul style="list-style-type: none"> ▶ LICCS have been set up in St Columcille's, Wexford, Mullingar and Kilkenny. Work underway in Navan ▶ Hepcare Europe launched, a collaborative project led by Infectious Diseases at MMUH (and shortly to commence in SVUH) providing treatment for patients with hepatitis C in the community ▶ 2016/2017 winter planning sessions held between IEHG Executive team and CHO leads ▶ Projects looking at deferring patients from the acute hospitals are being reviewed, e.g. community physio in Wexford dealing with lower back pain ▶ A frail Elderly Work Programme has been established
7	National/international associations	To identify high value associations for IEHG and develop our philanthropic potential	<ul style="list-style-type: none"> ▶ Initial conversations and visits have been held with a number of international organisations such as University of Pennsylvania, New York Presbyterian, Kings College Hospital London and the Far Institute Edinburgh ▶ Link with Bolton model for Processes Improvement in Unscheduled Care
8	Influencing and positioning	To influence the development, enactment, implementation and modification of social policies to ensure equal access to healthcare services	<ul style="list-style-type: none"> ▶ Political workshops have been held with some opposition parties to drive the Group brand and benefits
9	Innovation and entrepreneurship	To generate innovations to positively impact our patients and communities	<ul style="list-style-type: none"> ▶ Prof Thilio Kroll has commenced in his new role as Professor for Health Systems ▶ The steering group for Health Systems Research is developing a Group framework

10	Communications	To promote and protect IEHG's reputation through clear, consistent and engaging strategies	<ul style="list-style-type: none"> ▶ A Group communications plan has been drafted and approved internally ▶ Work on the Group website commenced in 2016 ▶ Branding workshops were held throughout the Group to assist the development of the Group brand ▶ Media training provided
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Population served

Serving a population of 1.1 million, IEHG covers counties Dublin, Meath, Westmeath, Carlow, Kilkenny, Wicklow and Wexford. It has 6 Emergency Departments, a 12-hour urgent care centre in St. Michael's and an Acute Medical Assessment / Local Injuries Unit in St. Columcille's. IEHG is the largest of the Hospital Groups and works with four Community Healthcare Organisation (CHO) partners.

The group provides services on three levels; those serving local catchment areas, specialist services delivered to regional populations and quaternary services delivered nationally.

Nationally the demand for acute hospital services continues to increase in line with a growing and ageing population. The overall population growth year on year is in the order of 1%. However, the growth of the over 65-year age group is increasing at a steeper rate, and of the order of 3-4% per year. In 2016, we forecast a projected increase of 32,500 persons in our population, including an increase of 19,400 aged 65 years and over and an increase of 2,900 persons of 85 years and over.

IEHG has prioritised improvement in links with Primary Care and specifically to improve links between GPs and local hospitals. A GP advisory group was established and endorsed the concept of Local Integrated Care Committees (LICCs) which were established to improve links between the hospital, community / primary care sectors. These committees were established in Kilkenny, Wexford, Mullingar, South Dublin. Work is underway to progress the LICC in Navan in 2017.

IEHG launched Hepcare Europe, a collaborative project led by Infectious Diseases at MMUH (and shortly to commence in SVUH) providing treatment for patients with hepatitis C in the community. Traditionally provided only in acute settings, it will enable those who are 'hard to reach' to access new life saving anti-viral therapies. The project was awarded €1.8M in funding by the EU, illustrating how care is integrated across the community within the Group.

The story so far



Commenced

our programme for clinical redesign (redesigned clinical services in two of our hospitals)



Established

Local Integrated Care Committees (LICCs) to support integrated pathways



Undertook

Framework Programme Action Plan



Launched

a Clinical Academic Directorate for Cancer



Introduced

our Quality & Patient Safety programme



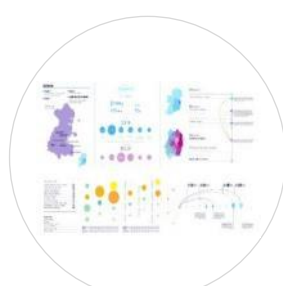
Instigated

our Service Improvement programme



Appointed

our management team



Developed

a Group Dashboard to create data analytics capacity



Created

a number of collaborative programmes with our academic partner UCD

2016 in review

2016 Group Highlight Events

First IEHG Nursing Symposium, Farmleigh House

Beyond the Bed: Nurses Improve Patient Lives Through Research

On 19 May 2016, the Ireland East Hospital Group held its first nursing symposium at Farmleigh House, Dublin. The event showcased the effort, hard work and research carried out by nurses for their patients across all 11 hospitals. We hope this is the start of an annual event where nurses can demonstrate the positive impact their research is having on the delivery of service to our patients. We plan to develop an IEHG network that will share the information across all the hospitals, which will enable and promote a quality research-based service.

The keynote address was delivered by Liz Lees-Deutsch which highlighted the positive impact nursing research has across all aspects of service delivery. Liz is Clinical Dean and Consultant Nurse in Acute Medicine in the Heart of England NHS Foundation Trust.



Liz Lees-Deutsch (centre) with IEHG management and nursing staff

Launch of IEHG's Cancer Clinical Academic Directorate

The Cancer Clinical Academic Directorate (CaCAD) is the first Clinical Academic Directorate in the Ireland East Hospital Group and was launched on the 29th of June 2016 by IEHG CEO Mary Day and the Director of the National Cancer Control Programme Dr Jerome Coffey. The launch of the Clinical Academic Directorate for Cancer Care enables the IEHG to leverage the considerable expertise of St. Vincent's University Hospital (SVUH) and the Mater Misericordiae University Hospital (MMUH), together with the research and teaching expertise in UCD. It will deliver state of the art cancer care to patients, in terms of the range, depth and complexity of care required and the scientific discovery that underpins new and evolving treatments. The overall objective of the CaCAD is to align the two cancer centres at the Mater Misericordiae University Hospital and St. Vincent's University hospital into a single function operating across two sites. The CaCAD will in time include the cancer services delivered in the Groups other hospitals. In September of 2016 Professor Risteard O'Laoide took on the position of interim Executive Director of the CaCAD.

The IEHG Cancer Report

The CaCAD produced and published the IEHG Cancer Report in June 2016. This report provided a comprehensive overview of the cancer services in the two main cancer centres in the IEHG, SVUH and MMUH, and incorporated data for 2014 and 2015.

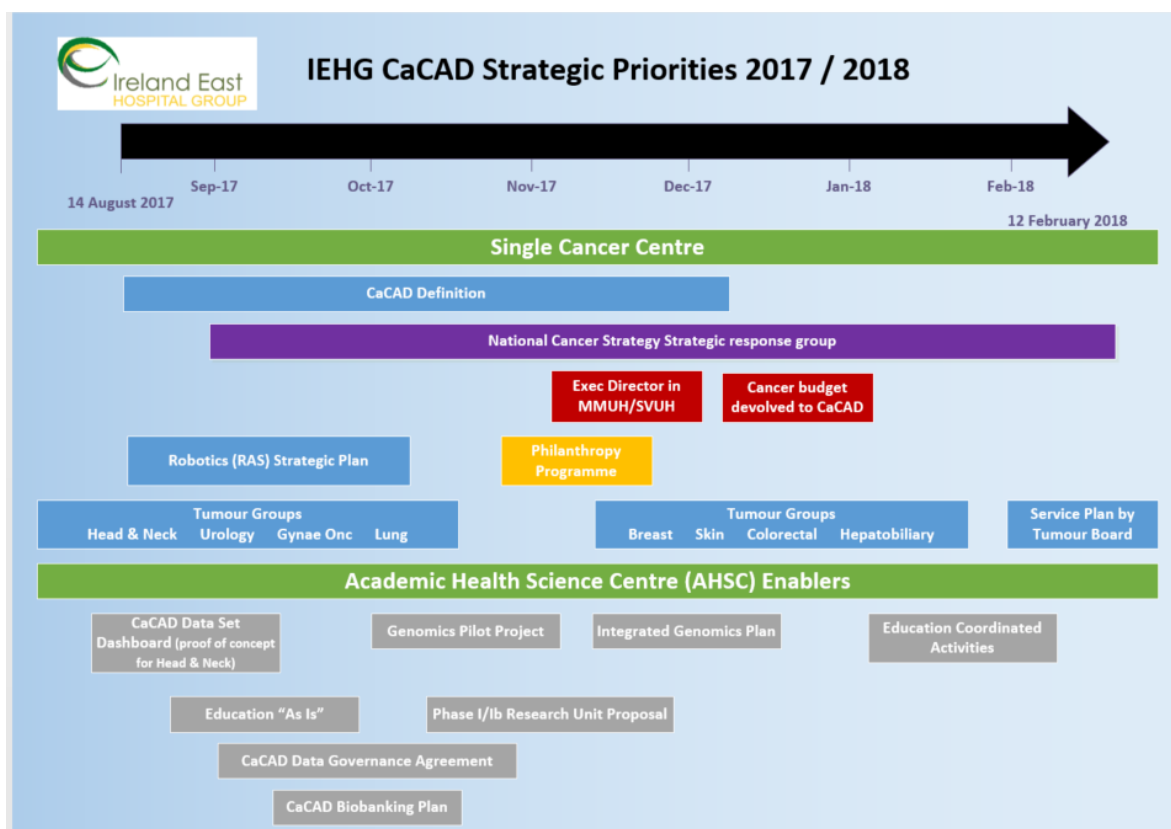


L-R: Des Fitzgerald, IEHG Chief Academic Officer, Mary Day, IEHG CEO, and Prof Owen Smith of UCD

IEHG CaCAD Executive Cancer Committee (ECC)

The IEHG CaCAD Executive Cancer Committee (ECC) was formed in December 2016. The prime purpose of the ECC is to advise, assist and support the executive director of the Cancer Clinical Academic Directorate (CaCAD) in creating and developing a converged cancer centre. Terms of reference were approved and ratified by the committee at the meeting on 19th December 2016. This committee contains a cross section of representatives from the IEHG, SVUH, MMUH and UCD and meets on a monthly basis.

Strategic Objectives of CaCAD in 2017 and on into 2018



Cancer Executive Team	Directorate Team
Prof Maurice Stokes Dr Eileen Furlong Prof Liam Gallagher Mr James Geraghty Prof Michaela Higgins Prof Cecily Kelleher Dr Ray McDermott Prof Pat Murray Mr John O'Brien Prof Risteárd O'Laoide Mr Kevin O'Malley Mr Kiaran O'Malley Prof Kieran Sheahan Mr Tommy Bracken	Interim Director: Risteárd O'Laoide Special Advisor: Tommy Bracken

Publication of IEHG's Healthy Ireland Implementation Plan

The most significant initiative for Healthy Ireland (HI) within the IEHG in 2016 was the development and publication of its HI Implementation Plan. Widespread engagement took place to identify existing resources available for health promotion and chronic disease management and to identify the initiatives already underway within the hospitals. During the year, leaders came forward within each hospital to champion the roll-out of the HI plan at local level. The plan was successfully launched by the Minister of State for Health Promotion, Marcella Corcoran Kennedy TD, and Professor Donal O'Shea on 20th December 2016 in St. Columille's Hospital, Loughlinstown.



Professor Donal O'Shea at the publication of IEHG's Healthy Ireland Implementation Plan



Professor Donal O'Shea (St Columcille's Hospital, Loughlinstown), Fidelma McHale (Project Manager, IEHG), Sarah McCormack (National Programme Lead, Healthy Ireland), Kilian McGrane (Chief Operations Officer, IEHG), Marcella Corcoran Kennedy TD (Minister of State for Health Promotion), Eimear Flannery (Healthy Ireland, IEHG), Barry McGinn (Health & Wellbeing Division, HSE)

Key activities / achievements from the launch of the HI Implementation in the Health Services July 2015 to December 2016 / Group Implementation Plan:

- ▶ The IEHG HI Steering Group was established in 2015. The group has representation from all IEHG hospitals as well as HSE Health & Wellbeing Division and UCD.
- ▶ IEHG HI priorities were identified:
 - Promote staff health and well-being,
 - Develop an environment conducive to making the healthy choice the easy choice,
 - Reduce the rate of growth in chronic illness in our patient population,
 - Partner with community and other relevant organisations.
- ▶ HI Leads were identified in each hospital. These leads are responsible for the roll-out of the plan at local level.
- ▶ All IEHG hospitals completed a baseline support template to identify resources and gaps at local level.
- ▶ A series of Staff Information Sessions on the importance of supporting the Healthy Ireland agenda and meetings with local leads were held during the year in all hospitals in conjunction with the HSE Health & Wellbeing Division.
- ▶ A workshop for all IEHG HI hospital leads was undertaken in August 2016. This forum allowed for the sharing of information and work underway and was followed by a

presentation by Prof Donal O'Shea on the management and prevention of obesity. The forum was very well received and will be repeated on an annual basis.

- All hospitals benefited from €50k once-off funding made available by the HSE Health and Wellbeing Division to support staff health and wellbeing initiatives within the Group. Examples of initiatives funded included mindfulness training, Slí na Sláinte walking routes, cycling facilities, as well as an innovative bibliotherapy collection which is being shared by three hospitals in the group.

Key challenges being addressed

The main challenge in implementing the IEHG HI Plan is staff, time and funding to support many of the HI activities. Specific challenges have been identified in rolling out many of the initiatives particularly relating to chronic disease, due to specialist staff resources required.

While there is great enthusiasm for the HI framework and initiatives/activities throughout the IEHG hospitals, it can be challenging to ensure employees have sufficient time to attend relevant training sessions and committee meetings and to participate in staff health and well-being activities.

The need to support individual hospitals and local leads to develop local implementation plans has been identified as a priority for the group in 2017.

Achievement measures

- IEHG will monitor the implantation of the plan's actions during 2017 (and onwards)
- Each hospital will develop local implementation plans in line with the IEHG plan
- Ongoing support will be provided to the local HI leads through information and workshops

Keeping Ireland Alive Documentary Series

IEHG Hospitals' Staff and Patients Contribute to Compelling Real-Time View of our Health Services in RTE's Successful Series 'Keeping Ireland Alive'

'Keeping Ireland Alive' was a five-part documentary series which showed what happens in the health service across Ireland in just one single day. The programme was produced by Independent Pictures for RTE. This series was created by no less than 75 camera crews being sent to 70 health services location nationwide. Filming was carried out over a 24-hour period on the 31st of May 2016 and aired the last Monday in August to over half a million viewers.

This project involved most of our 11 hospitals and with the cooperation of many staff and patients who work at or attend them. Viewers were given unprecedented access to the most personal stories of our patients, the professionalism and the compassionate care our staff provide. All of those who participated contributed to what was hailed a tremendous success, showing the communities and ultimately the patients we work with, that most patients who visit our hospitals find them to be safe, the staff caring and most importantly, that they are well looked after.

The result was a television series which was incredibly moving and gave viewers an unparalleled insight into the workings of Ireland's health service and in particular our hospitals.



Simon Harris TD ✓
@SimonHarrisTD



[#KeepingIrelandAlive](#) - a brilliant insight into the amazing work of our frontline staff in the health service & inspirational patients

5:32 PM - 29 Aug 2016

↩️ ↺️ 55 ❤️ 119



Clinical Service Redesign

Challenging the way services are organised

Throughout 2016, the evolution of work streams within Programme 4 of the IEHG Framework Programme concerned with the design and organisation of clinical services the Group continued at a pace. Designed and formed around patients, this Programme's key aim is to have clinical services cross-based, rather than individual hospital-based, in their structures, management, and operation.



The execution of redesign of this magnitude has involved key working relationships between the Ireland East Hospital Group (IEHG) team and senior managers / clinical staff in each of the hospitals. Maintaining effective partnerships, relationships, and matrix management arrangements with internal and external key stakeholders across the Group has been a key success factor. The IEHG and our hospitals support the required culture and are fully committed to delivering high-quality services and outcomes which are patient-centred. The IEHG plays a key role in providing regular reports on the development and implementation of this programme and on associated areas of performance. Managing potentially difficult areas around process and clinical service change management which may be sensitive, complex, contentious, and confidential has been critical.

Timely responsiveness to data collation, proactive participation in working groups, analytical advice, and expertise by a cross section of staff members in our hospitals has been of paramount importance in the transformation process to date. The presentation of programme information and issues, and explaining complexities to a wide range of internal and external stakeholders by IEHG continues. The development of an extensive clinical service portfolio, which includes a demand profile for the group under the specialties of care, is ongoing. Decisions around clinical redesign

must be clinically led, and clinicians must be prepared to challenge the way all services are organised.

Work undertaken in 2016 is governed by the underlying principles of

- Providing a clinical services portfolio which is centred on and meets population and community needs of the IEHG catchment area
- Ensuring that the IEHG is fully self-sufficient with respect to secondary level service provision for its catchment population
- Ensuring and assuring quality and efficiency in clinical services provided by the IEHG
- Compliancy with Government / DoH / HSE policy themes on clinical services organisation and delivery
- Providing for the delivery of secondary services as close as possible to designated population users having regard to quality and efficiency
- Providing for the creation of an organisation structure and process for clinical services which is decentralised, flat and patient-focused, founded on clear and unambiguous lines of authority and accountability

2016 Progress - Building Design for Clinical Service Redesign

Generating Innovation	Advancing Network Groups	Leveraging Data	Evolving Clinical Pathways	Progressing Programmes
<p>Creating designated Clinical Academic Directorates (CADs) reflecting the central and embedded importance of academia therein. e.g. Cancer Clinical Academic Directorate (CaCAD)</p> <p>Organising work streams dealing with clinical services across the Group hospitals within a programmatic clinical directorate divisional construct</p> <p>Evolving clinical integration between Model 3 and Model 4 hospitals</p> <p>Exploring capacity options in Model 2 hospitals for key specialities, reducing demands on Model 4 hospitals</p> <p>Evolving service restructure, delivering services reflective of local need / safe and sustainable</p>	<p>Facilitating network group meetings for several priority services e.g. critical care / diagnostic / endoscopy / ENT/ laboratory / neurosciences / obstetrics / orthopaedics / ophthalmology / radiology services</p> <p>Proactive working groups evolving a variety of clinical service design work streams</p> <p>Providing clinical strategy and clinical operational input to continue to develop and strengthen planning and operations</p> <p>Identifying resource requirements to meet the needs of the patient cohorts presenting across IEHG</p>	<p>Working towards verifying the Group's full clinical service portfolio by mapping services, capacity, resources, and demand across the Group</p> <p>Focusing on the development of a data analytics capacity</p> <p>Collating, reviewing and presenting data facilitating informed decisions re a variety of work streams</p> <p>Commencing robust analysis of all manpower</p> <p>Collating data to progress the development of IEHG to becoming self-sufficient in the delivery of services</p>	<p>Reviewing clinical pathways within the IEHG to ensure equity of access for all to specialist services</p> <p>Commencing analysis of shared services inside and outside the IEHG</p> <p>Promoting self-sufficiency within group for clinical services</p> <p>Collating data sets to realign pathways where patients from within the IEHG are referred for clinical services currently delivered in other hospital groups</p> <p>Discussing with internal and external stakeholders re realigning clinical pathways reflective of the Group structure / rationalising scheduled care specialities crossing group 'boundaries' e.g. cardiology</p>	<p>Liaising with all relevant stakeholders to ensure that work streams are neither overlooked nor duplicated by related projects</p> <p>Co-ordinating projects including guiding work streams in line with project plans and milestones</p> <p>Working across services, teams and geographical boundaries to ensure the work is flexible to different business needs yet co-ordinated into a unified approach</p>

In 2016, the evolving building design and organisation of clinical services across the Group was patient-focused with the key aim of having clinical services cross-based, rather than individual hospital-based, in structure, management and operation

CLINICAL RECONFIGURATION	<ul style="list-style-type: none"> ▶ Developing models of care in level 2 hospitals to integrate with level 4 hospitals
RE-ALIGNING PATHWAYS	<ul style="list-style-type: none"> ▶ Assisting the expansion of cancer services ▶ Assisting in the development of self-sufficiency in scheduled and emergency care
DIRECTORATE STRUCTURE	<ul style="list-style-type: none"> ▶ Evolving designated Clinical Academic Directorates (CADs) and Clinical Directorates (CDs) for the Group ▶ Verifying the Group's full clinical service portfolio by mapping services, capacity, resources and demand
OUTREACH CLINICS	<ul style="list-style-type: none"> ▶ Establishing outreach clinics from Model 4 hospitals to Model 2 hospitals for several medical specialities including rheumatology, dermatology, urology and neurology
WORK STREAMS	<ul style="list-style-type: none"> ▶ Continue to devise, implement and monitor optimisation and restructuring of services ▶ Promote self-sufficiency
CLINICAL SERVICE PORTFOLIO	<ul style="list-style-type: none"> ▶ Evolving clinical service portfolio through ongoing engagement with steering/working groups in critical care, diagnostics, ENT, neurosciences, obstetrics, ophthalmology and orthopaedics
	<p>(Gap Analysis)</p> <ul style="list-style-type: none"> ▶ Predictive analysis simulation as appropriate ▶ Analysis of the consultant manpower and synergies
	<p>(Diagnostics)</p> <ul style="list-style-type: none"> ▶ Review and redesign laboratory/radiology services ▶ Two laboratory hubs (cold labs) ▶ Standard protocols within radiology services

Nursing Service

The Nursing service in the Ireland East Hospital Group (IEHG) is an integral component for the delivery of a quality service and the impact on patient care cannot be overestimated. We have had a number of successes throughout 2016 which highlights the commitment from both frontline staff and nurse management across all hospitals.

Throughout 2016, Nursing and Human Resources worked hard at developing a Nurse Bank for the IEHG. The path to successful conclusion of this endeavour was strewn with many obstacles which we have systematically worked through. We anticipate that 2017 will see the successful roll out of this important initiative.

In 2016, the Department of Health rolled out a national workforce planning pilot for Nursing and St Columcille's Hospital, Loughlinstown was selected as one of the pilot sites. This is a great achievement as there were only 3 hospitals selected across the country: one level 4 hospital, one level 3 hospital and one level 2 hospital. St Columcille's has collected some very important data which will benefit the other hospitals in the group as the measurement of work and time is transferable.

We are working with the Director of Human Resources to develop a workforce plan for nursing across the group. Nursing within the group has 4201 WTEs accounting for 38.3% of the workforce so it is imperative that we have a structured approach to workforce planning. In doing this work we have adopted nationally agreed standards such as birth rate plus and the critical care model of nurse staffing.

The Ireland East Hospital Group was the first group in Ireland to appoint 2 Advanced Nurse Practitioners for acute medicine, one in St Vincent's and one in the Mater hospital. These roles highlight a new way of care delivery with nursing at the forefront. As we develop the nursing service it is the goal of all the senior nurse management across the group to further develop and expand the role of Clinical Nurse/Midwife specialists and Advanced Nurse/Midwife practitioners.

Integrated care

Early in 2016, IEHG established new forums known as [Local Integrated Care Committees \(LICCs\)](#) for engagement, discussion and problem solving between GPs, primary care, community care and hospitals across the Group.

LICCs are based on a model originally developed in Carlow-Kilkenny. The structure has been endorsed by the ICGP and supported by the engagement of local College Faculties. The monthly meetings are designed to support integration by bringing together local GPs, hospitals and community management to address local problems and to bring about improvements and efficiencies in patient pathways and care. The LICCs differ from the traditional GP-hospital liaison committees in that they are primarily GP/primary-care focused rather than hospital-driven.

A key driver to this process has been the need to improve patient flow through the health system. LICCs are a conduit for community initiatives that can create alternative pathways of care to reduce demand on the acute hospitals. This is especially important in developing new frail elderly pathways which span the full continuum of care from primary through community and continuing care to the acute hospital.

An important benefit of the LICC is the participation of senior hospital and community decision makers which ensures that ideas can quickly translate into deliverables. The structure also improves communication between the hospital and community partners.

The engagement to date has been between the CHOs, hospitals and GPs. As the LICC model becomes embedded it can expand participation to include other key primary care partners including ambulance services, mental health services, Community Intervention Teams (CIT), GP Co-ops, palliative care teams as well as patient groups.

In the past year LICCs have been established in St Columcille's, Wexford, Mullingar and Carlow/Kilkenny and discussions are already underway to establish a LICC in Navan early in 2017.

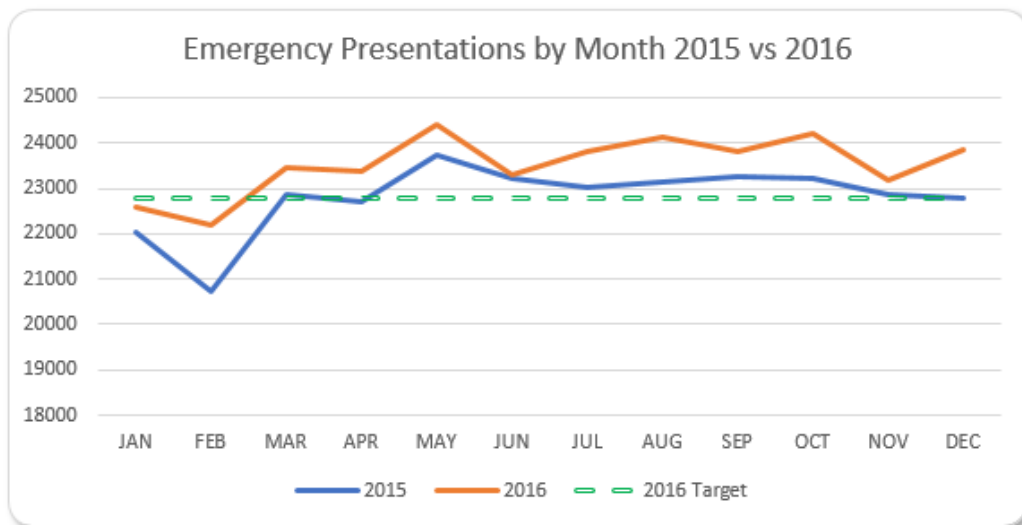
The success of the model is reflected in the interest of GPs and hospitals in the establishment of LICCs outside of the IEHG catchment area (this includes Tallaght, Galway, Cork and Limerick). Dr Ronan Fawsitt, GP head on the IEHG Executive Team, commenced work with the HSE Primary Care Division on a part-time basis to assist with the roll-out of the LICC model nationally.

Operational activity

Unscheduled Care

Attendances

Emergency presentations including attendances to Medical Assessment Units increased during 2016. Total presentations were 282,274, representing a year-on-year increase of 3.2%. This was 3% above expected target. All hospitals, except Regional Hospital Mullingar¹, recorded increases with the highest being St Columcille's at 16.3%. Increases in other hospitals range between 0.9% and 10.8%.

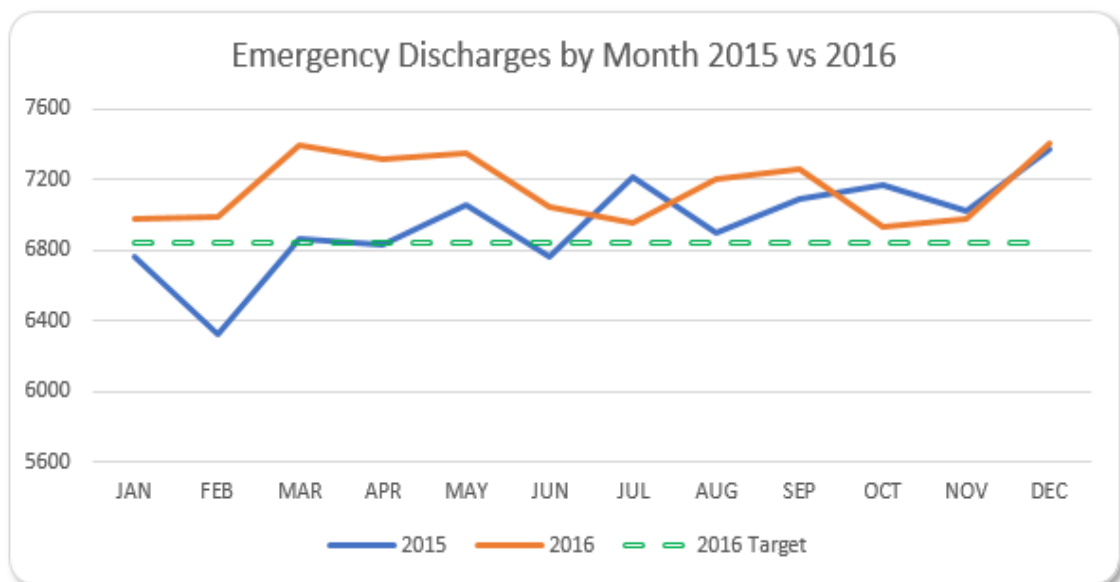


Source: BIU (MDR Data)

Discharges

Discharges with emergency as a source of admission (including those from Medical Assessment Units), also increased during 2016. Total discharges were 85,827, representing a year-on-year increase of 4.6% YTD and was 3.0% above expected target. All hospitals except Our Lady's Hospital, Navan and Wexford General Hospital recorded increases with the highest being St Columcille's at 16.3%. Increases in other hospitals range between 0.9% and 9.9%.

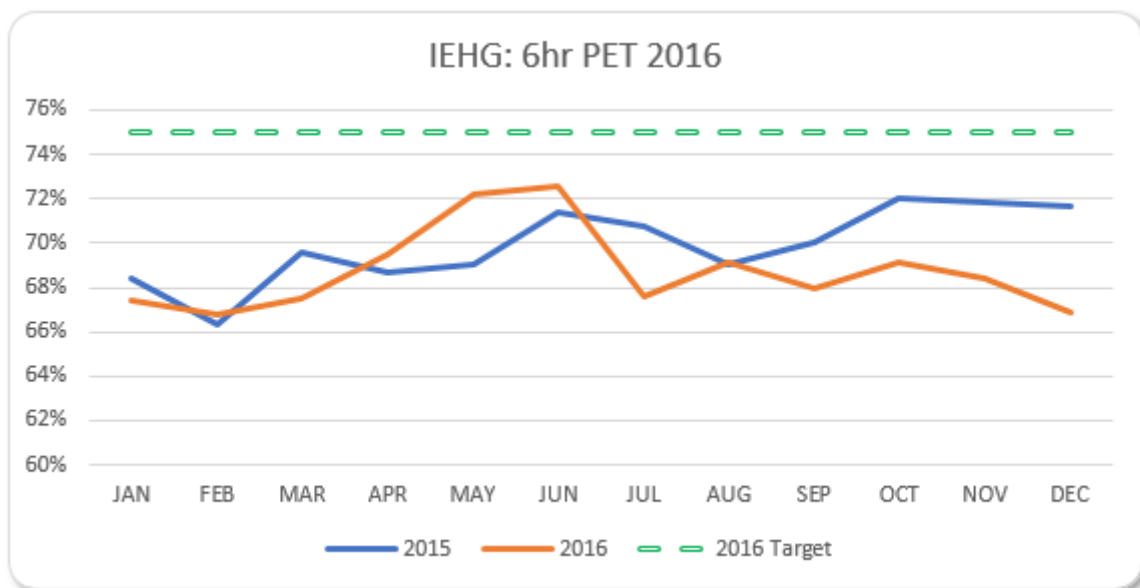
¹ Changes to attendance classifications in early 2016 may be responsible for reduced attendance numbers.



Source: BIU (Hospital MDRs)

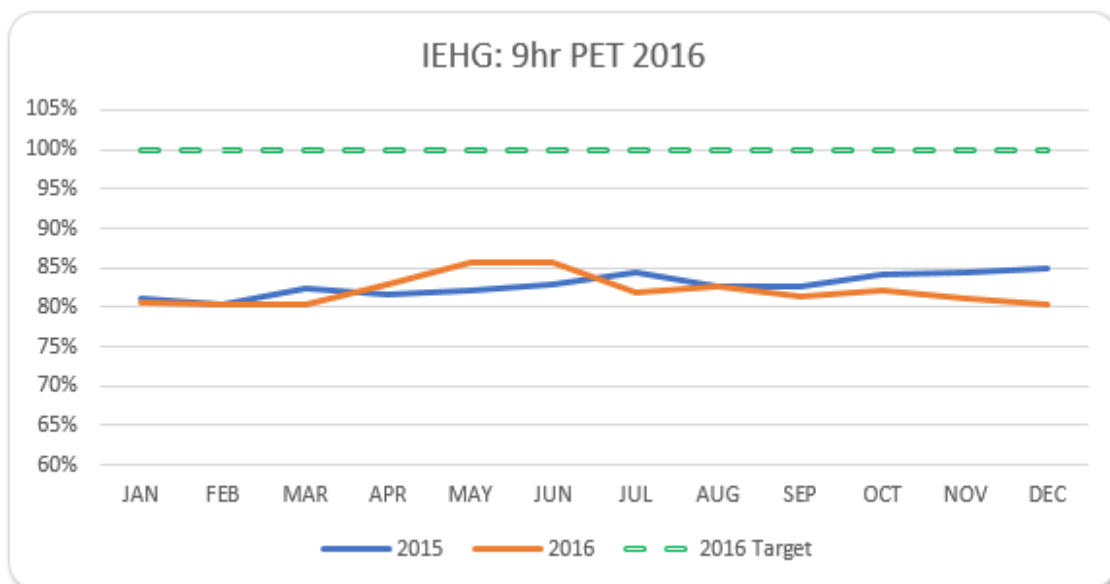
Patient Experience Time (PET)

6-hour PET for 2016 was 68.5%. This is an improvement on the 2015 performance of 61.4%. Rates fluctuated throughout the year peaking at 72.1% in June and dipping to 66.9% in December. The overall trend was static for the year. The target for this metric is 75%.



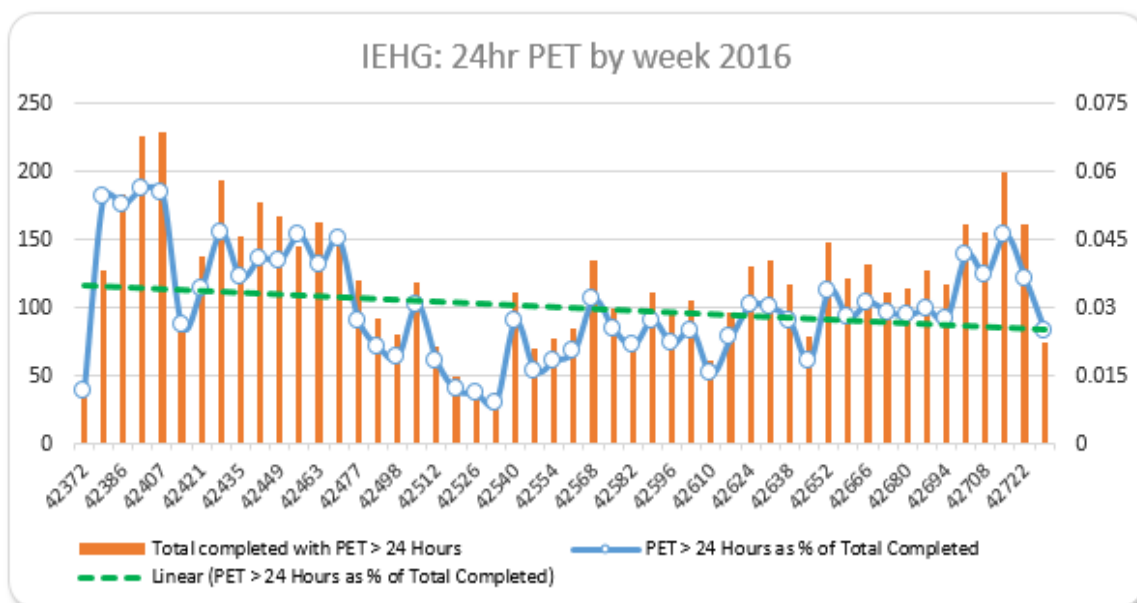
Source: BIU (PET Data)

9-hour PET for 2016 was 81.7%. This was an improvement on the 2015 performance of 77.4%. Rates have fluctuated throughout the year peaking at 85.8% in May and dipping to 80.4% in March. The overall trend was static for the year. The target for this metric is 100%.



Source: BIU (PET Data)

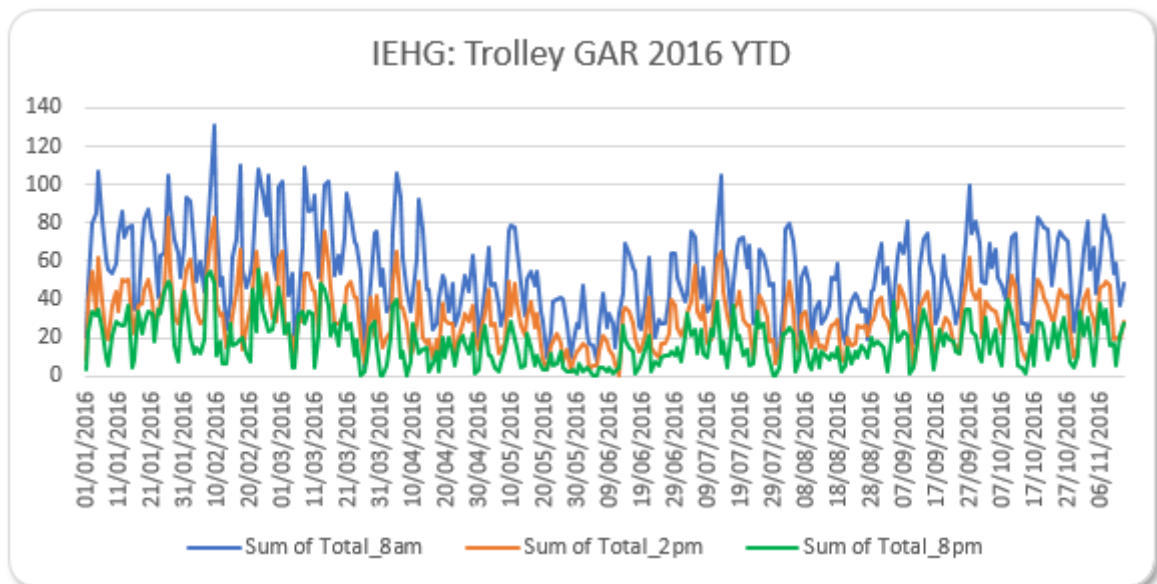
Weekly 24-hr PET breaches reports indicate that 3% of Emergency Department (ED) attendances during 2016 stayed longer than 24 hrs in ED. This equates to approximately 6001 patients. The target for this metric is zero. The hospital which comes closest to achieving this is St Luke's, Kilkenny, with 119 patients to date. In terms of %, activity has trended downwards during 2016.



Source: BIU (PET Data)

TrolleyGAR

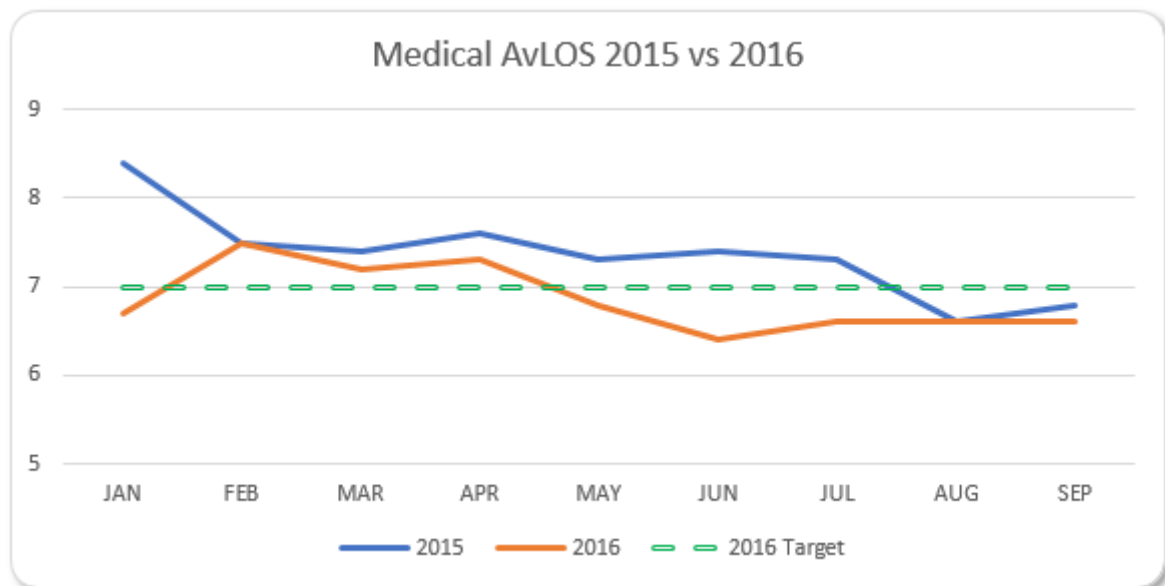
TrolleyGAR during 2016, although trending downwards, has shown an increase since 2015. 8am increased by 8%, 2pm by 15% and 8pm by 12%. This can be attributed to the increase in attendances and discharges noted previously.

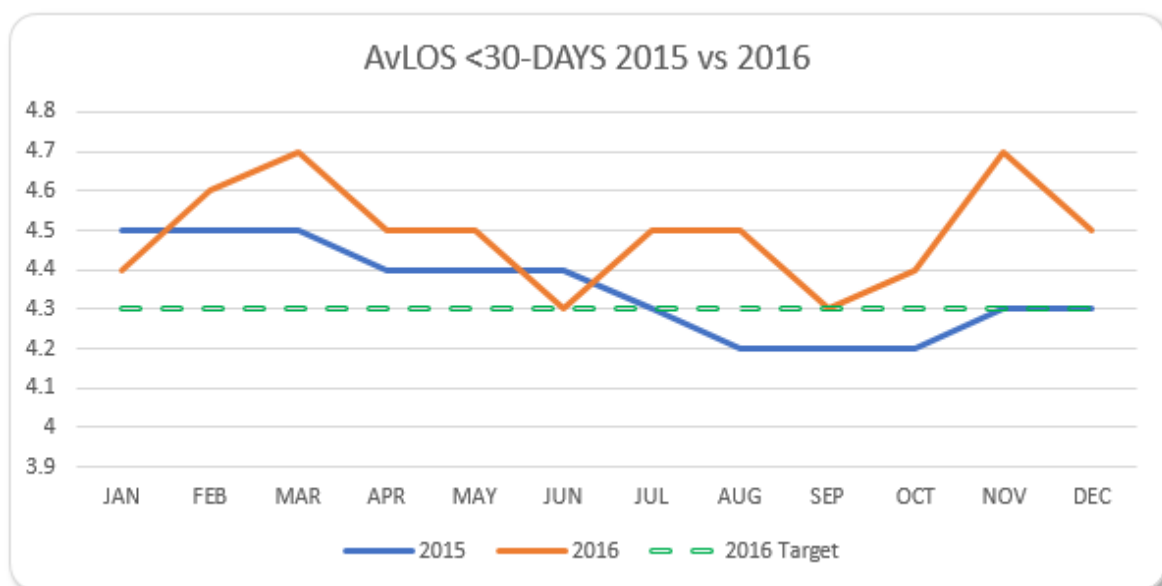


Source: Daily TrolleyGAR Reports

Average Length of Stay (AvLOS)

The Medical AvLOS for 2016 is 7 days. This is an improvement from 7.2 days last year. The <30-days AvLOS is 4.5 up from 4.4 last year. National targets for these metrics are 7.0 days (medical) and 4.3 days (<30-days) respectively.



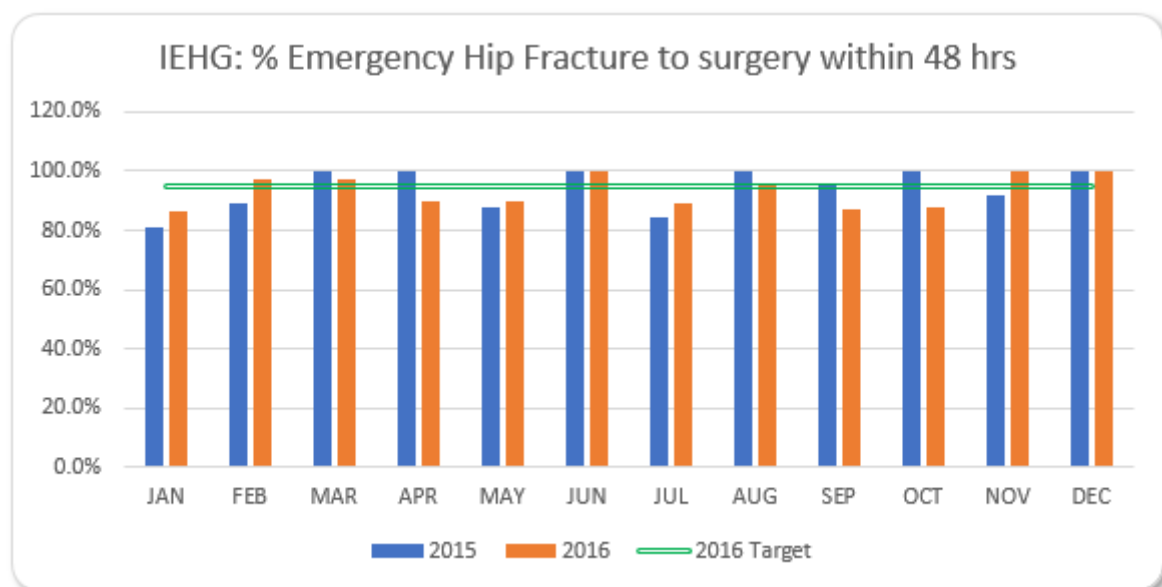


Source: HIPE / BIU

Quality Metrics

% Hip Fractures to Surgery within 48 hours

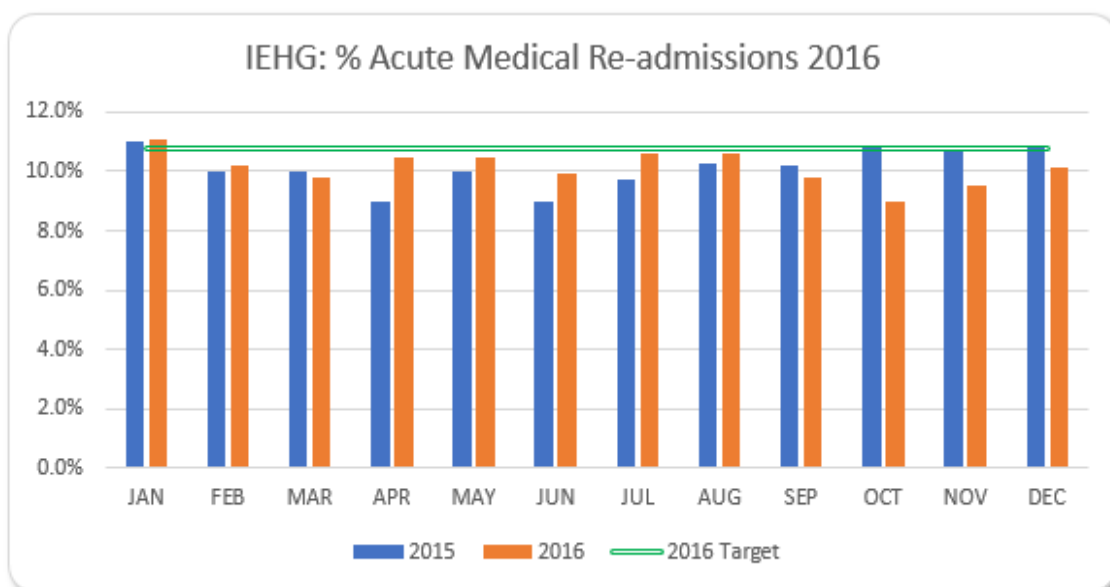
In IEHG, two hospitals, the Mater and St Vincent's, admit trauma orthopaedic patients. 364 trauma patients were admitted during 2016 requiring emergency hip fracture surgery. Of these 93.1% received this surgery within 48 hours of admission. This is an improvement on the 2015 performance of 92%.



Source: HIPE / BIU

Emergency Medical Readmission

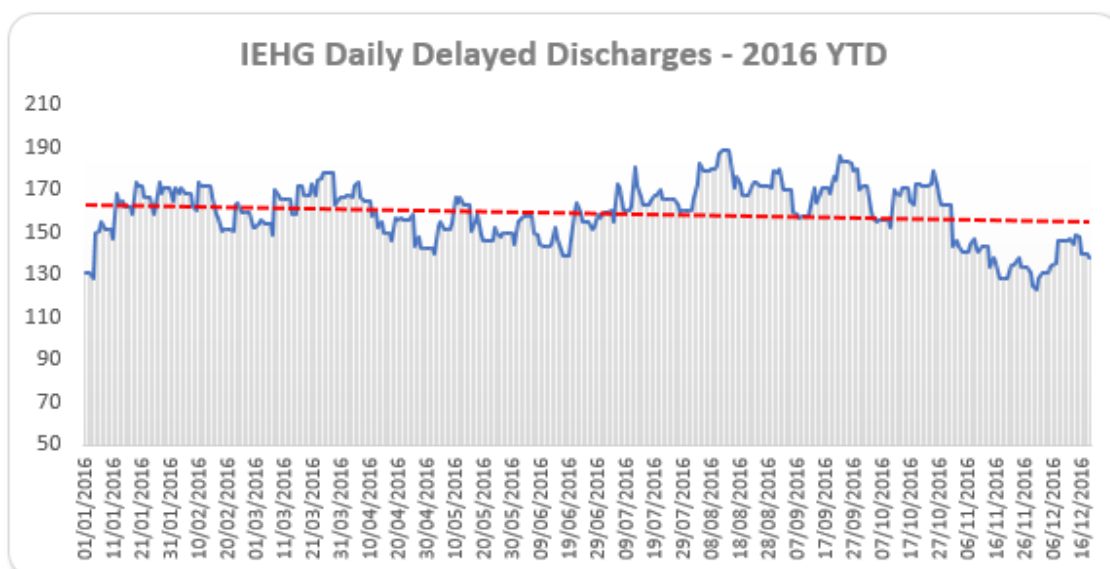
During 2016, 6359 patients were admitted as Emergency medical readmissions within 28 days of previous discharge. This represents 10.9% of all medical admissions. There is no change from the 2015 full year performance.



Source: HIPE / BIU

Delayed Discharges

Delayed discharges for 2016 trended downwards. This was influenced by the 16/17 winter initiative funding, allocated specifically to address the issue of delayed discharges in Acute Hospitals during the winter period. Individual hospital thresholds were set, and group threshold was 108. This was never reached however some hospitals did achieve their thresholds for varying periods. During 2016, the average number of delayed discharges per day in IEHG was 157. This peaked at 189 in August. Its lowest level was 117, achieved during the Christmas period.



Source: HSE Daily Delayed Discharge Reports

New facilities opened in 2016

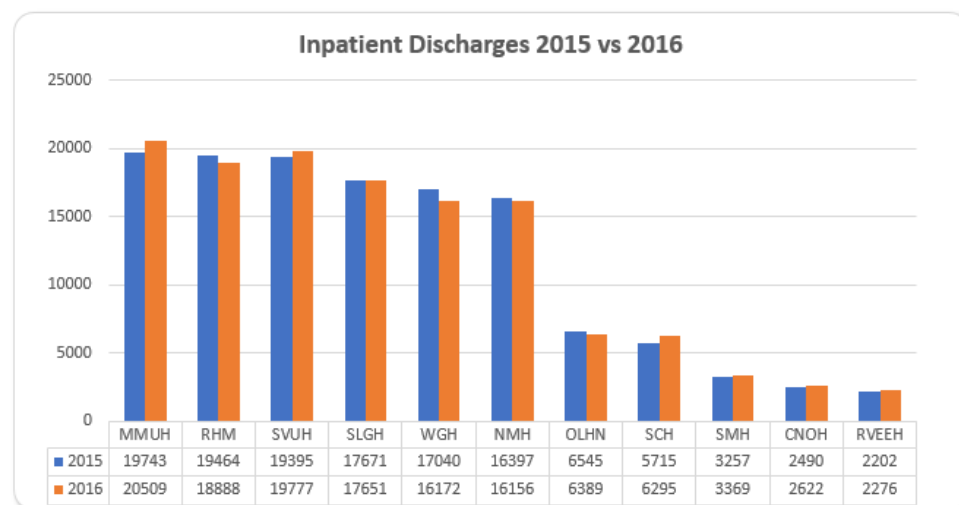
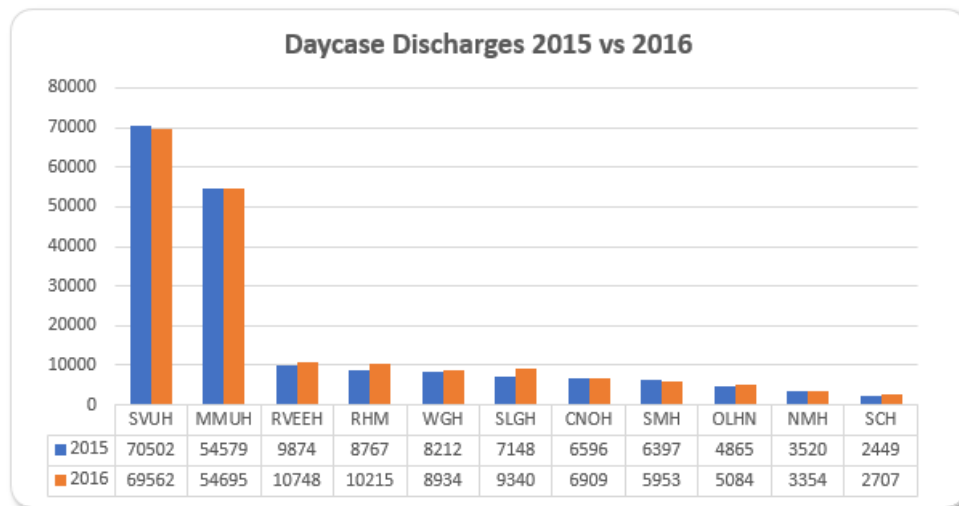
The Minister for Health opened the following unscheduled care facilities during 2016. These have made a major contribution to improving the safety and comfort of the environment in which patients receive care.

- ▶ MAU and Emergency Department in St Luke's, Kilkenny
- ▶ Ophthalmology facility for eye casualty patients at Mater Hospital
- ▶ AMAU, MAU and acute floor consisting of 10 beds at Regional Hospital, Mullingar (2017)

Scheduled Care

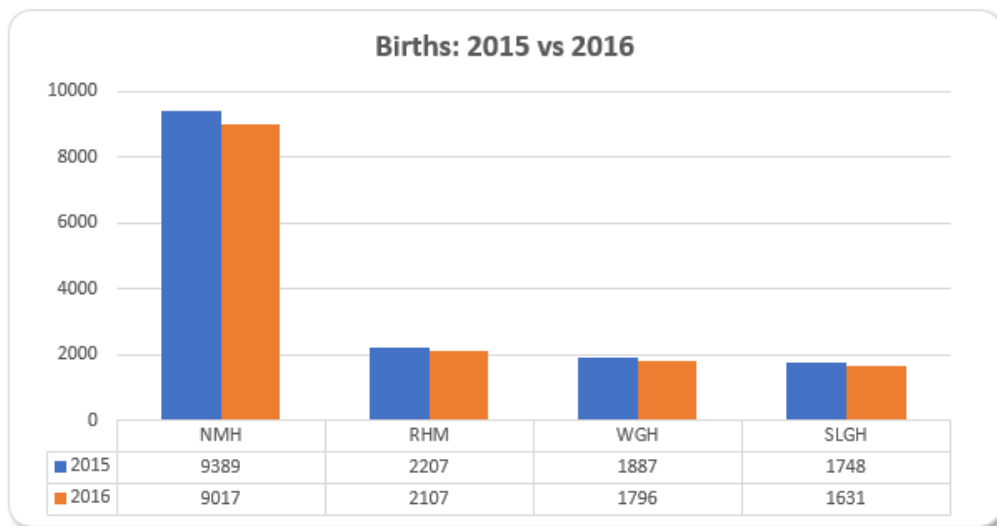
Inpatient and Day Case Activity

During 2016, IEHG provided elective treatment to 317,605 patients. Of these 187,501 received day care and 130,104 inpatient care. There was a 3% increase in day case activity from 2015 reflecting a national shift from inpatient to day care. Inpatient activity was similar to 2015. Total activity in 2016 increased by 4% (4777 cases) from 2015. The graphs below illustrate the activity in each of the IEHG hospitals for 2015 and 2016. (Data source BIU/MDR)



Births

14,551 babies were born in IEHG hospitals during 2016. This is a 4% decrease from 2015 when this figure was 15,231 and reflects the current national trend of declining birth rates.

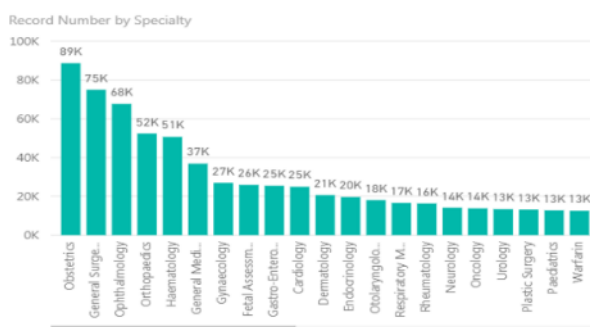
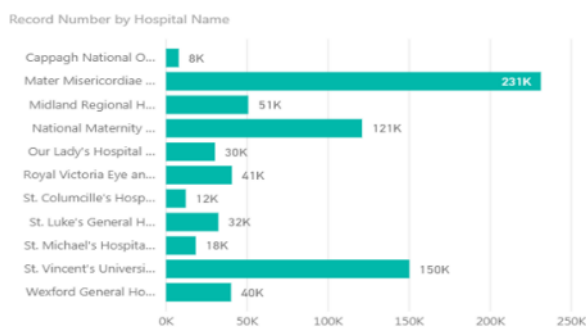


Outpatients

During 2016, IEHG provided outpatient care to 734,603 patients. This was delivered across the group in approximately 48 specialty areas and represents 22% of all outpatient care provided nationally. There has been a small increase of 0.5% (3678) on 2015 activity. Demand for outpatient care continues to increase year on year.



734,603
Record Number



IEHG Out-Patient Activity 2016 (Data Source: HSE)

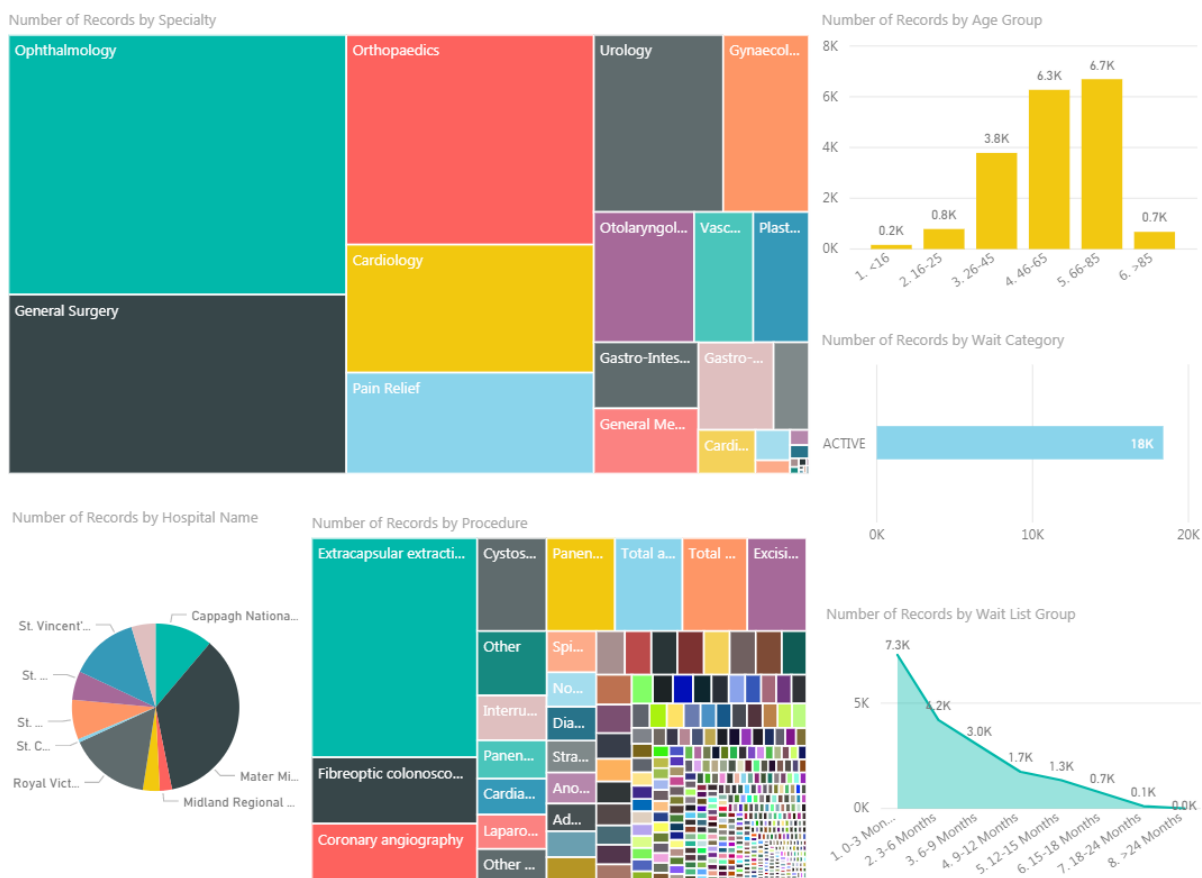
Waiting Lists

In-Patient and Day Case

As of the end of December 2016 there were 18,381 active patients on the In-Pt/Day Case waiting list, an increase of 2,419 (15%) compared to December 2015.

Overall 99% of patients are waiting less than 18 months. The December figures reflect the considerable work undertaken across the group to clear those waiting > 18 months. At the end of December there were 119 patients waiting over 18 months.

The largest waiting lists exist in ophthalmology, general surgery, orthopaedics and cardiology.



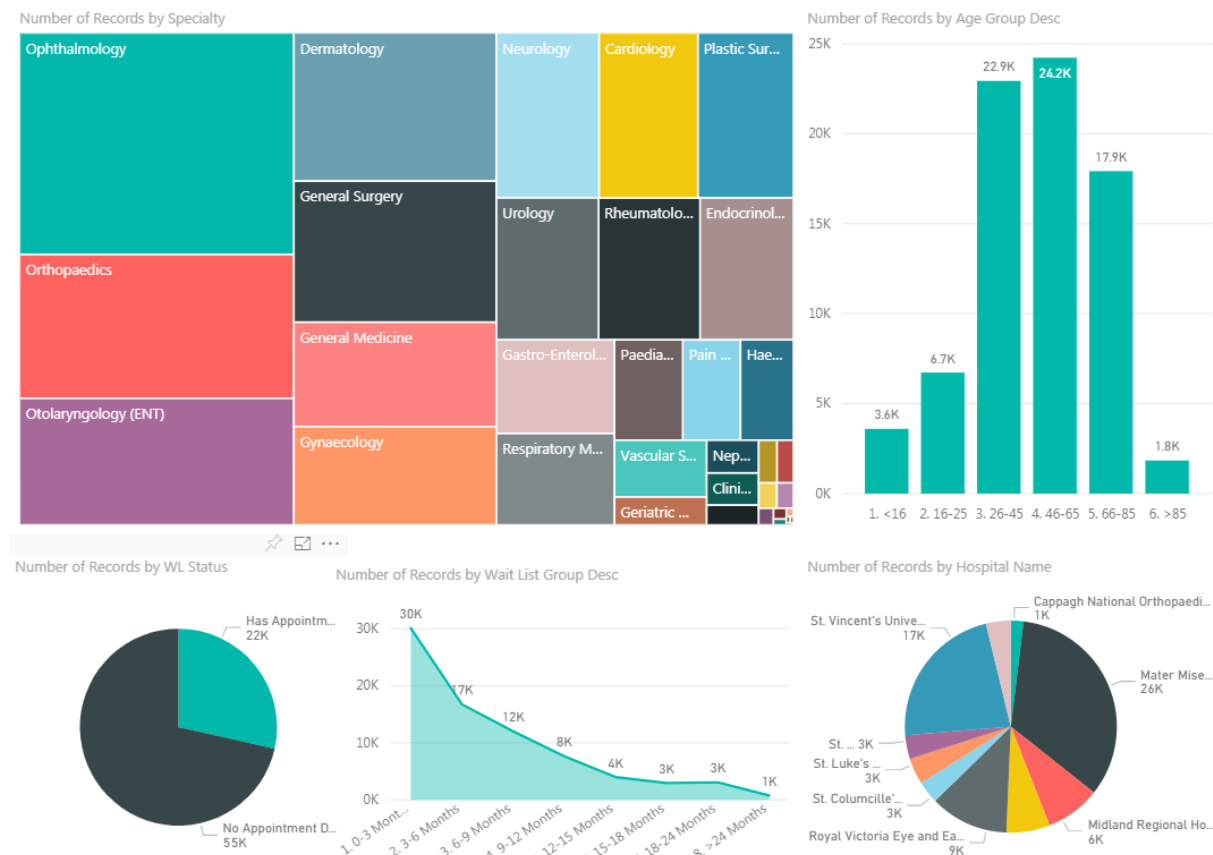
IEHG In-Patient and Day-case Waiting List December 2016 (Data Source: NTPF)

Out-Patient

There were 77,247 patients waiting for an OPD appointment in IEHG at year end 2016. This is an increase of 14% (9,682) on year end 2015.

The largest waiting lists are in ophthalmology, orthopaedics, ENT, dermatology and general surgery. 1% of all patients (755) were waiting greater than 24 months for an out-patient appointment, of these 39% (296) for an appointment in the weight management clinic at St

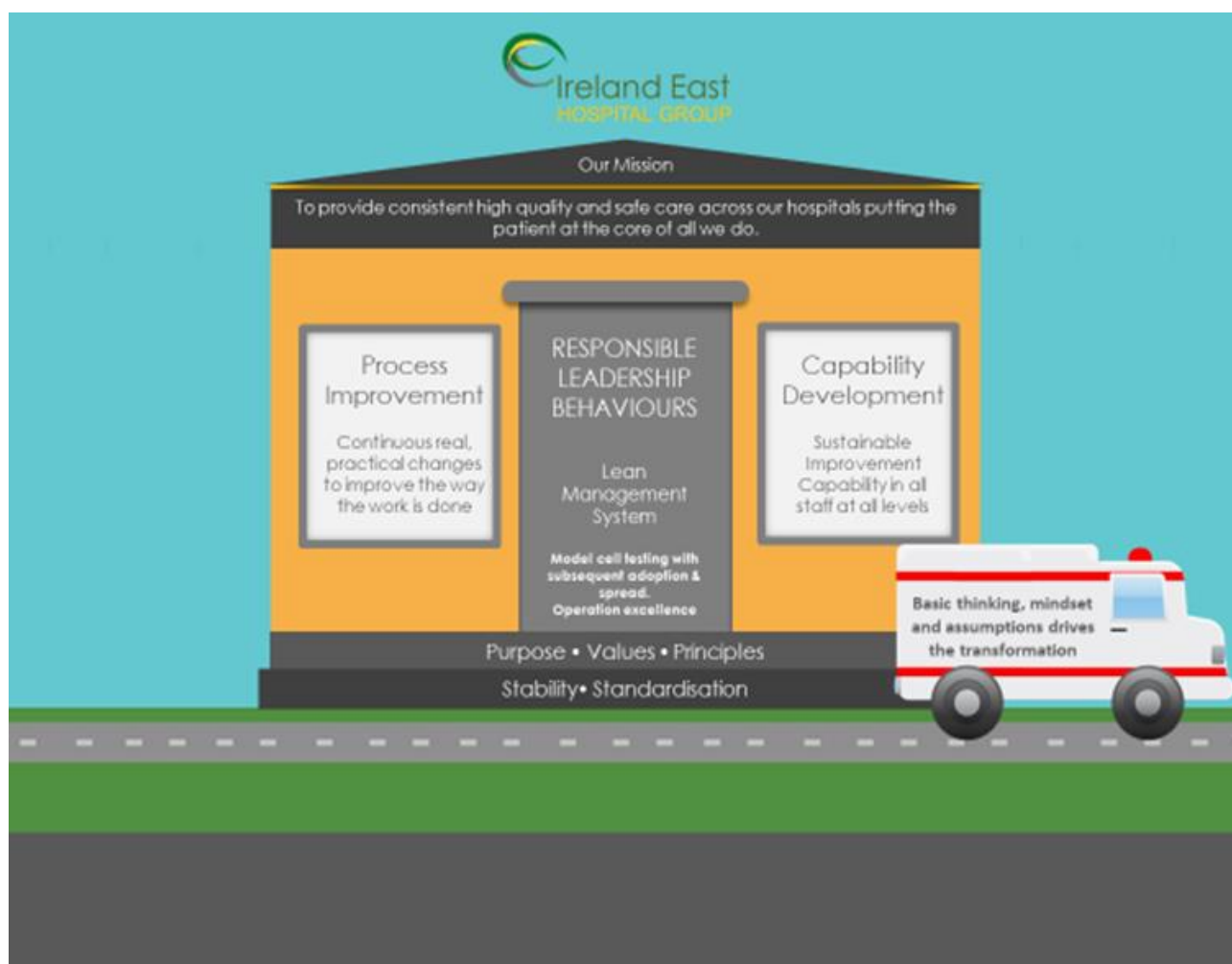
Columcille's Hospital. Of the Group hospitals, the Mater has the largest number of patients waiting (26,077).



OPD Waiting List IEHG December 2016 (Data Source: NTPF)

IEHG Lean Transformation Programme for Service Improvement

During 2016, we launched an ambitious large-scale change programme to drive a new culture of continuous improvement, reducing waste and variation and creating standard work across our hospitals using Lean improvement methodology. The deployment of a lean management system across the Group driving improvement and operational excellence will support the IEHG to become the exceptional health care system our patients deserve. The shared objective is to improve value for patients, where value is defined as the health outcomes achieved that matter to patients.



The programme aims to standardise the delivery of healthcare across the Group and ensure that every patient treated receives the right care, in the right place, at the right time, every time. The overarching goals are as follows:

1. Improve patient and staff experience and patient outcomes
2. Enhance capability of our hospitals to deliver operational excellence
3. Develop and enhance continuous improvement capabilities
4. Optimise patient flow and resource utilisation

The values of the programme for transformation in the IEHG are aligned with the following strategic goals detailed in the HSE's Corporate Plan 2015-2017.



Our approach will support the redesign and improvement of clinical pathways of care delivery (value streams). The first value stream initiated in 2016 focused on the delivery of Unscheduled Care (USC) in our Emergency Departments. This process improvement programme focused on four key areas in the USC pathway including:

- Acute Floor
- Assessment
- Patient flow
- Post-acute and onward care

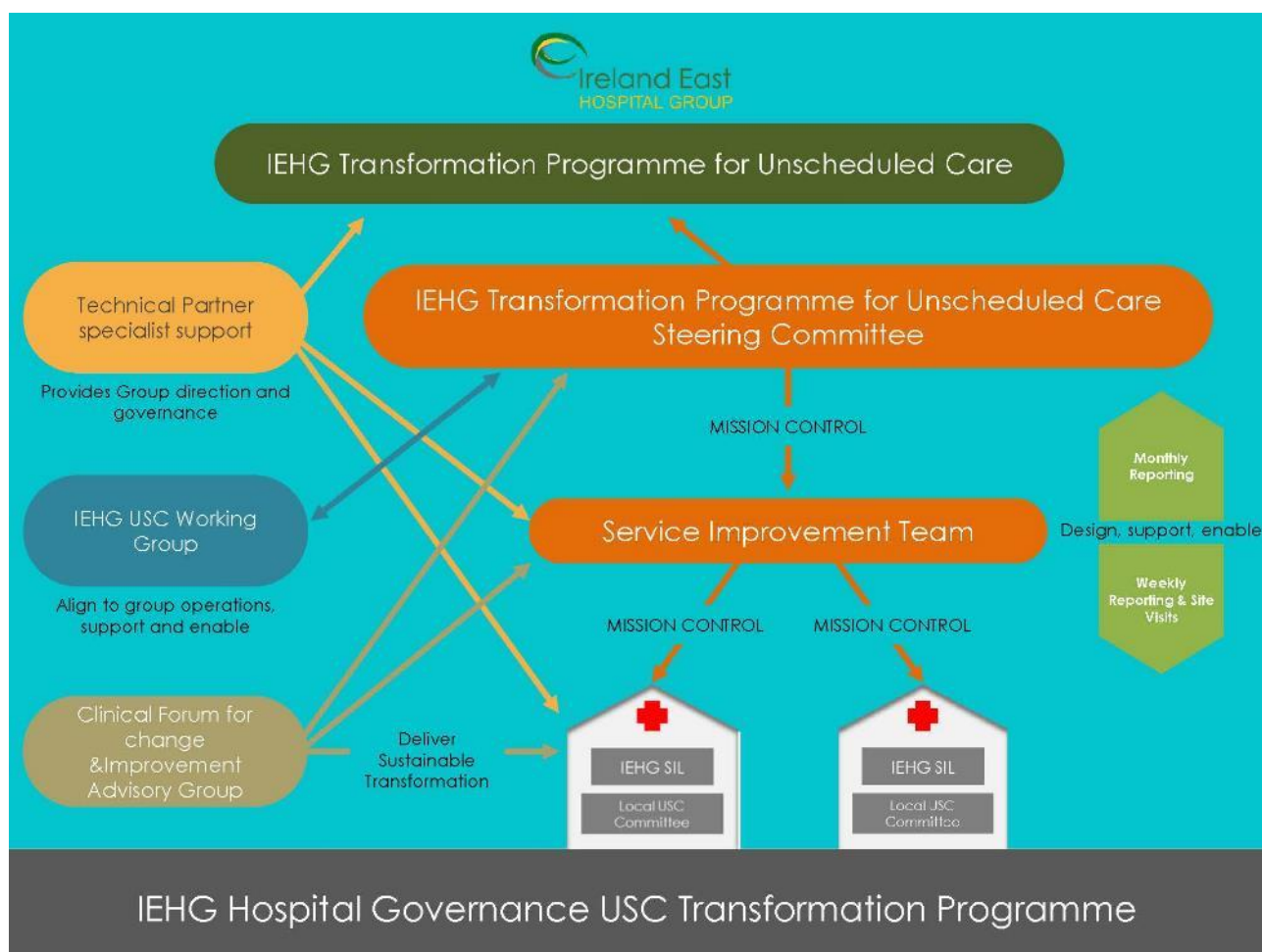
To support the programme for change the IEHG Service Improvement Team (SIT) was established and a Group Director of Service Improvement was appointed. This team includes senior healthcare managers and clinicians with significant expertise in leading change at national and group level who are also accredited Lean practitioners.

Programme Approach and Methodology

The aim of the Service Improvement Team is to support our hospitals to map clinical pathways (Value Stream Analysis), identify areas for improvement and deliver Rapid Improvement Events (RIEs) to execute positive change. Through our Service Improvement programme we will create a framework for the future to support and empower staff on the ground to deliver continuous improvement in the delivery of the healthcare we provide.

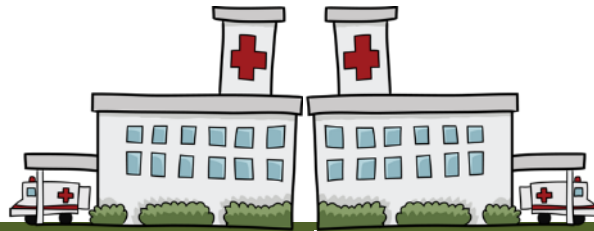
Programme Governance

A Programme Steering Committee was established which includes Clinical leaders from across the IEHG, key stakeholders from the HSE and international advisors to the Programme.



Service Improvement in Action

In June 2016, a successful proof of concept using a Lean rapid improvement approach was delivered in two IEHG hospitals, St Luke's General Hospital Carlow/Kilkenny and Regional Hospital Mullingar.



St Luke's General Hospital, Carlow/Kilkenny	Regional Hospital Mullingar
Predicted Date of Discharge (PDD) / HOME BY 11	Emergency Department Flow
PDD compliance on whiteboards improved from 26% at 02.11.2016 to 55% at 08.12.16	Approval for: 4 protected ultra-sound slots and, 1 protected CT slot daily - to assist in discharge to assess
Reduction in average length of stay (AvLOS) by 0.4 days July – November 2016	Point of care HCG (pregnancy) testing reduced steps required by 50%, and time for result by 85%
Discharge Lounge commenced, standard work around discharge process to promote flow earlier in day developed; 192 patients have utilised it to date	

Quality and Patient Safety

In line with IEHG's core ambition of consistent quality and safe care for patients in everything we do, in 2016 Dr Carmel Sheridan, Group Director of Quality and Patient Safety began implementing the framework and structures for the QPS function to support and unify the 11 hospitals within the Group.

The QPS Group Forum continued to meet during the year with the objective of supporting our Risk and Quality Managers. Activities of the Forum included presentations by individual hospitals on incident reviews and investigations which provided a useful shared learning opportunity. The establishment of the IEHG Executive Quality and Safety Committee in the latter half of the year chaired by the Group CEO was a significant step in development of the QPS Governance Framework for the Group. The purpose of the Committee moving forward is to provide Board assurance that high standards of care are provided by the IEHG and that adequate and appropriate structures, process and controls are in place to promote safety and excellence in patient care.

Critical pieces of work for the Committee included

- ▶ Agreeing Group-wide strategic and operational priorities specific to the quality agenda and giving direction and support to enhance and develop the quality governance structures and activities within the individual hospitals.
- ▶ Developing sub-committee focus and activity: Blood transfusion, Medication Safety, Health Care Associated Infections, Clinical Audit Plan, Complaints Management and Serious incidents and SREs reviews and implementation of learning.
- ▶ Agreeing an annual patient experience strategy and monitoring programme.
- ▶ Agreeing an annual quality improvement plan.

Refining and utilising data in the development of a quality and patient safety dashboard is an ambition for the Group. Throughout the year, safety measurement and monitoring in areas of patient falls, medication safety and clinical incidents progressed. Utilising and presenting data for each hospital in relation to rates of falls, harmful falls, rates of medication errors, and rate of medication harm at the monthly performance meetings created focused and robust discussions about quality and patient safety with hospitals.

Going forward in 2017 the focus is to continue to ground Quality and Patient Safety within the Group.

A review of the Quality and Patient Safety Function across the Group will commence in Q1 2017 to clearly identify capacity and capability within the Group.

Performance Metrics Dashboard

The Ireland East Hospital Group (IEHG) dashboard was made available to authorised users at url <https://iehg.healthatlasireland.ie>. The dashboard was developed as a working prototype (i.e. a foundation for subsequent improvement based on user feedback) by OpenApp, the company who developed the National Quality Assurance Intelligence System (NQAIS) Medicine and Surgery applications.

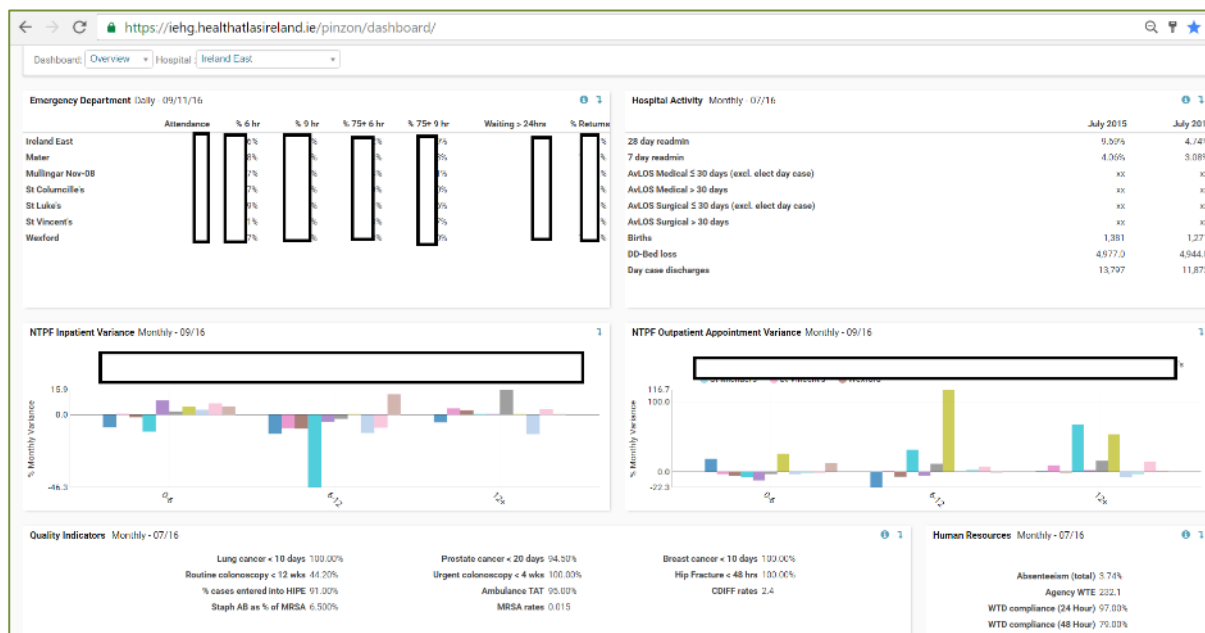


Figure 1: IEHG Dashboard Overview (with hospital identified figures obscured)

The dashboard is web-based and uses the infrastructure and authorisation process already in place for NQAIS Medicine and Surgery, so no infrastructure investment or new accreditation is required. The dashboard is available to authorised users in hospitals specifically accredited via a centrally maintained whitelist for added security. Users in each hospital can only view their own hospital's data, with users in IEHG authorised to view all the IEHG Group hospitals' data.

The dashboard uses data that is already being collected in the hospitals, for other reporting purposes. As a result, there was no software development or additional data transfer required. The display of data is configurable, based on dropdown selections available on all dashboard reports.

The data displayed in the first iteration includes:

- Emergency Patient Experience Time (PET)
- Hospital Activity
- National Treatment Purchase Fund (NTPF) Waiting Lists, both Inpatient and Outpatient
- Quality Metrics
- Basic Human Resources

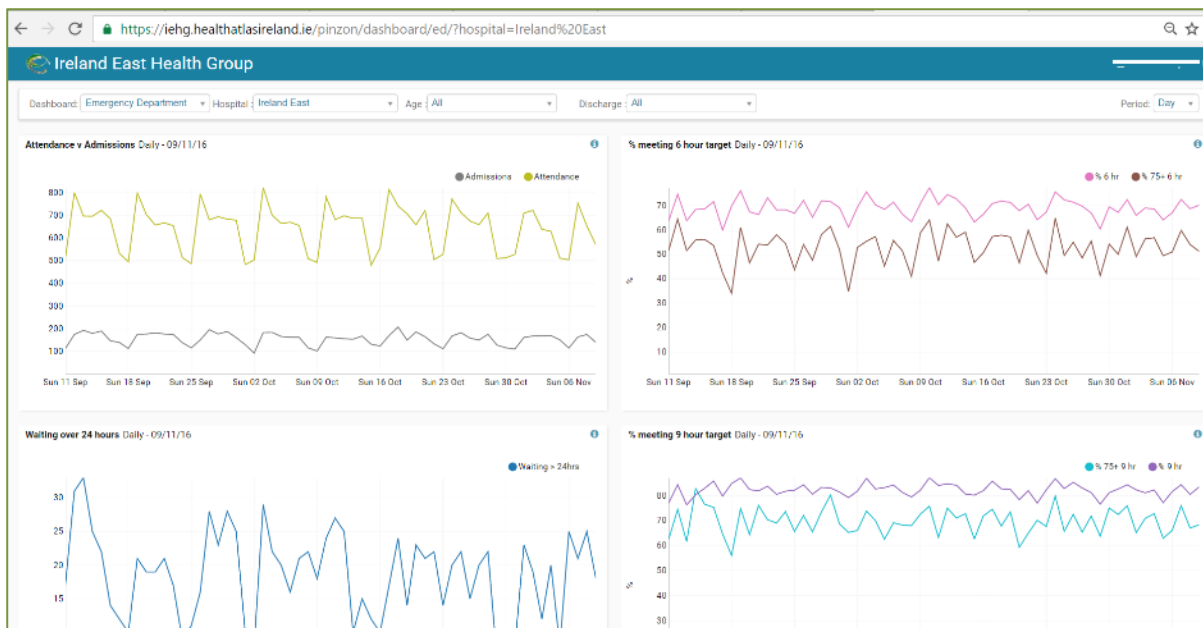


Figure 2: IEHG Emergency Dashboard

Power BI Reports have also been made available to relevant personnel in IEHG and associated hospitals. Power BI is a collection of software services, apps, and connectors that work together to turn unrelated sources of data into coherent, visually immersive and interactive insights. Whether data is in a simple Excel spreadsheet or a collection of cloud-based and on-premises data warehouses, Power BI permits easy connectivity to data sources and visualisation of important data.

The Power BI Reports are also web-based and use only data published by the HSE and its agencies. As with the IEHG Dashboard, users in each hospital can only view their own hospital's data, with users in IEHG authorised to view all the IEHG Group hospitals' data.

The Power BI Reports include:

- HSE Monthly Data Returns (MDRs)
- TrolleyGAR
- NTPF Inpatient/Daycase
- NTPF Outpatient

These Power BI Reports are distributed by means of Content Packs, which allows users to make copies of the reports as a foundation to develop their own.



Figure 3: Sample Power BI TrolleyGAR Dashboard

Communications

Our brand identity

Throughout 2016, the Group had many discussions regarding our brand identity and values. However, it was only in the last quarter of the year that we began our branding project with a view to having our Brand Identity and Brand Values established by the end of the first quarter of 2017.



As a Group, we are mindful that each individual hospital has its own distinct positioning and brand and the IEHG did not wish to encroach on this.

Therefore, it was decided that a clear hospital group brand was needed to be complimentary to hospital branding and based upon:

- ▶ Having a unifying purpose across all hospitals
- ▶ Adding value for individual hospitals and patients alike

Our goal for this project was to engage with as many of our stakeholders as possible. This includes staff and management from each of our 11 hospitals, our academic partner UCD, patient groups along with other potential stakeholders and influencers in Irish business, research and innovation groups such as the IDA, IBEC, the Health Research Board and IMSTA.

Our approach to the Branding Project has been a holistic one. We engaged with a cross section of staff through a series of workshops in order to ensure that the values and ideas of our over 10,000 staff, across all departments, had a voice in this decision-making process.

This grass roots engagement along with the valuable high level qualitative research conducted on our behalf by Amárach Research, has already delivered valuable insights into how this Group needs to reflect:

- What are our values
- Why these values
- Who they are aimed at

The objectives of the workshops and market research were:

- To validate the pillars of education, research, innovation and patient centred delivery of care as the key components of the Academic Health Science Centre model.
- To get clear guidance on the boundary between individual hospital positioning/ brand and the umbrella positioning/ brand of the Ireland East Hospital Group.
- Within the context of the above, guidance on potential for names or name constructs for the Ireland East Hospital Group.

To date we have had extremely positive and engaged discussions both in our workshop format and through the research project. Taking on board the valuable input being offered across this broad cross section of participants, we believe we will deliver a strong set of values which will resonate with stakeholders, underpinned by our belief that the Group's remit is to work together to create better pathways to patient care and outcomes.

e-Zine growth

In 2016, our e-Zine, Fusion Friday, went from strength to strength. In just over a year since it launched in November 2015, the e-Zine has grown both in size and content, nearly doubling readership and tripling subscribers.

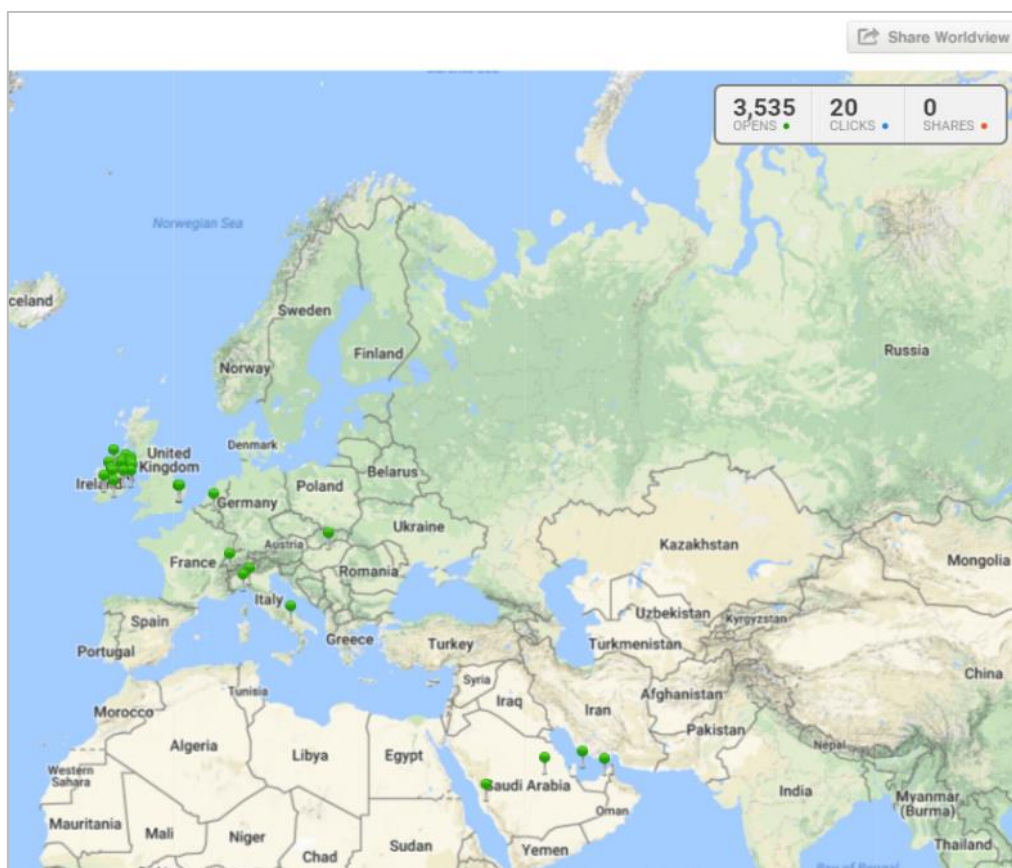
In 2016, we moved from a weekly publication to a monthly one which proved more manageable for everyone. We also saw an increase in the number of hospitals submitting great news stories to be shared across the Group, which bears out the belief that there is an abundance of positive news stories in Irish healthcare and in particular the IEHG.

The e-Zine has proven its value and importance in championing the work our staff and hospitals do for their patients day in day out, year in year out.

CHRISTMAS EDITION 2016 FUSION FRIDAY

This Edition of Fusion Friday Features Contributions From:

- Regional Hospital Mullingar Christmas Message
- Cappagh Orthopaedic Hospital Celebrates 40 Years of Teaching Orthopaedic Nurses
- Staff Festivities at St. Vincent's University Hospital
- Mater Hospital Christmas Message
- The Cancer Story you Haven't Heard by Professor Michaela Higgins at TEDxUCD 2016
- Ireland East Hospital Group Launches Healthy Ireland Plan
- Happenings/Conferences/Events



Our Hospitals – 2016 Highlights

Cappagh National Orthopaedic Hospital



Dublin Rose Visits the Active Rehabilitation Unit

In July 2016, Dublin Rose Lorna Whyte visited the Active Rehabilitation Unit (ARU) at Cappagh Hospital. Hosted on the day by Occupational Therapist, 2014 Kilkenny Rose and blogger Vera McGrath, Lorna was taken on a tour of the facilities and had the opportunity to meet staff and patients alike.

The visit involved a tour of the physiotherapy and occupational therapy departments and in addition a visit to many of the wards. It was clear that the patients really enjoyed meeting and chatting with Lorna. Tea and cakes were provided by the patients themselves in the kitchen of the Occupational Therapy department. Great fun was had at the table with the ladies and it was made clear that they would be following the festival closely and watching out for Lorna.

National Casting Programme

The aim of the national casting programme for registered nurses is to develop a national, formal accredited, structured education programme in the area of casting techniques.

Cappagh Hospital is the National Centre to provide this training and in 2016 a section of the convent was renovated as an education unit, including a practical unit, a classroom, and all facilities required to run the programme.



Mr James Lynch HSE, NMPDU office, pictured with Ms Maura Shanahan at the opening of the Casting Education Centre in 2016

New Post Anaesthetic Care Unit (PACU)

A new (€1.9million) 12-bed Post Anaesthetic Care Unit (PACU) at Cappagh National Orthopaedic Hospital, in Dublin, was officially opened Thursday 15th September 2016 by Minister for Health, Mr Simon Harris TD.

Cappagh National Orthopaedic Hospital has six fully functional operating theatres. Each theatre requires two recovery beds to enable efficient operational flow and this new 12-bed development will therefore allow each theatre to operate to its optimal level.



Mr Simon Harris TD, Minister for Health, Mr Noel Rock TD and Ms Eve Linders, Board of Directors, at the opening of the Post Anaesthetic Care Unit in Cappagh Hospital in September 2016

Funded by the HSE, Cappagh Hospital Foundation and the Mater Trust, the development of the new Post Anaesthetic Care Unit is the final stage of theatre modernisation at Cappagh National Orthopaedic Hospital. The new Post Anaesthetic Care Unit was preceded by the development of three, new, state-of-the-art theatres in 2011, one specifically designed with a large canopy for complex cases, and a new purpose built Central Decontamination Unit in 2014.



Mr Simon Harris TD, Minister for Health, pictured with Mr Gordon Dunne, CEO and Prof Steven Eustace during his visit to the hospital in September 2016

Mater Misericordiae University Hospital

New Eye Emergency Department

The new Eye Emergency Department (EED) was formally opened by the Minister for Health, Mr Simon Harris TD, on Tuesday 6th September 2016. The opening of the EED represents Phase 1 of the planned development of the Ophthalmology Department at the hospital. Phase 2 of the development, which has been approved by Ireland East Hospital Group (IEHG), is to build an expanded outpatient department, a diagnostics department, a new ophthalmology ward (to include in-patient beds, a day ward, an injection suite and laser rooms) and a new operating suite.

Among the improvements to services at the new facility is the development of an electronic patient record for the EED visit, resulting in reduced administrative burden and facilitates audit. The electronic patient record also automatically generates a discharge letter which is sent to the referring GP.



Mr Simon Harris TD, Minister for Health, at the opening of the new Eye Emergency Department in the Mater Hospital in September 2016



L-R: Dr Emer Burke; Gordon Dunne, CEO of the Mater; Mr Simon Harris TD, Minister for Health; Dr Tim Fulcher, Sr Margherita **Rock, Sisters of Mercy; Dr David Keegan; Sr Helena O'Donoghue, Sisters of Mercy**

New Directorate for Education, Innovation and Research

The Mater Hospital Board approved the establishment of a new directorate for education, innovation and research. The Mater and UCD are currently in discussions on a proposal to redevelop the original landmark 1861 building to create an academic hub. Correctly designed, positioned and administrated, the academic hub will provide an ideal interface between clinical service providers, academics, regulators and industry. This ambitious plan will expand upon existing levels of collaboration and is expected to accelerate medical research, create efficiencies and improve communication.



The Mater Hospital's original landmark 1861 building

Celebrating 125 Years of Nursing Education

Since the first class of 16 student nurses arrived for training in 1891, the Mater Hospital has seen almost 20,000 nurses graduate and go on to be at the forefront of many historic events, both nationally and internationally.

Our nurses have cared for the Irish population through national health crises such as the cholera, typhoid and smallpox epidemics of the 1800s and also the Spanish Flu and tuberculosis outbreaks of the early 1900s. They nursed and treated civilians and the injured fighting on both sides during the 1916 Rising in Dublin. Our nurses volunteered for service in Queen Alexandra's Royal Army Nursing Corps in both World War I and II, working abroad in France, Salonika, Egypt and Palestine. Our nursing staff were also involved in providing specialised care to those affected by more recent events in Ireland, including the Dublin bombings, the Stardust tragedy and the 2006 Dublin riots.

The first class of student nurses who arrived at the Mater Hospital in 1891 undertook three years of training in subjects such as anatomy, physiology, hygiene, sick room cookery as well as basic nursing care. Today, our nurses are offered a much wider range of courses and subjects with the Centre for Nurse Education providing for both undergraduate and postgraduate education with specialist postgraduate programmes and professional development. Following in the footsteps of their predecessors, the dedication, standard of care and professionalism of the nurses in the Mater Hospital is a testament to the legacy of nursing education at the hospital.



Nursing graduates from the Mater Hospital

Mater Lean Academy

The mission of the Mater Lean Academy is to use the principles of Lean Six Sigma management and science to improve the quality of the healthcare experience for patients, their relatives and staff. The Academy, through its partnership with UCD Health Systems, offers quality improvement projects that incorporate consulting, coaching, and training services for all staff involved in healthcare delivery.

The Academy celebrated a milestone in 2016 when it trained its 1000th person in the Fundamentals of Lean. Adapted and changed over the last two years, with more emphasis on 'examining our own processes' and interdisciplinary team work, the programme continues to be subscribed to by staff across the MMUH, the IEHG and hospitals as far afield as Sligo Regional. Further information can be found at <http://www.leanacademy.nmhs.ucd.ie/>.

Green Belt scientific poster award winners collect their award from Minister for Health

Over 200 delegates from the Ireland East Hospital Group (IEHG), other hospital groups and industry attended the 4th Annual Lean Symposium at the Catherine McAuley Centre on November 17th 2016. The Programme included sessions on Scheduled Care, Unscheduled Care and using Lean to engage with patients, staff and relatives, with Green Belt presenters from across the IEHG and other hospital groups. Keynote speaker Dr Simon Western said that the Mater Hospital had effectively balanced its transformation approach to be both Efficiency and Patient-focused, which was an achievement in health leadership.

23 Scientific Posters were presented by Lean Graduates, with the winning poster going to a group comprised of Green Belts from the Mater Misericordiae University Hospital, UCD School of Nursing, Midwifery and Health Systems, St Vincent's University Hospital and the National Maternity Hospital, Holles Street.

The Symposium was launched by the Minister for Health, Simon Harris, who acknowledged the work of the Mater Lean Academy students, their dedication to Process Improvement, and the achievements of the Academy in the last 3 years. IEHG CEO Mary Day told a packed audience that the IEHG promotes a culture of process and process improvers.

58 students will graduated on December 15th from the Mater Lean Academy/UCD programmes with Lean Six Sigma Green Belts for healthcare, with 2 students graduating with the Graduate Diploma in Lean Six Sigma (Black Belt). For information on Mater Lean Academy programmes please see <http://www.leanacademy.nmhs.ucd.ie/>



Green Belt scientific poster winners with Mr Simon Harris TD, Minister for Health

Archive and Heritage Centre

An exciting hospital project to collect, preserve and make accessible the history of the Mater Hospital began in 2016 with the establishment of a dedicated Archive and Heritage Centre. The Centre is open to staff, researchers and members of the public. Our heritage collection is a wonderful resource for anybody interested in the history of the Mater and Irish Medicine. Our heritage team is creating a plan to provide access to the collection through a public reading room and to house it in a secure archival strong room to ensure its preservation for future generations.

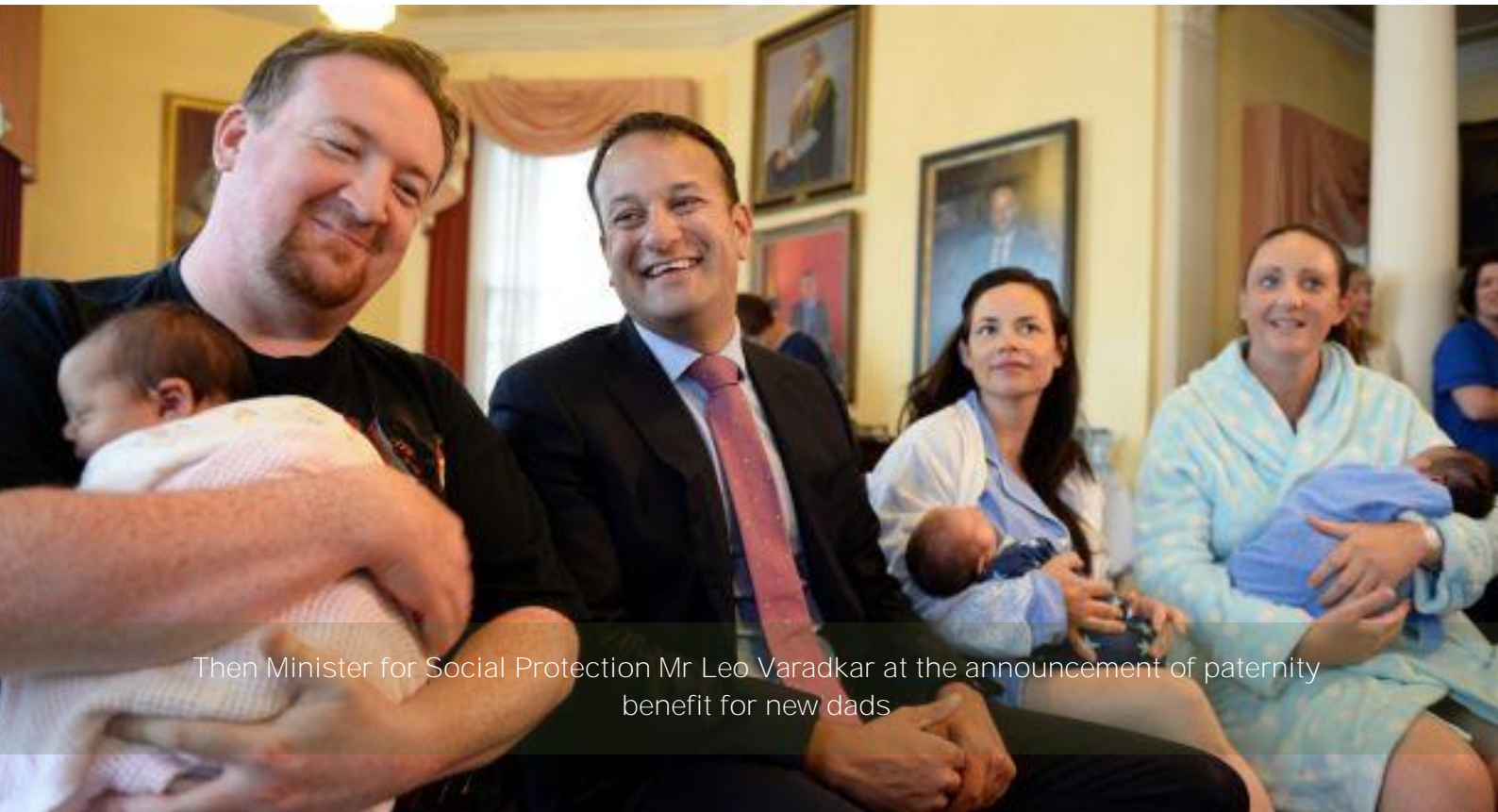
The Heritage Centre Museum will act as an exhibition space to showcase fascinating artefacts such as medical instruments, photographs, memorabilia and other archival material.

New Hospital Website

The Mater Hospital updated its website in 2016. Further information is available at www.mater.ie.

National Maternity Hospital

In 2016, 8,851 mothers delivered 9,037 babies with birth weight greater than or equal to 500g. There was an average of 25 babies born each day. On our busiest day, 26th July, 43 babies were born and on the quietest day, 17th January, there were just 10 births. The corrected perinatal mortality rate was 3.8/1000 so 99.6% of babies $\geq 500\text{g}$ survived. Our babies weighed on average 3,500g and our largest baby was 5,700g (over 12.5 lbs). Our smallest survivor was 490g – this survival required a sojourn of 160 days in our Neonatal Intensive Care unit.



Then Minister for Social Protection Mr Leo Varadkar at the announcement of paternity benefit for new dads



Lucy Collender, Radiologist, working on the new MRI installed in the hospital in 2016 thanks to the support of the NMH Foundation



Runners at the Rock n Roll half marathon in Lisbon, Portugal fundraising for the NMH Foundation

Oran and Oisín's Story (told by their mother Niamh Heynan)

Oran and Oisín were born at 27 weeks and 4 day gestation in December 2013. The pregnancy was high risk due to complications associated with an identical twin pregnancy, including IUGR and early stage TTTS, and was monitored carefully under the watchful eye of Stephen Carroll. Oisín's blood flow was problematic and eventually went into reverse so I had an emergency Cesarean section and the boys were delivered weighing 1100g and 875g.



Our time in NICU was eventful. Oran's lungs collapsed a number of times, they both had PDA and ASD and Oisín developed late onset group B strep. Nevertheless, Oran came home after 68 days and Oisín came home after 89 days.

The first 9 months at home were very difficult. The boys had very bad reflux, they weren't great sleepers and we had a whopping 59 appointments between Baby clinic, eye appointments in Temple St, Cardiology appointments in Crumlin, hip scans, MRI scans and the usual vaccinations and PHN visits. In spite of their early arrival, the boys have grown and developed and are now healthy happy boys who were 3 at Christmas 2016. Look at us now! Lads who lunch!!



Oran and Oisín



Dr Rhona Mahony, Master of NMH, and Director of Fundraising for the NMH Foundation
Christine Flanagan with Nicky Byrne who presented a Fashion Show fundraiser
in aid of the NMH Foundation

Our Lady's Hospital, Navan

Healthy Eating and Active@Work Awards

In 2016, Our Lady's Hospital, Navan was one of only three hospitals (together with the Royal Victoria Eye and Ear Hospital) to win both categories for Healthy Eating and Active@Work Awards from the Irish Heart Foundation. The hospital joined 15 other health service workplaces to win an award from the Irish Heart Foundation for their efforts over the past year in creating a healthy eating environment and encouraging staff to be active at work.

Up to 55 companies nationwide were certified or re-certified with Healthy Eating awards in 2016, reaching approximately 30,000 employees, by providing and promoting healthy meal options in their restaurants.

The Active@Work awards were presented to 23 companies in recognition of staff efforts to boost approximately 10,000 employees' physical activity levels at work. Promoting an active workforce has the potential to help us all lead healthier lives and to decrease absenteeism by up to 20%.



L-R: **John Healy, TV Maitre'D & Irish Heart Foundation Ambassador**, **Dr Kate McGarry, President, Irish Heart Foundation**, **Liz Timony, Yvonne Collins and Mary Cullivan, Our Lady's Hospital, Navan** who achieved the Bronze Award in both categories) and **Minister Marcella Corcoran Kennedy, TD, Minister for Health Promotion**

Regional Hospital Mullingar

Restructure of Corporate and Clinical Governance Structures

2016 was a year of challenge and change involving many departments and staff across Regional Hospital Mullingar. The past year has seen the restructuring of the hospital's Corporate and Clinical Governance structures including the development of three Clinical Directorates (Peri-Operative, Medicine/ ED, Women and Children) which coincided with the appointment of Clinical Leads and Business Managers. The hospital has also experienced a strengthening of the Quality, Risk and Safety structures with the appointment of a Quality and Patient Safety Manager, Risk Manager and a Facilities and Safety Manager.

Corporate services have also been developed with the appointment of a HR Manager and the enhancement of the Consumer and Legal Affairs Department. It is a testament to the flexibility and adaptability of staff that all these appointments and developments were introduced within existing resources.

The hospital Consultants, Nursing teams, Managers and staff have all embraced these changes resulting in improved communication, efficiencies, productivity as well as enhancing clinical governance and the improvement of services for patients. Our vision and aim is to strive for continuing improvements and to further develop our services for the community we serve.

Senior Management Team



L-R Back: Sharon Gorman (Clinical Quality & Patient Safety Manager);
Dr Sam Thomas (Clinical Lead Women and Children Directorate);
Shona Schneemann (General Manager); Dr Grace Donnelly (Clinical Director, Clinical Lead
Perioperative Directorate); Dr Hilary Cronin (Clinical Lead Medicine and Emergency
Medicine Directorate); William Harding (Facilities & Safety Manager);
L-R Front: Anne Kelly (Director of Nursing); Martina Gill (Human Resource Manager);
Antoinette McMenemy (Finance Manager)



Newly refurbished Main Concourse

Quality & Patient Safety – Lunch & Learn Project

Launched in September 2016, the Lunch and Learn programme is an informal session providing education on quality improvement concepts and methodologies and encourages frontline staff to engage in quality improvement projects with key emphasis on improving patient care. The forum is facilitated by Dr Shu Hoashi, Consultant Physician and former Clinical Director, and Sharon Gorman, Quality and Patient Safety Manager.

Key Benefits of the Lunch and Learn Programme

- Utilisation of lunch time, strictly limited to 45 minutes' duration
- Open informal forum to encourage staff participation
- Promotes a quality improvement and patient safety culture within the hospital
- Assists in introducing new organisational QI and patient safety initiatives
- Facilitates 'frontline ownership' of patient care issues
- Encourages multidisciplinary interaction/communication amongst frontline staff

- Promotes and creates awareness of different quality improvement modalities such as LEAN / Six Sigma
- Provides a platform for sharing of expertise/experience amongst staff
- Encourages staff motivation to focus on quality of patient care
- Helps to support staff training requirements and skills development

The programme is designed to encourage 'frontline ownership' of patient care issues and thereby establish a positive culture for improved patient care and enhanced staff morale.

Clinical Directorates

In 2016, the Clinical Directorate structure was developed to provide enhanced accountability and responsibility for the management and oversight of clinical and business services in the hospital. The Clinical Directorate reports provide an overview of specialities and departments and include activity, developments and achievements in 2016. There are three Clinical Directorates

- Medicine and Emergency Medicine Directorate
- Perioperative Directorate
- Women and Children Directorate

The Directorate Management team includes a Clinical Lead, Business Manager and Nurse Manager supported by Speciality Consultants, Clinical Nurse Managers, Heads of Department, secretarial, clerical and support teams.



Newly refurbished Emergency Department



Opening of Ward 4 Acute Short Stay Unit



Refurbishment of the ICU facility

The Healthy Ireland committee was established in 2016. Many events and promotions were arranged by the committee including the following

- Positive Ageing day
- Mental Health day
- Step-it-out challenge with 250 staff participating
- Development of a choir
- HI funding secured for staff garden
- Sli na Slainte walking routes
- Diabetes screening day

Royal Victoria Eye and Ear Hospital

32nd Annual Ear, Nose & Throat (ENT), Head & Neck Nursing Conference

Diseases of the Ear, Nose & Throat/Head & Neck are very common in children and adults alike and are frequently seen in many other medical and surgical fields outside the specialist area of ENT. The aim of the annual ENT, Head & Neck nursing conference is to provide a platform to communicate and promote diversification in advancing nursing practice and knowledge in the specialist area of Ear, Nose and Throat (ENT) Nursing Practice. The conference supports discussion on areas where practice has developed nationally by inviting speakers to share their knowledge, experiences and expertise. This one-day conference, held on 22 October 2016, brought together 62 attendees from 12 units across Ireland to share knowledge in current practice and on the developments in clinical practice thus promoting best standards in the delivery of patient care.

The following topics were presented at the conference: Incidences of Laryngectomy in Ireland, the School Nurses Role in Audiology Screening, Head & Neck Cancer: The Patient Experience, Balance & Vestibular Disorders, Radiotherapy in ENT Oncology Patients, Laryngectomy: Current Practices in Nursing Care. Presenters included a Specialist Registrar in ENT Head & Neck, Public Health Nurses, a Clinical Nurse Specialist in Head & Neck Oncology, a Senior Physiotherapist, a Specialist Registrar in Radiation Oncology and a Clinical Nurse Specialist in ENT.

The conference was very well received by all attendees as all feedback was very positive. Many of the attendees participated in the Questions & Answers section of the conference which lead to interesting discussion and debate. Organisers encouraged attendees to think about next year's conference and suggested that attendees themselves may like to present at the conference next year to promote their work or any new initiatives taking place in their own units. Organisers reminded attendees that everyone was there to learn and that sharing experiences and knowledge was crucial to the development of nursing roles, benefitting the care and services we provide to our patients in the specialist area of Ear, Nose & Throat/Head & Neck Nursing.



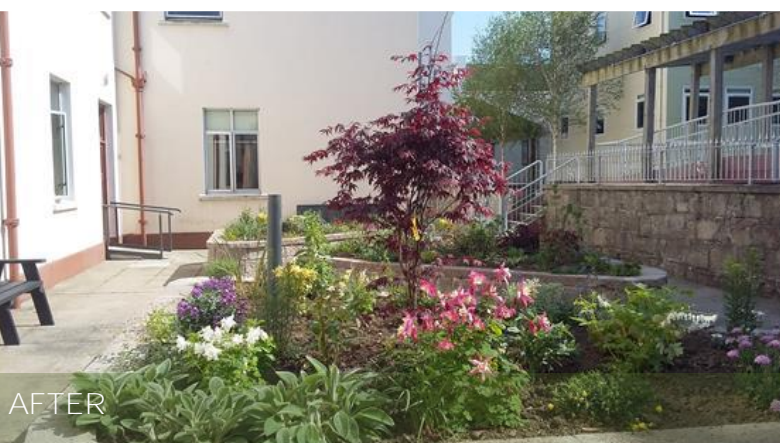
St Columcille's Hospital, Loughlinstown

Improving patient rehabilitation with access to outdoor garden

Being in hospital is never an easy time for patients and their families, however small things such as access to outdoor garden space can improve the quality of a person's stay in hospital.

The Stroke team at St. Columcille's Hospital, together with colleagues, patients and families are delighted to announce the completion of a new garden off St. Anne's Ward during the year. The project was completed following consultation with patients who highlighted that they would welcome access to an outdoor space during their rehabilitation in the stroke unit. Funds were raised through a number of fundraising events and donations. Access to nature and outdoor space is well documented as contributing to positive patient outcomes and the garden was enjoyed by patients and families during the summer period.

We look forward to many sunny days ahead and the pleasure that patients, families and staff will receive from the new garden.



Stroke rehabilitation leaflet launched

The Stroke Rehabilitation Unit was happy to launch a new leaflet providing information about the Stroke Rehabilitation Service offered at St. Columcille's Hospital.

The leaflet was designed in response to patient feedback. In a service audit conducted during the year, patients indicated that they would welcome more information regarding stroke.

There is a full multi-disciplinary team working in stroke services in St. Columcille's and the leaflet provides information regarding the different therapy disciplines, as well as practical advice for patients and families on what to expect when being admitted to the stroke service.

The team are committed to providing a high-quality service to their patients and their families. This leaflet stands alongside other service initiatives, including the recent completion of the outdoor garden, and is designed to further promote patient-centred care.



L-R: Laura Hutch, Occupational Therapist, Siobhan Doyle, Risk Manager, Ania Swietliczna, Physiotherapist, Linda O'Leary, General Manager, Fiona Craven, Speech & Language Therapist and Grainne Macklin, Social Worker

Patient Satisfaction Survey launched at St Columcille's Hospital

Speaking about the Patient Satisfaction Survey, Ms Anne Harpur, General Support Services Manager, stated "The St. Columcille's Hospital Patient Satisfaction Survey was revised by a multidisciplinary team during 2016. The questions are focused on patient needs and it is hoped to learn from these surveys to improve our patients' experience with us. Ms Siobhan Doyle, then Clinical Nurse Manager II and Ms Fiona Craven, Senior Speech and Language Therapist completed research in the area and as a result our survey covers all aspects of patient care. We will be encouraging patients to fill these surveys and return them to the post boxes provided."



L-R: Siobhan Doyle, Risk Manager, **Linda O'Leary, General Manager**, **Anne Harpur, General Support Services Manager**, and Fiona Craven, Speech & Language Therapist

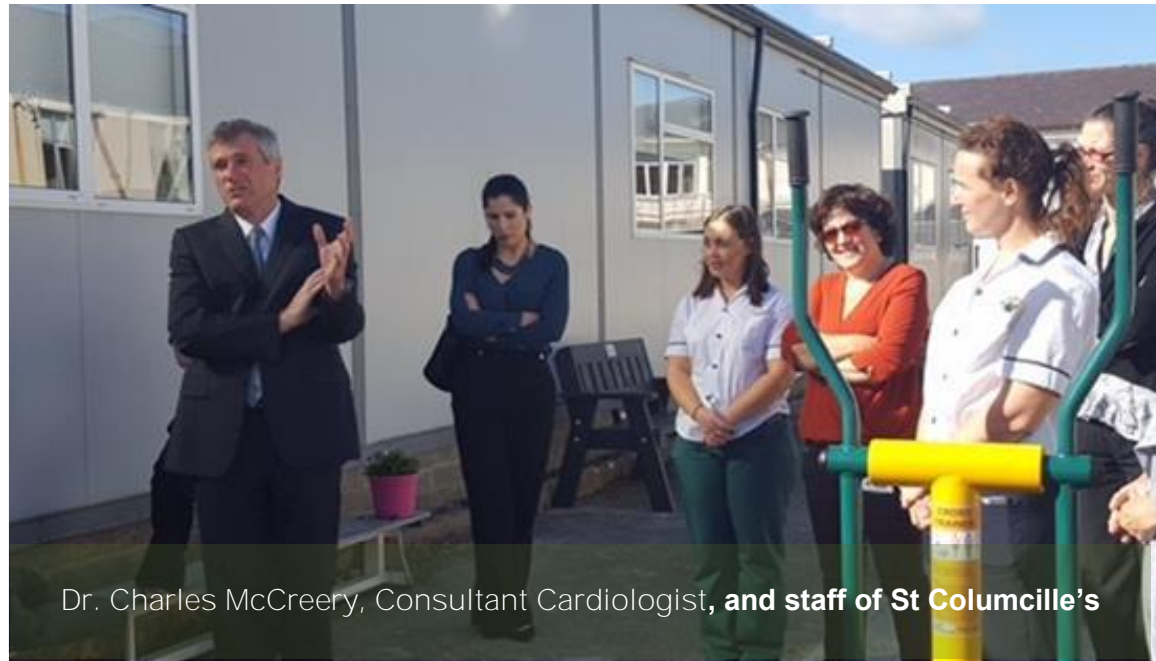
St Columcille's Hospital cardiac rehabilitation team launch outdoor equipment

On Happy Heart Day, the Cardiac Rehabilitation Team from St Columcille's Hospital, Loughlinstown officially launched their outdoor gym equipment. Proudly sponsored by

<http://www.merck.com/index.html> and <http://outfit.ie>, the event was attended by past and present clients of the service and members of staff. Outfit.ie provided a gym instructor who performed an energetic demonstration of the equipment with audience participation a must. Fiona's Fine Foods, a local, healthy, whole food, family cooking expert, provided a cookery demonstration with plenty of samples which went down a treat.



Ryan Glynn, Outfit Outdoor Fitness Equipment



Dr. Charles McCreery, Consultant Cardiologist, and staff of St Columcille's

Celebrating 175 years



Fr. Patrick McGlanaghy, Hospital Chaplain, Linda O'Leary, General Manager, with sisters from the Poor Servants of the Mother of God order



s were successful in terms of weight change and participant
1. Group work was effective in terms of practitioner time and
in addition to providing social support and education for participants



*Minister for Health, Simon Harris TD, visits St **Columcille's Hospital***

On August 12th 2016, the Minister for Health, Simon Harris TD, visited St. Columcille's Hospital.

General Manager Linda O'Leary outlined the new development programme which has been established for St. Columcille's and the tour successfully demonstrated that the hospital has an important role to fulfill in the provision of acute and rehabilitative services in South Dublin and County Wicklow. The Minister spoke to staff and patients and had a chance to see the inner workings of St. Columcille's Injury Unit as well as to discuss the collaborative working arrangements with St. Vincent's University Hospital in the transfer of patients from St Vincent's ED to St Columcille's MAU.

The Minister took great interest in the work being done in collaboration with Community Healthcare Organisation South East Dublin and the Alzheimer's Cafe as well as the recent establishment of a Local Integrated Care Committee with General Practitioners.



General Manager St Columcille's, Linda O'Leary; Minister for Health Simon Harris TD, Director of Nursing (Interim) Kay Hand and Carol de Wilde, Principal Social Worker



Minister's visit, August 2016



St Luke's General Hospital Carlow/Kilkenny

New Emergency Department

The new Emergency Department was opened at St Luke's General Hospital Carlow/Kilkenny on 25th May 2016. The new unit was part of the €21 million development at the hospital which also included a new Acute Medical Assessment Unit, Susie Long Day Services Unit (including Endoscopy), Oncology Day Ward, Hepatology Unit and the Dr Jim Mahon Library and Education Centre.

The new Emergency Department includes a Waiting area, Triage area, 3 bay Resuscitation area and separate Paediatric Resuscitation bay all with X ray facilities, an 8 cubicle Major Treatment and Examination area, a separate Paediatric Treatment area, a Minor Treatment area and a Relatives room. The ED is at ground floor level and has separate entrances for ambulant and ambulance patients and provides a state of the art environment for patients from the Carlow/Kilkenny area.



L-R: Emer Tyrrell, CNM3 ED, Aine Williams, Shift Leader ED, and Karen Holohan, A/DON at the opening morning of the new ED



AMAU staff with volunteers at the opening day of the Acute Medical Assessment Unit

New Acute Medical Assessment Unit (AMAU)

The new 10-bedded Acute Medical Assessment Unit (AMAU) is located adjacent to the Emergency Department. The principal areas of accommodation include assessment rooms, 2 isolation rooms, a treatment room and support accommodation. The AMAU streamlines the assessment of patients with emergency medical presentations while using shared facilities with the ED in line with the new Acute Medicine Programme.

The Day Services Unit (dedicated to the late Susie Long) is located at first floor level and provides accommodation for patients attending for

- Endoscopy (including colonoscopy)
- Day surgery including general surgery and gynaecology
- Medical investigations and treatment
- Dental surgery
- All Procedures undertaken on a day-case basis

The principle elements of the accommodation include 24 trolley bays, 2 single treatment rooms, 2 procedure rooms, 2 endoscopy rooms, a 10-patient discharge area and support accommodation.



Oncology Unit staff with Helen **Butler, Director of Nursing and Midwifery, St Luke's** at the opening of the new Oncology Day Unit

New Dr Jim Mahon Library and Education Centre

The new Dr Jim Mahon Library and Education Centre, part funded by the University of Limerick, RCSI and the HSE, embraces all aspects of medical education and continuing professional development, and provides a focal point on the hospital campus for access to the evidence base of healthcare. The new library /education centre has two tutorial rooms, two seminar rooms, extensive book and journal displays, up to 40 reading spaces, e- journal/book access, Wifi, videoconferencing, meeting areas and tutor offices. The remit of library and education services is to provide access for doctors, nurses and professions allied to medicine (hospital and community) to a comprehensive range of evidence-based, up-to-date knowledge resources for the purposes of:

- research into specific clinical questions, conditions or treatments relevant to the care of individual patients
- keeping up to date with developments in a specific area of the health sciences, or the professional literature of a given specialty
- continuing professional education

Services are intended to ensure that point-of-care decisions are informed by best international evidence and that staff engaged in education or research have an available knowledge resource, and assistance when they need it.

Rose of Tralee visits St Luke's

The Rose of Tralee, Elysha Brennan, visited St Luke's in February 2016. The RCSI student was



Rose of Tralee, Elysha Brennan, with the Rose of Kilkenny, Claire Walsh, and nurses from the Paediatric Ward during their visit to St Luke's General Hospital Carlow-Kilkenny in February 2016

Launch of Couch to 5K

After many years of running a 4 week step challenge for hospital staff, St. Luke's Hospital Health Promotion Committee decided to up the pace in 2016, by running a 'Couch to 5k' programme for all staff. The programme was organised and run by a small number of able leaders, who generously gave their lunchtimes and evenings to lead walks and runs in a structured programme set out over 10 weeks. The aim of the program was to encourage and facilitate sessions for staff with varying degrees of ability that do not get the opportunity to participate in cardiovascular exercise on a regular basis. The initiative was launched by the then Minister for Health, Dr. Leo Varadkar.



Leo Varadkar, then Minister for Health, and Eleanor Moore, Business Manager

Sign Language Awareness

Maeve O'Neill from the Creditors' Department, St Luke's General Hospital Carlow-Kilkenny, hosted an information day to coincide with National Irish Sign Language Awareness Day. Maeve was joined by a number of her colleagues from the Deaf Community and Edwina Dooley from Creditors to share information about Irish Sign Language (ISL) and basic phrases/signs to help communicate with the Deaf Community. Maeve then hosted a series of sign language classes for staff in the hospital.



St Michael's Hospital, Dun Laoghaire

COPD Poster Award

St Michael's 2016 Medication Management Programme was a hospital-wide integrated programme of audit, patient and staff education and operational practice review, actions and reporting, and in June 2016 their COPD Outreach colleague Amy Mulkerins won best poster award at the Birmingham COPD International Conference. Amy's poster was entitled 'Does Combined Respiratory and Palliative Care Management Improve Care for COPD Patients?'

Healthy Wealthy Wise

Healthy Wealthy Wise was a Wellbeing initiative for staff launched jointly by the Mater, St Vincent's and St Michael's Hospitals in 2016. It is a library collection of books and publications in the form of a 'bibliotherapy' project to support staff health and wellbeing. It continues to deliver benefits well past the original project timeframe. This project was linked in with their Healthy Ireland initiative for Staff Health and Wellbeing.

Pressure Ulcer to Zero

A quality initiative which commenced in 2016 was the Pressure Ulcer to Zero initiative which went on to win the European Pressure Ulcer Advisory Panel (EPUAP) Quality Improvement Award for St Michael's ZERO HERO project. Well done to the staff of St Columba's Ward, Occupational Therapy, Physiotherapy and Tissue Viability who were the 'heroes' on that project.



Pressure Ulcer to Zero team members, l-r: **Jimmy O'Brien, Arlene Pastolero, Sujatha Radhakrishnan, Aida Nacario, Aoife McDonnell and Rowena Molena**

St Vincent's University Hospital

JCI Accreditation

St. Vincent's University Hospital (SVUH) was successfully granted the status of accreditation based on the findings of the Joint Commission International (JCI) Triennial Academic Medical Centre Hospital survey which took place in September 2016.

The awarding of the triennial accreditation marks the first time an Irish public hospital has achieved this level in the internationally recognised JCI accreditation process. The academic teaching hospital secured the accreditation in recognition of their commitment to ensuring the highest standards in the delivery of quality patient care.

The process stimulates continuous systematic and organisation wide improvement in daily performance and in the outcomes of patient care and provides a platform to align the strategic direction and implementation of local and national quality and patient safety initiatives.



L-R: Professor Michael Keane, Acting CEO of SVUH and Sandra Seabra, Lead JCI Surveyor

Cancer Report 2015

The St. Vincent's Healthcare Group (SVHG) annual Cancer Report for 2015 (published in 2016) saw an increase in patient referrals across all cancer services in the Group's hospitals (St. Vincent's University Hospital (SVUH), St. Vincent's Private Hospital (SVPH) and St. Michael's Hospital (SMH), Dun Laoghaire) during 2015.



Helena Duggan, Histology Department

SVHG is one of eight cancer centres under the HSE National Cancer Control Programme (NCCP) and one of two cancer centres within the Ireland East Hospital Group (IEHG). The group is the national centre for specialist treatment in sarcoma, neuroendocrine and hepatocellular cancers.

GP Study Day 2016

St. Vincent's University Hospital (SVUH) held its annual GP Study Day in the Education and Research Centre (ERC) in the hospital in March. The event was a great success with over 180 GPs attending from Dublin City and County. The Study Day was chaired by Dr. Eamonn Molloy, Consultant Rheumatologist and Co-Ordinator of Postgraduate Education.



Conference Speakers

L – R Back Row

Dr John Holian Consultant Nephrologist, Dr Eamonn Molloy Postgraduate Co-Ordinator, Mr David Galvin Consultant Urologist, Prof Oliver FitzGerald Consultant Rheumatologist

L- R Front Row: Dr. Gareth Horgan Consultant Gastroenterologist,

Dr Clodagh **O'Dwyer** Consultant Geriatrician, Dr Justin Kinsella Consultant Neurologist, Prof John Ryan Consultant in Emergency Medicine

HSE Excellence Award

Healthcare staff in Community Medicine for the Older Person's Services in St. Vincent's University Hospital (SVUH) were commended by the HSE Excellence Awards for their project on Community Medicine for Older Person's Nursing Home (NH) Service. The hospital has been recognised as an exemplar site by the National Clinical Programme for Older People, Nursing and Midwifery Practice Development Units and the HSE. This project was 1 of 7 highly commended projects out of a total of 426 submitted projects.



L-R: Kathryn O'Reilly (DON at Altadore Nursing Home), SVUH Staff: Sarah McDonagh (Sen. SLT), Margaret Sheridan (Administrator), Jonathon O'Keeffe (CNSp, RNP Gerontology), Dr Graham Hughes (Consultant Geriatrician) & Angela Smyth (ADON)

SVHG Nursing Graduations

On the 6th December, St. Vincent's Healthcare Group (SVHG) hosted their first ever group nursing graduation ceremony in the Tara Towers Hotel, with over 87 newly qualified nurses graduating. All of the graduates qualified with a Bachelor of Nursing Science Degree from University College Dublin (UCD).



These newly qualified nurses completed a four-year degree in UCD. During that time, each student nurse completed rotations between the 3 sites in the St. Vincent's Healthcare Group (SVHG) – St. Vincent's University Hospital (SVUH), St. Vincent's Private Hospital (SVPH) and St. Michael's Hospital (SMH) in Dun Laoghaire. These rotations allowed the students to gain nursing experience in a level 2 and level 4 acute hospital setting and within the private healthcare sector.

Official Opening of the Dialysis Unit at SVUH

September 2016 marked the official opening of the new state-of-the-art Dialysis Unit located on the fourth floor of the Centre Link. Previously located in the old St. Peter's Ward, the new facility is more spacious for both its patients and staff. After the six-year wait, the unit is now temperature-controlled and brighter, boasting panoramic views of the nearby Elm Park golf course. As well as having high spec isolation facilities, it has two, four-bed spacious rooms. The unit can cater for 24 patients, divided over the three-shift day.



L-R: Mary Day, CEO of IEHG, Sandra Shea, ADON, Ann Flynn, Acting DON, Kay Connolly, Chief Operating Officer, Michelle McQuaid, CNM 3 and Frank Kelly, Clinical Engineering at the opening of the Dialysis Unit at SVUH

Wexford General Hospital

Minister Simon Harris TD visits Wexford General Hospital

Dr Colm Quigley, Lily Byrnes, General Manager and Margaret Curran, Director of Nursing welcomed the Minister for Health Mr. Simon Harris TD and local councillors and TDs to Wexford General Hospital during 2016.

The Minister spent time speaking with staff, students and patients on his journey through Wexford General Hospital.



Dr Colm Quigley, Lily Byrnes, General Manager; and Margaret Curran, Director of Nursing; with Mr Simon Harris TD, Minister for Health, and local councillors and TDs



Our workforce

IEHG HR forum

2016 marked the first full year of the establishment of a HR Function for the Group, following the appointment of the Group HR Director in late 2015. An IEHG HR Forum was established in January 2016, which comprises a representative nominee from each hospital within the Group. The objective of the Forum is to provide strategic direction and leadership through a partnership approach to all HR staff in our 11 hospitals to ensure that HR is supporting service delivery and the development and implementation of the IEHG Strategic Framework and associated People Strategy.

The Forum meets quarterly and the work of the HR Forum is to:

- Work collaboratively to assist and support all hospitals in the Group to achieve the delivery of a consistent HR service across the Group
- Identify and develop areas of HR good practice that can be shared across the Group as appropriate
- Make a key contribution to the overall strategic development of IEHG
- The development and implementation of Performance Management and potentially using this to improve employee engagement
- The up-skilling of HR staff
- Further develop change management expertise across the Group
- The development of potential shared HR services to deliver optimum utilisation of limited resources resulting in economies of skill, scope and scale
- Develop a Dashboard of the key HR metrics across the Group, which will assist in highlighting trends and the areas/hospitals requiring attention/additional resources, and present this information to the IEHG Executive Team

Areas of specific focus for the Forum during the year included: Workforce Planning; Recruitment challenges, with a particular emphasis on Nurse Recruitment; HR Metrics; Leadership Development & Culture; Employee Engagement / Employee Relations; Performance Management; Employee Health and Wellbeing; and HR capacity and capability challenges.

In order to progress these and other specific priorities a full schedule of work will be agreed amongst the Forum members for 2017.

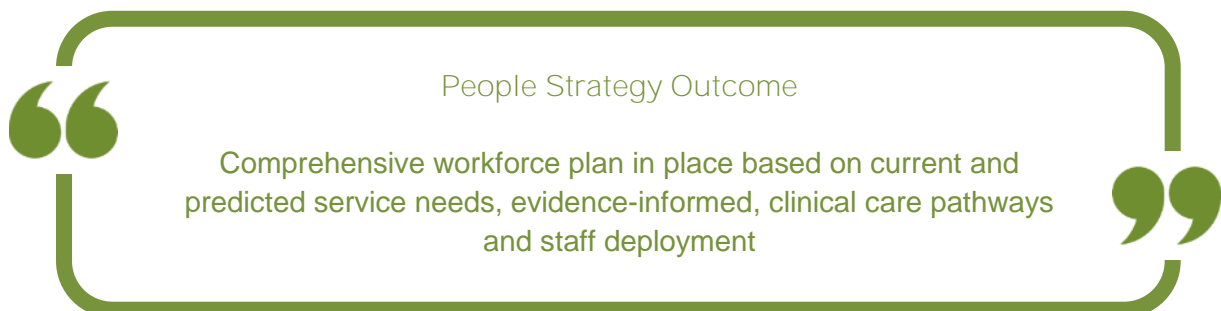
Joint union management forum

In December 2015 a Joint Union Management Forum was established in IEHG with the purpose of providing a forum for managers and union officials to share information on significant issues, developments or events which impact on the services provided by the Ireland East Hospital Group (IEHG), the people served by the IEHG, or staff working within the IEHG.

Quarterly meetings were held during 2016 with representatives from Unions representing healthcare workers and these meetings provided both Union and Management with a forum to table issues of concern for both sides and facilitate discussion, to establish and promote the development of a proactive approach to engagement, to maximise awareness of the establishment of the IEHG, and to act as a forum to assist in meeting the obligations of both parties under the Consultation and Information Act (2006).

Good working relationships were established during the year which fostered positive proactive working arrangements that assisted when dealing with negotiation and conflict in the Industrial Relations arena. IEHG Management would like to acknowledge the contribution of all stakeholders involved.

Workforce plan



The development of a Workforce Plan for the Group commenced with a pilot in Wexford General Hospital during Q2. Work continued during the year to finalise the data from the 'as is' position to the 'to be' position. The Workforce Planning Pilot was completed in Wexford General Hospital by the end of 2016. The Workforce Planning Model will be rolled out to the other Model 3 Hospitals in the Group during Q1 2017. This model will provide a benchmark from which all other hospitals in the Group can build on in 2017.

Leadership

People Strategy Outcome



Effective leadership at all levels, working collectively towards a common purpose, creating a caring and compassionate culture and inspiring innovation, creativity and excellence throughout the organisation



Work commenced in 2016 to develop and implement a Leadership and Management Development Programme for the leaders of our 11 hospitals and our Executive Team. The Programme has been developed through an agreed Competency Framework and a programme of co-designed supportive interventions based on the equivalent of an MBA experience for senior executives supported by our Academic Partner, University College Dublin, through the development of Collective Leadership research study being implemented across the Group.

Following individual meetings with each leader, facilitated workshops were held in December 2016. One workshop was dedicated to working with the Executive Team and the second workshop focused on our CEOs/GMs.

These workshops have assisted in the development of our Executive Leadership Programme, to be rolled out in 2017, which will develop and support our Hospital Managers and Executive Team to strengthen our combined strategic decision-making skills and enhance our leadership, performance and general management competencies.

This programme of work will be supported through the provision of the HSE Leadership Development Programme, which is scheduled to commence in February 2017. In order to promote and strengthen integrated care pathways and to further build working relationships with colleagues from the Community Healthcare Organisations (CHOs) in the IEHG geographical area, the Chief Officers in the four CHOs across IEHG were invited to nominate two managers from each CHO to join our Leadership Programme.

Staff engagement

People Strategy Outcome

“ Staff have strong sense of connection to the service, take personal responsibility for achieving better outcomes and support team colleagues to deliver results ”

To further develop a Leadership and Staff Engagement Model across the Group, IEHG issued tender documentation in Autumn 2016 seeking external support to assist with the development of a robust model to increase staff engagement and trust levels. The envisaged output is to have greater levels of engagement, trust, flexibility and productivity which will enable our staff to deliver a safer, better quality service to our patients and clients. The Great Place to Work Institute (GPTW) was the successful company awarded the contract in late December 2016.

With the assistance of this process, Employee Engagement Improvement Plans will be developed for each hospital in the Group through common initiatives that support team working, enhance communications, demonstrate employee value, maximise employee potential, and embrace diversity. These plans will also be influenced by the results of the second health sector wide survey undertaken during October 2016. The results of the survey are expected to be published in early 2017.

Workforce metrics

Employment Monitoring

2016 saw another significant increase in the number of staff employed across the Group, bringing a total increase during the year of 309 whole time equivalents (WTEs) or 2.9%. This figure of 309 is in addition to the 675 additional staff recruited in 2015. This increase brought the total number of staff (WTEs) employed across IEHG as of 31st December 2016 to 10,971 and this increase can be attributed to the following:

- ▶ Service developments, particularly in St Luke's Hospital, Kilkenny and Wexford General Hospital
- ▶ Successful overseas nurse recruitment initiative
- ▶ Agency staff replaced with permanent staff
- ▶ Maternity / sick leave cover

While growth in the number of staff was significant during 2016 this was achieved against a backdrop of an expenditure cap being placed on the Pay Budget mid-way through the year. It is acknowledged that this cap on expenditure was realised through the close monitoring and

management of staffing costs across the three pay domains of directly employed staff, overtime and agency costs which were undertaken by our Hospital Managers and their teams, and through the good will, dedication and hard work of all staff in our eleven hospitals.

Table 1 below, and associated graphs, provides a breakdown by hospital of the number of employees (whole time equivalents) across the Group, comparing figures for November and December 2016, with those for December 2015.

Ireland East Hospitals Personnel Census - Total Direct Employment: Dec 2016											
Hospital	Direct WTE Dec 15	Direct WTE Nov 16	Direct WTE Dec 16	Change since Nov 16	% Change since Nov 16	Change since Dec 15	% Change since Dec 15	No. (head-count)	Perm. Dec 16	Full-time Dec 16	% Female Dec 16
Mater Misericordiae University Hospital	2,763	2,851	2,855	+4	+0.1%	+92	+3.3%	3,188	80.2%	86.9%	75.0%
St. Vincent's University Hospital	2,580	2,625	2,634	+10	+0.4%	+54	+2.1%	2,874	88.1%	86.6%	72.5%
St. Luke's General Hospital	941	982	990	+8	+0.8%	+48	+5.1%	1,128	89.5%	67.7%	82.4%
Wexford General Hospital	889	916	915	-1	-0.1%	+26	+2.9%	1,036	85.8%	70.5%	79.4%
Midland Regional Hospital, Mullingar	867	871	872	+1	+0.2%	+5	+0.5%	965	79.8%	78.3%	83.8%
National Maternity Hospital	765	810	806	-4	-0.5%	+41	+5.3%	903	80.1%	79.4%	84.2%
Our Lady's Hospital, Navan	476	494	495	+1	+0.2%	+18	+3.9%	579	82.6%	66.0%	75.5%
St. Columcille's Hospital	388	396	402	+6	+1.4%	+14	+3.7%	450	86.3%	83.7%	76.7%
St. Michael's Hospital	385	381	380	-1	-0.3%	-5	-1.2%	437	88.4%	80.3%	77.1%
Cappagh National Orthopaedic Hospital	350	368	364	-4	-1.1%	+13	+3.7%	405	88.7%	83.3%	78.3%
Royal Victoria Eye & Ear Hospital	258	252	252	-0	-0.0%	-6	-2.4%	301	84.5%	72.5%	77.4%
n/a		8	8	0		+8	-100.0%	8	100.0%	90.0%	87.5%
Total Ireland East Hospitals	10,662	10,952	10,971	+20	+0.2%	+309	+2.9%	12,274	84.4%	80.7%	77.2%

Table 1 Report by Hospital

This information is also provided by Grade Category in Table 2 below

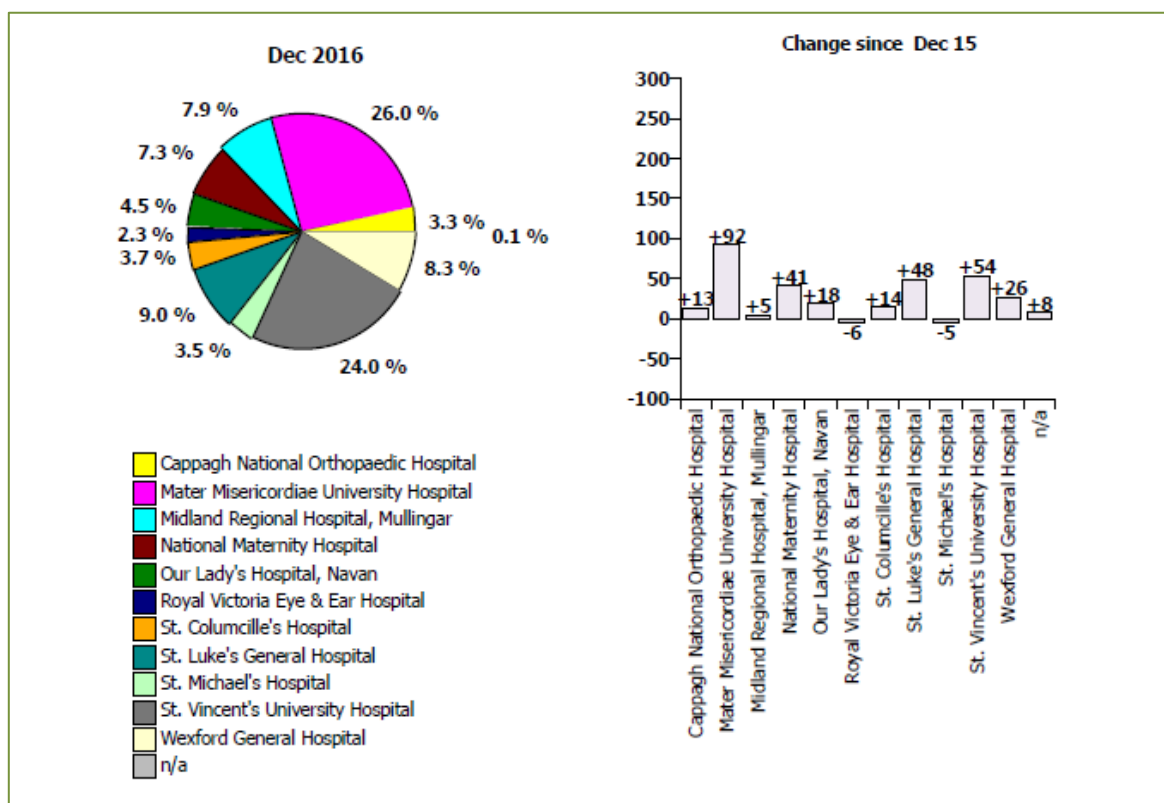


Table 2 Report by Grade Category

European Working Time Directive (EWTD)

Work has continued at pace during 2016 to ensure all hospitals in the Group are in compliance with the 24-hour and 48-hour working week in line with the European Working Time Directive (EWTD) for Non-Consultant Hospital Doctors (NCHDs). The Group-wide metric for the last three months of 2016 outlined in Table 3 below demonstrates this commitment:

Month	% compliance with 24 hours	% compliance with 48 hours
October	96%	75%
November	96%	75%
December	97%	77%

Table 3 Group wide compliance rates quarter 3 2016

IEHG showed improvement of 1% at 24 hours compliance and 2% improvement at 48 hours compliance over the month of November 2016.

Month	% compliance with 24 hours	% compliance with 48 hours
December	97%	81%

Table 4 National average compliance rates across all hospital groups

IEHG meets the National Average for compliance with 24 hours and is 4% behind on compliance with 48 hours.

A full report of EWTD compliance across all Hospitals in the Group for December 2016 is detailed in Table 5.

IEHG Hospitals	% Compliance with a maximum 24 hour shift (EU Commission reporting requirement) - All NCHDs	% Compliance with an average 48 hour working week (EWTD legal requirement - EU Commission reporting requirement) - All NCHDs
St. Vincent's University Hospital	100%	58%
St Michael's Hospital Dun Laoghaire	100%	75%
St Columcille's Hospital Loughlinstown	100%	100%
Mater Misericordiae University Hospital	100%	68%
Cappagh National Orthopaedic Hospital	100%	100%
Regional Hospital Mullingar	76%	78%
Our Lady's Hospital Navan	81%	94%
Royal Victoria Eye and Ear Hospital Dublin	100%	89%
National Maternity Hospital Holles Street	100%	100%
St Luke's Hospital Kilkenny	100%	94%
Wexford General Hospital	100%	90%
Ireland East Hospital Group Total	97%	77%

Table 5 Group wide compliance rates December 2016

As demonstrated in Table 5 above, some hospitals in the Group require continued focus to improve compliance particularly with the 48-hour working week and this focus will continue during 2017 to ensure we reach the required target.

Absenteeism

Work was on-going in all hospitals during the year to keep a focus on the management of absence and these efforts have proved successful in keeping the rate of absence Group-wide at 3.9%.

Partnership with UCD

UCD Clinical Research Centre (UCD CRC)

Introduction

A major element of the UCD Clinical Research Centre (CRC) Strategic Priorities 2015-2019 document was to support the objectives of the Ireland East Hospital Group, principally by underpinning the development of a vibrant research endeavour, from campus to hospital to community. As can be seen in this report, we have continued to deliver on this important strategic goal.

The UCD CRC is an academic-led, multi-site, patient focused facility for clinical and translational research integrated under a single governance structure within the UCD School of Medicine and supporting patient-focused research throughout the Ireland East Hospital Group. The centre also delivers high-quality education programmes to serve the future staffing needs of the academic and industry sectors both domestically and internationally. Since opening in 2006, the UCD CRC has had a significant impact on the national research landscape. We have created an environment which is supportive of investigators, recognised by regulators and attractive to patients. These efforts have underpinned significant growth in research outputs. This report shows the major metrics of success and provides illustrative examples of impact.

The UCD CRC is impacting patients' lives, supporting the objectives of the Ireland East Hospital Group and delivering the School and University Research Strategy.

UCD CRC – 2016 in Numbers

189 projects					
47 new studies	121 clinical trials	15 investigator initiated trails	>6500 patient contacts	72 academic collaborations	
40 biobanks	1,300 biobanked samples	300 PBMC preparations	3,000 patient kits	6,675 samples analysed	31,091 biomarkers measured
5 programme majors		110 graduate students		students from 27 countries	
60 persons initiated through the CRC induction programme			70 standard operating procedures in use		

Clinical Research Supports

Supporting Clinical Investigation

The UCD CRC has a significant track record in supporting both investigator-initiated and industry-initiated clinical research projects. The UCD CRC supports clinical research studies at all phases of activity. Recognising that all clinical trials have particular support requirements, a tiered service offering is available to meet the needs of the investigator.

These supports include:

- State-of-the-art facilities within major acute hospitals for high-quality clinical research
- An environment which is supportive to clinicians to undertake hypothesis-driven investigator-led clinical studies
- Recognised by regulators, pharmaceutical companies and clinical research organisations as being professional, of the highest quality and suitable for the conduct of clinical trials
- Attractive to patients and encourages participation in clinical research and trials by providing excellent clinical care and access to latest clinical interventions
- Managed under a dedicated and approved quality policy
- A cohort of professional and experienced research scientists, data managers and clinical research nurses that can ensure studies are conducted and managed to the highest levels of quality
- Complete study management, oversight and sponsorship

CASE STUDY

CRC expertise providing full service to initiate a trial: GOAL-ARC

The investigator-initiated “GOAL-ARC” study (Golimumab (GLM) dose Optimisation to Adequate Levels to Achieve Response in Colitis), was fully supported by the CRC throughout the proposal, initiation and study conduct phases. As well as providing study sponsorship at an institutional level, the UCD CRC team worked with the PI - Dr Glen Doherty - providing supports in areas such as protocol development, trial registration & regulatory filings, budgeting, contracting, ethics submission, study kick-off meeting, monitoring planning.

SERVICES AVAILABLE TO INVESTIGATORS			
We have developed dedicated supports for all phases of the clinical trial process			
Proposal Phase	Proposal Phase	Proposal Phase	Proposal Phase
Grant Application	Grant Application	Grant Application	Grant Application
UCD Sponsorship	GCP Compliance & Training	Study Monitoring	End of Trial Notification
EudraCT Number	Trial Registration	Amendments	Archiving
Study Design Review	Monitoring Plan	Data Collection & Cleaning	Data Lock & Cleaning
Statistical Planning	Randomisation and Blinding Procedures	Pharmacovigilance	Data Transfer
Protocol Finalisation	Site Initiation	DSMB/Interim Analysis	Statistical Analysis
PIL & Consent Form		DSUR Submission	Budget Close Review
Insurance		Audits/Inspections	Clinical Study Report Submission
Contracts			

Clinical Research Activity

A total of 189 active protocols were undertaken during the year, including 47 newly initiated studies. This study start-up rate of almost 1 per week across the UCD CRC demonstrates both the impact of the Centre and the culture of investigation at the associated hospitals.

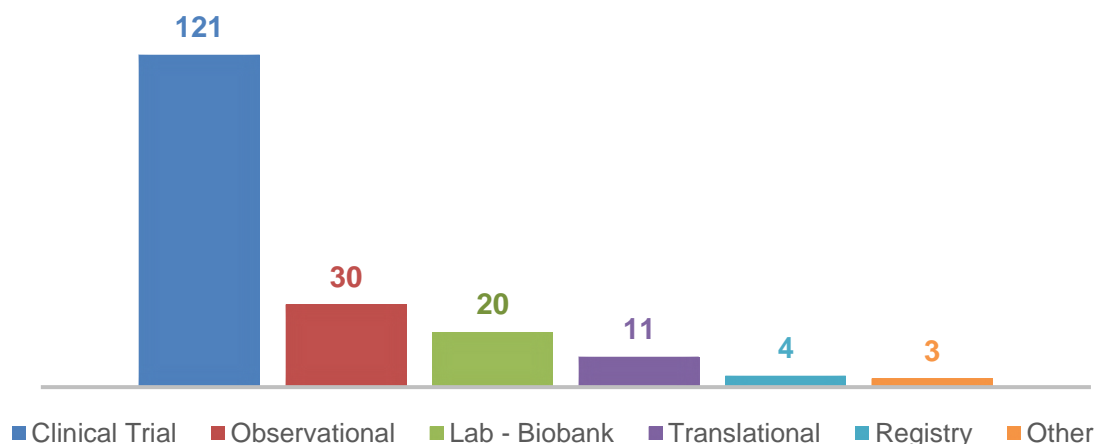
Of the ongoing projects, 121 are clinical trials with 68 being translational studies, biobanks, registries and other studies. Importantly, the activities involve a large volume of academic-initiated studies; of the total 189 active studies, 104 are academic-initiated and 85 are industry-sponsored. The clinical trial activity is mainly focused on early- to mid-stage trials.

- ▶ 26 Phase 2
- ▶ 70 Phase 3
- ▶ 17 Phase 4

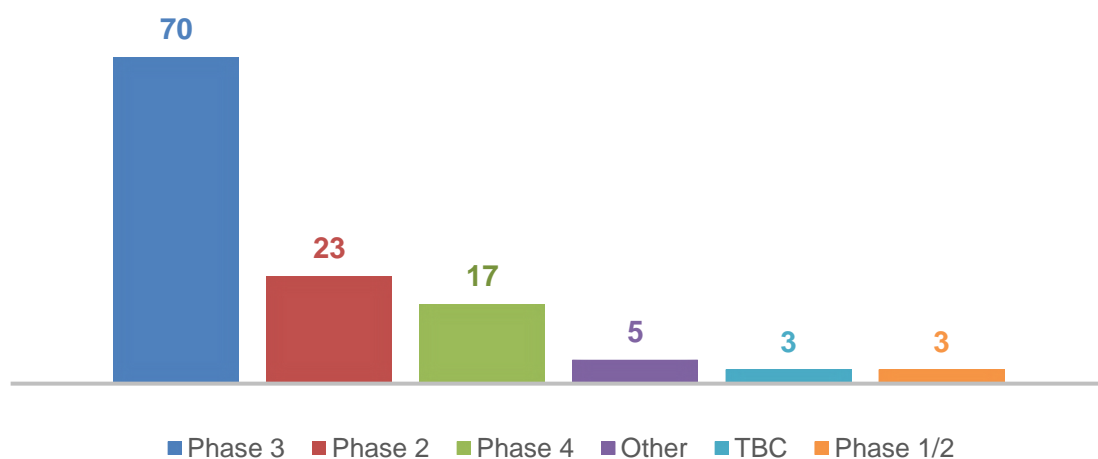
These investigations in aggregate accounted for over 6,500 patient contacts across the CRC sites during the year (including 3,750 contacts in clinical trials and 1,570 in observational studies).

Studies active during 2016 were managed by 60 Investigators, with an average of 2.9 studies per investigator.

NUMBER OF STUDIES BY TYPE



NUMBER OF CLINICAL TRIALS BY PHASE



TEST STUDY

Enabling clinical research across the Ireland East Hospital Group

The UCD CRC provided supports, including study sponsorship, for the “TEST” study (An Open-Label Randomized-Controlled Trial of Early Screening Test For Pre-Eclampsia and Growth restriction). Based at the National Maternity Hospital and led by Prof Fionnuala McAuliffe, the study was initiated in 2014 and completed in 2016. Services and support provided by the CRC included sponsor study oversight, Pharmacovigilance SAE reporting oversight, Regulatory Authority liaison, study close-out and archiving of study documents.

Clinical Research Quality Management

The UCD CRC is committed to ensuring that all studies involving human subjects will be carried out in a way which protects the interests of the subjects, whilst ensuring that healthcare is continuously improved. This commitment was further expanded during 2016:

- 1 The UCD CRC Operations Committee reviewed, updated and approved a full catalogue of SOPs at the end of 2015, which were implemented across all studies in 2016. Currently there are 70 SOPs covering all aspects of CRC activity.
- 2 All existing and new staff at both SVUH and MMUH completed the new orientation process initiated in May 2016 which included documenting and collecting individual GCP training certification, CVs, Training Records and sign-off on all UCD CRC Policies and SOP compliance.
- 3 The UCD CRC played a major role in preparation for and participation in the JCI international survey at St Vincent's University Hospital

JCIO SURVEY

CRC procedures and infrastructure under review

As a part of a reaccreditation process of St Vincent's University Hospital, external surveyors of Joint Commission International (JCI) conducted a rigorous survey of the facilities at UCD CRC as well as detailed review of randomly selected clinical trials conducted at the site in September 2016. Following the survey the UCD CRC received positive feedback from the surveyor on the governance and conduct of all research and laboratory activities.

Scientific Services

The UCD CRC provides a range of core scientific services, which directly support its extensive portfolio of clinical research. Scientific Services activities cover both the provision of state-of-the-art facilities, as well as technical support and biomarker expertise.

Activity for the year

- ▶ Over 40 ongoing Biobank Collections and Registries at SVUH and MMUH, with over 1,300 samples collected this year
- ▶ Three new Biobank Collection initiatives started in 2016
- ▶ Support for a number of projects requiring PBMC preparation. Over 300 PBMC (Peripheral Blood Mononuclear Cells) sample preparations
- ▶ Design and provision of patient kits and collection SOPs for all the biobank collection, registries and Investigator-initiated trials with over 3,000 kits provided to clinics. The CRC has extensive experience in developing sampling plans, protocols and patient kits which facilitate collection and tracking of samples to the highest standards

UCD-Abbott Biomarker Lab

The CRC Biomarker facility is a biomarker testing laboratory located at the CRC facility at St Vincent's University Hospital. Founded through a collaboration between UCD-CRC and Abbott Diagnostics, the CRC Biomarker lab has supported testing for a wide range of international and local studies since its inception. The Lab houses two state-of-the-art high-throughput analysers including an Architect ci4100 biochemical testing platform, which offers a wide test menu covering both clinical chemistry and immunoassay testing. In 2016 an Architect i2000SR immunoassay analyser has been installed that offers an increased throughput of assays per hour (up to 200 samples). In addition, in 2016 the Biomarker facility has implemented ELISA based testing for a number of specific research projects, including all the automated apparatus for plate washing and reading. The direct funding to the UCD CRC over the last three years has increased over 100% year-on-year with a total of €464,050 in direct income in 2016. In addition, indirect funding of over €500,000 was leveraged in the form of reagent kits.

This growth in activity brings total funding from Abbott since the inception of the partnership to €700,000 in direct funding, over €800,000 indirect funding and €1m instrument costs, representing an overall investment of €2.5m.

Abbott funding & investment into the UCD-Abbott Biomarker Lab since inception

Direct funding	€700,000
Indirect funding	€800,000
Investments	€1,000,000
TOTAL INVESTMENT	€2,500,000

Networks & Partnerships

Recognising the importance of external relationship development, the CRC has played a significant role in sustaining and developing major partnerships with other academic institutions and with commercial partners. The CRC's expertise is well recognised as an indispensable resource by investigators at all affiliated clinical sites, industry and academic partners, funders and other collaborators throughout Ireland and internationally.

The CRC has made a major contribution to the national collaborative research agenda through participation in a multitude of MMI-centred projects and programmes. The growth in the range of services and supports offered by the CRC during 2015-16 has been mirrored by the number of key strategic networks and partnerships that have commenced in the period.

Network Supports

The CRC offers a range of supports to clinical research networks and groups, with many based at the CRC facilities at the MMUH and SVUH. The supports available include:

- ▶ Office and meeting space
- ▶ Laboratory Services
- ▶ Clinical suites
- ▶ HR/recruitment, finance and project management
- ▶ Quality & Regulatory Affairs
- ▶ Data Management and Information Systems

Studies taking place at the CRC include a broad range of national, international and industry collaborations and speak clearly to the collaborative nature of high quality clinical research.

Academic collaborations	72
Industry-funded studies	37

During the year the CRC has been central to the initiation and development of a range of key strategic research groups and networks.

- ▶ **Irish Critical-Care Clinical Trials Group - €2.5m funding**
The HRB Irish Critical-Care Clinical Trials Group (IC-CCTG) is a collaboration involving three quarters of the Irish intensive care capacity and is led by Professor Alistair Nichol. Following the successful funding of the Group, of which the CRC was an integral part of the application, the IC-CCTG core team is based within the CRC at St Vincent's University Hospital.
- ▶ **Irish Stroke Clinical Trials Network - €2.3m funding**
The HRB Irish Stroke Clinical Trials Network (ISCTN) led by Prof Peter Kelly will initially involve eight Irish hospitals, six leading universities, and all seven Hospital Groups. With a project team based at the CRC at the Mater Misericordiae University Hospital, the group have utilised CRC supports in Quality & Regulatory Affairs, Finance & Strategy and Data Management.
- ▶ **GOAL-ARC - €489K funding**
GLM dose Optimisation to Adequate Levels to Achieve Response in Colitis (GOAL-ARC), is a multi-site study led by Prof Glen Doherty and managed from the CRC at St Vincent's University Hospital. The CRC at St Vincent's is providing Laboratory Services to the study and has also been central to study initiation, regulatory approvals and project management.
- ▶ **SFI-Abbvie dermatology studies – €1.05m funding**
Joint funded by SFI and Abbvie, the translational research programme between AbbVie, UCD Charles Institute of Dermatology, Systems Biology Ireland and UCD Clinical Research Centre aims to use a unique combination of clinical sampling techniques, high-throughput screening and systems approaches to facilitate discovery and development of new biomarkers and drugs for HS, AD and PSO.

Providing the platform and supports for high-impact clinical research groups: Prof Alistair Nichol and the Irish Critical Care Clinical Trials Group

The CRC facilities at SVUH host Prof Nichol's Irish Critical Care Clinical Trials Group. Following the CRC's role in assisting Prof Nichol with his successful HRB Network Grant funding proposal, the group now utilises both the CRC's physical infrastructure, as well as support in areas such as Quality & Regulatory Affairs and Scientific Services. As well as being hosted by the CRC, Prof Nichol's group have become involved with industry-funded studies through the UCD-Abbott Diagnostics collaboration.

Clinical Research Coordination Ireland (CRCi)

CRCi became operational in May 2015 as a partnership between five university-based Clinical Research Facilities/Centres and their associated hospitals. The CRC Director, Dr Peter Doran, is a member of the senior management team of CRCi. It is supported by the Health Research Board, Enterprise Ireland and Molecular Medicine Ireland.

A fully-funded CRCi Coordinator was appointed by the CRC in May 2016. Responsible for coordinating incoming CRCi study proposals, the UCD CRCi Coordinator has spread awareness of the CRCi network throughout the UCD-affiliated clinical sites and has hosted study feasibility assessments with companies including Bayer and Novartis. The first study initiated through this channel is expected to commence in November 2016, at both St Vincent's and the Mater Misericordiae sites.

The CRC typically receives 1-2 CRCi trial enquiries per week. As of the end of the 2015/16 academic year, there were 9 trials under discussion, in the areas of Renal, Rheumatology, Dermatology, Gynaecology, Gastroenterology and Critical Care.

UCD Clinical Trials Research Unit (UCD CTRU)

Introduction

The Clinical Trials Research Unit at the Mater Campus (CTRU) was established in 2000 under the medical direction of Prof John McCaffrey. In 2012 the Haematology Clinical Trials service was incorporated into the CTRU and in mid-2014 the Oncology/Haematology Clinical Trials Unit became part of the Cancer & Surgery Directorate in the Mater Misericordiae University Hospital.

The Mater Campus incorporates Mater Misericordiae University Hospital and Mater Private Hospital. Cavan General Hospital is a satellite Oncology/Haematology Centre of the Mater Misericordiae service. The Mater is 1 of 8 designated Cancer Centres as part of The National Cancer Control Programme (NCCP). Cancer screening is available through rapid access clinics in breast, lung and prostate cancer services.

Effective multi-disciplinary Team Meetings (MDTs) occur for Breast, GU, GI, Lung, Gynaecology, Melanoma and Haematology cancer patients. The clinical trials research team is an important part of the service and delivery of patient care across the Mater campus. Our current portfolio includes Clinical Trials in oncology, haematology and radiotherapy.

The CTRU has gained significant expertise and rank as a research department. To date 176 clinical trials have been approved and opened with over 1,500 cancer patients participating. The results of over 30 clinical trials involving our patients have demonstrated improvements in cancer outcomes. These trials have been presented at international conferences and published in high-impact, peer-reviewed journals. The CTRU has researched 79 new promising cancer drugs to date. 19 new cancer drugs approved and reimbursed by the National Cancer Control Programme (NCCP) since March 2012 have been studied in clinical trials at the Mater hospital campus.

The availability of good quality clinical trials, offering targeted and novel treatments, is integral to providing best treatment options to our current and future patients. By conducting these clinical trials our patients have access to innovative drug treatments which may well result in improvements for them and future patients.

114 clinical trials ongoing throughout 2016			
32 trials 'open to accrual'	82 trials 'in follow up'	13 new clinical trials opened in 2016	171 patients accrued to clinical trials
19 clinical trials submitted for local review / approval		31 protocol amendments implemented	

2000 to end of 2016

>170 Clinical trials opened	>1459 patients accrued to clinical trials on Mater campus
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CTRU Structure and Collaboration

The CTRU is part of the Cancer & Surgery Directorate and is governed by a Steering Committee co-chaired by Prof McCaffrey (Consultant Oncologist/Medical Director of CTRU) and Mr Mark Jeffrey (Operations Manager, Cancer & Surgery Directorate).

The CTRU team is comprised of:

- A CNM3,
- CTRU Business Manager,
- 6 Research Nurses,
- 5 Data Managers,
- 2 Administrative staff
- 2 Clinical Trial Pharmacists (one per site)
- The CTRU currently supports 10 consultants acting as Principal Investigators and their teams (up to 15 rotational Sub Investigators).

Collaboration with CANCER TRIALS IRELAND (formerly known as ICORG)

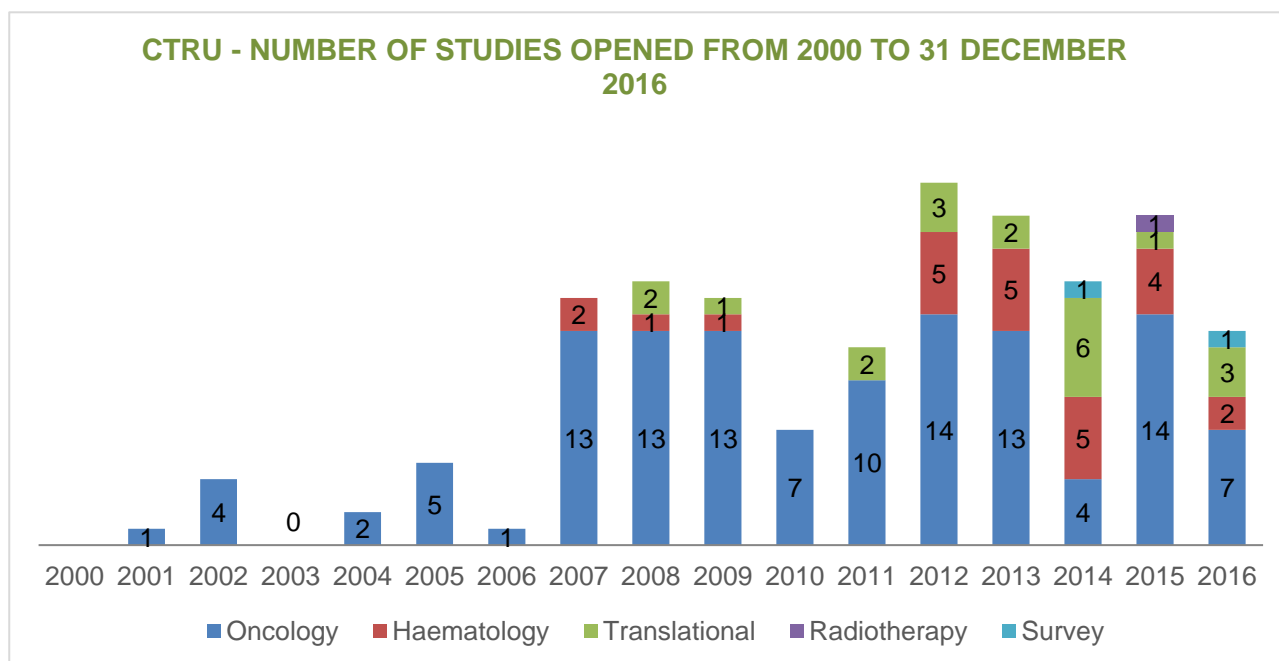
The CTRU works in close collaboration with Cancer Trials Ireland. Cancer Trials Ireland's aim is to create more research opportunities for patients by putting a formal structure in place to make Ireland more attractive as a location to international cancer research groups and the pharmaceutical industry, developing strong links with many leading international cancer research groups such as the ECOG-ACRIN, NRG, TRIO, UNC Cancer Network, CRUK and those in industry developing the most promising new cancer treatments.

Through Cancer Trials Ireland the CTRU has access to numerous studies open in the following Disease Areas: Breast, Lung, CNS, Gastrointestinal, Genitourinary, Gynaecology, Haematology/Lymphoma, Head & Neck, Melanoma, Paediatric and Translational.

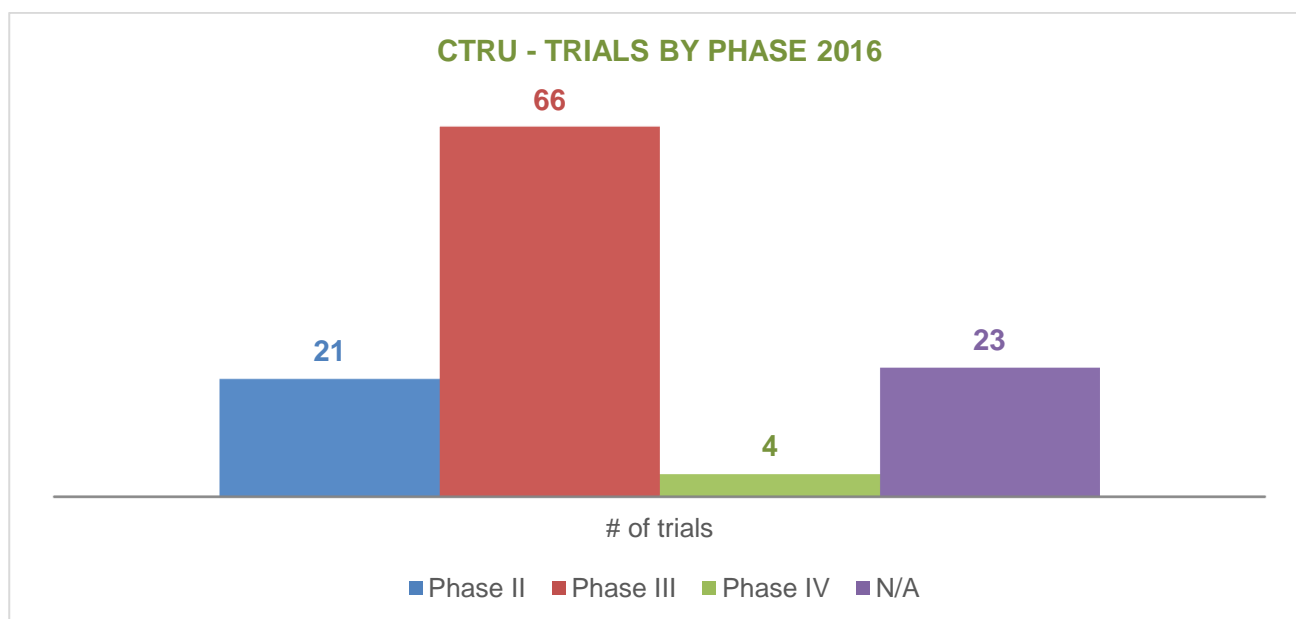
CTRU Activity

The number of trials active (“open to accrual” or “in follow-up”) varies on an ongoing basis throughout the year. At the end of 2016 the CTRU had 114 active trials which included 32 trials “open to accrual” and 82 “in follow up” phase. At any time, there are also 20-40 trials active in the pipeline.

In total, since the CTRU’s establishment in 2000 to the end of 2016, the unit has opened over 170 Clinical trials. The following is a summary of the trials by type.



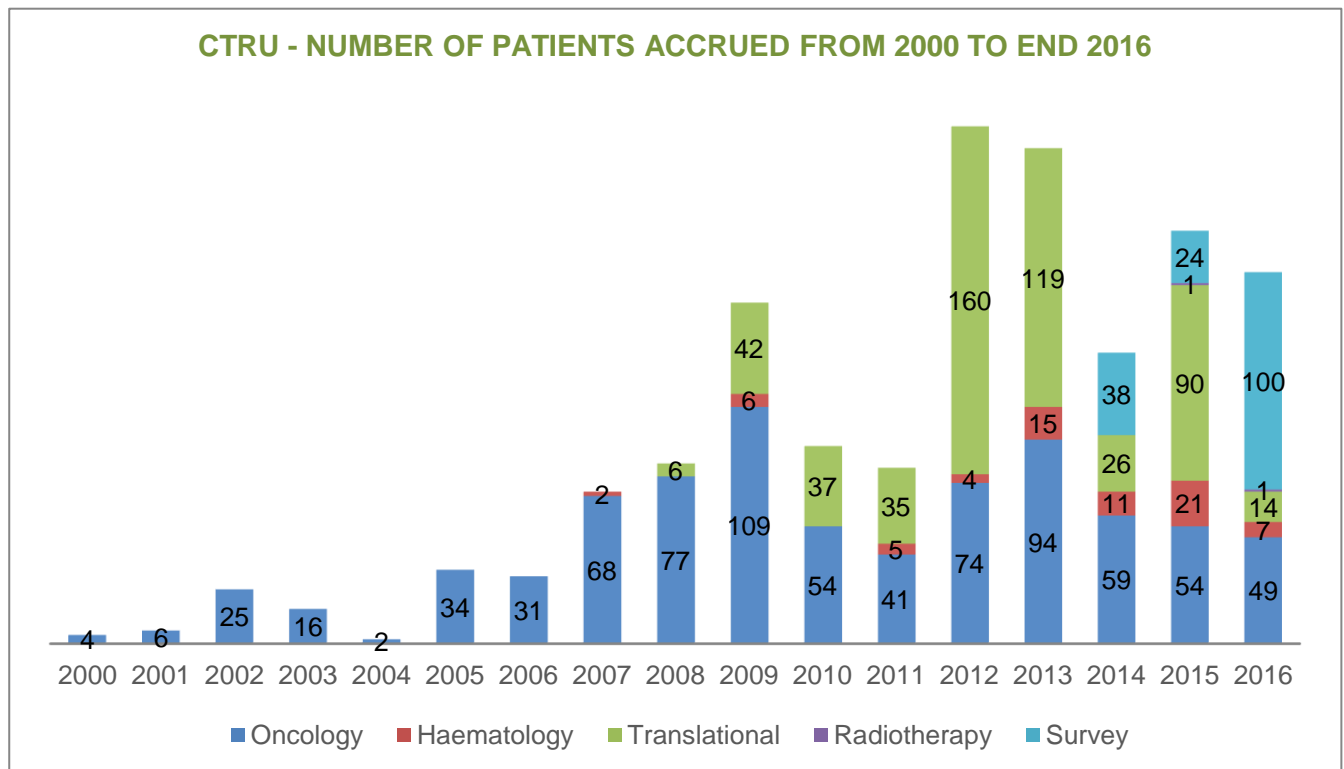
Of the Clinical trials in progress in 2016, the following is the breakout of this by Phase.



Note: In 2016 the CTRU managed submissions for a number of Phase 1/1B studies which have yet to be initiated.

Patient Accrual Numbers

In total, since the CTRUs establishment in 2000 to the end of 2016, just under 1500 patients were recruited/accrued to Clinical trials.



Quality & Compliance

The CTRU and its team members must comply with current legislation Clinical Trials Directive 2001/20/EU, transposed into Irish law S.I. No. 190/2004 - European Communities (Clinical Trials on Medicinal Products For Human Use) Regulations, 2004. All clinical trials must be conducted in accordance with ICH Topic E 6 (R1) Guideline for Good Clinical Practice and the ethical principles of the declaration of Helsinki.

All team members are required to comply with each approved study protocol to protect the rights, safety and well-being of study participants and ensure the integrity of data. Adequate and effective training is carried out on an ongoing basis for all staff members involved and must be evidenced by documentation prior to any protocol-related activities being carried out.

All protocols undergo frequent revisions for which amendment training must be conducted. Compliance with all aspects of clinical trial activities is monitored on an ongoing basis by the study sponsors. In addition, the CTRU has been subject to regular external audits by our regulatory body, the HPRA (Health Regulatory Products Authority), collaborative groups and individual pharmaceutical companies. In recent years, on average two external routine audits have been conducted with no critical findings and with positive feedback. The CTRU team operate in an audit-

ready capacity and actively correct or implement process improvements in response to any findings.

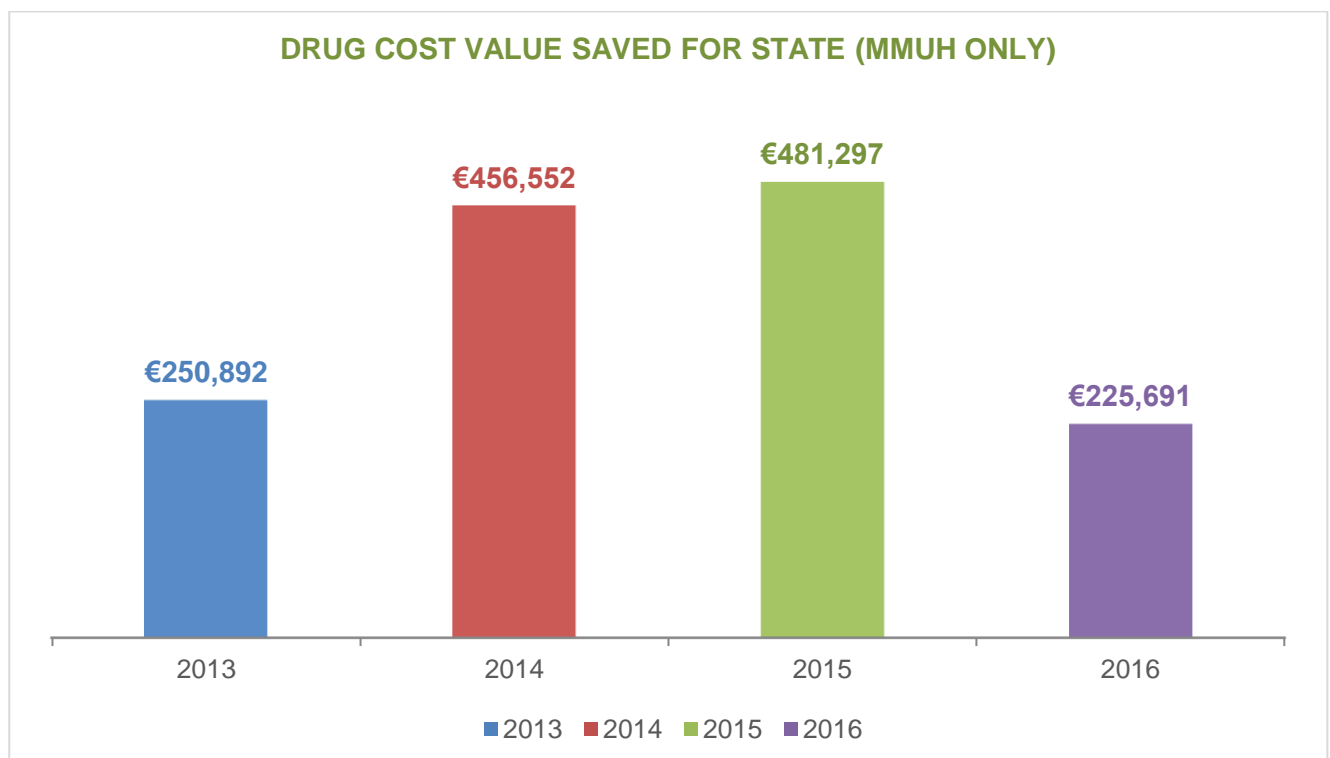
CTRU Finance/Funding

While the CTRU forms part of the MMUH Cancer & Surgery Directorate, it is considered a stand-alone, self-funding business unit within the Directorate.

The CTRU receives some funding from the Health Research Board (HRB) via Cancer Trials Ireland on an annual basis. The value of this funding is variable year on year and is calculated based on credits awarded to the unit for activity from an Investigator and Patient Accrual perspective. This funding is reducing year on year; in 2015 the initial funding was €100k, in 2016/2017 this was reduced to €80k. The unit also receives income directly from the Sponsors of trials based on invoicing for completed trial activities. Income received on an annual basis is sufficient to cover the operating costs of the CTRU.

CTRU linked Drug Cost savings for Institution/State

During a Clinical Trial, the Investigational Product, and in most cases any other comparator drugs, are provided by Sponsors “Free of charge”. This results in a saving for the Institution/State as, if these patients were not on a trial, these drugs would have to be supplied by the Hospital. Drugs provided “Free of Charge” by Sponsors for trials led to total savings for 2016 of €225,691. Overall total savings from 2013 to 2016 has been over €1.4 million.



Examples of drugs resulting in savings: Trastuzumab IV, Rituximab IV, Bendamustine, Bortezomib S/C

Cancer Trials Ireland Economic Impact Report

In May 2016, Cancer Trials Ireland published an independent report on the health and economic impacts of cancer trials in Ireland. The report highlights the huge impact of Cancer Trials ongoing in Ireland, how these contribute to the health and well-being of people diagnosed with cancer, and how they take us closer to finding the answers to cancer.

The report is available via the following url:

<http://www.cancertrials.ie/resources/reportssubmissions/>

Health systems research

Collective Leadership and Safety Cultures Programme

The Health Systems research team at UCD was awarded funding from the Health Research Board in December 2015 to research the impact of an emerging model of leadership (collective leadership) on team performance and healthcare safety. The 'Collective Leadership and Safety Cultures' (Co-Lead) programme is a five-year research project that aims to support quality and safety cultures through the development of a new model of leadership that is associated with effective team performance. The recently established hospital groups, with their emphasis on creating networks of hospitals and delivering integrated safe care, provide a receptive environment to test the collective leadership model.

There is an increasing body of evidence that poor leadership can contribute to system failures and errors. In a health setting, this can result in a range of errors such as misdiagnoses or the failure to recognize and respond to patient deterioration. Concerns about quality and patient safety have raised issues about leadership, governance, poor working relationships in teams, and a lack of clarity in accountability and reporting relationships. It is becoming increasingly evident that the interdependencies in healthcare require more collective leadership approaches, and that there is a need to reconsider the content, teaching methods, and learning outcomes of leadership programmes.



L-R: Dr. Aolfe De Brún (Post-Doctoral Researcher), Róisín O'Donovan (Research Assistant), Sinead McGinley (Project Manager), Prof. Eilish McAuliffe (Principal Investigator), Dr. Marie Ward (Senior Research Fellow), Una Cunningham (PhD student),
Marie O'Shea (Strategic Development Officer)

The Co-Lead programme will draw on emerging theories of collective leadership. Collective leadership is not the role of a formal leader, but rather the interaction of team members to lead the team by sharing in leadership responsibilities. It is not a characteristic of an individual person, but involves the relational process of an entire team, group or organisation. The Co-Lead programme's approach will be to develop the team as a dynamic leadership entity. Healthcare is delivered through teamwork and teams should share responsibility and accountability for quality and patient safety.

The research team, healthcare professionals and a patient representative are co-designing and implementing collective leadership interventions for different team types and testing the impact of these interventions on staff performance and patient safety in four healthcare teams. Rather than starting from a top-down competency framework-driven curriculum targeted at the individual as leader, development will be informed through a bottom-up service needs driven co-designed suite of intervention tools targeted at team members as co-leaders. Co-design will ensure that the intervention components are grounded in the needs and real-world experiences of healthcare staff.

The engagement of healthcare teams in identifying leadership needs throughout the Co-Lead programme will ensure that the intervention is designed collaboratively, ensuring its relevance and increasing the likelihood that it will be successful in shaping a patient-safety culture. The programme's approach of conducting research in practice will ensure rapid implementation and scale-up of the intervention if it proves effective in developing leadership that supports safety cultures.

Eilish McAuliffe, Professor of Health Systems in UCD, is leading the Co-Lead programme. Along with the IEHG, the Health Service Executive (HSE) and the King's Fund in the UK are partners on the programme. Collaboration with these partners will create opportunities for sharing of expertise, shared learning, and comparison of results across the two systems as the programmes unfold in parallel. There are also a number of collaborators on the programme:

- ▶ Dr Siobhan Corrigan, Senior Research Fellow, School of Psychology, TCD
- ▶ Una Cunningham, Transformation Office, Mater Misericordiae University Hospital
- ▶ Dr John Fitzsimons, Clinical Director for Quality Improvement, HSE
- ▶ Dr Marie Galligan, Statistician, School of Medicine and Medical Sciences, UCD
- ▶ Prof Nick MacDonald, School of Psychology and Centre for Innovative Human Systems, TCD

Highlights in 2016

- ▶ The full research team was in situ by late-2016: Prof Eilish McAuliffe (Principal Investigator), Dr. Marie Ward (Senior Research Fellow), Dr Aoife De Brún (Research Fellow), Róisín O'Donovan (Research Assistant), Sinead McGinley (Project Manager), Marie O'Shea (Strategy Development Officer) and two part-time PhD students.
- ▶ A Programme Advisory Group was established. Members of the Board are: Paula Lawler (Strategic Director for Organisation Development and Change, IEHG), Tony O'Brien (Director General, HSE), Rosarii Mannion (HR National Director, HSE), Prof Mike West (Head of Thought Leadership, The King's Fund and Professor of Work and Organisational Psychology, Lancaster University), Dr Peter Lachman (CEO, International Society for Quality in Healthcare), Prof Jeffrey Braithwaite (Director of the Centre for Healthcare Resilience and Implementation Science, Macquarie University, Australia), Dr Tamara

Friedrich (Associate Professor of Entrepreneurship and Innovation, Warwick Business School, UK), Margaret Ryan (patient representative), Karen Egan (patient representative), Prof Eilish McAuliffe (Professor of Health Systems, UCD) and Sinead McGinley (Project Manager, UCD).

- ▶ A Programme Management Team was established to oversee the delivery of the whole research programme, and to optimise integration and synergies between and across different phases of the programme and across the research and intervention sites. This group met twice in 2016.
- ▶ Presentations on the Co-Lead programme and co-design process were given to the CEOs/General Managers, Directors of Nursing, Risk and Quality Managers, Clinical Directors and a number of healthcare teams across the 11 hospitals in the IEHG.
- ▶ General Managers/CEOs, Lead Clinical Directors and Directors of Nursing in the 11 IEHG hospitals, as well as the IEHG Executive team, took part in the first of three online surveys to map leadership interactions and networks. Out of a study sample of 40 people, 35 completed the survey (response rate of 87.5% for the first-time point). One-to-one semi-structured interviews were also conducted with a sample of the respondents.
- ▶ Four healthcare teams were selected to work with the UCD researchers in co-designing collective leadership interventions.
- ▶ The co-design team will have a key role in identifying target areas for intervention, designing inputs, prioritising content, and selecting the programme outcome measures.
- ▶ International examples of best practice in improving organisational performance through teams were identified and evidence for the effectiveness of team interventions extracted through case studies of practice and systematic and realist reviews of relevant literature. This evidence is informing the co-design of the intervention. The research team will commence testing the suite of collective leadership interventions in September/October 2017.
- ▶ In 2016, two exchange visits were held with the King's Fund team, led by Professor Mike West, who are working on Collective Leadership with NHS organisations.
- ▶ An additional four full-time PhD positions will be available in 2017.

For further information on the Co-Lead programme contact:

Sinead McGinley, Project Manager, Health Systems UCD

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Finance report

The IEHG is the largest hospital group with 11 hospitals, 6 Voluntary and 5 Statutory hospitals, delivering acute services to over one million people. Our Gross Budget is in excess of €1.1billion.

The Finance Department for the Group was enhanced in 2016 with the appointment of a Group Management Accountant, a Group Financial Accountant and a Group ABF Accountant. This has allowed us to enhance our Governance, Management Reporting and Budgetary Allocation function within the Group.

2016 Financial Results

IEHG net expenditure for 2016 was €877.907m against a final allocation of €872.695m. This resulted in a deficit of €5.212m or 0.6%, mainly driven by increased activity levels beyond the agreed Service Plan. The distribution of the 2016 REV for the Group was allocated to individual hospitals in order to ensure that our Voluntary Hospitals could achieve a breakeven position, thus ensuring that their Balance Sheets were afforded protection from increasing any accumulated deficits from previous years.

DECEMBER 2016 Results Hospital	Spend €m	Budget €m	Variance €m	Variance %
Mater Misericordiae University Hospital	245.368	245.363	0.005	0.0%
St Vincent's University Hospital	230.770	231.096	-0.326	-0.1%
St Michael's Hospital	25.083	25.066	0.017	0.1%
National Maternity Hospital	52.426	52.891	-0.465	-0.9%
Royal Victoria Eye & Ear Hospital	23.847	23.777	0.070	0.3%
Cappagh National Orthopaedic Hospital	31.744	32.172	-0.428	-1.3%
TOTAL VOLUNTARY	609.238	610.365	-1.127	-0.2%
Wexford General Hospital	60.519	59.109	1.410	2.4%
St Luke's Hospital	64.475	62.772	1.703	2.7%
St Columcille's Hospital	31.724	31.417	0.307	1.0%
Regional Hospital Mullingar	67.276	65.719	1.557	2.4%
Our Lady's Hospital Navan	42.557	41.650	0.907	2.2%
IEHG HQ	2.118	1.663	0.455	27.4%
TOTAL STATUTORY	268.669	262.330	6.339	2.4%
GRAND TOTAL	877.907	872.695	5.212	0.6%

Contributing factors to the financial result were:

- The Group experienced a 1.6% increase in IP Discharges compared to the 2016 Service Plan and 0.4% against the previous year.
- The Group also experienced a 3.3% growth in Day Case activity compared to the 2016 Service Plan and 2.5% versus the previous year.
- Elective discharges were 2.0% lower than the 2016 Service Plan and the previous year.
- Emergency presentations were 3.2% higher than the 2016 Service Plan and the previous year.
- Births were down 4.3% compared to the 2016 Service Plan and 4.5% compared to the previous year.

Activity Based Funding (ABF)

ABF was introduced in 2015 as the new funding model for acute services whereby funding is now aligned with the activity in all hospitals. Instances of care are now funded on a Diagnostic Related Group (DRG) basis. Services are commissioned by the HSE from the IEHG at a national average price per DRG. We have worked with all our hospitals to ensure they understand the new funding model and we established Group ABF Committees to drive the understanding and implications of this new funding model through each hospital by including both hospital management and clinicians in the ABF process.

The IEHG is the most cost-efficient hospital group in the country and we strive to improve our service process efficiencies in order to provide maximum services to our client population within the overall allocation of funding made available to the Group.

Coding of instances of care is paramount to developing our understanding of the cost drivers in delivering our services and ensuring that we receive the appropriate funding for the complexity of services provided by each hospital within the Group. To ensure that this is delivered, we have recently appointed a Group HIPE Supervisor and are in the process of appointing three Group HIPE Coders as a resource to all hospitals to drive best practice in coding across the Group.

Financial Systems development

The Mater Hospital commenced the upgrade of its accounting systems in 2016 and is expected to complete this project in 2017. Two other hospitals are considering upgrading their systems and the Group is working with the HSE to provide an overall single financial systems solution for the Group under the HSE Finance Reform Programme.

IEHG Finance Strategy

The finance strategy is embodied in the IEHG Strategy under Framework Programme 3. This programme includes several objectives as follows:

- Early Close – The objective is to have financial data within five working days of each month end and a pilot was completed by some of our hospitals in September 2016. The findings of the pilot have been considered and it is planned to deliver this objective in 2017.
- Balance Sheets for Statutory Hospitals – Currently balance sheets are not prepared for statutory hospitals. Planning to deliver Balance Sheets for all statutory hospitals commenced in 2016 and will be completed in 2017.
- Establishment of ABF Committees in all hospitals has commenced.

- HIPE Coding – Development of our HIPE coding to facilitate the ABF Model commenced towards the end of 2016 and will be completed in 2017.

Finance Dashboard

Work commenced on developing a financial dashboard for the Group in 2016. This will allow a high-level reporting of the financial performance of the Group and each hospital within the Group. This project will be completed in 2017 and will facilitate Managers in viewing their overall performance under many Financial KPIs.

Memorandum of Understanding with Private Health Insurers

The HSE negotiated a MoU with private health insurance companies and Finance has implemented this across all hospitals. It has delivered cash on a timelier basis than previously occurred and goes somewhat towards relieving cash pressures in the Group.

Under the MoU, each hospital had to identify every bed that is available to deliver services and assign an identification number to all beds. This allows each hospital to ensure it knows the bed resource available at all times and the potential for additional beds if required. It facilitates improved bed management within each hospital and ensures that each hospital can maximise the cash receipts from the private health insurers.

Looking ahead

The key challenges for 2017 are to deliver demand-led services in the context of the funding envelope available. Activity particularly in respect of Emergency Department and unscheduled care continues to grow and this has consequences for scheduled and elective care specialities in the Model 4 Hospitals. The hospital system is still recovering from the economic crisis. The population is growing and there are more elderly people requiring access and treatment. This will remain the key challenge for the near future.

We now want to build on the positive start, and make meaningful changes to the delivery of care, so that every patient within the IEHG can receive the same access to high quality, safe care regardless of where they live.

As outlined previously, some of our core ambitions in 2017 are:

- ▶ Continue to integrate with the primary continuing and community care sector
- ▶ Implementation of an Organisation Structure for the Group which will include Clinical and Academic Directorates, as part of our core objective to develop an Academic Health Science Centre
- ▶ Bring research and innovation to the core of service delivery, ensuring that bench to bedside developments become a reality
- ▶ Ensure that we can meet the needs of the local population within a quality and safety framework that delivers high-quality, safe care
- ▶ Develop operating models that ensure smaller hospitals are aligned with academic teaching hospitals, thereby improving the quality of care to all our patients
- ▶ Provide patients with the same access to quality care regardless of location
- ▶ Optimise the use of resources, by ensuring that care is delivered in the most appropriate location
- ▶ Develop a Quality Risk and Patient Safety Directorate which will commence with an external review of our QPS structures in both Hospitals and at Group level
- ▶ Establish a Transformation Office for Change, Innovation and Programme Management to provide robust oversight of the Framework Programme and lead the process for continuous improvement and evaluation.

