

Grúpa Ospidéal
Oirthear na hÉireann



Ireland East
HOSPITAL GROUP



Annual Report 2017



*Building an Integrated
Partnership Approach
to Healthcare Delivery*

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Facts and figures

Our group at a glance in 2017



Largest of the hospital groups



11 hospitals (6 Voluntary and 5 Statutory)



Working with 4 Community Healthcare Organisation (CHO) partners



1.036 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 (LICCs) to improve links between the hospital, community / primary care sectors

Our group in numbers in 2017



129,752 inpatient discharges



191,719 day case discharges



717,383 outpatient appointments



303,148 people seen in our Emergency Departments



14,118 babies delivered



11,382 total employees



1,647 doctors and dentists



4,358 nurses



1,351 allied healthcare professionals



1,399 support staff



1,640 clerical and administration staff



77 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



The Acute Hospital system in Ireland faces enormous challenges over the next decade. Our services are demand-led so with an increasing population and a changing demographic profile with a significant growth in the percentage of the Irish population over the age of eighty the pressure on hospital services and healthcare will be immense. IEHG is in the process of developing its strategy to meet these challenges. A comprehensive review of service configuration, future service needs and care pathways is being undertaken. The model of care must be adequate for the needs of 21st century Ireland. For example, ambulatory care must play a much more important role in the future. In the US, most orthopaedic procedures (except spinal surgery) are now ambulatory and rehabilitation begins on the same day as surgery. To achieve this, we must work much more closely with primary care and also ensure we have adequate rehabilitation facilities.

The Sláintecare Report published last year issued from an Oireachtas Committee endeavouring to build a parliamentary and political consensus on the future of healthcare. This report has been supplemented by a Bed Capacity Review undertaken by the Department of Health. Quite starkly, if we do nothing there will be a requirement for an additional 9,000 acute and “step-down” beds between now and 2031. This is simply not feasible nor realisable even if the resources were available.

If we accept the proposition (as set out in the Capacity Review) that, with change, 2,500 additional beds will be required by 2031 then major change will be required in how the healthcare system operates. The government's commitment to move to free primary care for the Irish population is an important if not critical part of this strategy. It will require a major investment in primary care as well as the transfer of much out-patient activity to primary care centres as well as the provision of rapid access diagnostic centres and the provision of laboratory services. If this is done, the acute hospital system can respond through both the reorganisation and reconfiguration of services as well as redesigning treatment pathways to minimise hospital length of stay. In this way, the objectives set out in the Sláintecare Report can be achieved.

I am pleased to report that an initial number of appointments have been made by the Minister of Health to the board of IEHG. In the absence of legislation, the board is administrative only but will be an important sounding board for the IEHG management team led by our Chief Executive Officer, Professor Mary Day. Profiles of our board members are set out elsewhere in this report.

With respect to personnel matters, I was very pleased to see that Professor Desmond Fitzgerald has taken up the position as President of the University of Limerick. Des played a very significant role in the development of IEHG and I wish him well in Limerick. Professor Tim Lynch has been appointed to the position of Chief Academic Officer in succession to Des. The role of Chief Academic Officer is a critical one as it is the link between our academic partner (UCD) and the hospital system.

Finally, I would like to express my sincere thanks to everyone who works in our eleven hospitals and the executive management team. It is immensely challenging to work in a system that runs at capacity for much of the year. Their dedication and commitment are without peer. The year ahead will be particularly challenging as demand continues to increase across the hospital system. Recent pressures, as evidenced by the high numbers of patients on trolleys awaiting admission,

illustrate that this is a capacity issue and not an issue with the way our Emergency Departments work. This gives added impetus to the need to embrace and implement the Sláintecare Report, especially those recommendations that relate to primary care and the acute hospital system.

If we do not do this, then waiting lists for scheduled care will continue to lengthen as the hospital system deals with ever-increasing demands of unscheduled care. IEHG is ready to meet the challenge!

Thomas Lynch
Chairman of the Board

CEO Foreword



2017 has been another year of opportunities and accomplishments for the Ireland East Hospital Group (IEHG), signalling a bright future for our patients, services and employees. According to the first National Patient Experience Survey results, overall, patients' ratings of their experiences at a hospital in the IEHG were higher than the national average. I am privileged to work alongside 11,382 staff across our 11 hospitals who are providing the best care possible for our community.

Underpinning our position as a leading and innovative healthcare provider, we are committed to developing as an Academic Health Science Centre (AHSC) with our academic partner UCD, to advance our tripartite mission of delivering high quality research, medical education and clinical care. Cancer, Cardiovascular, Genomics and Women's Health/Paediatrics/Adolescents are the initial key service areas being restructured into Clinical Academic Directorates and as the momentum continues, our aim is to become a fully integrated AHSC by 2020.

Sláintecare is a vision for a new health service in Ireland detailed in the report from the Oireachtas Committee on the Future of Healthcare. Transferring care out of hospitals and into the primary care, community setting is at the heart of the plan. Dr Ronan Fawsitt, IEHG's newly appointed Director of Integration, will undertake a population health mapping exercise to establish the needs of the Group's population. The data gathered will inform/drive integrated care, investment/service development and population health management. Early success has been achieved through an unrelenting focus from the outset on integrated initiatives in frail elderly, hepatitis C, virtual clinics, community ophthalmology and Local Integrated Care Committees (LICCs) with GPs across the Group and a collective enthusiasm for collaboration with the four Chief Officers in the Community Healthcare Organisations associated with the Group.

Extensive work has taken place during the year to explore options for the reconfiguration of hospital services across the Group. Collaboration has been essential in our quest to forge strong clinical links across many specialities (geriatrics, gynaecology, ENT, vascular surgery, neurology and cardiology) and increase the number of shared consultant posts and develop personal and professional relationships between our consultants through our shared academic partner, UCD. We are also appointing joint consultant posts between our Model 4, Model 3 and speciality hospitals to encourage staff recruitment and retention of the highest calibre.

We have increased the pace of our transformation journey with the help of our Service Improvement Team, lean methodology and a vibrant shared learning network. The Group's shared commitment to this programme (with over 2,000 staff participating to date) has facilitated the development of two important elements of the Irish health and social care continuum – the Integrated Frail Older Persons Pathway and the Acute Floor Pathway. On the acute floor, considerable effort has resulted in a positive impact on admission rates and average length of stay, which decreased month-on-month in 2017 and now stands at 6.9 days across the Group. The Group's improved performance on trolley GAR demonstrates a system which is clearly improving and there is a real sense of optimism about our future.

Venous thromboembolism (VTE) is a leading cause of death and disability worldwide, yet many people are not aware of this condition and that blood clots can be prevented. Multiple diagnostic tests and treatments, prolonged hospital stay and follow-up care - including recurrent VTE - can be

extremely costly. IEHG established a VTE committee in 2017 to focus on VTE prevention, diagnosis and treatment to improve outcomes and ultimately save lives. As a result of the committee's work, comprehensive VTE data has been published for the first time in Ireland pertaining to an Irish hospital group and represents the first step towards improved capture and auditing of VTE data at hospital-group level.

IEHG is *en route* to establishing a harmonised approach for facility-based data quality, analysis and use. In 2017, we created a joint-post with our academic partner, UCD, and appointed a Professor of Health Informatics (UCD) / Chief Information Officer (IEHG). This is the first such position within the Irish healthcare system and will progress our strategic roadmap for building the Group's data capacity.

Once again the professionalism and dedication of our staff has been outstanding. I would like to congratulate them (and the hospitals across the Group) on the many awards and accolades that they earned in the healthcare arena throughout the year. They continue to demonstrate their care, commitment, compassion and competence every single day and I am always delighted when this is officially recognised and applauded. The achievements of the Group, the quality of our services and the satisfaction of our patients is entirely attributable to them.

I look forward to seeing what we can achieve together in 2018.

Mary Day

Chief Executive Officer

The Ireland East Hospital Group

The Ireland East Hospital Group

The Ireland East Hospital Group (IEHG) is Ireland's largest hospital group, with UCD as its academic partner. Serving a population of over 1 million the Group works with four Community Healthcare Organisation (CHOs) partners, employs 11,400 staff and has gross expenditure of over €1bn. Comprising 11 hospitals, six voluntary and five statutory, IEHG has a unique profile of local services and focused tertiary and quaternary services.

Mission & Objectives

The Ireland East Hospital Group, together with our academic partner University College Dublin, aims 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 over 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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IEHG Strategic Development Objectives

- The formation of a single coherent Hospital Group structure and organisation
- The development of this Group into an Academic Health Science Centre
- Reorganisation of services within the Group to ensure optimal care provisions to the population served
- The provision of safe effective, efficient and relevant patient services within budget
- Maximum integration and synergy within the Group and with other Hospital Groups and all other Health Services, particularly primary and community care services

Two offices were established in 2017 to drive this strategic development: our Transformation Office and our Office for Service Improvement.

IEHG Structure, Governance & Relationships

Our Hospitals

- Mater Misericordiae University Hospital
- St Vincent's University Hospital
- Regional Hospital Mullingar
- St Luke's General Hospital, Carlow/Kilkenny
- Our Lady's Hospital, Navan
- Wexford General Hospital
- St Columcille's Hospital, Loughlinstown
- St Michael's Hospital, Dun Laoghaire
- Cappagh National Orthopaedic Hospital
- National Maternity Hospital
- Royal Victoria Eye & Ear Hospital

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.

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 (IEHG), together with the other hospital groups, has been initially established on a non-statutory administrative basis. A Group Board was appointed by the Minister for Health at the end of December 2017. The Board will assist and advise in respect of acute hospital services in the Group of Hospitals, foster close and effective working arrangements with Community Healthcare Organisations in the Hospital Group area, collaborate with all other Hospital Group Boards and advise and support the direction of travel towards the establishment of independent Hospital Groups on a statutory basis. The Board will have a key function of advising on the development and implementation of effective corporate and clinical governance structures for the Group, along with the quality and safety of systems of care in place for patients, in line with the *National Standards for Safer Better Healthcare*.

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), Dun Laoghaire 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.

IEHG EXECUTIVE ORGANISATION STRUCTURE



*Service organisation, planning and delivery co-ordination

IEHG Executive Team



Mary Day
Chief Executive Officer



Ann Donovan
Acting Chief Operations
Officer &
Director of Nursing



Paula Lawler
Strategic Director of
Organisation
Development & Change



Des Fitzgerald
Chief Academic
Officer



Prof Risteárd Ó Laoide
Joint
Clinical Director



Mr Kevin O'Malley
Joint
Clinical Director



Declan Lyons
Chief Financial
Officer



Norah Mason
Director of HR



Anne-Marie Keown
Director of Service
Improvement



Séamus Priest
Director of Procurement



Alan Sharp
Director of Estates



Sinéad Brennan
Director of Quality &
Patient Safety

Ireland East Hospital Group Board

Following a Public Appointment Service (PAS) campaign, the Minister for Health, Simon Harris TD, appointed the following persons as members of the Ireland East Hospital Group Board. These appointments are with effect from 29 December 2017 for a three-year term.

Mr Gerard Gray

Mr Gray is currently Chairperson of the NHS East Cheshire Clinical Commissioning Group Governing Body, based in the UK. He is also the Chairman of the Regenda Housing Association in Liverpool. He is a graduate accountant with more than 40 years' experience of International Corporate & Financial Governance in the Private, Public and Charitable sectors.

Ms Elaine Mead

Ms Mead is currently Chief Executive Officer, NHS Highland, Honorary Visiting Professor University of the Highlands and Islands, Director Calman Trust, Director SIHM (Scottish Institute Health Management), Chief Executive representative, Scottish Patient Safety Programme Board, Chair of Mobile Skills Steering Group (covering all NHS Scotland Board areas).

Mary Casey

Since 2016, Ms Casey is the Programme Director for MSc Practice Innovation in Healthcare at UCD's School of Nursing, Midwifery & Health Systems. In 2010 as Head of Teaching and Learning and later in 2011, as Associate Dean for Graduate Programmes, she led major reform of the School's taught graduate portfolio that resulted in significant and sustained growth in the School's taught graduate income

Prof Cecily Kelleher

Professor Kelleher is currently Principal of the College of Health and Agricultural Sciences at University College Dublin, which is the academic partner of the Ireland East Hospital Group. She has many years' experience as a medical practitioner, university academic, public health sciences researcher and public policy advisor to date and has served previously on a number of public bodies, including Safefood and the Food Safety Authority and has chaired two statutory bodies, the Women's Health Council and the Medical Bureau of Road Safety.

Dr Brian O'Doherty

Dr O'Doherty has been a full-time General Practice partner for thirty years. He spent eight years on the GP advisory board for the Beacon Hospital in Dublin. He has served on the IMO GP sub-committee for the last number of years and is now treasurer of the organisation.

Prof Owen Smith

Professor Smith is a Professor of Paediatric and Adolescent Medicine at University College Dublin, Consultant Paediatric Haematologist at Our Lady's Children's Hospital, Crumlin, Dublin and Chief Academic Lead to the Children's Hospital Group. He also holds the title, Honorary Regius Professor of Physic (1637) in the School of Medicine, Trinity College Dublin and is an Honorary Fellow of Trinity College Dublin.

Ms Lesley Doherty

Ms Doherty is a Registered Nurse. She is currently working part-time as a healthcare consultant to Simple Consulting, primarily providing executive coaching in the implementation of strategic strategies. She is a secondary care nursing representative on the Wirral Wide Clinical Commissioning Group (CCG) contributing fully to the governing body agenda.

Service Overview & Population

IEHG provides a wide range of acute elective inpatient and outpatient services across our 11 hospital sites and provide services on three levels; those serving local catchment areas, specialist/tertiary services delivered to regional populations and quaternary services delivered nationally. This spectrum of acute care is illustrated in the graphic below.



Our national specialities include:

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

Six hospitals in the Group operate an Emergency Department, one has a 12-hour urgent care centre and another hospital operates an Acute Medical Assessment / Local Injuries Unit.

IEHG serves a population of over 1 million people, covering the counties of Dublin, Meath, Westmeath, Carlow, Kilkenny, Wicklow and Wexford.

The total population growth in Ireland for 2017-2018 is projected at 0.8% (39,691 people). However, the growth of the over 65-year age group is increasing at a faster rate of 3% – 4%. Each year, the population aged 65 years and over increases by almost 20,000 people, and by over 2,500 for those aged 85 years and over.

As individuals age, the likelihood of developing chronic diseases or cancer, requiring acute hospital care, increases. Similar to the rest of the country, IEHG has seen the increase in demand for acute hospital care which results from an increasing ageing population. Our acute hospitals are

challenged in addressing increased demand in terms of the overall number of patients being treated by hospitals and the complexity of their conditions.

Of the population served by IEHG, 18% is over 65 years old, with 3.4% of that age group over 85 years. These figures are in line with the national average. However, what is of particular note in the 2016 Population Census is that while the majority of age categories in the population in IEHG are in line with national norms there are three distinct younger age groups that are recording above average figures, as follows:

Age Group	National %	IEHG %	Variance
20 – 24	5.5%	6.2%	0.7%
25 – 29	6.2%	7.2%	1.0%
30 – 34	7.6%	8.0%	0.4%

The increase in these age groups can significantly impact on service provision, including a requirement for increased maternity and paediatric services in the years ahead.

Work is currently ongoing to undertake a detailed population mapping across the Group to assist in planning services for the future. This work is based on the premise that we must first know our population in order to know their needs. The data that is gathered will inform/drive integrated care, investment/service development, population health management and the quadruple aim of better care, better outcomes, reducing costs and retaining staff.

2017 Key Events at a Glance



IEHG Strategic Development 2017

IEHG Strategic Development 2017

Building an Integrated Partnership Approach to Healthcare Delivery

The Case for Change

Healthcare has always experienced constraints on funding as rising demand for existing and new services continue year on year. This, combined with a growing and ageing population in Ireland, has seen increased activity in our acute services in IEHG. While our hospitals are working harder and smarter to meet the constant increasing demands, a change in how our healthcare system works is required if we are to meet the demands and expectations of the population we serve. This change can be achieved by breaking down traditional barriers between primary, community and acute care services in a move to provide a more integrated healthcare approach to the delivery of services based on a population's needs. This move to provide and develop services through an integrated healthcare system is a key objective of our Group as we build on current, and develop new, patient pathways working with our primary and community partners.

Vertical integration around cognate communities and populations is emerging at a key principle informing service organisation and delivery as evidenced in the Sláintecare Report. IEHG recognises the importance of and is fully committed to the integration agenda and its advancement. As a preliminary measure in this respect it has sought to foster converged relationships with Primary Care which it sees as a critical condition necessary to integration. It has pursued this through:

- Incorporation of a GP as a member of its Executive Team from the outset
- Creation of an integration division within the Group to be headed by a Director of Integration who is a practicing GP
- Sponsoring initiatives which coalesce Primary and Acute practitioners at local level and which have since been adopted for implementation nationally

A number of integration projects were progressed in 2017 including: Local Integrated Care Committees (LICCs), Frailty Pathways, Community Ophthalmology, Virtual Clinics for Heart Failure, and further integration efforts between our hospitals to reduce waiting lists, relieve the pressure on theatre space in our larger hospitals and utilise our resources effectively and efficiently. These are detailed more extensively later in the report.

Academic Health Science Centre: An IEHG-UCD Approach to Improved Patient- Centred Healthcare

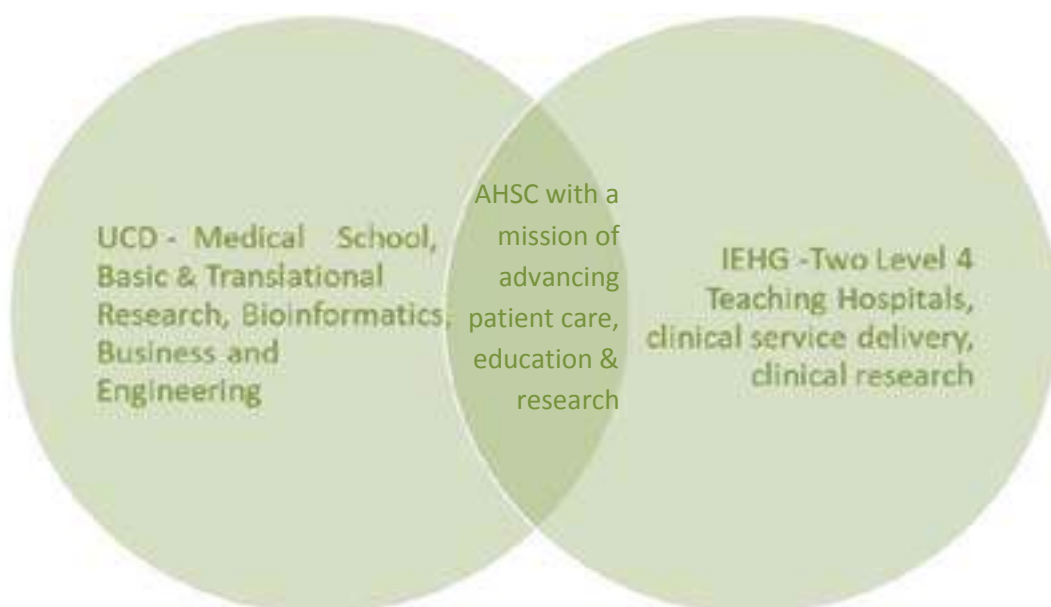
In a fundamental reshaping of the hospital-university model, the Ireland East Hospital Group and our academic partner UCD are developing into an Academic Health Science Centre (AHSC). This strategic shift reflects significant international experience which demonstrates that the integration of education and research in an Academic Health Science Model improves both patient care and drives the knowledge economy.

The model of the Academic Health Science Centre arose in the United States, and is now well established, with centres in Canada, the Netherlands, the United Kingdom, Singapore and Australia.

AHSCs are designed to improve the delivery of healthcare and reduce the burden of illness in our society by:

- Developing and delivering prevention strategies and programmes,
- Delivering high quality patient care,
- Educating and training healthcare professionals,
- Conducting biomedical, translational, clinical and population level research and translating that research rapidly into patient benefits.

IEHG/UCD Academic Health Science Centre Mission



We 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
- Genomics
- Cardiovascular
- Women's Health and Paediatrics

These service areas are being reorganised across IEHG into Clinical Academic Directorates (CADs). The Directorates 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.

Cancer Clinical Academic Directorate (CaCAD)

In 2017, our Cancer Clinical Academic Directorate (CaCAD) continued to develop its ambition to provide a comprehensive, integrated cancer service for the Group's catchment population, with a clear focus on:

- Delivering a single cancer centre.
- Becoming a Comprehensive Cancer Centre (CCC), aligning with the National Cancer Strategy, by achieving CCC accreditation through the Organisation of European Cancer Institutes (OEI).
- Research: Working closely with the new Research Directorate to transform our clinical and translational research activities.
- Precision Medicine/Genomics: Bring the benefits of an integrated genomics service to provide care that is tailored to individual patient's needs.

Genomics

In the last quarter of 2017, IEHG created a Genomics Clinical Services Directorate that will deliver an integrated, aligned and appropriately structured Genomics programme (comprising of a Molecular Diagnostics Laboratory, Bioinformatics Service, Research and an Adult Clinical Genetics Service). The applications for genomic sequencing, whether targeted, whole exome or whole genome are extensive, and they bring immediate patient and systemic benefits including:

- Improved diagnostic rates
- Treatment of patients with the right drug first time
- Lengthened progression free survival
- Correct selection of patients (based on likely benefit) for clinical trials
- Identification of family members at increased risk of developing disease
- Guiding clinical management decisions – timing of surgery, surveillance, invasive procedures

In September 2017, a new state-of-the-art **Next Generation Sequencing (NGS) Laboratory** was launched at the Mater Misericordiae University Hospital. This world-class laboratory will house gene sequencing equipment enabling germline testing for the Irish population. Patients and families suffering from heart disease, blindness and cancer, specifically BRCA 1 and BRCA 2 cancer patients, will benefit from genetic testing provided by the NGS Laboratory.

IEHG-UCD Ovarian Cancer Project: *Development of Next Generation Sequencing and Digital PCR platforms as non-invasive tools to monitor and to predict response to chemotherapy in high-grade serous ovarian cancer*

Ovarian Cancer ranks among the top ten diagnosed and top five deadliest cancers in most western countries. The aim of this project is to perform whole exome sequencing (WES) on a cohort of patients receiving neoadjuvant chemotherapy for advanced high grade serous ovarian cancer. Response to chemotherapy will be quantified based on histological assessment of specimens resected after three cycles of chemotherapy.

The main outcomes of this study will be:

1. Development of bioinformatic workflows for clinical data leading towards the application of a clinically relevant whole-exome assays to predict response to chemotherapy.
2. Identify if circulating free DNA can control for tumour heterogeneity which is a major obstacle for tissue-based molecular assays.
3. Commence discovery of whether a non-invasive assay based on Next Generation Sequencing (NGS) and digital PCR assays of ctDNA can be used as a clinical tool to monitor and to predict response to chemotherapy.
4. Demonstrate that quantitative measures of intra-tumour heterogeneity can have predictive value for survival after chemotherapy treatment in high grade serious ovarian cancer.

Research

As mentioned above, the delivery of high quality clinical and translational research is central to the mission of the Academic Health Science Centre. A Research Directorate will be created in early 2018 to align with the other Clinical Academic Directorates and deliver our research objectives. The Research Directorate will provide both oversight and support to all research across the new AHSC. The Clinical Research Centre (CRC) is evolving to become the Research Directorate with the objective of centralising all research in the three institutions of MMUH, SVUH and UCD under the one governance structure.

Informatics

The reorganisation of services will also be supported by a focus on key enablers. Enablers are the trans-organisational areas that are central for the transformation of the organisation from a clinical service delivery orientation to clinical academic directorates. These enablers link the CADs innovations as well as translating lessons back into the other clinical, research and educational activities of the AHSC.

One of the initially identified key enablers is **Informatics and Data**.

To this end, IEHG has appointed Professor Neil O'Hare to the joint post of Group Chief Information Officer and Professor of Health Informatics at UCD. Prof O'Hare's position is unique in Ireland within the area of Health Informatics, having both a defined service and academic role. The creation of this post shows the commitment of IEHG and UCD to this important field.

The Informatics eHealth Strategy to be developed and delivered by Prof O'Hare across the Group will involve a number of areas including information systems, data analytics and IT innovation. This is combined with an academic mission of developing an educational framework in the area of

Health Informatics along with a research agenda that will develop stronger links between the university and health service delivery to the Ireland East Hospital Group, as well as other health service providers in Ireland.

As we are all acutely aware, our healthcare system faces serious and difficult challenges to provide quality care, to deliver better access to services and to keep the system affordable. We believe that Academic Health Science Centres hold a unique role in the health service, one that can provide a solution to those challenges and we look forward to building on the significant progress made in 2017 in the coming year.

Adopting Lean for Healthcare Transformation

The Ireland East Hospital Group (IEHG) recognises the need for the development of a healthcare system that is sustainable and capable of delivering consistently high-quality services. The Group is committed to this ambition through the delivery of sustainable improvement utilising Lean in healthcare transformation. This strategy commits to using Lean to foster a culture of continuous improvement, aligning business structures, staff and patient engagement, organisational processes and incentives to ensure that IEHG is well positioned in the fast-changing healthcare environment.

To achieve this, it is necessary to change the way we organise our services and the way in which they are delivered. Accordingly, a key strategic priority for IEHG is to maximise value for our patients by achieving the best outcomes at the lowest cost using Lean principles and methodologies.

The IEHG Lean transformation 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 by:

1. Improving patient and staff experience and patient outcomes
2. Enhancing capability of our hospitals to deliver operational excellence
3. Developing and enhancing continuous improvement capabilities
4. Optimising patient flow and resource utilisation

The vision of the IEHG transformation plan of care is aligned with the vision of the Future of Healthcare Sláintecare report which seeks to ensure “patient needs come first in driving safety, quality and the coordination of care.”

In 2016 we commenced implementation of our Lean healthcare transformation and have been working hard to centre our efforts on promoting alignment with key partners, increasing the focus on our patients and staff, delivering better clinical outcomes and improving employee engagement.

Our Service Improvement Office was established in early 2017, and led by Director Anne-Marie Keown, has worked diligently in driving an improvement programme across our Group, with a key focus on Unscheduled Care.

The IEHG Lean transformation plan of care has identified many specialty focus areas for improvement in the next 5 years. This includes how we care for the frail and elderly, the delivery of care at the front door (Acute floor) and the development of Ambulatory Models of care delivery.

The Service Improvement team will support sites to share improvements as we strengthen links with services both within our hospitals and in the community. To date we are proud to have engaged more than 1000 IEHG staff in Service Improvement initiatives across hospitals in the Group.

1st Annual IEHG Lean Transformation Summit

On 15 December 2017, IEHG hosted their first international Lean Summit, *Adopting Lean for Healthcare Transformation*, at Farmleigh House in Dublin.

The year-end summit enabled IEHG to share their collective Lean transformation vision for the Group, as well as the stories to date from staff and patients who have engaged with Lean process improvement methodology in various IEHG hospitals.

The summit was also an opportunity to hear from international partners who have supported IEHG on this journey to date and who are also on a similar journey using Lean to transform their services. These included Elaine Mead, CEO of NHS Highland, Alicia Schulhof, Senior Vice President of the Transformation Office at Indiana University Health (IUH), and Dr. Byron Scott MD, Deputy Chief Health Officer, Simpler Consulting, IBM Watson Health and also Board Member for the American Association for Physician Leadership.

Over 100 delegates from across the Group's 11 hospitals engaged in the day-long informative sessions.

The event opened with remarks via video by Minister for Health, Simon Harris, TD. The Minister said that it was "really important that we take the Lean principles and apply them right across the delivery of our health services" and recognised the leadership shown by IEHG CEO Mary Day in this regard.

Mary Day has spearheaded the introduction of a Lean strategy as the IEHG primary process improvement methodology and working with staff the Group has committed to delivering Lean Service Improvement across the Group's hospitals.



L-R: Anne-Marie Keown, IEHG Director of Service Improvement; Alicia Schulhof, Senior Vice President of the Transformation Office at Indiana University Health (IUH); Mary Day, IEHG CEO, John Connaghan, Deputy Director of the HSE; and Elaine Mead, CEO of NHS Highland

Healthy Ireland

IEHG Healthy Ireland Implementation Plan 2016 - 2018



The Vision for Healthy Ireland is '*where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility*'.

The Goals to deliver on this Vision are:

- Increase the proportion of people who are healthy at all stages of life
- Reduce health inequality
- Protect the public from threats to health and wellbeing
- Create an environment where every individual and sector of society can play their part in achieving a Healthy Ireland

To deliver on the Vision of Healthy Ireland in IEHG a consultation process took place with each Hospital in the Group, which resulted in the publication of the IEHG Healthy Ireland Implementation Plan 2016 – 2019 in December 2016. A Steering Group with representatives from each Hospital in the Group was established at that time to provide governance and direction for the implementation of the IEHG Plan, which is currently chaired by Ms Paula Lawler, Strategic Director of Organisation Development & Change, Ireland East Hospital Group.

The purpose of the HI Steering Group is to:

- Oversee the development of the HI Implementation Plan for the Ireland East Hospital Group.
- Oversee and provide direction to ensure the successful implementation of the IEHG Implementation Plan 2016 – 2019.
- Set priorities based on the plan for each year of implementation.
- Ensure that detailed plans are in place for each year of implementation.
- Ensure ongoing monitoring and progress reporting processes are in place.
- Support IEHG Hospitals in organising and structuring their resources for the delivery of the plan.
- Agree and establish sub groups to enable the implementation, with the chair of each sub group reporting to the chair of the Steering Group.
- Identify and monitor risks to the implementation and develop mitigation plans where necessary.

Each hospital in the Group has a Lead for Healthy Ireland, which is undertaken in addition to their current role.

Priorities agreed for HI across the Group in 2018 will include:

- Local hospital implementation plans
- Supporting hospital leads
- Making Every Contact Count
- Smoking / Tobacco Free Initiatives
- Healthy Eating & Active Living
- Staff Health & Wellbeing
- Creating a forum/workshop for HI local leads in 2018
- Promoting joint work between hospital and CHO HI leads
- Examining opportunities for improved links with policy leads and cross-sectoral working
- Promoting HI on IEHG web

Directors' Reports 2017

Directors' Reports 2017

Operational Performance

Ann Donovan, Acting Group Chief Operations Officer



The balancing of scheduled care targets against the growing demands of unscheduled care is difficult and at times impossible. Through the hard work and diligence of the staff in all 11 sites we have succeeded in improving on our targets across the board regarding unscheduled care.

Scheduled care has been particularly challenging with regard to ophthalmology and orthopaedics but with the NTPF initiatives we have succeeded in treating a large number of patients on waiting lists.

Births across our four maternity units are down on 2016 by 3% and this reflects the national trend of declining birth rates.

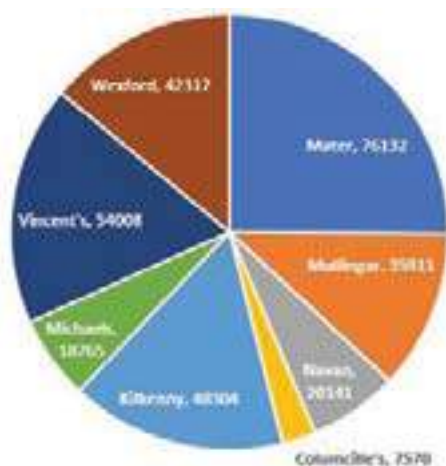
2017 Performance Overview

Category	2016	2017	% Difference
ED Attendances	285,841	303,148	6%
Inpatient Admissions	130,048	129,781	0%
Daycases	187,603	191,554	2%
Outpatient Attendances	734,603	717,398	-2%
Births	14,571	13,932	-4%

Unscheduled Care

Attendances

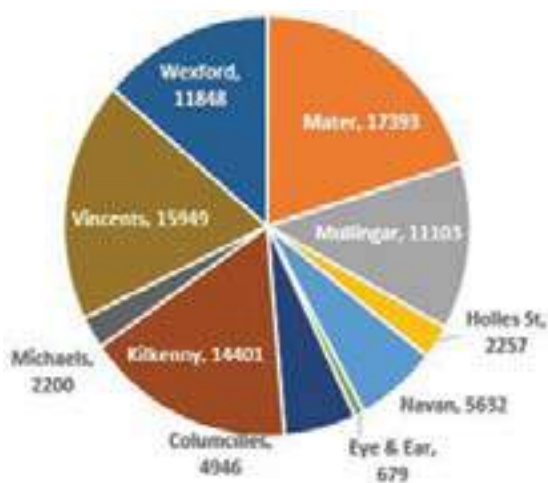
Emergency presentations including attendances to Medical Assessment Units increased during 2017. Total presentations for the Group were 303,148, representing a year-on-year increase of 6.1%. This was 4% above expected target. All hospitals recorded increases with the highest being the Mater at 18%. Increases in other hospitals ranged between 0.1% and 8.2%.



Source: BIU (MDR Data)

Discharges

Discharges with emergency as the source of admission (including those from Medical Assessment Units), also increased during 2017. Total discharges were 86,426, representing a year-on-year increase of 0.7% and was 4.6% above expected target. Mater (8%), Navan (5%) and St Vincent's (3%) had the highest increases. St Columcille's recorded decreases.



Source: BIU (Hospital MDRs)

Patient Experience Time (PET)

Group mean 6-hour PET for 2017 was 69.2% up from 68.5% in 2016 and 3% above the national rate. IEHG rates fluctuated throughout the year peaking at 72.5% in May and dipping to 65.1% in December. The overall trend was marginally downwards due to irregular patterns during the year. The target for this metric is 75%.



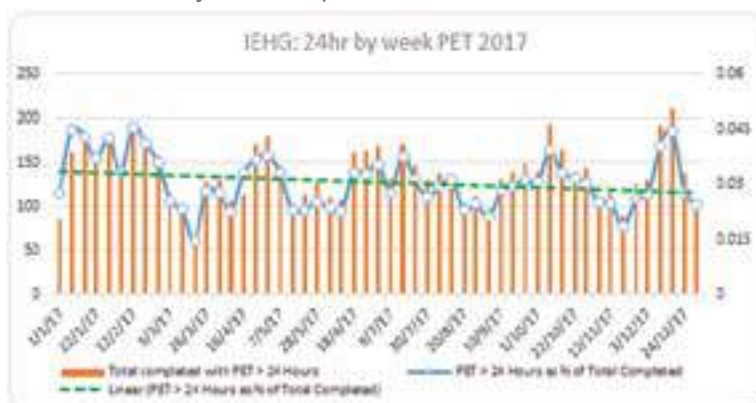
Source: MDR (PET Data)

Group mean 9-hour PET for 2017 was 82.2% up from 81.7% in 2016 and 1% higher than the national rate. Rates have fluctuated throughout the year peaking at 84.9% in May and dipping to 79.9% in December. The overall trend was static for the year. The target for this metric is 100%.



Source: MDR (PET Data)

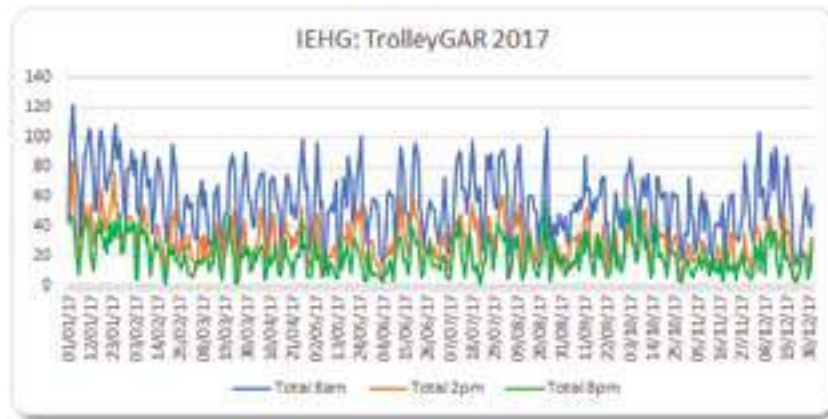
Group weekly 24-hr PET breaches reports indicate that 3% of Emergency Department (ED) attendances during 2017 stayed longer than 24 hrs in ED. This equates to approximately 7266 patients and is 17% higher than 2016. The target for this metric is zero. The hospital which comes closest to achieving this is St Luke's, Kilkenny, with 16 patients.



Source: Healthatlas Weekly Report (PET Data)

TrolleyGAR

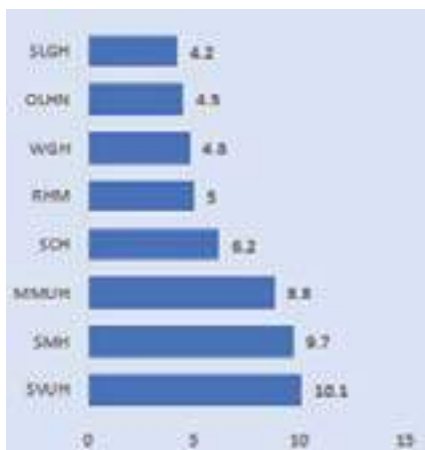
TrolleyGAR during 2017 has shown some increases and decreases. 8am and 8pm have increased by 1% and 5% respectively, 2pm decreased by 7% indicating a marked improvement in operational grip across the Group. Overall this is an improving trend building on improvements since 2015. Increases in demand for isolation facilities have challenged performance with this metric, particularly during winter.



Source: Daily TrolleyGAR Reports

Average Length of Stay (AvLOS)

The Medical AvLOS across the Group for 2017 was 6.9 days. This is an improvement from 7.0 days last year. The <30-days AvLOS was 4.5, the same as last year. National IEHG targets for this metric are 6.4 days (medical) and 4.3 days (surgery) respectively.

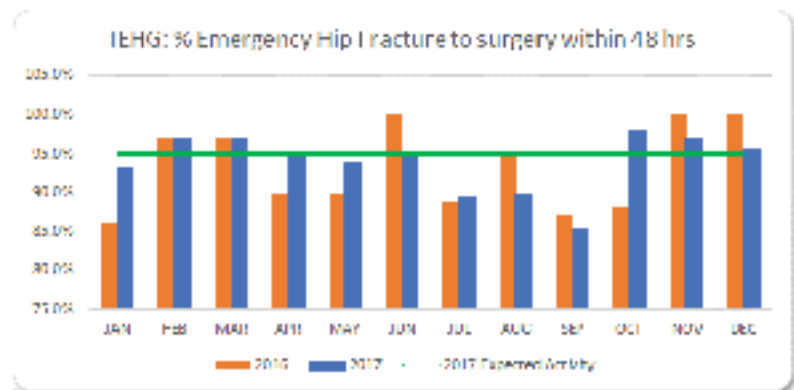
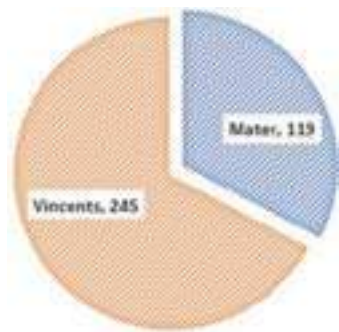


Source: HIPE / BIU

Quality Metrics

% Hip Fractures to Surgery within 48 hours

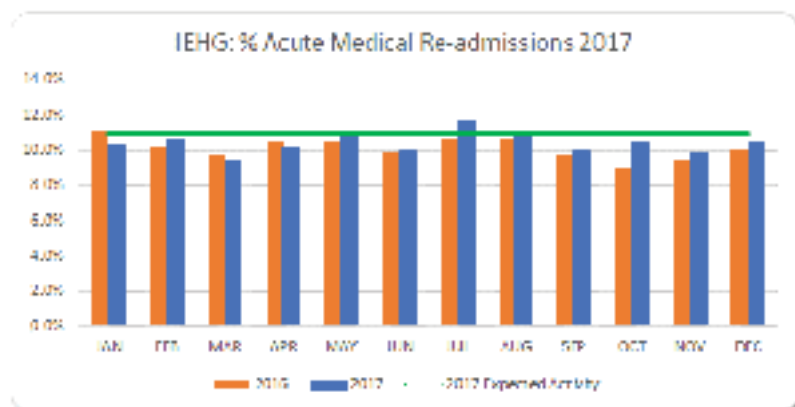
In IEHG, two hospitals, the Mater and St Vincent's, admit trauma orthopaedic patients. 388 trauma patients requiring emergency hip fracture surgery were admitted during 2017 (a year-on-year increase of 7%). Of these, 94.2% received this surgery within 48 hours of admission, increased from 93.1% in 2016. The target for this metric is 95%.



Source: MDR / HIPE

Emergency Medical Readmission

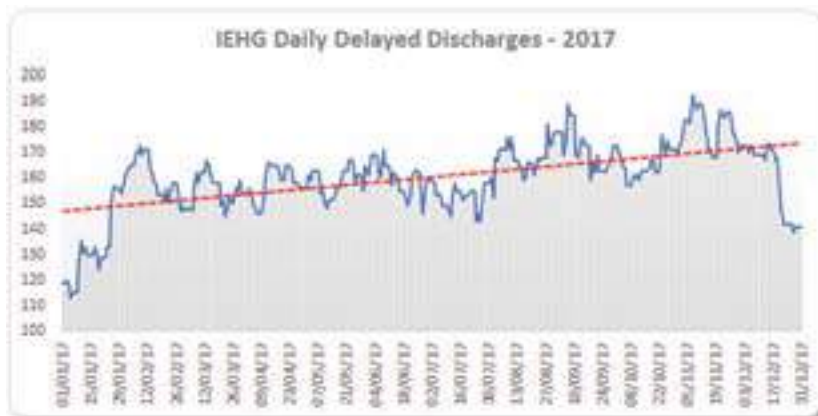
6878 patients were admitted as Emergency medical readmissions within 30 days of previous discharge during 2017. This represents 11% of all medical admissions.



Source: MDR / HIPE

Delayed Discharges

Delayed discharges trended upwards during 2017 reflecting increasing demand for a range of post-acute care services. Target activity was an average daily count of 128. This was only achieved in early January. Average daily count was 160, marginally higher than 2016 (157). This peaked at 189 in September and November.

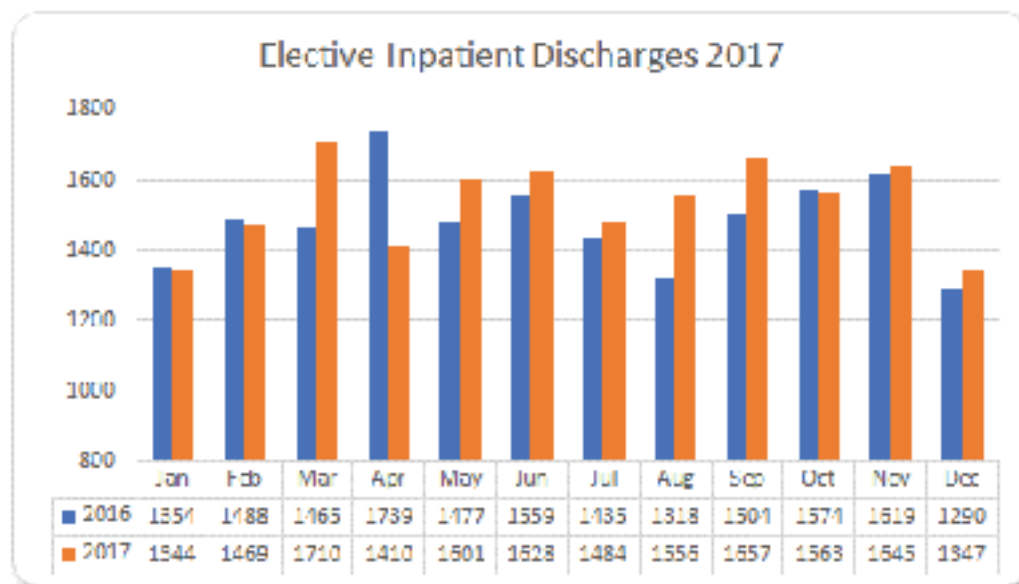
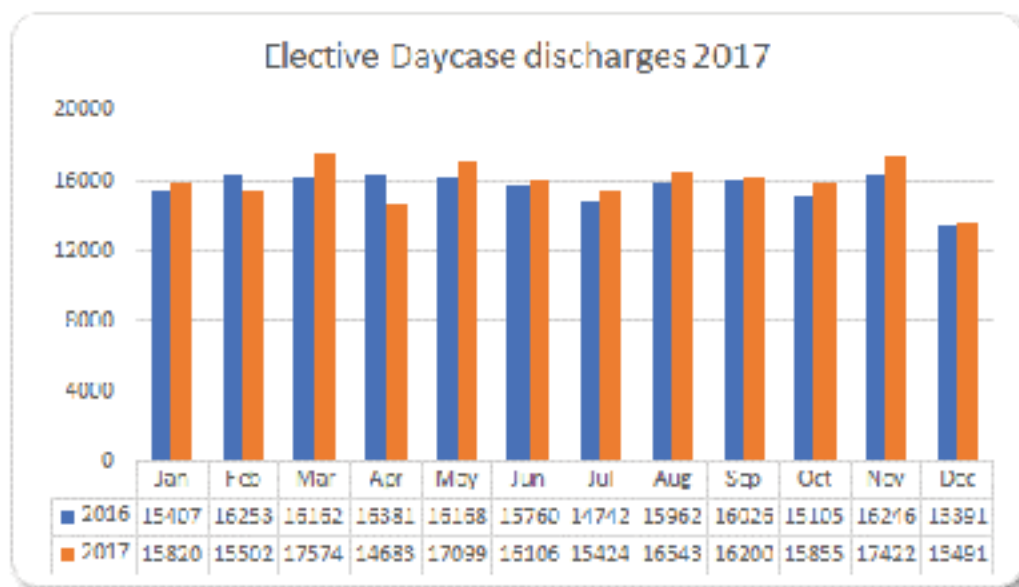


Source: HSE Daily Delayed Discharge Reports

Scheduled Care

Inpatient and Day Case Activity

During 2017, IEHG provided elective treatment to 210,133 patients. There was a total of 18,414 elective inpatient admissions and 191,719 day cases across the Ireland East Hospital Group. This represented a 2% increase in day case activity from 2016 reflecting a national shift from inpatient to day care. Inpatient activity increased by 3%.



During 2017, IEHG provided outpatient care to 717,383 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 reduction 0.5% (3,678 attendances) on 2016 activity. Demand for outpatient care continues to increase year on year and the average ratio of new to return attendances is 1:2.4.



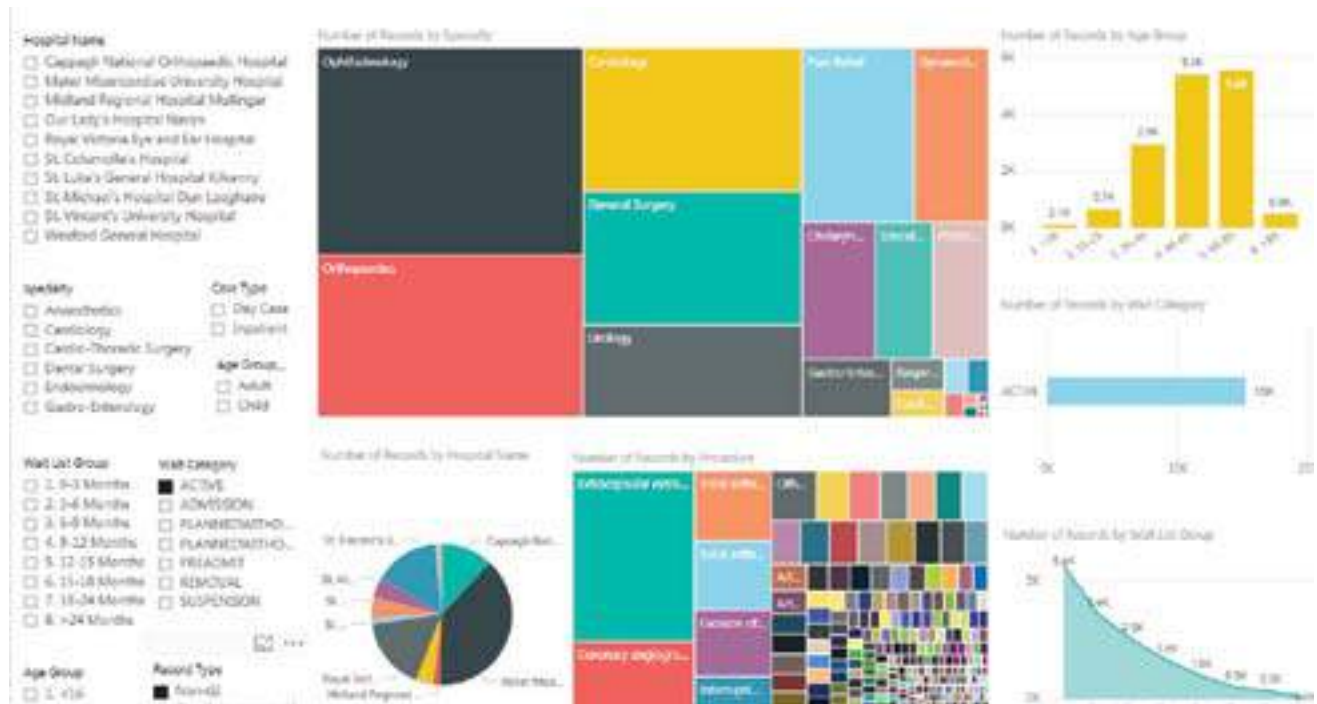
A total of 14,118 babies were born in IEHG hospitals during 2017. This is a 3% decrease from 2016 (14,571 births) and reflects the current national trend of declining birth rates.



Waiting Lists

Notwithstanding the increase in elective surgery, there are waiting lists across many services. As of the end of December 2017, there were **17,888** active patients on the In-Patient/Day Case waiting list, this was a reduction of 493 (2.7%) on the same period in 2016.

Overall 95% of patients waiting for admission to an IEHG hospital are waiting less than 15 months. There are however long waiting lists for Ophthalmology, Orthopaedics and Endoscopy.

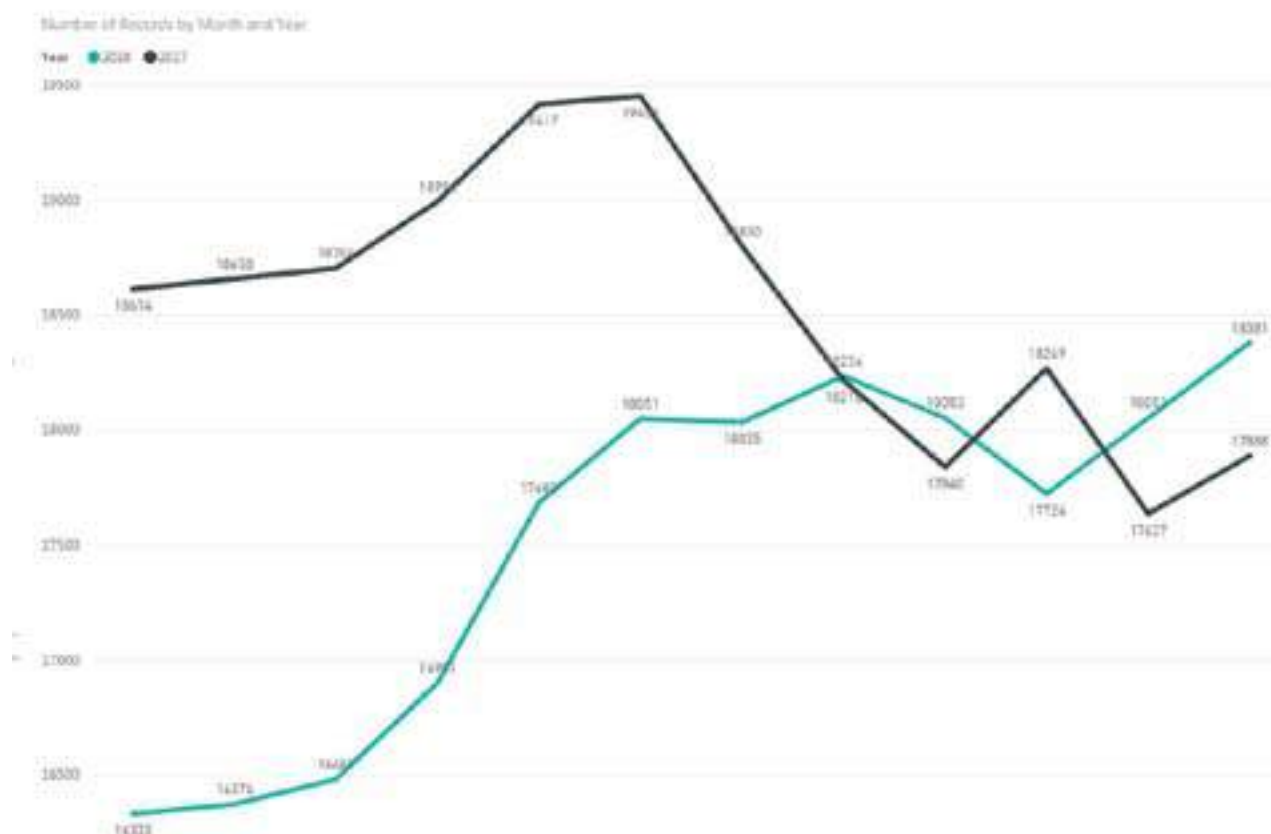


IPDC Waiting List IEHG December 2017 (data from the NTPF) – excluding endoscopy

Ophthalmology is the service for which most people are waiting for an in patient or day case procedure. 14% of all patients on the IEHG waiting list are waiting for cataract procedures.

On a very positive note, the funding provided to the NTPF resulted in a profound reduction in the numbers of patients waiting over 15 months for surgery within IEHG. This was particularly manifested in the reduction of long waiters in Ophthalmology and orthopaedics. In June 2017 there were 823 patients waiting longer than 15 months for ophthalmology procedures and by December this had reduced to 89.

IEHG IPDC Trend by Year & Month 2016 and 2017 (all patients)



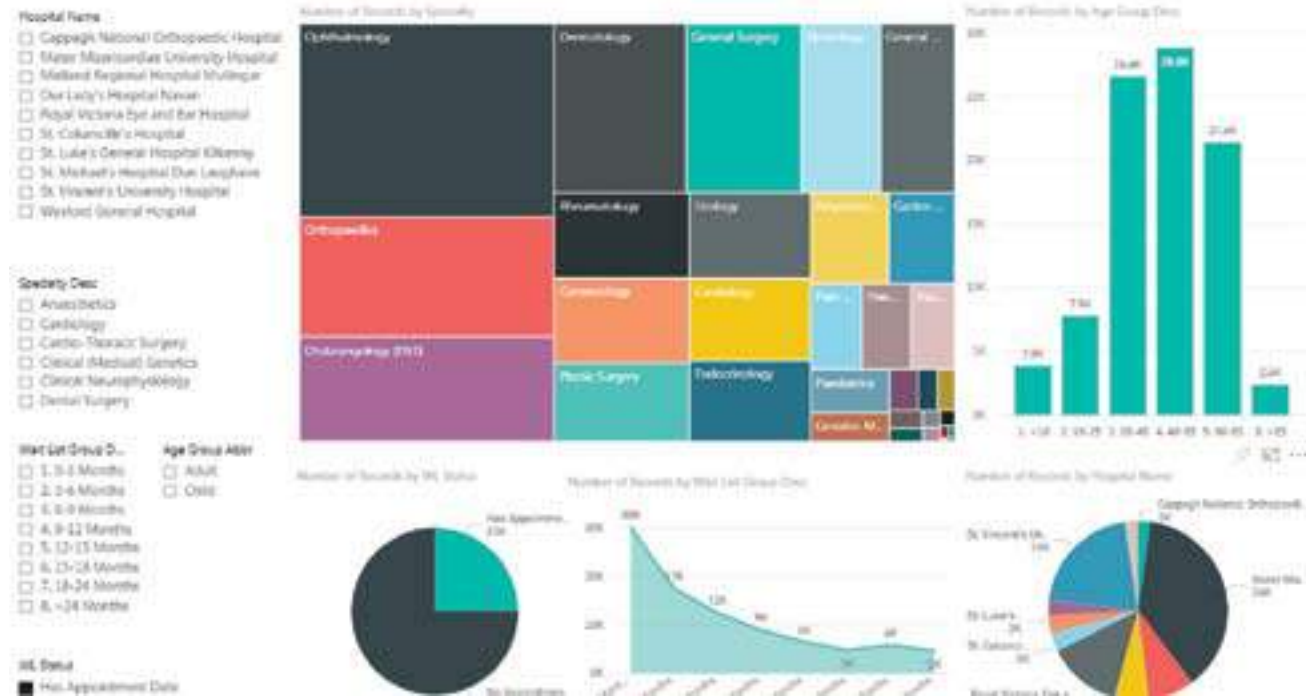
The opening of the dedicated cataract unit in the Royal Victoria Eye & Ear Hospital during the year enabled over 850 additional patients to be treated. The NTPF also funded the out-sourcing of significant numbers of long waiters from the Mater and St Vincent's University Hospitals.

IEHG has a number of specialist services which provide quaternary level care. These services have traditionally catered for people from across the country but are not recognised national specialist services. There were 36 bariatric surgeries undertaken in 2017 (compared to 29 in all of 2016) with over 90% undertaken in the last four months of the year. This was facilitated by the appointment of the first dedicated bariatric surgeon to St Vincent's University Hospital and St. Columcille's Hospital Loughlinstown. This is a service which has been recognised as an area which is very underdeveloped and this new appointment along with provision of dedicated facilities in St Vincent's should enable significant increase in delivery of these surgeries in future years.

Under the national initiative to reduce the long waiting times for scoliosis surgery, agreement was reached to manage the transition of adolescent scoliosis from Tallaght/Crumlin to the Mater University Hospital. During 2017 a total of 16 scoliosis surgeries were undertaken in the Mater and an overall total of 31 scoliosis operations in Cappagh. Plans have been agreed to further expand capacity at both hospitals to enable significant additional scoliosis surgery be undertaken from 2018.

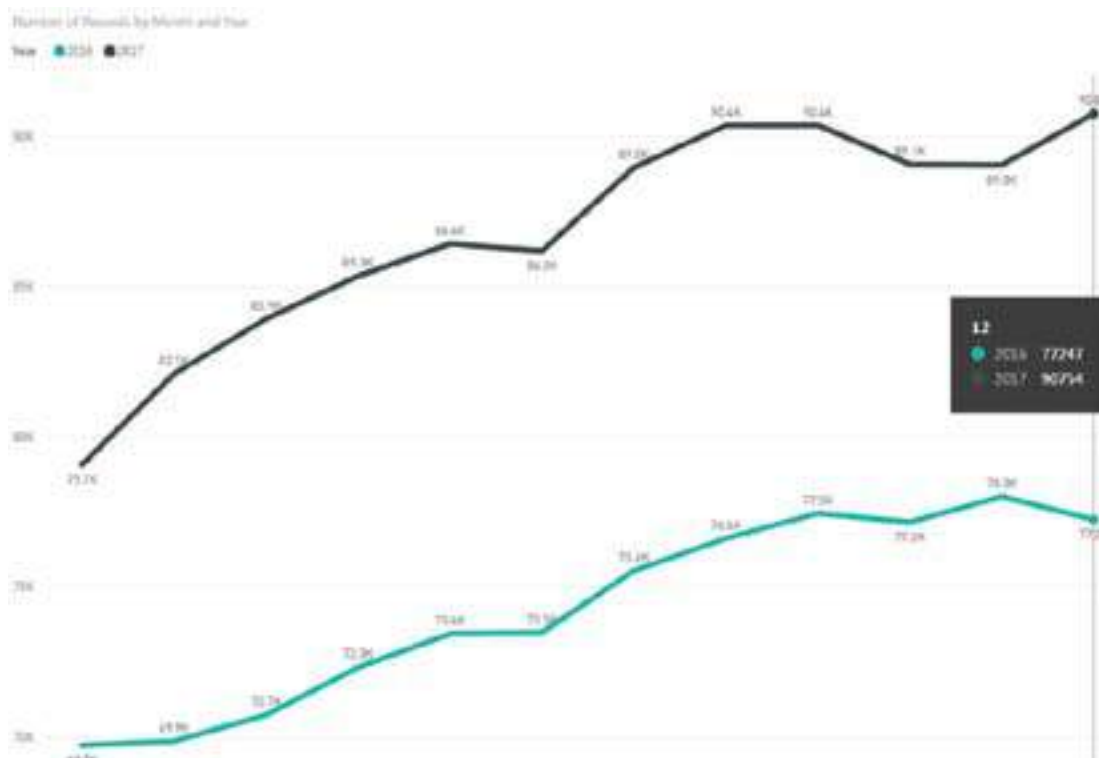
OPD Waiting Lists

There are considerable numbers waiting for initial appointments in Out Patient Clinics. At the end of December 2017 there were 90,754 patients on IEHG OPD waiting lists, an increase of 17% on December 2016. Over 15,000 people (17%) are waiting in excess of 15 months for their first



OPD Waiting List December 2017 (Data from the NTPF)

There is unfortunately an upward trend in the numbers waiting and this pattern is seen in all hospitals within the Group. However, without significant investment in resources it was, and will remain difficult to make any significant inroads in meeting targets particularly in Ophthalmology, ENT, Orthopaedics, Plastic Surgery, the Medical Weight Management Programme and Dermatology services. Validation of OPD waiting lists is underway and this will continue to be a focus during 2018.



Two multi-agency and multidisciplinary working groups were established during the year to enable IEHG to address the significant waiting list challenges in orthopaedics and ophthalmology. This work is outlined in the clinical programmes section.

Endoscopy

There has been an increase in the numbers of patients referred for endoscopy procedures nationally. While Priority 1 (urgent) referrals within all IEHG endoscopy units have all been managed within the specified four-week timeframe, nearly all of the hospitals have experienced challenges accommodating the volume of Priority 2 (routine) referrals within the available capacity.

2017 saw a month-on-month deterioration with over 600 more people waiting over 3 months at the end of December 2017 (1,161) than in the previous year (636). These figures however do not take account of the planned procedures which are past indicative dates.

An IEHG endoscopy group with representation from all eight units has been established under a lead GI consultant. The Gastrointestinal Endoscopy National Quality Improvement Programme published its 2016/2017 report during the year and will be used by the Group as a basis for quality improvement initiatives.



Active P2 Endoscopies waiting >3 months 29th December 2017 (data from NTPF)

Performance Metrics Dashboard

The Ireland East Hospital Group (IEHG) dashboard is available to authorised users at <https://iehg.healthatlasireland.ie>. This dashboard is developed by OpenApp, the company who develop the National Quality Assurance Intelligence System (NQAIS) Clinical application, which is already available to authorised users within the health sector in Ireland.

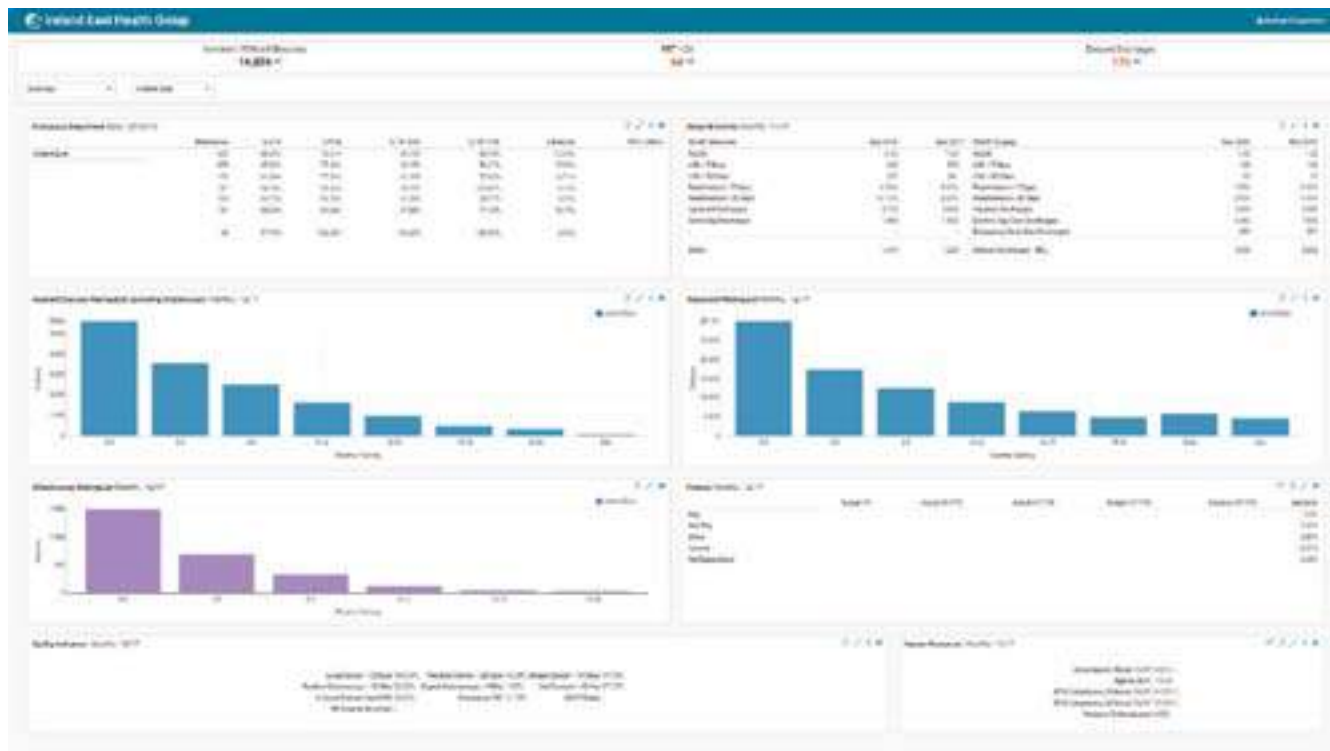


Figure 1: IEHG Dashboard Overview (with hospital identified figures obscured)

The dashboard is web based and uses the infrastructure and authorisation process already in place for NQAIS Clinical, so no infrastructure investment, nor 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 from the hospitals in the group, for other reporting purposes, so no software development, nor additional data transfer, is required in the hospitals. The display of data is configurable, based on dropdown selections available on all dashboard reports.

The data displayed includes:

1. Emergency Patient Experience Time (PET)
2. Hospital Activity
3. National Treatment Purchase Fund (NTPF) Waiting Lists, both Inpatient and Outpatient
4. Finance Budget
5. Quality Metrics
6. Basic Human Resources



Figure 2: IEHG Emergency Dashboard

Improvements to the IEHG dashboard since last year include:

1. Export data to csv file
2. Provide definitions for data displayed on each visual
3. Provide capability to focus on specific visual
4. Select specific year/month data set (custom settings like NQAIS)
5. Provide NQAIS Clinical format on Age Filters
6. Provide detail on all discharge destinations
7. Provide detail on same day/overnight discharges before 11am

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, visualization of what's important, and sharing that with anyone or everyone.

These Power BI Reports are also web based and, in the main, 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:

1. Hospital Activity (HSE Monthly Data Returns)
2. HSE Finance Budget
3. HSE HR Whole Time Equivalents
4. HSE KPI's
5. HSE Outpatient Attendances
6. HSE Outpatient Referrals
7. HSE TrolleyGAR Reports
8. NTPF Diagnostic Waiting Lists
9. NTPF Inpatient/Day Case Waiting Lists
10. NTPF Outpatient Waiting Lists
11. Various Hospital Profile Data, collected directly from Hospitals by IEHG

All the Power BI Reports are available from two main Power BI Dashboards, each distributed by means of a Content Pack.



Figure 3: Power BI Hospital Profile Dashboard



Figure 4: Power BI Hospital Metrics Dashboard

IEHG Lean Transformation Programme for Service Improvement

Anne-Marie Keown – Group Director of Service Improvement



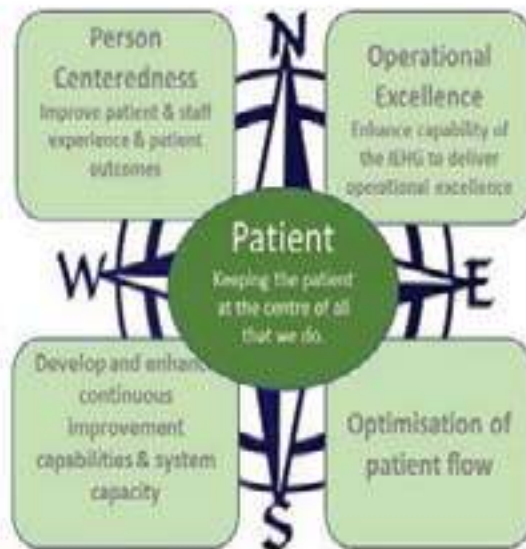
The IEHG Lean Transformation Programme aims to standardise the delivery of healthcare across the Group and ensure that every patient treated receives **the right care, in the right place, at the right time, every time**. IEHG has adopted a philosophy of Lean principles and methodologies to improve and manage the change required.

IEHG has developed a comprehensive three-year Transformation Programme, the delivery of which is underpinned by the engagement model below.



We believe that all the hospitals in IEHG can apply Lean philosophy and principles regardless of size, model or structure and are already seeing evidence to support this.

True North Objectives 3-5 year goal



Lean Service Improvement Team

In January 2017, Anne-Marie Keown was appointed as Group Director of Lean Transformation Service Improvement. Fiona Keogan and Emma Smyth joined the Service Improvement Team (SIT) as Leads in 2017. This Service Improvement Team (SIT) will lead the deployment of Lean throughout the Group not only as a means of ensuring continuous improvement but also as a management system.

The Service Improvement Team have brought with them Clinical leadership and Lean practice experience of working at international, national and regional levels in delivering change and improvement. They have data and analytical expertise to support IEHG frontline staff to deliver the changes they have identified.

To expand and embed the transformation, IEHG is supported by a technical partner (TP), IBM Watson Health. While the SIT are the primary agents for change, working with hospital frontline staff, the technical partner brings specialist skills in large scale transformational change and works as mentors (sensei) and coaches. We believe this is the approach that sets us apart from other improvement approaches underway in the Irish healthcare system.

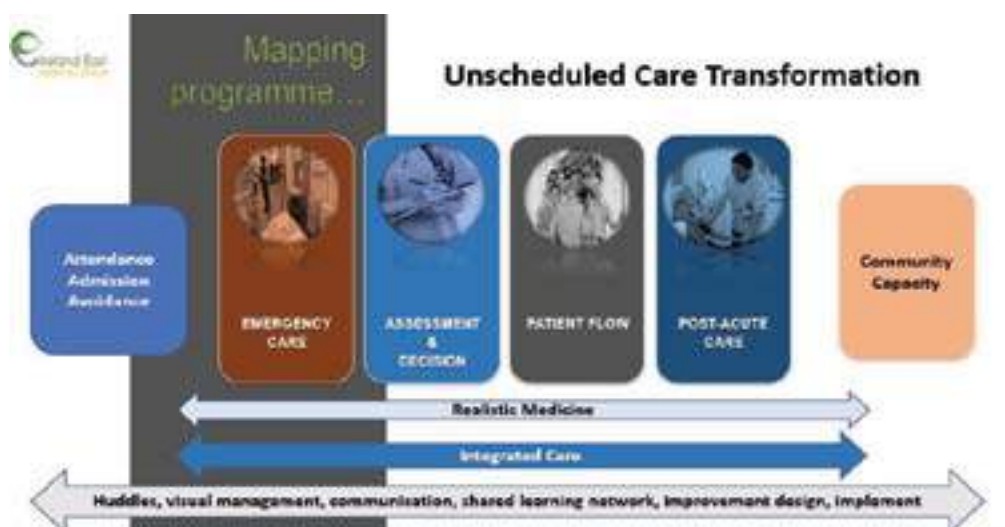
The IEHG Lean Transformation Journey



Value Stream Improvement – Unscheduled Care

In 2017, Unscheduled Care (USC) patient flow was selected as the first focus area for improvement. The improvement focused on the care which patients experience, in terms of access, outcomes and quality across the emergency care pathway. This has involved staff working together to better understand our services and how they might be improved in the areas of:

- Acute Floor
- Ambulatory Emergency Care
- Integrated Older Persons



Lean Tools - A3 Thinking and Problem Solving

Throughout 2017, teams from IEHG have used Lean tools and principles, such as A3 thinking and problem solving, visual management and process mapping of the USC pathways across the IEHG hospitals from the perspective of our patients to develop improvement plans for the next 12-18 months. This approach identifies inefficiencies and variability in the services and works with staff and patients to help make the change required.

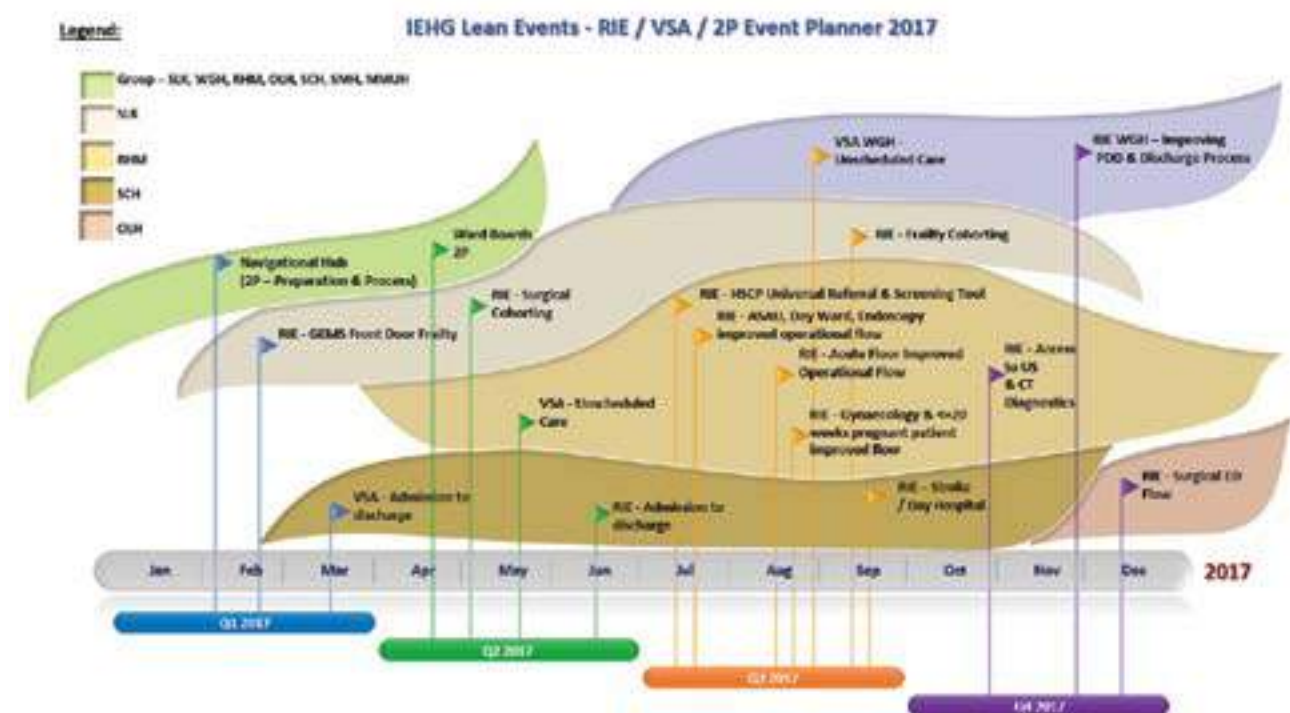


*IEHG staff from Wexford General Hospital
problem solving*

This commitment to transformation will not only require changes to how processes are organised but will require changes to how we think, and to how we behave. We are working to build a community of staff who are active problem-solvers and skilled to implement the change required.

These improvements are now underway through targeted Rapid Improvement Events (RIEs) with some sites having delivered up to six events this year. These one-week intensive and focused problem-solving events are an essential part of a successful Lean journey. Rapid Improvement Events are the foundation of the improvement delivery model. The methodology implements improved processes and begins the journey to change actions, behaviours and ultimately culture.

In 2016/17, IEHG hospitals have delivered 23 RIEs addressing areas where staff felt performance could be improved along with additional group events involving two or more sites.



Rapid Improvement Event: Diagnostics Ultrasound / CT – Regional Hospital Mullingar 23rd to 27th October 2017



RIE Targets & Improvement Metrics

- People – ensure appropriate on demand provision of US and CT diagnostics M-F
- Quality – reduce unnecessary, inappropriate and duplicate test requests by 30%
- Time – reduce wait times for US and CT Scan interventions by 20%
- Cost – reduce wasted slots by 30%

Improvements at 90 Days

Median Time to US or CT scan
Baseline = 86 mins | 90D = 20 mins
Improvement = 77%

Median time to report issuing Day 0
Baseline = 65 mins | 90D = 25 mins
Improvement = 61.5%

Median time from report to patient discharge Day 0
Baseline = 197mins | 90D = 44 mins
Improvement = 77%

CNAs for US & CT
Baseline = 154 | 90D = 98
Improvement = 36%

DNAs for US & CT
Baseline = 12.34% | 90D = 5.7%
Improvement = 54%

Merged CT & US OPD routine wait times
Baseline = 160 days | 90D = 121 days
Improvement = 24.4%

St. Columille's Hospital – Day Hospital Rapid Improvement Event, Sept 2017.

A VSA was undertaken in SCH in March 2017, a detailed overview of SCH patient journey from admission to discharge was undertaken.

Need for Action

It was identified that Day Hospital service in SCH, current processes are not providing a responsive, timely, efficient or quality service.



Key Areas Identified for Improvement.

- People** - Improve the patient and staff experience of the day hospital.
- Quality** - Establish best practice pathways for, Early supported discharge, and Admission avoidance, using outcome measures.
- Cost** - Streamline the administration of the day hospital utilising its capacity and maximise value for money.
- Time** - Provide timely responsive access & service throughout patient journey.

Improvements at 90/7

- People** - Staff feedback from RIE
- Really proud to have been involved
- RIE enabled change
- Experience of RIE – transferable learning.
Patient survey feedback – very much valued the service
- Quality** - Referral Pathways to Day Hospital increased from 1 pathway pre RIE to 8 pathways at 90/7
- Cost** - Reduced Nursing Admin time by 20 hours per week – 20hrs release to patient care
- Time** - Wait time from referral to appt reduced by 85% in 90 days from 199 days to 25 days
No outstanding Discharge letters – reduced from 6 months delay pre RIE to nil outstanding

Leadership for Sustainable Change and Improvement

This kind of change requires substantive and sustained leadership commitment. Staff are the critical factor in our ability to transform. We are building the leadership and governance to drive the programme, educating staff and building capacity and capability in Lean. This year has seen the first cohort of IEHG Directors and Senior Management commence their Lean Leadership journey. They have collectively undertaken training in Lean Leadership and several have also completed their Bronze accreditation.

Clinical Engagement

In 2017, the IEHG SIT were delighted to welcome Professor Conor O'Keane as Clinical Director for Clinical Engagement and Quality. Professor O'Keane will work with us to support the delivery of Clinical leadership for change and improvement. The critical role of Clinicians leading improvement has been a key focus for IEHG this year with masterclass events delivered by our international colleagues Dr Paul De Chant and Dr Byron Scott.



Mr Kevin O'Malley, IEHG Joint Clinical Director, Dr Paul De Chant MD MBA, Professor Conor O'Keane IEHG Clinical Lead



Professor Mary Day, IEHG CEO; Dr Byron Scott, Deputy Chief Health Officer IBM Watson Health; Ms Anne-Marie Keown, IEHG Director of Service Improvement

Clinical Senate - Connecting Clinicians to Improve Care in IEHG

The establishment of a Clinical Senate for change and service improvement provides the opportunity for clinicians to influence and lead service transformation. This group will work to ensure that improved health outcomes for patients served by IEHG are underpinned by a focus on quality and safety and excellence in clinical practice. The senate will provide a mechanism for increasing the participation in improvement across professional groups in IEHG and offer the opportunity for the expression of a unified clinical perspective on important clinical service reconfiguration, service improvement and delivery issues.

Aligned to the Clinical Senate will be clinical networks for defined specialty groups. The first clinical network for Frailty has been established and is chaired by Dr Emer Ahern, Consultant Geriatrician at St Luke's General Hospital, Carlow/Kilkenny.

IEHG Clinical Senate 2017 – 2020

Connecting clinicians to improve care

Our Guiding Principles

- Value service user perspectives and focus on quality patient outcomes and experiences
- Connect clinicians from all disciplines across the IEHG
- Create capacity and build the capability of clinicians to build a culture of transformation, innovation, quality and improvement
- Provide constructive advice that is inclusive, transparent and evidence-based and contributes to setting the health reform agenda.

Our Vision

The IEHG will have a sustainable, thriving, efficient and progressive approach to clinical engagement. Clinicians will actively contribute to decision making around the design, delivery and evaluation of quality health services across the IEHG.

Our Purpose

Represent clinicians in providing independent strategic knowledge, advice and leadership on system-wide issues that affect quality, safe and efficient patient care

Focus Areas

Clinician Leadership

- 1.1 Model a high standard of professional excellence
- 1.2 Collaborate with stakeholders to develop a fit-for-purpose clinician engagement and leadership framework that focuses on outcomes and promotes accountability
- 1.3 Advocate for active clinician representation on senior leadership, strategy, planning, policy and performance committees
- 1.4 Promote the development and nurturing of clinical leadership capabilities

Effective Partnerships and Collaborations

- 2.1 Embed effective connections and real collaboration with clinicians, service users, carers and executives across the health service
- 2.2 Work with our partners within the community and primary care sectors to improve the patient experience and health outcomes
- 2.3 Be responsive to challenges, opportunities and communicate successes

Championing System Improvement

- 3.1 Promote a culture of transformation and innovation in health service delivery
- 3.2 Showcase high value clinical excellence that results in measurement changes in health outcomes
- 3.3 Identify opportunities to challenge historical health care practice and champion evidence-based disinvestment in low value health care

The IEHG Clinical Senate has a broad view of health care and operates at a strategic system-wide level. The IEHG Clinical Senate does not participate in local operational issues or specific patient group or condition issues that fall within the domain of national clinical networks.

Building System Leadership Capacity and Capability for Change

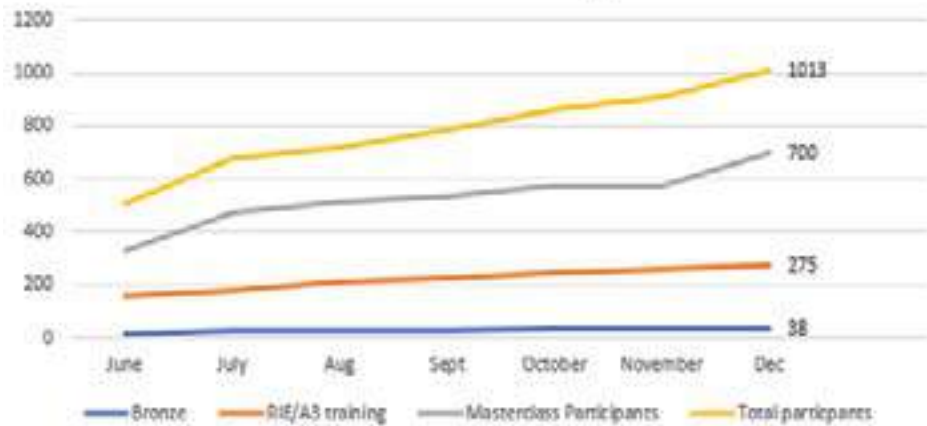
Building capacity for continuous improvement within IEHG requires well-trained internal experts who can guide the improvement work at individual hospital level and ensure adherence to the Lean methodology which the Group has adopted for transformation.

In 2017, 4 cohorts of staff successfully undertook Lean-accredited Bronze training. Accredited Bronze trainees will be competent to drive the daily management system and support Rapid Improvement Events (RIEs). In 2018 a further cohort of certified Bronze practitioners will advance to Silver and facilitate RIEs, develop colleagues and progress the pace of improvement.

Benefits Realisation Workshop

A Benefits Realisation Workshop was held in May 2017 which focused on how continuous improvement in healthcare can convert efficiency, capacity and quality improvement into cash releasing savings. This workshop was specifically linked to the process improvement across the Group but also provided a briefing and narrative on the ABF funding model and performance within IEHG.

Event Participants 2017

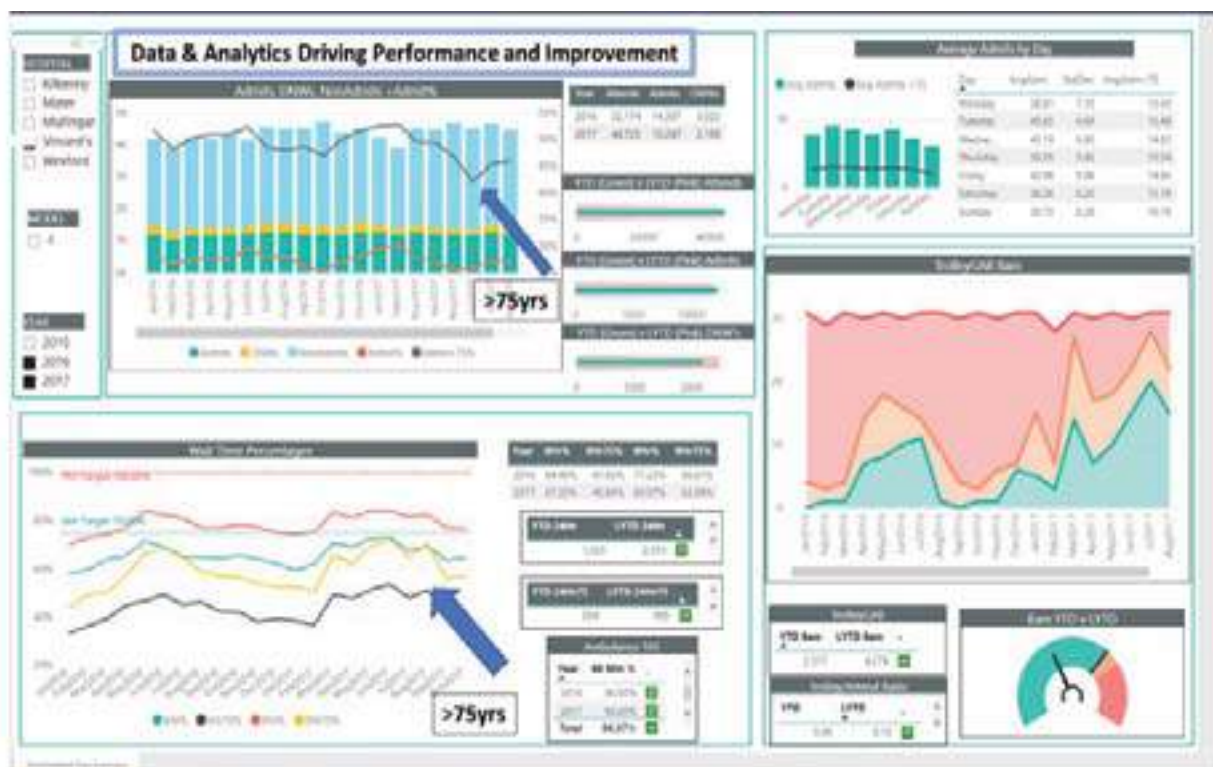


10% of IEHG Staff have engaged in Lean Transformation in 2017

Delivering Operational Excellence Through Lean

Data and Analytics Driving Performance Improvement

Lean transformation and operational excellence are built around data driven decision-making.



2017 has seen the design and development of USC performance dashboards to support the tracking and management of key value streams for improvement. This has enabled teams to access data to make data-driven decisions to support improvement.

Managing for Daily Improvement - Building Architecture and Infrastructure

Adopting Lean as a management system in IEHG supports an integrated operating system where leadership, vision and strategies are connected to daily continuous improvement at the front line. The aim is to make daily improvement visible to all. Establishing visual controls for monitoring, planning and execution of change events in each hospital has been achieved by implementing Mission Controls at both hospital and Group-level.



Group Mission Control



RHM Mission Control



WGH VSA

Navigational Hub and Ward White Boards-Patient Flow, Discharge Processes

In 2017, IEHG focused on establishing Navigational hubs and ward visual management boards for patient flow in each site. This event saw teams from across IEHG design and build visual management boards and agree standard work and performance control boards. Patients can spend time in hospital that does not contribute towards their discharge and we believe that by working together, we can reduce the number of 'red' days in favour of value adding 'green' days.

Visual Management For Daily Improvement: Mission Control, Navigational & Ward White Boards Delivering Operational Excellence and Enhancing Patient Flow



- Patients status at a glance
- Released time to care
- Reduced Phone Calls and Improved Safety
- Reduced Risk Falls
- Network for Change
- Standard Practice NCHD's.



Red2Green SAFER Patient Flow Bundle

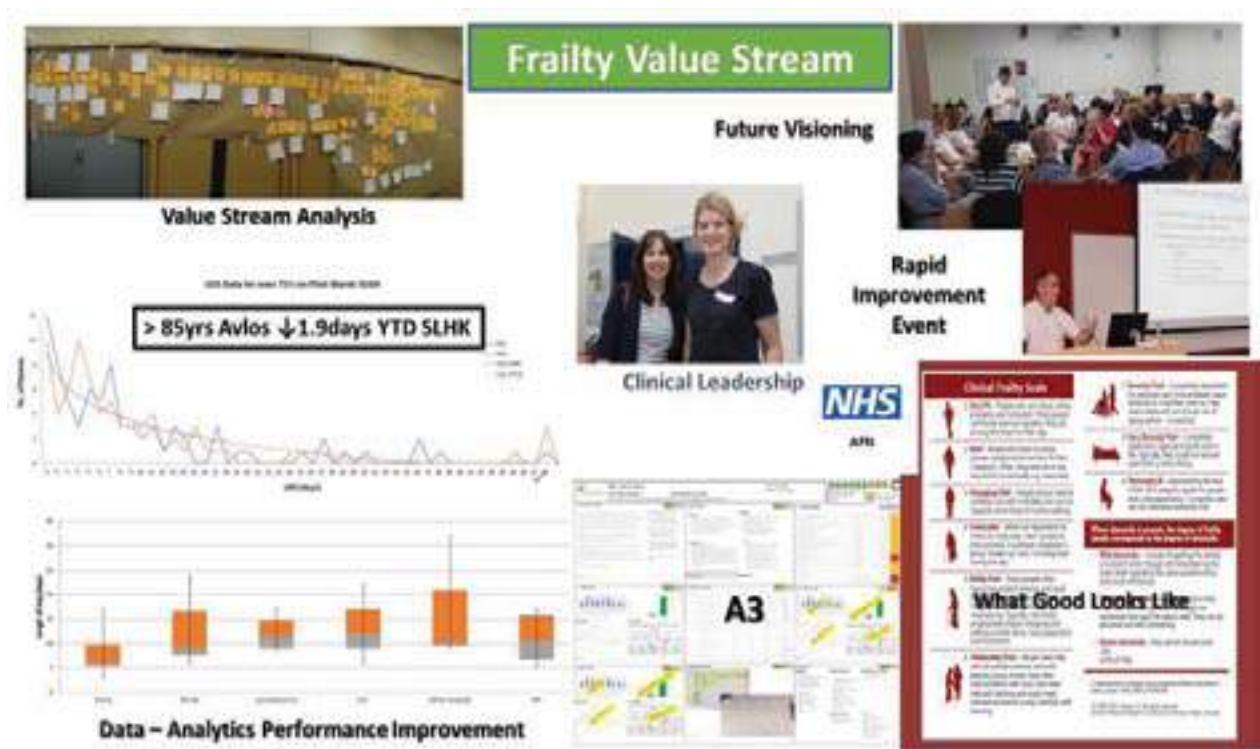
Integrated Older Persons Care Pathway Improvement

In 2017, the care of the older patient with frailty has been a primary focus for improvement across the Group. Together with our patients and community partners, IEHG hosted masterclass and visioning workshops to share good practice, build care delivery models and collectively agree the principles and values on which these services will be designed and implemented.

IEHG is the first hospital group in Ireland to collaborate with the NHS Acute Frailty Network (AFN), in the design, delivery and implementation of exemplary care for frail older people, to deliver a service we can all be proud of. This collaboration offers IEHG access to international communities of practice, research opportunities and the opportunity to join with 150 other hospital sites in developing a community of practice and a shared learning network for frailty. A masterclass event with Professor Simon Conroy and the NHS Acute Frailty Network launched this collaborative approach.

Throughout the year, there has been ongoing engagement with the ICPOP (HSE Integrated Care Programme for Older People), AFN and IEHG pilot sites affording an opportunity to learn from other sites and share expertise and experiences. IEHG has committed to standardising the care that frail older patients experience during their acute episode of care.

In 2017, three IEHG hospital sites commenced work on their value stream for Frailty: St. Vincent's University Hospital, St. Luke's General Hospital, Carlow/Kilkenny and Regional Hospital Mullingar.



Front Door Identification of Frailty

In 2017, St Luke's General Hospital, Carlow/Kilkenny (SLK) worked with the IEHG Service Improvement Team to implement a comprehensive screening process which identifies frailty on presentation to the Emergency Department. By February 2017, 98% (4,170) of presentations aged 75 years or greater were screened for frailty on triage, previously no screening process was in place. If the screen is positive, a Comprehensive Geriatric Assessment (CGA) is triggered with

75% of CGAs completed within one day of presentation. It is planned to implement this practice across the Group.

The SLK team have also worked to develop a cohorted frail older persons ward with a dedicated specialist interdisciplinary team. This improvement has demonstrated a two-day reduction in median Length of Stay (LOS) for discharges >75 years who are admitted to the specialist ward (GEMS unit). Overall, since the initiation of this improvement process, admission rates for patients > 75 years has reduced by 0.7% with a 2.1% reduction in bed days. The conversion rate from ED decreased by 6%.

Regional Hospital Mullingar and St. Vincent's University Hospital have commenced improvement work with their integrated care teams to support admission avoidance and promote early supported discharge for frail older persons.

Celebrating Success - Adopting Lean for Healthcare Transformation Annual Summit

In December, IEHG hosted a Lean Summit, ***Adopting Lean for Healthcare Transformation***, to mark the first year of the Group's commitment to Lean transformation. This afforded staff an opportunity to share their improvement journey to date and build a shared learning network. It was also an opportunity to hear from our international partners who have graciously supported us in our Lean journey.



Left to Right: Ms Kay Connolly, Chief Operating Officer, St. Vincent's University Hospital; Ms Pauline McGrath, Chief Operating Officer, Mater Hospital; Ms Lesley Doherty, Executive Coach, Simpler



L-R: Ms Fiona McEvoy, ADON Patient Flow SLHK; Ms Caroline Colgan, Senior SLT RHM; Dr Emer Ahern, Consultant Geriatrician SLHK; Ms Anne-Marie Keown, IEHG Director of Service Improvement; Mr Edwin Morlait, CNM1 OLHN; Mr Gerry Kelliher, Business Analyst IEHG; Ms Eithne Mullen, Service Improvement Lead IEHG

In 2017, Prof Mary Day IEHG CEO and Anne-Marie Keown Group Director of Lean Transformation - Service Improvement were also invited to attend a Lean Healthcare Transformation Summit in the USA. This event welcomed IEHG as an enterprise adopting Lean for system transformation and helped us to build relationships with international partners in Lean Transformation.

Our Workforce

Norah Mason – Group HR Director



2016 Staff Engagement Survey

Fifteen per cent (1812) of IEHG staff responded to the HSE 2016 Staff Engagement Survey, with four of our hospitals achieving an individual response rate of 15% or above (St Columcille's Hospital, Wexford General Hospital, Royal Victoria Eye and Ear Hospital and St Vincent's University Hospital).

was

Key points of note from the survey were that staff were motivated and enthusiastic about their work, acknowledged that team working was successful, and in particular that staff were proud to work for IEHG and felt valued in terms of recognition of their performance. Areas for improvement were relationships with line managers and raising awareness on bullying, harassment and discrimination.

Human Resources Forum

The Group HR Forum met twice during 2017 in Mullingar and Wexford, during which we received an interesting presentation on Employee Assistance Services (EAS) from Denise Byrne at Inspire Wellbeing. Inspire are included on the Office of Government Procurement Framework for the provision of EAS across the civil and public sectors.

The Group also discussed the results of the National Staff Survey, the Workforce Planning pilot undertaken at Wexford General Hospital, a number of National HR Circulars issued during the year and the newly implemented Admin and Clerical Staff Job Evaluation Scheme. Further meetings are planned during 2018.

Health Sector Jobs Fair

IEHG hosted a stand at the Health Sector Jobs Fair in Dublin on 14 October 2017, and Group staff were joined by colleagues from St Columcille's, Wexford, St Luke's, Mullingar and Mater Hospitals. Most of the other employers who attended were from the UK, with a few from Australia. It was a hugely successful and very busy day, during which we received approximately 150 CVs from healthcare professionals seeking to work with us. Most of our visitors were nurses, but we also chatted to Healthcare Assistants, Occupational Therapists, Physiotherapists, Speech and Language Therapists, and SHOs.

Joint Union Management Forum

The IEHG Joint Union Management Forum, 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 Group met three times during 2017. 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 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 have been established over the past two years which have fostered positive proactive working arrangements that assisted when dealing with negotiation and conflict in the employee relations arena. IEHG Management would like to, once again, acknowledge the contribution of all stakeholders involved.

Workforce Metrics

Employment Monitoring

2017 saw another significant increase in the number of staff employed across the Group, bringing a total increase during the year of 411 WTE, or 3.7%. This increase brought the total number of staff (WTEs) employed across IEHG as of 31 December 2017 to 11,382 and this increase can be attributed to the following:

- Service developments
- Agency staff replaced by permanent contract holders
- Maternity and long-term absence cover

The tables below provide a breakdown of staffing by hospital and by staff group, and comparison with the position in December 2016.

Employment by Hospital: December 2017

Dec 2017 (Dec 2016 figure: 10,971)	WTE Dec 2017	WTE change since Dec 16	% change since Dec 16	WTE change since Nov 17
Overall	11,382	+411	+3.7%	-0
Cappagh National Orthopaedic Hospital	395	+31	+8.6%	+1
Mater Misericordiae University Hospital	2,934	+78	+2.7%	-12
Midland Regional Hospital, Mullingar	892	+20	+2.2%	+18
National Maternity Hospital	820	+15	+1.8%	-5
Our Lady's Hospital, Navan	496	+2	+0.4%	-0
Royal Victoria Eye & Ear Hospital	273	+22	+8.7%	+0
St. Luke's General Hospital	1,034	+44	+4.5%	+6
St. Michael's Hospital	386	+6	+1.6%	+3
St. Columcille's Hospital	411	+9	+2.2%	-0
St. Vincent's University Hospital	2,774	+139	+5.3%	-11
Wexford General Hospital	947	+32	+3.5%	-1
other	20	+13	+161.3%	-0

Employment by Staff Group: December 2017

Dec 2017 (Dec 2016 figure: 10,971)	WTE Dec 2017	WTE change since Dec 16	% change since Dec 16	WTE change since Nov 17
Overall	11,382	+411	+3.7%	-0
Consultants	502	+27	+5.7%	+1
NCHDs	1,121	+44	+4.1%	-1
Medical (other) & Dental	25	+4	+19.4%	-0
Medical/ Dental	1,647	+75	+4.8%	-0
Nurse Manager	808	+36	+4.7%	-5
Nurse Specialist	269	+21	+8.5%	+3
Staff Nurse	3,164	+90	+2.9%	-4
Nursing Student	47	+10	+26.6%	+1
Nursing (other)	70	+0	+0.4%	-1
Nursing	4,358	+157	+3.7%	-6
Therapists (OT, Physio, SLT)	303	+15	+5.1%	+2
Health Professionals (other)	1,048	+16	+1.6%	-4
Health & Social Care Professionals	1,351	+31	+2.3%	-2
Management (VIII+)	77	+5	+6.4%	-1
Clerical & Supervisory (III to VII)	1,640	+76	+4.8%	+4
Management/ Admin	1,717	+80	+4.9%	+4
General Support	1,399	+64	+4.8%	-5
Patient & Client Care	910	+3	+0.3%	+8

European Working Time Directive (EWTD)

Work continued throughout 2017 to ensure all hospitals in the Group were 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 2017 outlined in Table 3 below demonstrated this commitment:

IEHG EWTD Compliance October - December 2017

Month	% compliance with 24 hours	% compliance with 48 hours
October 2017	97%	83%
November 2017	98%	84%
December 2017	98%	84%

Compliance with the 24-hour target increased by 1% in November and December 2017 compared to October 2017, and increased by 1% at 48 hours compliance over the months of November and December 2017.

EWTD National Average

Month	% compliance with 24 hours	% compliance with 48 hours
December 2017	99%	82%

IEHG was 1% above the National Average for compliance with the 24-hours target and was 2% above the national average for 48 hours compliance in December 2017.

EWTD Compliance across all acute hospitals within the Group

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%	71%
St Michael's Hospital, Dun Laoghaire		
St Columcille's Hospital, Loughlinstown	100%	100%
Mater Misericordiae University Hospital	99%	69%
Cappagh National Orthopaedic Hospital	100%	100%
Regional Hospital Mullingar	98%	91%
Our Lady's Hospital, Navan		
Royal Victoria Eye and Ear Hospital Dublin	100%	86%
National Maternity Hospital Holles Street	100%	100%
St Luke's General Hospital, Carlow/Kilkenny	100%	93%
Wexford General Hospital	100%	90%
Ireland East Hospital Group	100%	80%

As demonstrated in the table 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 2018 to ensure that we reach the required target.

Absenteeism

Work continued in all hospitals during 2017 to keep a focus on the management of absence and these efforts have proved successful in reducing the rate of absence Group-wide by a further 0.2% to 3.7%.

Staff Turnover

The national health sector report on staff turnover for 2016 was published, revealing that the turnover rate of staff across health was 10.3%. Health service turnover rates are distorted by the multiplicity of employers and HSE payrolls where staff leaving one employer or geographic area but remaining with the health service are included in the statistics. Other material impacts are the number of staff on fixed-term or specified purpose contracts, NCHD rotations and student nursing numbers. When adjusted to take account of NCHDs and student nurses, the majority of whom are employed on fixed term contracts, the national turnover rate for 2016 was 6.4%. The adjusted turnover rate for the Group during 2016 was 7.8%, 1.4% higher than the national average. It is noteworthy that the highest turnover rates can be found within Hospital Groups providing services in the Dublin area. A copy of the full report was shared with Chief Executive Officers/General Managers across the Group, allowing for further comparisons to be made across service delivery units, staff categories and staff groups for the health sector workforce at the end of 2016.

Quality & Patient Safety

Sinéad Brennan – Group Director of Quality & Patient Safety



The Ireland East Hospital Group strives to provide safe, person-friendly and quality healthcare to its communities and to support this ongoing ambition, in 2017 IEHG continued its journey in establishing a robust governance and accountability structure for Quality and Patient Safety. A Group-wide review was undertaken to understand the capacity and capability of QPS and operation models within the Group. The findings identified a clear commitment to the provision of safe, high quality care and a culture of teamwork and there is clear commitment by our hospitals to the ongoing development of QPS.

It was also identified that a clear vision and goals for the Group were required and that QPS activity needed to be focused. Development of capacity and capability to empower staff and patients in creating a strong culture of safe, quality, person-centred care across the Group was also essential.

A QPS Steering Group was established in Q3 2017 to provide oversight of and an accountability framework for the Quality & Patient Safety strategy, to ensure delivery of its aims and ambitions.

Re-establishment of the IEHG QPS Executive has enabled progression in the development of a Group QPS strategy and agreement on the main patient safety aims for the Group.

IEHG Patient Safety Aims:

1. Reduce harmful falls
2. Reduce hospital-acquired infections
3. Reduce medication errors
4. Safer surgery
5. Reduce serious reportable events which cause major or extreme harm to patients
6. Reduce mortality (preventable)

The IEHG QPS Forum redefined its objectives and its focus towards support and networking opportunities for QPS managers. It has provided the medium for shared learning from adverse events and quality indicator data and has supported and provided an expertise network for QPS managers within the Group. Quality & Patient Safety focus topics will be scheduled for 2018 to include understanding and critiquing of mortality data.

As part of the National QPS capacity and capability working group, IEHG began its work to specifically review the existing capacity and capability within the hospital groups and hospitals, to identify how further resources can be advanced for an effective quality and safety system both at hospital and Group-level that aligns with national priorities.

Patient Engagement

In May 2017, the National Patient Experience Survey was undertaken for the first time in Ireland. 2939 patients (51% response rate) across our network of hospitals took the time to complete the survey. Their contribution was invaluable, and we hope that they will continue to 'let their voice be heard' by letting us know how we can do better in delivering the standard of services and care they expect and deserve. Overall, IEHG hospitals did very well. The survey identified key areas for improvement, including information and communication with patients.

'The majority of patients reported that overall, they felt they were treated with respect and dignity during their time in a hospital in the Ireland East Hospital Group' - HIQA NPES Report 2017

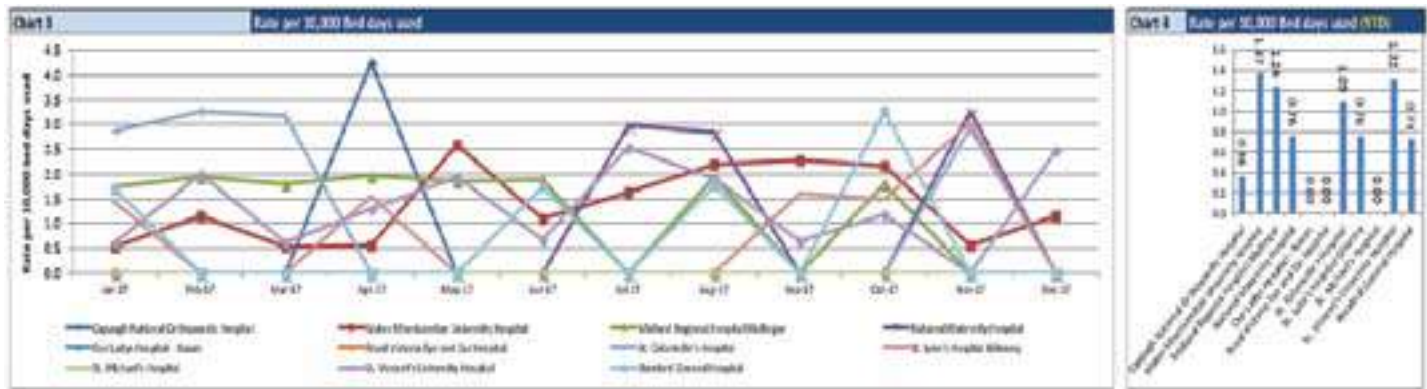


National Patient Experience Survey Campaign Wexford General Hospital 2017

Infection Prevention and Control

The IEHG Healthcare Associated Infections (HCAI) and Antimicrobial Stewardship (AMR) Oversight Committee was established in September 2017 and is a diverse multidisciplinary group chaired by the IEHG CEO. The overall goal of the group is to reduce the incidents of HCAI and AMR in the IEHG patient population by establishing a collaborative group to create and drive an infection, prevention and control programme aligned to the national programme, that will have an effective operational response across the Group.

IEHG surveillance of *S. aureus* related blood stream infection Jan 2017 – Dec 2017

IEHG surveillance of *C. difficile* infection Jan 2017 – Dec 2017

Healthcare Associated Infections (HCAI) and Antimicrobial Resistance (AMR) are key patient safety issues. In relation to HCAs, a number of Key Performance Indicators (KPIs) have been developed at national level.

In 2017, three KPIs were identified for inclusion in the National Service Plan and additional KPIs were identified for scoping/ testing with the intention of adding to the suite in 2018.

KPIs on HCAI in the 2017 National Service Plan included:

- % compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool with a target of 90%
- Rate of new cases of Hospital-acquired Staphylococcus aureus bloodstream infection < 1/10,000 Bed days used
- Rate of new cases of Hospital-acquired C. difficile infection < 2/10,000 Bed days used

Proposed KPIs on HCAI in 2018 National Service Plan include:

- Rate of new cases of Hospital-acquired Staphylococcus. aureus bloodstream infection < 1/10,000 Bed days used
- Rate of new cases of Hospital-acquired C. difficile infection < 2/10,000 Bed days used
- Number of new cases of CPE (reporting to commence in 2018), % of acute hospitals implementing the requirements for screening of patients with CPE guidelines (100%), % of acute hospitals implementing the national policy on restricted anti-microbial agents (100%).

Influenza Planning

In early 2017 an influenza sub-group was established to develop and submit an annual flu plan to the Health and Wellbeing Division of the HSE and oversee its implementation. The group supported the implementation of a dedicated campaign to improve the uptake by staff of the influenza vaccine across the Group. A sub-group of the IEHG HCAI/AMR oversight group with representation from all 11 hospitals within the Group will be established in early 2018 to further improve the vaccine uptake for all relevant clinical staff across IEHG.

Sepsis

The second National Sepsis Report was published in September 2017 and provided an analysis of sepsis incidence and associated mortality as extracted from the HIPE 2016 database.

IEHG crude in-hospital sepsis associated mortality rate from 2015 to 2016 has decreased by 16.23%

Number of patients with sepsis documented has increased by 32.3%

In addition, most antimicrobials were prescribed as per local antimicrobial guidelines in both Q1 (84%) and Q2 (74%).

It is worth noting that for every case of sepsis not coded as sepsis the hospital could be losing more than €2,500 per inpatient episode.

Sepsis Governance

National: The National Sepsis Steering Group and Governance Committee provides guidance and support to the National Clinical Programme for Sepsis and leads in achieving the Programme's overall aims and objectives.

Hospital Group: Sepsis data and processes are governed and supported in several ways:

- Sepsis is a standing item on the Healthcare Associated Infections (HCAI) and Antimicrobial Stewardship (AMR) Oversight Committee agenda.
- Sepsis eLearning is now mandatory for all relevant HCWs across IEHG.
- The National Sepsis Report is shared with IEHG Leadership.
- Executive Summary of process audit to be shared with IEHG Leadership.

Individual Hospital: Hospitals in the Ireland East Hospital Group have sepsis committees in place to oversee implementation of *National Clinical Guideline No. 6-Sepsis Management*.

- Each hospital has an identified medical and nurse/midwife sepsis lead to co-ordinate and monitor implementation in their hospital and report progress back through the sepsis committee.
- The sepsis leads also liaise with the Group ADON to arrange and assist with planned process audits. Three process audits were conducted in 2017.
- The Group ADON for Sepsis also attends the local sepsis committee meetings to support local teams and provide information and updates as relevant.

Safety Initiatives

In 2017, the **IEHG Venous Thromboembolism Service Review Group** continued to promote care pathways for prevention, diagnosis and treatment of VTE.

Through the Clinical Service Redesign office, the **IEHG Critical Care Working Group** continued to provide clinical strategy and clinical operational input to develop and strengthen the service across the Group, with QPS involved in the further development of quality indicators. Work is due to commence in Q1 2018 to review existing indicators in the healthcare system and develop a suite of indicators to measure and monitor clinical effectiveness.

IEHG has continued to focus on **Quality Improvement and National Patient Safety Programmes** in the following areas:

The **IEHG Chief Pharmacy Service Review Group** has been established and their focus is to explore areas for collaboration and develop a strategy for compliance with medication safety requirements.

The development of '**Pressure Ulcers - A Practical Guide for Review**' was undertaken by the HSE. MRH and OLHN were both pilot sites chosen to use this guidance document to assist review decision making and align with the HSE Incident Management Framework 2018. Both are due to be launched in Q1 2018.

Falls Prevention programmes continue to evolve and strengthen across the Group, with the formal launch of the 'Service User – Falls - A Practical Guide for Review' due in Q1 2018. This will provide a comprehensive approach to reviewing falls which is also aligned to the HSE Incident Management Framework 2018.

Regarding **Quality and Safety Performance Monitoring and Reporting**, IEHG continues to work with the Acute Hospitals Division in relation to the publication of monthly Hospital Safety Statements. Proposed work will begin in 2018 at a national level to review these indicators.

IEHG continued to improve overall response to safety incidents through the streamlining of processes and systems for managing, investigating, reviewing and learning from incidents, in collaboration with AHD and QAVD.

IEHG continues to enhance openness and transparency in all engagements around adverse events, ensuring a culture of open disclosure is embedded across all services.

Children First

The IEHG Children First Implementation Committee continued to work on key objectives to enable implementation of the legislation in early 2018:

- a) Child Safeguarding Statement in place and displayed in all hospitals
- b) Risk assessments are undertaken at hospital and Group level
- c) Compliance with Children First eLearning module requirements

Complaints

As part of the complaints process, in 2017 IEHG conducted 26 reviews under Your Service Your Say, with the majority of these now closed.

HIQA site visits

Throughout 2017, hospitals within the group underwent HIQA site inspection visits in relation to the following:

Announced inspections of medication safety took place throughout the year, with the lines of enquiry aligned to HIQA's National Standards for Safer Better Healthcare:

- Governance & risk management
- Audit & evaluation
- Medication safety support structures and initiatives
- Person-centred care
- Policies procedures & guidelines and access to information
- Training & education
-

HIQA inspection site visits 2017	
Announced Medication Safety Visits	SVUH, SLK, MRH, RVEEH, Cappagh, NMH, SCL, SMH

Unannounced site visits also took place in 2017 of the monitoring programme undertaken against the National Standards for the prevention and control of healthcare associated infections in acute healthcare services. The aim of this revised monitoring programme is to assess aspects of the governance, management and implementation of designated programmes to prevent and control healthcare-associated infections in hospitals.

HIQA monitoring site visits 2017	
Unannounced IPC HCAI Visits	WGH, SMH, SLK, MMUH, OLHN

Each hospital has reviewed their published report and developed improvement plans to address highlighted issues and measure progress to full compliance of the underpinning national standards.

Plans for 2018

- Finalise the Group QPS Strategy
- Deploy the strategy into the Group
- Build capacity and capability within the QPS Directorate at hospital and Group level
- Embed a culture of safety
- Agree QPS Indicators that will support the strategy goals and aims, aligned to national indicators
- Develop the Complaints Managers IEHG Network Forum

Integrated Care

Dr. Ronan Fawsitt, Group Director of Integration



The future direction of healthcare in Ireland is outlined in the *Sláintecare Report*¹, published in May 2017. The main features are as follows: the journey involves a shift to more medical care being provided in the community through Transitional Funding. An enhanced General Practice will be central and it is critical that the business relationship between GPs and hospitals be strengthened. A growing and ageing population requires a shift in thinking and activity by all providers. Prevention and management of chronic disease through Population Health Management (PHM) will be prioritised in the community through pro-active care of risk-stratified groups and the careful navigation of patients through both primary and secondary care.

Sláintecare articulates clearly the need for general practice and hospitals to develop a partnership focus on integrated care and PHM. The alignment of HGs and CHOs will also be required. Transitional funding is essential to assist the decisive shift to primary care. It is acknowledged that the transition to more care in the community cannot happen in a funding vacuum. There will need to be ring-fenced funding for specific projects and systems that assist PHM and integrated care.

A second HSE-commissioned Report in 2017, *A Future Together, Building a better GP and Primary Care Service*² outlines the need to develop a team-based approach to integrated care.

It is clear from both these reports that IEHG should move towards a partnership system of care for its population which is aiming to achieve the quadruple aims of healthcare:

1. Better Care
2. Better Outcomes
3. Lower Cost
4. Greater satisfaction for staff and patients

It is now accepted that integrated care requires a shift from the medical silos to team-based care and effective partnerships between all care-providers and patients. The critical first step is building contact and trust between all providers. The next step is population mapping. Knowing who the patients are, where they live, and what challenges they face (for example: young, old, deprivation, homelessness, chronic disease, substance misuse) are critical determinants to what services are needed locally and regionally. This is the rationale for PHM and demonstrates why General Practice/community has the key role.

These principles of partnerships and team-building were further developed in IEHG during 2017 through a number of structured engagements and projects.

1. **COMMUNITY CHO PARTNERS:** The Community Integration Programme of IEHG (Framework 6) began to develop links with its community CHO partners through regular scheduled meetings held at Loughlinstown. This process continues to grow and strengthen.

2. **GENERAL PRACTICE:** Relationships with GPs are being developed through the Local Integrated Care Committee (LICC) process with structured meetings being held monthly at Carlow/Kilkenny, Loughlinstown, Wexford and Mullingar. Navan also began its own LICC during 2017. There are also active GP-Hospital liaison meetings at SVUH and MMUH.
3. **SPECIFIC PROJECTS:** Projects that support integration are being developed e.g. Hepatitis C community programme and Community Ophthalmology services in Ballinteer Health Centre and SCH.
4. **HEART FAILURE:** The Virtual Clinic Project for Heart Failure demonstrates how GPs, hospitals and the community-based Clinical Nurse Specialist can work together to reduce hospital reliance and provide quality care close to the patient's home. This has reduced the need for patients to travel for care. Data from the project shows that ED/AMAU attendances for this cohort are reduced by 90%, while OPD referrals are reduced by >50%. It is intended to further strengthen the VC in Carlow/Kilkenny and the East Coast region (South Dublin/ Wicklow/North Wexford) and then develop a service in North Dublin at Navan and MMUH.
5. **PATIENT FLOW:** The Winter Capacity Plan 2017 was a successful project that grew out of Framework 6, through active engagement between managers in SVUH, SCH and CHO 6 over the New Year period. The project improved patient flow into and out of hospital during critical weeks and helped minimise the worst effects of the trolley crisis in 2017. The 2018 Winter Plan, based on key learnings from last year, is currently being developed.
6. **FRAILITY:** Managing FRAILITY is a strategic priority of IEHG. The GEMS project, which began in SLK, relies on close collaboration with community partners in CHO 5. The combination of early triage for frailty and rapid access to Comprehensive Geriatric Assessment has reduced admissions and length of stay. The project's success also relies on early access to community services and packages. It is an example of effective integrated care that can scale within the group.

During 2017, an IEHG / CHO Forum for Joint Working and Strategy was also established at the instigation of our Group CEO.

Overall, IEHG has continued its journey towards more integration through structured engagement of stakeholders and through specific projects that have the potential to scale. This is the main principle behind the IEHG journey during 2017. It will also inform the journey for 2018. We must think and work differently in healthcare, given the demographics and growing demand. Only by working together can we hope to succeed. The journey therefore continues, and while the destination is now clear, the availability of Transitional Funding for innovation and integration will be the determinant of the speed of travel.

¹ Sláintecare Report. <https://www.oireachtas.ie/parliament/media/committees/futureofhealthcare/Oireachtas-Committee-on-the-Future-of-Healthcare-Slaintecare-Report-300517.pdf>

² A Future Together-Building a Better GP and Primary Care Service
<https://www.hse.ie/eng/services/list/2/primarycare/gp-and-primary-care/a-future-together.pdf>

Clinical Service Redesign Programme

Kevin O'Malley – Group Joint Clinical Director (with contributions from Nóirín Bannon and Ann Donovan)



Promoting Service Innovation & Challenging the Way Services are Organised

In line with IEHG Strategic Goals 2015 - 2018 to transform clinical services across the Group to meet community and population needs, a number of programmes were developed in 2017 to increase links between Our Lady's Hospital Navan (OLHN) and the Mater Misericordiae University Hospital (MMUH). Each is underpinned by patient safety and ensuring a high quality of care is delivered in the most appropriate setting in a timely, effective, and efficient manner.

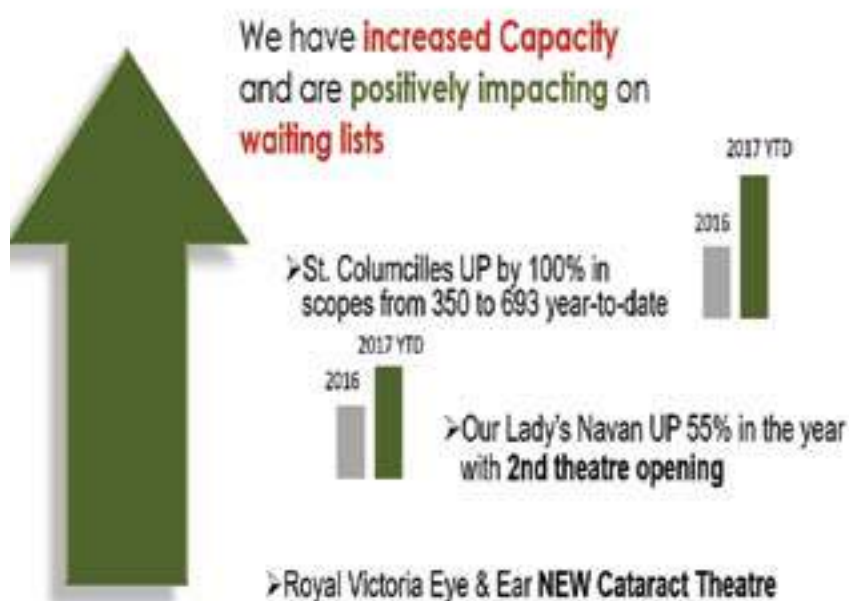
Our Lady's Hospital, Navan

Workflows via the **IEHG Our Lady's Hospital Navan (OLHN) Working Group** continued at a pace ensuring the provision of appropriate patient services to meet local population needs. Close collaboration with internal and external stakeholders including the HSE, DOH, Local Integrated Care Committee and National Ambulance Service continue. The Theatre Utilisation Working Group, representing both sites was very proactive - between January to November 2017 a total of 316 cases were carried out in the OLHN by MMUH surgeons i.e. 108 hepatobiliary, 108 colorectal, 69 gynaecological, 17 plastic cases and 14 vascular cases. The relocation of the pre-assessment clinic is a work in progress. The newly set up Local Integrated Care Committee is evolving appropriate GP pathways.

St Columcille's Hospital, Loughlinstown

This Working Group is built on the work undertaken by IEHG to develop a **new operating model for St Columcille's Hospital (SCH)** working in collaboration with St Vincent's University Hospital (SVUH). Considerable work was undertaken by both hospitals throughout the year to transfer clinically appropriate day services to SCH. Since January 2017, a total of 448 (gastrointestinal, pain management, endoscopy and urology) cases were carried out by SVUH surgeons in St Columcille's Hospital.

Theatre Productivity



IEHG Ophthalmology Service Review Group

In 2017, the **IEHG Ophthalmology Service Review Group** provided an oversight for Ophthalmology across the Group with a view to promoting best-in-class pathways/models and improved patient care.

IEHG Orthopaedic Service Review Group

November 2017 saw the launch of the Irish Hip Fracture Database National Report 2016. A variety of workflows within the **IEHG Orthopaedic Service Review Group** continued in 2017, including OPD and waiting lists being key areas of focus in addition to looking at MRI additional capacity and alternative pathways.

Paediatric / Neonatal Services

It is imperative that IEHG is prepared and able to embrace changes in response to the reorganisation of **paediatric / neonatal services** in Ireland following the establishment of Hospital Groups, the Clinical Care Programmes and the development of the National Paediatric Hospital. The evolution of IEHG models of care for paediatrics / neonatology, aligned with a strategy to realign pathways, is at an embryonic stage.

IEHG Critical Care Working Group

The **IEHG Critical Care Working Group** continued to provide clinical strategy and clinical operational input to develop and strengthen critical care provision and operations to meet the needs of the critically ill patients presenting across the Group. In October 2017, via the Critical

Care Programme, a survey looking at critical care capacity and a workforce census was undertaken.

IEHG Chief Pharmacy Service Review Group

The **IEHG Chief Pharmacy Service Review Group** continues to evolve an IEHG pharmacy programme and explore areas for collaboration.

IEHG Weight Management Programme

The **IEHG Weight Management Programme** (WMP) is delivered by St. Columcille's Hospital (SCH) and St. Vincent's University Hospital (SVUH). This is one of only two weight management centres nationally. The medical (conservative) programme continues to be delivered in SCH while the surgical programme has transferred from SCH to SVUH. A multidisciplinary working group was established to oversee the expansion of access to both the weight management and the bariatric surgery services. In August 2017, a new consultant surgeon with specific focus on bariatric surgery was appointed to SVUH /SCH to oversee the development of an expanded surgical programme. The group submitted a business case to the HSE to significantly increase surgical capacity for 2018.

Joint Vascular Rota between the MMUH and SVUH

Discussions are ongoing regarding evolving a **Joint Vascular Rota between the MMUH and SVUH**. It is envisaged that in February 2018, a Joint Vascular Rota between the MMUH and SVUH will commence. This service will include emergency presentations to both hospitals and the National Maternity Hospital.

IEHG Venous Thromboembolism (VTE) Service Review Group

In 2017, against the backdrop of the 3rd Annual International Thrombosis Conference (VTE Dublin) taking place, the **IEHG Venous Thromboembolism (VTE) Service Review Group** focus continued to promote evidence-based care pathways for the prevention, diagnosis and treatment of VTE. To facilitate insight into thrombosis, work flows included an IEHG survey regarding the current use of VTE and bleeding risk assessment tools. While at an embryonic stage, discussions in relation to diagnostic pathways and emergency / outpatient management continue to evolve.

As a result of the Service Review Group's work, comprehensive VTE data has been published for the first time in Ireland pertaining to an Irish hospital group and represents the first step towards improved capture and auditing of VTE data at hospital-group level.

IEHG Profile Summary Dashboard

In 2017, the IEHG Profile Summary evolved from a paper-based initiative to being uploaded to POWER BI.

Nursing Service

Ann Donovan, Group Director of Nursing & Midwifery



2017 was a busy year for the nursing service in the Ireland East Hospital Group.

In May, we held our second Nursing Symposium in the beautiful Iveagh House on St. Stephen's Green, Dublin. The presentations were excellent and the feedback from the event was particularly positive and encouraging. The concept and the day work very well and it continues to be an ideal forum to highlight all the excellent initiatives being undertaken by nursing staff across all 11 sites.

This year we were very pleased to welcome Dr Mary Collins as our key note speaker. Dr. Collins is a coaching psychologist who has been working in the Leadership Development/Talent Management field for over 15 years. Dr. Collins's focus for our symposium was on the psychological contract of 'Generation Y' professionals to enhance performance and engagement levels. Her address was enlightening and very relevant to the nursing profession.



Dr Mary E. Collins (centre) with IEHG management and nursing and midwifery staff

Our participation in the pilot Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in adult hospitals continues in St Columcille's Hospital. The final report of this scheme will be launched by Dr Siobhan O'Halloran, Chief Nurse in the Department of Health, in early 2018. The pilot has now been rolled out to all wards in St Columcille's and the benefits for both patients and staff are clearly visible. This has been an excellent pilot scheme and I wish to thank all the staff for their participation and support in collecting the data and making the scheme such a success.

2017 also saw the commencement of the Advanced Nurse Practitioner initiative from the Department of Health. This initiative is developing a critical mass of advanced nurse practitioners which will have a significant impact on service delivery. The Ireland East Hospital Group were fortunate to receive 23 of these positions. Our academic partner University College Dublin (UCD) commenced the education component of this initiative in September.

Our vision is to develop networks of expertise across the Group and to date we have the complete support and backing of all the consultant bodies. The opportunities for nursing research on account of this initiative are sizeable.

Hospital	Number of ANP posts	Speciality
Our Lady's Hospital, Navan	2	Rheumatology
St Vincent's University Hospital	2	Rheumatology
Our Lady's Hospital Harold's Cross (cross-site service with SVUH)	2	Rheumatology
St Vincent's University Hospital	2	Older Persons
Wexford General Hospital	2	Older Persons
St Michael's Hospital	1	Older Persons
St Columcille's Hospital	1	Older Persons
Mater University hospital	3	Older Persons
St Vincent's University Hospital	3	Unscheduled Care
St Michael's Hospital	1	Unscheduled Care
Mater Hospital	1	Unscheduled Care
St Luke's Kilkenny	1	Unscheduled Care
St Michael's Hospital	2	Respiratory

Directors of Midwifery were appointed in two of our Model 3 hospitals namely St Luke's General Hospital, Carlow/Kilkenny and Regional Hospital Mullingar. An interim post is in place in Wexford which we hope to fill in early 2018.

Recruitment and retention were never far from our thoughts and as a Group we attended several recruitment fairs throughout the year with moderate success. Our areas of difficulties continue to be the specialist areas such as ICU and Emergency Department.

Cancer Clinical Academic Directorate (CaCAD)

Prof Risteárd Ó Laoide – Cancer CAD Executive Director & Joint Group Clinical Director



Strategic Areas of Focus

The creation of the Cancer Clinical Academic Directorate (CaCAD) is part of a wider transformation of the hospital group into an Academic Health Science Centre that provides comprehensive, integrated care services for our catchment population along with the rapid translation of cutting-edge research and innovation into measurable gains for patients. The Cancer Clinical Academic Directorate's mission is to:

“Deliver the best cancer care for patients through high quality, integrated care, advanced clinical research and ultimately the delivery of personalised diagnosis and treatment to patients”. We want to become the largest, most influential and innovative cancer centre in the country, one that sets new standards for cancer research and patient care. To achieve this, we have selected 6 strategic areas of focus:

- **Single Cancer Centre:** Deliver a single cancer centre, operating across two sites, functioning as an integrated, dynamic academic directorate that provides unified care and leverages the strengths of individual hospitals to provide improved care for patients.
- **Shaping the Healthcare Environment:** Leverage our unified clinical capability, the scale and quality of the cancer services and the importance of our cancer research to develop sound, evidence-based recommendations that shape and inform the national agenda on cancer care. Build influential local relationships with other cancer centres and international peer relationships that support the development of strategies and policies for cancer care.
- **Research:** Transform our clinical and translational research activities into a 10-year focused, outcome driven research capability with a clear focus on long term planning, targeted investment, and re-alignment of current services to meet the vision of the clinical academic directorate.
- **Precision Medicine/Genomics:** Bring the benefits of an integrated genomics service to provide care that is tailored to individual patients' needs. Utilise this capability to drive research and innovation that rapidly translates benefits to patients.
- **Education & Training:** The Cancer Clinical Academic Directorate will focus on improving the skills of all health professionals dealing with cancer patients and shorten the time needed to transfer knowledge from research to daily practice.
- **Philanthropy Programme:** Establish a philanthropy programme, ensuring strategic alignment of funding priorities, that enables the Cancer Clinical Academic Directorate achieve its strategic objectives of providing the best cancer care available and rapidly translating research into patient benefits.

National Cancer Strategy 2017-2026

The National Cancer Strategy 2017-2026 was launched on 4 July 2017. The strategy is a significant body of work that encompasses prevention, diagnosis, provision of care, the patient's voice, measuring performance, quality and outcomes as well as change planning, research and education. The National Strategy has made 52 specific recommendations within its report. The CaCAD completed a review of our strategic areas of focus to ensure alignment with the National Strategy. The key areas of focus of the National Cancer Strategy are:

1. Prevention & Screening
2. Early diagnosis, getting the diagnosis right
3. Model of Care, Comprehensive Cancer Centre (CCC) and getting the treatment right
4. Safe, high quality, patient-centred care and patients involvement/experience

IEHG Strategic goals revised in line with this are:

Strategic Area	Objectives/Programmes
Precision Medicine – Screening/prevention, early and correct Diagnosis	Provide a structured Genomics Service comprising of a Molecular Diagnostics Laboratory, Bioinformatics Service and an Adult Clinical Genetics Service
Single Comprehensive Cancer Centre – Model of care & getting the treatment right	Initiate Comprehensive Cancer Centre OECl (Organisation of European Cancer Institutes) accreditation programme Implementation of Cancer Operations groups at both cancer centres Management of Tumour groups across IEHG to align teams and streamline services. Standardisation and management including reporting of Cancer data for the Group.
Research & Innovation	Re alignment of Clinical Research at both cancer centres and UCD Biobanking Early Phase Clinical Trials Unit (EPCTU) feasibility Robotic Assisted Surgery (RAS) Programme
Education & Training	Visibility to and coordination of postgraduate education related to Cancer across the Group

CaCAD Highlights in 2017

Single Cancer Centre/Shaping the Healthcare Environment:

The focus for the CaCAD in 2017 was to initiate building an integrated partnership between the cancer centres to deliver a cancer service operating across IEHG. Progress was made in the following areas to help achieve this objective.

- **Tumour Groups:** The purpose of the Tumour Groups is to bring the teams working on the individual cancer specialties across IEHG together, aligning to the IEHG CaCAD directorate structure. The following is a list of the Tumour Groups which were formed in 2017:
 - Head & Neck
 - Urology
 - Gynae Onc
 - Lung
- The following Tumour Groups will be formed early in 2018:
 - Breast
 - Skin
 - Colorectal
 - Hepatobiliary
- **Data Management Sub Group:** The CaCAD wants to ensure that it is providing the highest quality of care for cancer patients and wishes to benchmark itself against the best international centres. To achieve this goal, we require good robust anonymised data to measure our performance and to guide improvement in the quality of care delivered. The Data Management Steering group was established in early 2017 and an additional two workstreams were defined working to deliver the following:
 - Data Sets – Define Data sets across the IEHG for each cancer type. Head & Neck data was identified as initial data set to be used to prepare a proof of concept Dashboard.
 - Data Governance – Sub Group meeting to review requirements and implement a clear data governance structure between the two cancer centres and across IEHG.

A number of Proof of Concept dashboards were also created on Power BI, for example: a “sample” General Cancer dashboard and a Head & Neck Cancers Dashboard. Additional indications will come on stream as data sets are further agreed and defined by the local cancer operations groups and Tumour Groups.

- **Cancer Directorate Operations Teams:** Agreement was reached to set up local Cancer operations teams in both the Mater and St Vincent’s University Hospitals that will function as the operations mechanism for the Cancer Directorate in the hospitals.
- **Comprehensive Cancer Centre (CCC):** Aligning with the National Cancer Strategy’s indicated move towards comprehensive cancer centres, a review of the CCC accreditation process was completed. Accreditation is achieved through a registration and assessment process with the Organisation of European Cancer Institutes (OECI). Initial approval to proceed was received from the IEHG Executive team, UCD management and the Mater & St. Vincent’s senior hospital management.

Research

The CaCAD wants to transform our clinical and translational research activities to bring scientific discoveries into clinical application quicker and to overcome barriers in translating knowledge into practice. To achieve this goal, we need to pool our clinical trials resources across hospitals and develop an appropriate infrastructure (especially around key personnel areas).

An IEHG Research Sub Group with representation from MMUH, SVUH and UCD was formed to review, coordinate and define future Research across the IEHG in the following key areas:

- Biobanking function including a governance structure for the institutions within IEHG.
- Clinical Trials in Cancer
- Potential Early Phase Clinical Trials Unit (EPCTU) research unit. A report was commissioned with an independent consultant in October on the feasibility of an EPCTU within IEHG. Initial findings were presented in December 2017 with the final report due for publication in January 2018.

Precision Medicine/Genomics

Genomics Precision cancer medicine will become a greater part of individual patient's treatment journey, with every patient having their own personalised cancer pathway, from early diagnosis and screening, through genomic analysis of their cancer, to state-of-the-art treatment/clinical trials. The IEHG/CaCAD wants to bring the benefits of an integrated genomics service to tailored individualised care and utilise this capability to drive research and innovation that rapidly translates benefits to patients.

It was agreed at the July Executive Cancer Committee that Genomics should become a separate Directorate. It will be set up as a Clinical Services Academic Directorate and will manage the genomics services for the group. The MMUH Sequencing Laboratory was launched in September with funding for the Illumina Next Generation Sequencers provided by Shabra charity. In addition, it was also approved that somatic tumour sequencing will commence in SVUH facilitated by the acquisition of an Ion Torrent sequencer.

Education & Training

The Education sub group was formed in 2017 including representation from each of the cancer centres (MMUH & SVUH) and our academic partner UCD.

The initial goal was to prepare an inventory of courses in the area of oncology which had taken place in 2016. Data was gathered from the relevant stakeholders and an analysis of the data collated (2016 and first 6 months of 2017) was completed and reviewed with the sub group. Next steps and proposed future strategy were discussed and will be presented to the CaCAD Executive Management Team for approval. Following this the team will define a process to capture and coordinate this educational activity going forward across the Group.

Robotics Assisted Surgery (RAS)

In line with the Cancer CAD's strategic goal to advance innovation in cancer care, the first robotic surgical procedure in St Vincent's University Hospital was performed in October 2017 by Consultant Urologist Barry Maguire. This is the first public robotics programme of its kind in Ireland.

Other

CaCAD team: Expansion of CaCAD team to include a Programme Manager in July 2017.

Organisation Development & Change

Paula Lawler, Strategic Director of Organisation Development & Change

Organisational Development Strategy



2016 was recognised as a 'Year of Establishment' for IEHG during which time strong working relationships and leadership evolved at executive level in the Group and across the leadership of our eleven hospitals. This establishment and consolidation of the Group leadership provided a sound basis from which the Group and our eleven hospitals could really focus on the future development of the Group from 2017 to drive us towards our collective vision to become an Academic Health Science Centre by 2020.

To progress this agenda and to meet our collective vision for the Group, Paula Lawler was assigned to a new role of Strategic Director of Organisation Development & Change on the Executive Management Team at the end of January 2017. Prior to this Paula held the position of HR Director for the Group.

A key priority in 2017 was to develop and ensure the implementation of the Group's Organisational Development (OD) Strategy, which will provide a critical pathway to implement our clinical and corporate priorities and underpins a comprehensive action plan agenda. The purpose of this strategy is to ensure that the Group continues to develop and deliver high quality, safe and effective care to our patient population, while at the same time preparing the organisation to ensure it has the capacity to meet the clinical, organisational and financial challenges that lie ahead on our journey to becoming an Academic Health Science Centre.

Our Mission, working with UCD, is to become the national leader in healthcare delivery with a strong international reputation improving the quality of healthcare through education, training, research and innovation. Our OD Strategy seeks to support our Group Mission and is underpinned by the following objectives:

- To deliver consistent high quality safe care across our eleven hospitals putting the patient at the centre of everything we do
- Through rigorous management, and in the interests of patient care, the Group will optimise its position of having the greatest number of national specialties and the most complex range of services
- Develop a best-in-class talent workforce that is engaged and committed and continuously challenges and drives Group and System functioning and advancement
- Re-organise, rationalise, expand, develop, transform and integrate clinical services across the Group to meet and exceed community and population needs and expectations at catchment, regional, supra regional and national levels. This will be done through the development of Clinical Academic Directorates and working in close collaboration and cooperation with our primary and community partners to develop an integrated model of care across the continuum of care.

- Develop the Group as the most technologically advanced entity in the Irish health system to comparable best-in-class international peer status
- Develop a best-in-class quality and safety culture around patients and associated services across the Group
- To provide real time information on hospital services

Key to delivering on our strategic ambitions for the Group is the willingness of our staff to engage in this significant change management programme which will see Clinical Service Reconfiguration and Redesign to meet the current and future needs of our patients. Essential to the implementation of our strategic objectives is the work of the newly established Transformation Office for Change. This work will be instrumental in building leadership and staff engagement across the Group to ensure the successful delivery of our strategic objectives, while at the same time ensuring the successful development and continuous growth of both the Group and each individual working in the Group.

Recognising the significant experience and talent that already exists across our eleven hospitals, the OD Strategy has been aimed at identifying and developing the best from existing OD initiatives. This will ensure we can deliver the necessary changes, drive forward our strategic ambitions, including securing independent status and autonomy, while achieving our core purpose of supporting staff to delivery high quality, safe and effective care to our patients in the most appropriate setting.

Organisational Structure Assessment – Statutory Hospitals

The appropriate governance and management structure of our hospitals is essential to ensure each hospital has the capacity and capability to meet the current and future clinical, organisational and financial challenges thereby enabling the development and delivery of the highest quality, safe and effective care to the patient population served.

To examine the current capacity and capability at hospital level an initial organisational structure assessment of all five IEHG Statutory Hospitals was undertaken during 2017 and the findings were presented to the IEHG Executive.

Model 3 Hospitals

Following consideration by the IEHG Executive Team, it was agreed that the main focus of this initial assessment should be placed on the reorganisation of the Hospital Management and Governance Structure at Mullingar Hospital which was undertaken during 2016 following the appointment of the new General Manager in December 2015. A new organisational structure was implemented in 2016 and 2017 following an extensive review of the Corporate and Clinical Governance structures operating at the hospital, with agreement reached on the optimal structure required to ensure the hospital could provide for the current and future service demands being placed on the hospital system.

Changes introduced in Mullingar during 2016 and into 2017 included the development of three Clinical Directorates - Peri-Operative; Medicine/ED; and Women and Children, with a Clinical Lead

and Business Manager appointed to each Directorate. The Quality, Risk and Safety structures at the hospital were also strengthened through the appointment of a Quality and Patient Safety Manager, Risk Manager, and a Facilities and Safety Manager. Corporate Services were also developed with the appointment of a HR Manager and the enhancement of the Consumer and Legal Affairs Department.

In addition, the General Management structure at the hospital is now supported through the development of two essential supporting senior executive roles, namely Operations and Clinical Services Manager, and a General Services Manager. As support to the General Manager (GM), each senior role takes a lead in either Unscheduled or Scheduled Care and provides on-call out of hours cover and deputising for the GM when required.

The successful restructuring of the management structure in Mullingar resulted in minimal increases in overall staffing levels as all appointments and developments were introduced within existing resources. Staff at all levels throughout Mullingar Hospital have embraced these changes and this has resulted in stronger operational management and control, enhanced clinical governance, improved communication, efficiencies, productivity and most importantly improvement in the services provided for patients.

As this new organisational structure in Mullingar demonstrated significant improvement to operational capability and service delivery, the implementation of a similar structure is being considered for our other two Model Three hospitals, namely St Luke's General Hospital, Carlow/Kilkenny and Wexford General Hospital.

Leadership Development

IEHG Future Leaders Development Programme

The ultimate success of our ambition to be the national leader in healthcare delivery on our transformation journey to becoming an Academic Health Science Centre requires the leaders in our Group to demonstrate excellence in their skills and abilities to deliver the necessary changes through the people they lead, drive forward our strategic ambitions and deliver on our core purpose of supporting our employees to deliver high quality, safe and effective care to patients across all our hospitals.

To ensure our current and future leaders are supported to deliver on our Group ambitions, arrangements were made in 2017 to deliver an IEHG Future Leaders Development Programme, which commenced in February 2017. In partnership with the RCSI Institute of Leadership, the Programme was developed through an agreed Competency Framework and a programme of co-designed interventions. Thirty managers representative of all hospitals in the Group were selected and invited to participate by our Group CEO. Twenty of those invited on the Programme accepted the invitation to participate. In an effort to promote and strengthen integrated care pathways across primary, community and acute services, and to further build on our goal to develop and deliver services through an integrated healthcare model, invitations were extended to the CHO Chief Officers to nominate two managers each from their teams to join our Future Leaders Programme. This resulted in three managers from the four Community Healthcare Organisations in the IEHG geographical area participating in the Programme.

The Programme consisted of the following five Modules completed over nine days from February to September:

- Programme Co-design and Orientation
- Leadership & Managing Self
- Leadership & Managing the Service
- Leadership & Managing Strategy
- Forum – Projects and Presentations

The final Module provided an opportunity for the participants to present their strategic project to members of the Executive Management Team (EMT). All presentations demonstrated the enhanced leadership knowledge and skills gained during the Programme and how all participants had embraced the opportunity to build networks with colleagues and peers, which is testament to their personal ability to rise to the challenge and be successful. Members of the IEHG Executive Management Team were inspired by the dedication and engagement shown by all who participated in the Programme and acknowledged all the hard work and resilience demonstrated in completing the Programme in such a challenging year for all. The EMT look forward to continuing to support all our leaders to strengthen our combined strategic decision-making skills and further enhance our collective leadership, performance and general management competencies.

Feedback on the Programme from those who participated overwhelmingly agreed that they had increased their leadership knowledge and skills, that they could easily apply learning to the workplace, that there was a good amount of activity-based learning, and that there were good opportunities for networking with colleagues.

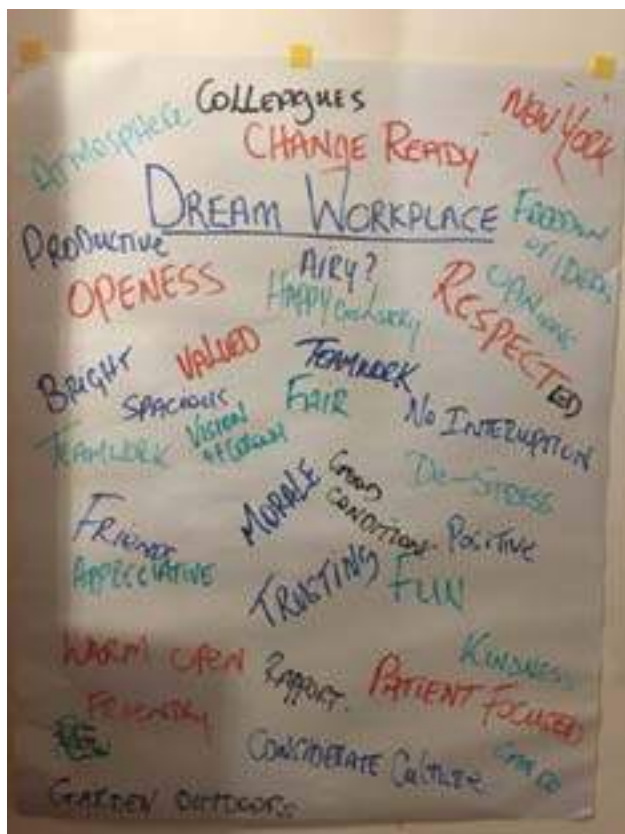
The following five Strategic Projects were undertaken as part of the Programme:

- Service and Business Planning
- European Working Time Direct (EWTD) – are we there yet?
- A Wicked Project in a VUCA World (VUCA = Volatility, Uncertainty, Complexity & Ambiguity)
- Integration between Primary and Secondary Care: LICCs
- Benefit of Optimal Senior Decision Makers (SDM) in EDs in Level 3 Hospitals in the Ireland East Hospital Group

More information on the Programme, including the team participants on each project and a copy of each group poster presentation, can be accessed via the following link :

<https://instituteofleadershiprcsi.cld.bz/HSE-IEHG-Future-Leaders-Development-2017>

Employee Engagement – ‘GREAT PLACE TO WORK’



To further develop a Leadership and Staff Engagement Model across the Group, a tender was issued in Autumn 2016 seeking external support to assist with the development of a robust model to increase staff engagement and trust levels. The main objective was 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. On 13 January 2017, John Ryan, the CEO of the GPTW, presented at the CEOs/GMs Forum giving details on the process involved and the outcomes anticipated. Following this meeting, contact was made by the GPTW with all eleven hospitals in the Group to arrange to meet with each CEO/GM and their management teams so the process could be explained, discussed and explored to ensure it

met the needs of each hospital.

During 2017 most hospitals in the Group engaged with the GPTW and held their initial meeting with their Senior Management Team.

St Columcille's Hospital was the first hospital to engage with the GPTW and held their Senior Management Team meeting on 14 February 2017. Following the meeting, 'Team Training' was undertaken and the Staff and Culture Survey was conducted over the summer period. Mullingar, Wexford, Navan and St Vincent's have also progressed to team training and Mullingar completed their Staff and Culture Survey towards the end of 2017. Plans to conduct the Staff and Culture Survey in St Vincent's, Wexford and Navan in early 2018 are in progress.

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.

IEHG Nurse Bank

The establishment of a Nurse Bank that operates across IEHG for all hospitals in the Group has been a key priority for IEHG. Difficulties providing an IT enabled system, the issuing of employment contracts and payroll implementation have all been met as barriers to implementation.

During 2017, IEHG was successful in obtaining ICT Innovation funding to develop an APP which is used to alert staff to the availability of a shift on the Bank. This APP was successfully trialled in the Mater Hospital Nurse Bank during 2017 and further work will be undertaken in 2018 to make this facility available across the Group through the IEHG Nurse Bank.

The challenges identified regarding employment contracts and payroll implementation have now been resolved with the agreement and co-operation of the HSE Health Business Services. The IEHG Nurse Bank will be established during 2018 through the development of a Nurse Bank Office in IEHG under the direction of the Group Director of Nursing, with assistance from the Group HR Director.

Communications

The overarching aim of our Communications Department in 2017 was to raise awareness amongst the 11,000 plus staff in IEHG of the vision and mission of developing the Group into an Academic Health Science Centre. We also examined new ways to share information and showcase some of the great work being achieved by our hospitals across the Group. It was important to the Communications office that we highlight the great work being done in our hospitals on National initiatives such as *Healthy Ireland* and the *National Patient Experience Survey* as well as the vast amount of ongoing work on the implementation of Lean methodology under the expert guidance of our Service Improvement Team.

The development and implementation of our digital platforms which include the eZine, website, social media, e-Shots for Group broadcast, along with more frequent CEO and Group newsletters, were key priorities in achieving our goal of increasing awareness of the Group and highlighting the invaluable work being done by each of the hospitals and staff.

In July of 2017 we welcomed a new member to the Communications Team, our Digital Content & Communications Officer, Muireann Leonard.

e-Zine Evolution

In 2017, our weekly e-Zine *Fusion Friday* underwent a redesign. This was necessary to fit the growing number of monthly contributions from the Group and our 11 hospitals. We also needed to think to the future and how we could best link important stories to our website and other digital platforms.

The eZine continues to provide an important communications medium for staff, hospitals, our Academic Partner UCD and the Group Executive team to share the great work being done across our hospitals. In 2017 we were delighted that our readership reached over 5000. Our staff and healthcare partners, including the wider HSE, other Hospital Groups and the Department of Health viewed and shared *Fusion Friday* amongst their colleagues and we have received positive feedback on the changes and hundreds of important stories, conferences and events shared.

During the year, work was undertaken to develop an e-Shot to promote conferences, symposiums and other important events and announcements outside the normal publication of *Fusion Friday*. The e-Shot allows events and important notifications to stand out from standard emails and provides the opportunity and flexibility to get important information, save-the-date or event notices communicated quickly and easily to all employees.



Highlights:

- New look e-zine launched in November 2017
- Re-designed to mirror visual of new website and to create consistency across our communications channels
- Received 5,733 total views in launch month. Importance of forwarding it on to staff.
- Vital tool for engaging staff with news that matters to them and promoting brand awareness

Website

We were delighted to launch our IEHG Website www.iehg.ie in December 2017. The IEHG website provides the Group with a global presence and enables us to connect with and inform a greater number of staff and patients. The IEHG website helps us to share important information about the Group, our Hospitals and our Academic Partner UCD.

The website has the ability to advertise our own jobs, promote innovative research, training and educational opportunities and share our journey and progress through publications, reports and research findings. In the first 30 days to the end of December 2017, we achieved a significant interest in the new website with over 1500 unique views in that short period.



Information includes:

- Information on Who We Are & What We Do
- News & Events
- Our Hospitals
- Group Jobs
- Group Publications & Reports
- Social Media Integration

Coming in 2018:

- Hospital Information Pages
- Service Improvement Initiatives & Successes
- Healthy Ireland

We were pleased with the positive feedback from those who have engaged with the website so far and we look forward to building on functionality and information in the coming year. It is our ambition to evolve the IEHG website into an important resource for our patients, staff and everyone who visits it.

Group & Hospital Events

Our Communications Team was involved in a number of hospital events throughout the year, including our first two Regional Townhalls held in Wexford General Hospital and Regional Hospital Mullingar.

These two Townhalls provided the Group and our CEO with an opportunity to discuss the IEHG Strategic Framework Programmes and introduce our Clinical Academic Directorates as well as outlining our vision of becoming an Academic Health Science Centre. Participants at these events

had the opportunity to ask questions and find out more about our Group programmes such as Service Improvement and the implementation of Lean methodology across the Group.

Hospital Event and Group highlights were:

Mater Hospital

- Direct Oral Anticoagulants (DOAC) Therapy Booklet Launch
- Next Generation Sequencing Laboratory – Shabra Charity
- Venous Thromboembolism (VTE) Conference
- #EndPJParalysis Campaign

St Vincent's University Hospital

- ENETS Centre of Excellence Award in Neuro Endocrinology to St Vincent's University Hospital

Regional Hospital Mullingar

- Townhall Launch & Media Engagement

HSE Engagement

- Communications Network/HSE Update on Guidelines & Case Studies
- Standardised Photography Protocols
- Staff Flu Vaccine
- Promotion of Group Injury Clinics

CHO 6 – Workstream

- Connecting for Life Workstream

Branding

Work was undertaken during 2017 to redesign the IEHG logo to be clearer, adhere to Irish Language guidelines and have a more professional high resolution to ensure that its usage on all Group and Hospital communications, including letterhead, emails and presentations, was recognisable and known to our staff.

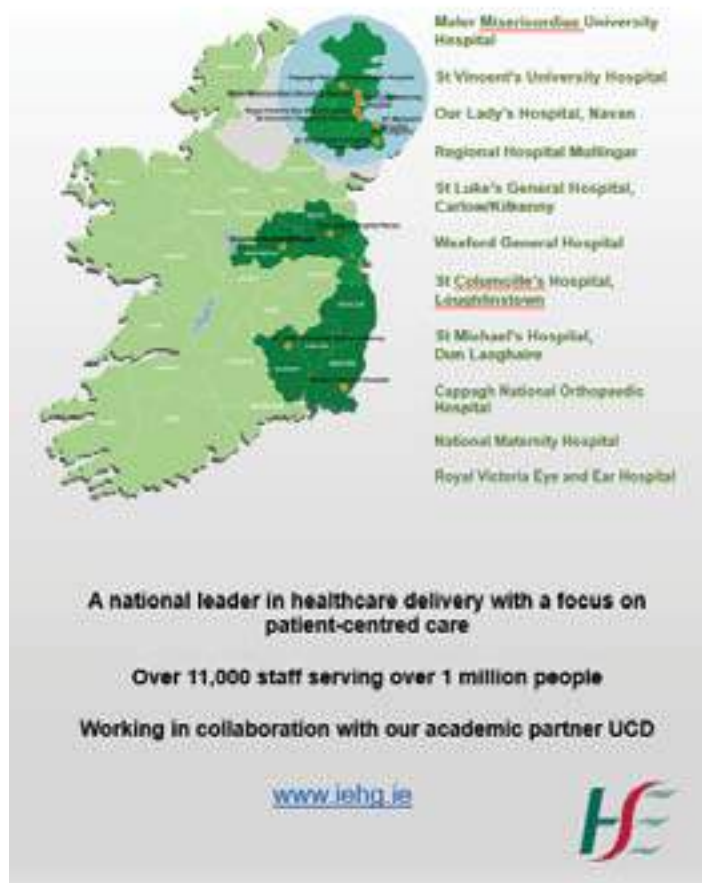
This was an extremely important development which will significantly increase awareness amongst our patients, staff and partners. Having a strong consistent presence across all of our printed material and online platforms also encourages hospitals and partners to incorporate the Group's brand identity with their own.

Building on this brand awareness, we developed our first pop-up displays, which depict the geography of our Group and the location of our eleven hospitals. The pop-ups have become an important visual display tool for our Group and hospital events, and in particular for Jobs Fairs attended by our HR department.

Grúpa Ospidéal
Oirthear na hÉireann



Ireland East
HOSPITAL GROUP



Press Office, FOIs & PQs

The press office remained a busy and important part of work undertaken in the Communications Office in 2017 with seasonal press queries relating to challenges in our six Emergency Departments and other ongoing challenges faced across our hospitals throughout the year.

A significant number of Freedom of Information requests (FOIs), Parliamentary Questions (PQs) and political representations were also dealt with by the Communications Team during the year, in support of our Executive Team and Chief Operating Officer, with the goal to provide information in a timely, open and transparent manner.

To further strengthen our skills in this area, the Communications Team and other members of the IEHG Corporate staff attended advanced FOI training workshops. Feedback from these workshops was extremely positive and seen as a valuable investment of staff time. Plans are being made to roll out these workshops to staff in all our hospitals during 2018.

Procurement

Séamus Priest – Group Director of Procurement



The Ireland East Hospital Group procures a wide range of goods and services to support the delivery of clinical services to patients across the 11 hospitals within the Group. Approximately 30% of the Group's total annual €1.1 billion budget is related to non-pay expenditure.

In support of the IEHG corporate services strategy, as set out in Framework 3, and the state's national 'One Voice' procurement programme, which promotes a centralised approach to procurement, the IEHG procurement strategy seeks to standardise procurement practises across the hospitals within the Group and align these to best practise and the national One Voice programme. This ensures that the Group is acting in compliance with its obligations under public procurement regulations and is delivering value for money by taking advantage of national and group contracts whilst also ensuring goods and services are fit for purpose.

In order to deliver this standardised procurement approach, the areas of focus have been on:

- Establishing a collaborative procurement structure including representation from all member hospitals and linkages to clinical programmes, to enable sharing of knowledge and best practice, facilitate planning of group tenders and aligning of objectives.
- Standardising different product and service catalogues to enable consolidation of requirements, traceability of products and to enable hospitals to streamline purchase to pay processes.
- Establishment of robust linkages with national procurement agencies to ensure that the Group was aligned to the One Voice for Health programme and that IEHG requirements were accounted for in national procurement initiatives.
- Providing procurement expertise and services to both IEHG hospitals and other IEHG corporate functions as required.

Collaborative Procurement Structure

A key operational planning objective under governance and compliance for IEHG in 2016 was to embed robust structures within the Hospital Group to facilitate effective managerial and clinical governance which would provide direct support to the smaller hospitals in the Group. In support of this objective, the IEHG Procurement Steering Group was established in 2016 to oversee procurement collaboration and planning and to utilise Group-wide expertise to support smaller hospitals. 2017 saw the establishment of a Procurement Work Group with representation from each of the constituent hospitals, the main purpose of which was to distribute relevant procurement updates and information to the wider Group and to facilitate the collation of procurement data and information.

Presentations on procurement compliance requirements, non-pay expenditure levels, potential cost-saving opportunities, and in collaboration with IEHG finance, patient-level costing have been provided to clinical review groups and a number of initiatives are being progressed in this regard.

Purchasing data

A Group-wide contracts data base was established in 2017 to inform a Group-wide three-year procurement plan and work has commenced on the collation of data and relevant contract information to populate same.

In order to progress a standardised products' catalogue, the Group commenced study of the application of GS1 coding standards in healthcare systems as a unique product identifier in 2017. GS1 is a bar-coding system which applies a unique identifier code to products and places and is the system currently used in the tracking of sterilised instrumentation processed in CSSDs. The benefits of such a system include the traceability of medical devices from manufacture to clinical use enabling patient safety, the standardisation of products and the visibility of cost to a patient consumption level.

Following a site visit to Derby NHS Trust in the UK, where the standard is fully implemented, IEHG has endorsed progressing with proof of concept pilots in a number of its hospital sites. A Steering Group has been established to oversee these pilots which will progress in 2018. This initiative supports the IEHG Quality and Patient Safety operational priority of 2016 of building quality and patient safety at hospital and divisional level to support quality improvement initiatives.

National procurement agencies

A number of constructive engagements were held between IEHG and HBS Procurement to gain increased visibility on the national procurement work programme and the manner in which IEHG can input into and avail of national contracts. IEHG and its hospitals have actively engaged with the national programme in supporting a number of tenders for medical consumables and support services to be published in 2018.

Procurement expertise and support

The Procurement function has undertaken a number of procurement and tender projects as set out below:

- Tenders for goods and services to support specific Group corporate services including Organisation Development & Change, Service Improvement, Human Resources, ICT and Estates were completed.
- Joint negotiations between the Mater Hospital and St Vincent's Hospital and medical device suppliers were held and cost reductions have been obtained on key medical devices
- A group tender project for orthopaedic implants was commenced in 2017.
- A group tender project for off-site storage projects was commenced in 2017.
- A number of laboratory projects were completed in 2017 in the Mater Hospital.
- Negotiations for commercial premises leases for a number of group hospitals were successfully concluded.

In conclusion, in 2017 the Procurement function focus was on building a collaborative procurement model across the Group while establishing linkages to national agencies to reduce costs of goods and services. The function also progressed a standardised group catalogue to enable group collaboration, more accurate patient-level costing and improved patient safety. In addition, the

Function supported the ongoing procurement service needs of the Group and individual hospitals through progressing specific tendering projects and contract negotiations.

Estates

Alan Sharp – Group Director of Estates



Capital Allocation

The following capital allocations were issued to the Group from the HSE Estates Department:

1. The capital allocation for the replacement of equipment was €6.613m.
2. Minor capital monies of €3.88m were allocated to IEHG hospitals in 2017.
3. Storm Damage Allocations of €200,000 were allocated.

Pilot Projects

Energy Performance Contracts

In 2009, a national target to improve energy efficiency for the public sector was set at 33%, to be achieved by 2020. In order to achieve this level of improvement, it was recognised within the hospitals, that a capital programme would be required to modernise and replace inefficient systems.

Given the pressure on capital allocations and a growing list of unmet needs, an alternative means of funding this activity was required.

IEHG, in partnership with the National Health Sustainable Office (NHSO), sourced and engaged the services of the Carbon Energy Fund (CEF) to support the implementation of Energy Performance Contracts (EPC).

Work had already commenced in the Mater Misericordiae University Hospital (MMUH) to deliver a number of energy efficient projects funded through an EPC. MMUH, supported by the CEF, issued a request for tender to deliver a range of energy and infrastructure improvements, which would be supported by guaranteed savings.

In late 2017, the Mater Misericordiae University Hospital (MMUH) became the first hospital to appoint a successful bidder, from this new process. The hospital and the successful bidder are now in the process of finalising the works schedules, in preparation for signing the contracts in early 2018.

The net benefit to the MMUH will be an investment in infrastructure of €11.3m. In addition, the project will deliver a guaranteed saving with an NPV of €2.46m after all charges have been deducted.

St. Vincent's University Hospital are currently working through the process with CEF to identify the scale of opportunity and the scope of the project is to be considered by the hospital's management.

The success of the pilot will see IEHG, in partnership with HSE Estates, potentially expand the programme to four of the statutory hospitals in 2018.

Finance

Declan Lyons – Chief Financial Officer



IEHG is the largest hospital group with 11 hospitals, six Voluntary and five Statutory, delivering acute services to over one million people. Our Gross Budget in 2017 was €1.135 billion.

The Finance Department for the Group was enhanced in 2017 with the appointment of a HIPE Coding Supervisor and three HIPE Coders for the Group. This has allowed us to develop a data quality assurance programme to drive best practice in coding across the Group. The coders also assisted our hospitals in achieving deadlines set by the HSE.

2017 Financial Results

IEHG net expenditure for 2017 was €951.482m against a final allocation of €917.451m. This resulted in a deficit of €34.031m or 3.7%, mainly driven by increased activity levels beyond the agreed Service Plan and a reduction in income and provision for doubtful debts. It proved to be a difficult year and it was the first year that there was insufficient funding available to allow all hospitals to achieve a financial breakeven.

DECEMBER 2017 Results	Spend	Budget	Variance	Variance
Hospital	€m	€m	€m	%
Mater Hospital	266.138	256.505	9.633	3.8%
St Vincent's	245.960	244.873	1.087	0.4%
St Michael's	26.232	26.211	0.021	0.1%
National Maternity	55.272	54.953	0.319	0.6%
Royal Victoria E&E	26.542	26.420	0.122	0.5%
Cappagh	33.271	33.420	-0.149	-0.4%
TOTAL VOLUNTARY	653.415	642.382	11.033	1.7%
Wexford General	67.997	65.196	2.801	4.3%
St Luke's Kilkenny	74.143	69.176	4.967	7.2%
St Columcilles	33.241	32.713	0.528	1.6%
Mullingar	72.695	70.248	2.447	3.5%
Our Lady's Navan	45.939	43.826	2.113	4.8%
IEHG HQ	4.052	-6.090	10.142	-166.5%
TOTAL STATUTORY	298.067	275.069	22.998	8.4%
GRAND TOTAL	951.482	917.451	34.031	3.7%

Contributing factors to the financial result were:

- Some hospitals experienced growth in Inpatient Discharges ranging from 1.8% to 11% above the 2017 Service Plan and 1.2% to 9.9% above the previous year.
- Some hospitals experienced growth in Day Case patients ranging from 1% to 13.6% above the 2017 Service Plan and 1% to 16.65% above the previous year.

- Emergency presentations were 7% higher than the 2017 Service Plan and 6% higher than the previous year.
- Births were down 2% compared to the 2017 Service Plan and 3% compared to the previous year.
- The ABF Report for 2017 shows that IEHG had earned €10.807m revenue above the plan. Hospitals that showed positive revenue generation above the plan totalled €18.437m. The complexity of patients shows a marked increase over previous years.
- Private health insurance income showed a significant shortfall against plan targets and there was also a significant increase in the provision for doubtful debt.
- An accelerated income target of €6.974m was allocated to IEHG HQ and was unachievable.

Activity Based Funding (ABF)

ABF is an approach to funding which sees hospitals funded in line with the activity that they undertake. The objective is that episodes of care will be funded on a Diagnostic Related Group (DRG) basis. Services will be commissioned in IEHG by the HSE at a national average price per DRG. Data on patients' episodes of care are recorded in the national HIPE system; this collects demographic, clinical and administrative information on discharges from acute hospitals nationally. The accurate and timely coding of episodes of care is paramount to developing our understanding of the complexity of activity delivered by each hospital in the Group. In 2017, we worked closely with all our hospitals to ensure they met their monthly coding deadlines and have developed a data quality assurance programme to drive best practice in coding across the Group. 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.

Financial Systems Development

The Mater Hospital completed the upgrade of its financial system in 2017 and the Royal Victoria Eye & Ear Hospital has commenced the upgrade of its system. The Group continues to work with the HSE to develop a single financial system for IEHG.

IEHG Finance Strategy

We continue to drive the finance strategy as outlined in Framework 3 of the IEHG Framework Programme.

- Early Close: The objective is to have financial data at least five days earlier than in previous years. While some hospitals have produced earlier financial reports, hospitals that are on the HSE national financial systems can only close their month-end reports in line with the national system. We will continue to progress this initiative in 2018.
- Balance Sheet Reporting: The objective is to produce quarterly Balance Sheets for all statutory hospitals and this was achieved except for one hospital. We will progress this initiative in 2018.
- Standardisation of Accounting Treatments: We plan to review and standardise accounting treatments for expenditure across all hospitals. This initiative will commence in 2018.
- Establish ABF Committees for all hospitals: This initiative has commenced and will be completed in 2018.
- Enhance the HIPE Coding in IEHG: The appointment of a HIPE Coding Supervisor and three HIPE Coders for the Group has allowed us to develop a data quality assurance

programme to drive best practice in coding across the Group. The HIPE Coders Team also assisted our hospitals in achieving deadlines set by the HSE.

Finance Dashboard

We continued to develop the finance dashboard for the Group in 2017. This will be completed in 2018 and will assist Hospital Managers to view their performance under financial KPIs.

Our Hospitals

Our Hospitals – 2017 Highlights

Cappagh National Orthopaedic Hospital



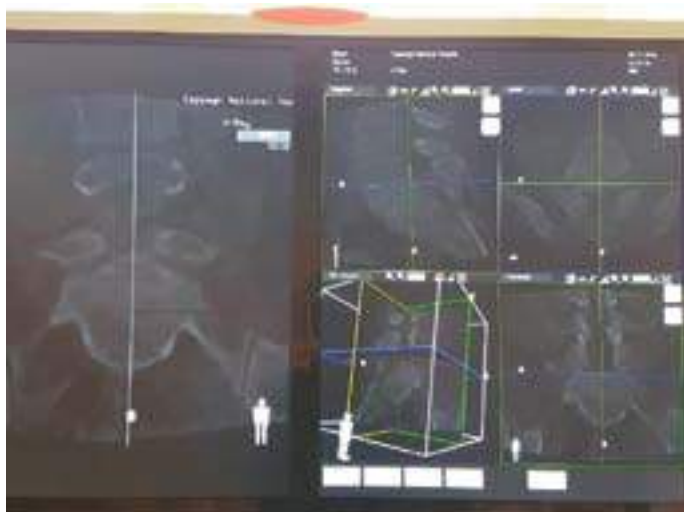
Cappagh National Orthopaedic Hospital is Ireland's major centre for Elective Orthopaedic Surgery. Cappagh has been the pioneer of Orthopaedic Surgery in Ireland and is now the largest dedicated Orthopaedic Hospital in the country. Cappagh Hospital has 159 beds, catering for both public and private patients.

Cappagh Hospital is an independent Voluntary Hospital founded in 1908 under the care of the Sisters of Charity. It was once renowned for its 'Open Air' wards and for its surgical treatment of children with TB from the 1920s.

The hospital provides the full range of Orthopaedic Services including Major Joint Replacement (ankle, hip, knee, foot, shoulder, elbow and wrist), Spinal Surgery including corrective surgery for Scoliosis, a Primary Bone Tumour Service, Paediatric Orthopaedics and the management of Sports Injuries.

In 2012, Cappagh Hospital established its dedicated Rehabilitation Unit, which delivers specialist rehabilitation services to patients following an acute medical episode with the aim of returning them to independent living where possible. The Unit has a total of 52 beds of which 42 are dedicated to people aged 65 years and over with the remaining 10 beds servicing the needs of patients aged under 65 years.

Cappagh Hospital Leading the Way in Spinal Surgery



In 2017, Cappagh Hospital saw the installation of a new mobile 3D C-arm and 3D software application to assist in spinal surgery. The system delivers first-class Cross-sectional, Coronal, sagittal and 3D volume rendered images making it ideal for orthopaedic and spine imaging. With the ability to see in three dimensions, it gives greater visualisation, enabling the placement (with higher accuracy) of pins, screws and other fixings when compared with a conventional mobile Image Intensifier.



The navigational system used with the 3D C-arm is a computer-assisted navigation platform that offers surgeons a real-time three-dimensional view of the surgical field, enabling them to adjust the surgical approach to improve postoperative outcomes and decrease intraoperative errors. The system used in Cappagh Hospital delivers flexible surgical solutions for spine procedures. In certain types of spinal surgery, it is designed for the optimal positioning of pedicle screws in the spinal cord, increasing the accuracy and reducing the exposure to radiation and the overall operating time.



Patient Meal Times

Following an inspection on the Hydration and Nutrition Standards at Cappagh Hospital, HIQA reported that there should be four hours or more between the end of each main meal and the beginning of the next, and mealtimes should be spread out to cover most of the waking hours

Two HR staff members commenced the Green Belt in Lean Six Sigma for Healthcare, delivered by the Mater Lean Academy at UCD, in June 2017 and for their Green Belt project, committed to implementing new Patient Meal Times in Cappagh Hospital.

This constituted a real team effort in the hospital over a four-month period and could not have been achieved without the collaborative efforts of the Household and Catering Departments, Therapy Services, Facilities, Nursing, Support Services and Human Resources.

Outcomes of the introduction of the new Patient Meal Times include:

- Increased Patient Satisfaction
- Increased Staff satisfaction due to the elimination of split shifts
- Compliance with the HIQA and EHO standards
- A 50% reduction in agency spend in Household and Catering services
- A reduction in the food waste cost per patient per day from €1.58 per day in August 2017 to €1.17 per day in January 2018
- A reduction in food cost per day despite the hospital increasing the quantity of snack items and patient meals per day e.g. option of a hot meal in the evening.
- Introduction of Protected Meal Times in the Rehabilitation wards – championed by the Household staff
- Introduction of a 'Red Tray' policy for diabetic patients

National Nurses Orthopaedic Conference

In April 2017, we successfully hosted our annual National Nurses Orthopaedic Conference, now in its nineteenth year, with a variety of papers presented by nursing and medical staff. Approximately 130 delegates and guests attended this day.



Pictured l-r: Deirdre O'Kelly, Education Facilitator (Cappagh); Marion Cronin, Clinical Facilitator (Cappagh); and Karen Hertz, Keynote Speaker (NHS UK)

Mater Misericordiae University Hospital



The Mater Misericordiae University Hospital is a Model 4 teaching hospital based in Dublin's north inner city. The hospital was opened in 1861 by the Sisters of Mercy. In addition to the local services for our catchment area, the Mater Hospital provides a range of frontline and specialist services on a regional and national level.

Our ambition is to be the safest hospital in Ireland, delivering the highest quality care, with the most patient-centred, efficient processes.

We are the national centre for:

- Heart surgery
- Heart and lung transplants
- Extra corporeal life support (ECLS) - a procedure that uses a machine to take over the work of the lungs and sometimes the heart
- Spinal injuries
- Pulmonary hypertension - a rare lung disorder
- Bone anchored hearing aid
- National isolation unit

In the last year we provided treatment to:

- 21,500 inpatients
- 60,000 day patients
- 234,000 outpatients
- 58,900 emergency department visits

Our hospital offers:

- Over 600 inpatient beds - more than 150 of these inpatient beds are single rooms en suite
- 85 day beds
- 12 operating theatres

Education, training and research have always been at the core of the Mater Hospital. We are committed to providing excellence in healthcare for all of our patients and in order to achieve this we recognise that we must support our current and future staff to learn, grow and innovate. Our strong academic partnerships allow us to deliver undergraduate and postgraduate education to hundreds of healthcare professionals including nurses, doctors, clinical therapists, radiographers and many more. We also work closely with academic institutions to deliver cutting-edge research that has a direct impact on patient care.

Trauma Conference 2017



The Mater Hospital hosted its second national trauma care conference entitled 'Reducing mortality and morbidity in major trauma - The international experience' in the Catherine McCauley Centre on 13 June 2017.

It included Prof James O'Connor's account of five decades of experience in Shock Trauma in Baltimore, Prof Fiona Lecky TARN Clinical Professor speaking about five years of experience in the UK and a recorded

address from the Pioneers in trauma care in the Alfred trauma centre in Melbourne presented by Conor Deasy. There was a specific focus on major trauma in older people from Prof Tim Coats, and on traumatic brain injury and rehabilitation, all crucial parts of the trauma care package that need to be addressed. Prof Leo Lawler and Dr Peter MacMahon gave inspiring presentations on radiology in major trauma while Prof Mark Delargy highlighted deficits in rehabilitation and social care.

The conference was opened by Mater CEO Gordon Dunne who also chaired the final session on local data, where innovations in data collection were presented by Marion Lynders and Tomás Breslin. The conference was very well attended and supported by lots of enthusiastic commentary and provided us all with valuable insight into the challenges and opportunities in developing Major trauma care.

Pictured l-r: Gordon Dunne, Marion Lynders and Tomás Breslin

Trauma was a four-part documentary filmed by the team behind 2016's hugely successful *Keeping Ireland Alive* series. The programme gave viewers an unprecedented insight into the challenging, exciting and stressful world of medical emergency.

The Mater Hospital was selected as one of three hospitals to be featured. Filming took place from July to September 2017.

Next Generation Sequencing Lab



On Friday 15 September 2017, the Mater Hospital launched our new state-of-the-art Next Generation Sequencing (NGS) Laboratory.

The new Gene Sequencing Equipment was donated to the Mater Hospital by Shabra Charity keeping the promise of the late Oliver Brady, co-founder of the charity and popular businessman and horse trainer.

The equipment housed in the world-class Next Generation Gene Sequencing Laboratory will enable germline testing for the Irish population. Patients and families suffering from heart disease, blindness and cancer will benefit from genetic testing provided by this equipment and the NGS Laboratory.

We are very honoured to be in a position to provide such advanced diagnostic capability to the public patients of Ireland. Next Generation Sequencing technology will be critical in delivering more customised diagnosis and treatment pathways to patients which will be instrumental in achieving better clinical outcomes. The clinical potential of NGS technology is constantly evolving and the total impact of these significant philanthropic donations to the patients we serve remains to be realised.

Pictured l-r: Maureen Kelly, Mary Day, CEO IEHG; Prof Peter O’Gorman, Director of Pathology and Consultant Haematologist at the Mater; Rita Shah, Co-Founder Shabra Charity and Gordon Dunne, Mater CEO

5th Annual Lean Symposium



162 delegates from the Ireland East Hospital Group (IEHG), other hospital groups, private hospitals and industry attended the 5th Annual Lean Symposium at the UCD Catherine McAuley Centre on 23 November 2017.

The theme of the Symposium was Person-Centred Care, with the keynote address given by Professor Brendan McCormack, Queen Margaret University, Edinburgh.

The day celebrated the work of Lean Academy graduates from 15 hospitals in Ireland, with presentations on scheduled, unscheduled and case-specific process improvements. Of particular note was the significant improvement in reduced acute hospital length of stay from 21 days to 14 days for patients awaiting rehabilitation through the OMEga project on patient discharge in the Mater Hospital.

The Symposium was once again launched by the Minister for Health, Simon Harris TD, who acknowledged the dedication of the Mater Lean Academy graduates to Process Improvement, and the achievements of the Academy in the last number of years. IEHG CEO Mary Day highlighted the culture of process improvement embedded in the IEHG strategy. Scientific Posters were presented by Lean Graduates, with the winning poster going to a group comprised of Green Belts from the Mater, who worked on a project to increase the uptake of remote cardiac monitoring.

The Lean Academy has now engaged with 22 hospitals on its suite of Lean Six Sigma programmes.

National Maternity Hospital

The National Maternity Hospital on Dublin's Holles Street was established in 1894. It is now one of Europe's largest maternity hospitals with 154 inpatient beds. The hospital provides Maternity, Gynaecology, Neonatology, Fetal Medicine, Anaesthetics, Pathology, Radiology, Maternal Medicine, Perinatal Mental Health, Urogynaecology, a National Neonatal Transfer Service and Community Midwifery Services.



The original focus of the service were the poor people of the districts surrounding Holles Street, however continuous change and growth from humble beginnings means that today over 9,000 babies are born in 'Holles St' each year which means that one in every twelve Irish citizens begins life behind its walls.

The hospital's Neonatal Intensive Care Unit is recognised as a national referral centre for complicated pregnancies, premature babies and sick infants. Its Gynaecology Unit treats over ten thousand outpatients annually. One of the hospital's main sub-specialities is the treatment of Gynaecological cancer; its Colposcopy service is funded by the National Cancer Screening Service. It has one of the largest units in Europe for such a purpose.

The National Maternity Hospital has built a reputation for undergraduate and postgraduate training and holds international courses on the Active Management of Labour each year. The hospital also educates undergraduate and postgraduate midwives. There is also a very extensive professional development programme for midwives and nurses within the hospital. An annual higher diploma programme in Neonatal Nursing Studies is facilitated in conjunction with the two other Dublin maternity hospitals and the Royal College of Surgeons.

In 2017, 8,433 mothers delivered 8,619 babies with birthweight greater than or equal to 500g; this was an average of 24 babies each day. On our busiest day, 26th July, 42 babies were born and on the quietest days, 11th February, 2nd April, 14th October, there were just 9 births. The corrected perinatal mortality rate was 3.8/1000 so 99.6% of babies \geq 500g survive. Our babies weighed on average 3,503g and our largest baby was 5,700g (over 12.5 lbs). Our smallest survivor was 420g, who spent 178 days in our Neonatal Intensive Care Unit.

Maternal and Newborn Clinical Management System (MN-CMS) Wins eGovernment Award



The 2017 eGovernment Award Winners were announced at a ceremony in Dublin Castle on Friday 26 May 2017. Our Maternal and Newborn Clinical Management System (MN-CMS) was included in the shortlist for the award in the Health & Medical Section and the Project Team was delighted when MN-CMS emerged as the winner in this category.

This is a great achievement for the Project and reflects and acknowledges the hard work and commitment of everyone involved over the course of the development and realisation of MN-CMS.

The NMH will go-live with the project in January 2018.

Pictured are the Phase 1 MN-CMS Project Managers from each of the four sites, Tina Murphy (NMH), Rhona Drummond (Rotunda), Monica O Regan (CUMH) and Fiona Lawler (UHK Kerry).

Gold Medal Award for NMH Catering



The NMH were overall winners of the 2017 All-Ireland Gold Medal Award for catering in the healthcare sector. This follows on from the Food Safety Assurance Award in 'Distinction' received in 2016 from the Food Safety Professional Association.

60th Charter Day



In 2017 we celebrated our 60th Charter Day and looked back with pride on 123 years of care for women and infants. Charter Day celebrates the granting of a Royal Charter to the hospital in 1903, which formally laid down the structure of the hospital and is still the legal basis of the hospital's existence.

Each year it is a special occasion for all of us that work in NMH when we assemble in our magnificent Boardroom and celebrate

the year that has just passed and consider the challenges that lie ahead. It is also the occasion when we present the prizes and awards attained during the year.

Pictured: Dr Rhona Mahony, Master, NMH

Our Lady's Hospital, Navan



Our Lady's Hospital, Navan (OLHN) serves a local population of 184,135 in County Meath and serves a regional population of 400,000 (Meath, Louth, Cavan, Monaghan) for regional elective Orthopaedic and Rheumatology Services.

Current Services in OLHN:

- Emergency Department
- Endoscopy Unit (1 room)
- 2 General Theatres
- Day Services Units; General Surgery & Medical Infusion and Orthopaedic
- Regional Elective Orthopaedic Unit, 23 inpatient beds, 6 day trolleys, 2 Theatres Orthopaedic
- Pre-assessment
- CSSD / CDU
- Outpatient Department
- ICU/HDU Unit – 4-bedded
- CCU – 6 beds
- MAU – 6 trolleys
- Acute Medical Beds – 3 wards – 58 beds
- Escalation Medical Ward - 11 beds
- Non-Invasive Cardiology Department – ECG, Echo, Holter etc.
- Regional Rheumatology Services
- Radiology Department – including CT / Dexa scanning
- Diabetic Day Centre
- Nurse Specialists – Diabetes, Cardiac Rehabilitation, Heart Failure, Smoking Cessation, Rheumatology, Infection Control, Cardiac Pulmonary Resuscitation, Stroke, Haemovigilance, Pain Management, Bone Bank Co-ordinator, Arthroplasty Nurse, PHN Liaison.
- Advanced Nurse Practitioners - 3 ANPs Minor Injury Ed, 2 Candidate ANPs Rheumatology

Active@Work Award



Our Lady's Hospital, Navan picked up a Gold Active@Work Award at the Irish Heart Foundation Awards ceremony on 15 November. The award recognised the efforts made by the Healthy Ireland Team in promoting physical activity, including launching Slí na Sláinte on the hospital grounds, running 5 Step Challenges, participating in the Big Heart Walk and devising a local policy on physical activity.

The Healthy Ireland Team have celebrated their first full year in existence and are brimming with ideas for 2018.

Pictured l-r: Prof. Donal O'Shea, Clinical Lead for Obesity, HSE, Yvonne Collins, OLHN, Niamh McIntyre, OLHN and Mr Tim Collins, CEO, Irish Heart Foundation

Dublin City Marathon



OLHN staff members certainly went the extra mile by participating in the Dublin City Marathon on 28 October.

In total seven staff completed the gruelling course.

Pictured are Yvonne, Sharon, Mary and Sarah but Helen Swan, Deirdre Tuomey and Louise Hand are also proud medal holders.

Great Dublin Cycle



Ann Lister (ADON) and Caroline Carpenter (Patient Flow) donned their Healthy Ireland jerseys and completed the 100km Great Dublin Cycle on 24 September.

They will, no doubt, be keen to see the Healthy Ireland focus on Cycle to Work and Active Commuting as part of the 2018 plans for the hospital.

Staff Flu Vaccine Campaign



Congratulations are due to Teresa Lee ADON and all the peer vaccinators on achieving a flu vaccination staff uptake of 67%, in their efforts to protect patients, staff, their families and colleagues.

Our Lady's Hospital, Navan is certainly a Healthy Hospital!

Regional Hospital Mullingar



Regional Hospital Mullingar provides a range of services aimed at ensuring the safety and well-being of patients, the public, and staff employed within the service.

The hospital provides the following acute services:

- Emergency Department
- General Medicine (Including Regional Stroke Thrombolysis)
- General Surgery
- Obstetrics and Gynaecology
- Paediatrics / Special Care Baby Unit
- Critical Care
- 24-hour CT scanning service

These services are provided to the population of Westmeath, Longford and specialist services are provided to the wider community. The hospital provides comprehensive medical and surgical investigation, diagnosis and treatment for adults and children, and comprehensive maternity services for women and their partners. The hospital also provides diagnostic Radiological and Pathology services as well as Physiotherapy, Occupational Therapy, Speech and Language Therapy, Nutrition & Dietetics, Cardiac Diagnostic and Rehabilitation Services, a Pulmonary Function Laboratory and Respiratory Services.

International Day of the Midwife



May 5th was International Day of the Midwife which offered us an opportunity to reflect on the value and importance of midwifery care for pregnancy and birth.

The midwife is central to high quality maternity care. Midwife means to be 'with woman'. The midwife is internationally recognised as a responsible and accountable professional who works in partnership with women to provide care, support, and advice to women and their families during pregnancy, labour and the postpartum period.

To celebrate International Day of the Midwife the staff of the Maternity Unit had an information stand where our services were promoted. This also was an opportunity to meet with the general public. A raffle and games were held and there was great interaction with the staff and public visiting the hospital. The event coincided with our antenatal clinic where the midwives meet with mothers attending their appointments.

Medray/IIRRT Department of the Year



The Radiology Department, Clonbrusk Primary Care Centre, won the Medray/IIRRT Department of the Year 2017.

The department received the award at the IIRRT national conference on 7 October. It is a great recognition of the work done not only by the radiographers but also their colleagues – healthcare attendant Imelda Kelly, clerical staff Julie Larkin and Vera Sammon, Radiology Services Manager Andrew Kiely and Primary Care Manager Anne Naughton.

Since moving from St Vincent's Care Centre into the Primary Care setting in Clonbrusk in mid-2014, the x-ray department has seen an increase of over 50% in the volume of patients attending. In 2015 the department expanded to

include an ultrasound service. It operates a fully digital department with a rapid turnaround time for appointments and reports for patients. It is linked nationally via NIMIS (National Integrated Medical Imaging System) to other public hospitals and operates as a satellite unit linked to the Radiology Department at Regional Hospital Mullingar.

It is the first radiology department to be located within a Primary Care Centre and this model has proven to be a great success, providing local access outside of the Acute hospital setting. Patients are able to have their x-rays and scans carried out promptly in their local area, thereby reducing unnecessary attendances at Emergency Departments. There is a walk-in service from 10:00 to 12:00 and from 14:00 to 16:00 when patients who have had a recent injury or require a chest x-ray may be referred directly without an appointment.

We work hard every day to ensure that high standards are maintained and patients are cared for to the best of our abilities when attending for their x-ray or ultrasound scan. We were honoured to have been nominated by the patients and doctors we work with in the community of Athlone and surrounding areas.

L-R: Theresa O'Donovan, President of the IIRRT, Roseanne O'Hara, Senior Radiographer, Niamh Sheffield, Senior Radiographer, Siobhan Crowley, Medray

Endoscopy Decontamination Unit



A refurbished Endoscopy Decontamination Facility at Regional Hospital Mullingar was completed on 23 October 2017.

This project was run over a number of weeks and was one of the largest projects for this hospital in 2017.

This project was a significant investment in terms of compliance with national standards, as well as design, tender and procurement as a major capital project.

This newly refurbished facility will support safe decontamination practices, develop capability and minimise the rise of healthcare associated infections.

Royal Victoria Eye and Ear Hospital



The Royal Victoria Eye and Ear Hospital is a public teaching hospital in Dublin 2. It was founded in 1897 and is the National Referral Centre for both Eye & Ear and Nose & Throat disorders. It is a public voluntary hospital, known affectionately by generations of Dubliners as the “Eye and Ear”. The hospital treats over 14,000 inpatients and day cases, and approximately 80,000 outpatients, including attendances in the Emergency Department. It houses the National Ophthalmic Pathology Laboratory and Registry of Ireland.

Hospital departments include:

- Accident & Emergency
- Anaesthetics
- Audiology
- Ear, Nose & Throat Outpatients
- Eye Outpatient
- Haemovigilance
- Medical Social Worker
- Nutrition and Dietetics
- Ophthalmology
- Outpatients
- Orthoptics
- Otolaryngology ENT-HN
- Pathology
- Pharmacy
- Photographic
- Physiotherapy
- Radiology
- Speech and Language
- Theatre & Recovery

Opening of New Cataract Unit



On 3 July 2017, Minister for Health, Simon Harris TD, alongside President of the RVEEH Council Patrick Dowling and CEO of the Ireland East Hospital Group (IEHG) Mary Day officially opened a new purpose-built cataract unit at the RVEEH.

Capital funding for the unit was provided by the RVEEH Teaching and Development Foundation. The unit is a state-of-the-art facility which was developed to increase theatre capacity within the hospital and to provide a cost-effective solution to increasing waiting lists for cataract procedures. The development of a cataract unit was one of the main proposals detailed in the hospitals *Ophthalmology Strategy 2015-2020* published in 2015.

JCI Accreditation



In 2017, RVEEH was successfully re-accredited for the period 2017-2020. This follows the JCI survey carried out on May 22 – May 25 2017. The success of the survey owes everything to the focus of RVEEH staff on patient safety and their commitment to continuous quality improvement.

This was the hospital's second accreditation inspection following the initial visit by JCI in 2014.

RVEEH Parchment Presentation Ceremony



Pictured above at the RVEEH Parchment Presentation Ceremony on 20 October are students at the RVEEH who undertook the Postgraduate Diploma in Ophthalmic Nursing, in collaboration with the RCSI, Faculty of Nursing and Midwifery.

Nurse Education and Practice Development Co-ordinator Ms Sabrina Kelly has worked closely with our third level partner to facilitate nurses working in satellite units at the Mater, Sligo and in Limerick to complete the programmes. Clinical teaching and some specialist placement take place at the RVEEH, reducing the requirement for staff to transfer to Dublin for the entire programme. Clinical facilitation is provided by Ms Ciara Liston.

St Columcille's Hospital, Loughlinstown



St Columcille's Hospital (SCH) Loughlinstown is a Model 2 hospital. It has 109 Inpatient Beds, 3 Medical Observation Beds, 8 Day Beds, 9 treatment spaces in the MAU (Medical Assessment Unit) and 6 in the IU (Injuries Unit).

Located on the border of Wicklow, it has worked with St. Vincent's University Hospital and St Michael's Hospital as part of the acute hospital network in South East

Dublin for many years. It has a national speciality in obesity management and is a referral centre for bariatric surgery. In addition to general medicine and care of the elderly services, it also has orthopaedic rehabilitation and stroke rehabilitation services.

It employs approximately 411 staff. It is linked with UCD for medicine and nursing training.

Working closely with our colleagues in St. Vincent's University Hospital, 2017 saw a renewed focus on the building of new pathways for patients between both services. This included the development of patient transfer pathways for medical patients and stroke rehabilitation patients and also the development of day case surgery with St. Columcille's Hospital.

A total of 12,085 patients were seen in the Out-Patients Department in 2017, 4,944 patients attended the Medical Assessment Unit and 7,925 were treated in the Injuries Unit.

Conversation Coaching: An Innovative Intervention for People with Dementia – TCD Winter 2017 Study Day

Sophie Furey, Speech and Language Therapist at St Columcille's Hospital (SCH) presented on the hospital's Conversation Coaching Group Intervention in Dementia at the Trinity College Dublin (TCD) Winter 2017 Dementia Study Day.

Conversation Coaching is a group-based intervention for people with dementia. Developed by Dooley & Conway, Speech and Language Therapists and researchers based in St. Columcille's Hospital, it won the Dementia Elevator Innovation Award from Dublin City University in 2015.

Cognitive-communication difficulties are integral in dementia (Bourgeois & Hickey 2011). Communication partner training is an evidenced-based, effective and transferable intervention which targets the individualised communication needs of people with acquired communication disorders (Simmons-Mackie 2010)). This approach has formed the basis of the specific intervention, *Conversation Coaching in Dementia*. It is suitable for people in the early to mid-stages of dementia and is unique in its service delivery model being both individual and group-based.

The SLT works directly with the person with dementia and his /her communication partner using conversational analysis to guide partner training. The group provides psychosocial support and involves education on communication difficulties as well as group discussion and sharing of experiences of living with dementia.

Over the past two years *Conversation Coaching in Dementia* has been delivered to patient groups within IEHG (St. Columcille's and St. Vincent's) and CHO 6 through collaborative integrated working of the SLTs across these service areas.



Sophie Furey presents at TCD Winter 2017 SLT) Dementia Study Day



Aifric Conway (SLT) and Suzanna Dooley (Senior with the Dementia Elevator Innovation Award

IEHG Award for Rapid Improvement Event (RIE) Team

The Day Hospital Rapid Improvement Event team in St. Columcille's Hospital won the IEHG Best Service Redesign Award in December 2017.



L-R Front Row: Joyce Jones, Occupational Therapist, Avril Lambe, Physiotherapist, Ann-Marie Cronin, CNMII.

L-R Back Row: Cecily Oak, HCA, Marina Byrne, Admin Staff, Mary Mallin, Admin Staff and Niamh Van Den Bergh, Occupational Therapy Manager.

Using Lean Methodology focusing on patient experience and reducing unnecessary waste and work the team managed to:

- Reduce the number of non-value-added steps in the patient journey from 94 steps previous to 45 steps after (a reduction of 47%)
- Reduced the number of steps to receive an appointment from 18 to 9.
- Give 100% of patients an appointment within 1 week of referral.
- Reduce the average wait time to attend an appointment by 86% from an average of 217 days in the first quarter of 2017 to 32 days in the last quarter of 2017.
- Increase the number of new patients seen per month by 43% from 23 (Jan – June 2017) to 33 per month (Oct – March 2018).
- Reduce the non-value admin time that the CNM spent on administration by 8.5 hours per week (Jan – Dec data 2017).
- Use IT for all appointments, setting up 30 clinics on PAS with automated appointment letters and text reminders, GP communication on attendance and DNA as standard, providing visibility across the hospital system regarding patient appointments.
- Integrate the day hospital service into the hospital by offering appointments that people cannot attend to the wards at our Huddles to facilitate earlier discharge to home.
- Use visual management systems now.
- Ensure all interventions involved person-centred, seamless care and engagement with patients/service users.
- Develop six new clinics streaming patients to the clinic of least complexity.
- Develop a new HSCP lead clinic that the medical teams could refer directly to following OPD. A new Medical HSCP clinic was established for new patients requiring Medical & HSCP assessment.

- Measures outcomes including frailty, falls, patient satisfaction and goal attainment are at our clinics

21 Team members from 8 different professions worked as a team to achieve this:

Team Lead – Niamh Van den Bergh

Administration – Diane Falvey, Marina Byrne, Mary Mallin.

Consultant Geriatrician – Clodagh O'Dwyer, Rachael Doyle

Hospital Management – Linda O' Leary, Hilary Flynn, Ann Harpur.

Medical Social Work – Maria O'Dwyer, Carol de Wilde

Nursing – Ann-Marie Cronin, Cecily Oak, Lorraine Devitt.

Occupational Therapy – Niamh Van den Bergh, Elaine Cryan, Joyce Jones .

Physiotherapy- Suzanne Noel, Ciara O'Reilly, Avril Lambe

Speech & Language Therapy – Deirdre Fitzgerald, Fiona Craven, Suzanne Dooley.

Outdoor Relaxation Area for Staff

Staff at St. Columcille's Hospital enjoyed a lunchtime barbeque on 7 September 2017 to celebrate the opening of the outdoor relaxation area for staff. This project was organised and funded by the hospital's Healthy Ireland Committee.



St Luke's General Hospital Carlow-Kilkenny



St. Luke's General Hospital Carlow-Kilkenny is the Acute General Hospital for Counties Carlow and Kilkenny. The population of Kilkenny/Carlow Community Care area is 155,993 (Census 2016) which represents an overall increase of 4% since the 2011 census when the population was 150,031.

Due to its location in the heart of the South East, St. Luke's General Hospital (in addition to the counties of Carlow and Kilkenny) also provides services to its bordering counties: Tipperary North and South, Waterford, Wexford, Kildare and Laois.

In addition to the acute services that are provided on site at St. Luke's, outreach services are also provided in Kilcreene, Carlow, Thomastown and Castlecomer. The hospital has 303 beds.

The Clinical Directorate model of governance has been in place in St. Luke's Hospital since 2003. It previously comprised of a Medical Directorate and a Surgical Directorate. Since the commencement of the new Consultant Contract (2008), the sole Clinical Director leads both directorates which consist of Nurse Manager representatives, Health and Social Care Representatives and the Business Manager. The Quality and Safety Executive Committee meets monthly and is chaired by Dr. Paul Cotter, Consultant Geriatrician.

Specialties at St Luke's General Hospital Carlow-Kilkenny:

- General Medicine//Cardiology, Endocrinology, Gastro Enterology, Respiratory
- Geriatric Medicine
- Gynaecology
- Obstetrics

- Neurology
- ED – Emergency Medicine
- General Surgery
- Palliative Medicine
- Paediatrics
- Radiology
- Rheumatology (Visiting OPD Clinic with Dr. Oliver Fitzgerald, SVUH)
- Anaesthetics
- Consultant-Led and Nurse-Led Outpatient Clinics

Launch of Geriatric Emergency Medicine Service (GEMS)



The Geriatric Emergency Medicine Service (GEMS) was launched in February 2017 in St Luke's General Hospital Carlow-Kilkenny.

The aim of the service is to improve the care, outcomes and patient experience of all older people living with frailty. The motto for the GEMS team is 'check, chase and challenge with care and compassion'.

Pictured: Staff celebrate the opening of the GEMS Inpatient Ward in St Luke's.

Phase 1

Front Door Assessment GEMS 2017 (21st February - 31st December 2017)

- 4,257 emergency attendances aged 75yrs and over to AMAU/ED (95/week)
- 100% of these patients were screened for frailty
- 43% of those screened positive for frailty
- 65% received a Comprehensive Geriatric Assessment, the other 35% presented out of hours.

- On CGA, 40% were identified with possible delirium, 31% with possible cognitive impairment, 83% at risk of polypharmacy and 28% at risk of malnutrition.
- 5.9 less admissions each month (March 2016-Oct 2016 compared to March 2017-Oct 2017)
- AvLOS is down 0.53 of a day (March 2016-Oct 2016 compared to March 2017-Oct 2017)

Phase 2

Specialist Frailty Unit (GEMS Unit)

Following a Rapid Improvement Event in September 2017, the hospital began to cohort patients who screened positive for frailty in the GEMS Unit (Med 1). Staff received ongoing training through the National Frailty Education programme which is delivered bimonthly by the GEMS CNS and CNM 1 from the Emergency Department. The aim is to enhance the understanding of frailty and frailty assessment, leading to better outcomes for the older person living with frailty.

NEXT STEPS

Phase 3

GEMS Clinic & Integrated GEMS (iGEMS)

The GEMS clinic capture those GEMS patients who present to the hospital out of hours and do not receive a CGA. They will receive all the benefit of the original GEMS principles.

The iGEMS is a model supported by early short-term intervention on discharge to facilitate a return to baseline and /or safe functioning in the home environment. The care will then be transferred over to the community services as needed. A team (PHN, OT, PT, Carers and Consultant Geriatrician) will need to be resourced and in place to ensure these patients receive the appropriate treatments to meet their care needs at home.

The GEMS pathway was published as the “Front Door Response to Frailty” in the Making a Start in Integrated Care for Older People 2017.

New Cardiac Monitoring Implant Service



Pictured at the first Cardiac Monitoring Implant Procedure in St Luke's General Hospital Carlow-Kilkenny are Maria O Byrne, Chief 1 Cardiac Physiologist; Mary Kennedy, Manager of Cardiac Diagnostics; Cardiac Physiologists Margaret Long, Sandra O'Brien; Emma Sheppard, Medtronic Clinical Specialist; Dr. Paul Cotter, Consultant Physician and Geriatrician /Stroke Physician; Eimear Cahill, Cardiac Physiologist; and Rosie Coghlan Clinical Nurse Specialist

The first implantable cardiac monitors to be implanted by a stroke specialist were undertaken in St. Luke's General Hospital Carlow/Kilkenny on 7 March 2017.

Stroke can be a life-changing occurrence and is often caused by an irregular heart rhythm called atrial fibrillation (AF). This can be really difficult to identify as it comes and goes, and even home monitors may not find it. There are many people who have no cause for their stroke found, and the suspicion is that they have AF.

Monitors were developed which can be inserted under the skin and which can look for AF for a longer period of time. Consultant Dr Paul Cotter was involved in research in Cambridge showing that with such an implanted monitor more than a quarter of people with unexplained stroke have AF. The newest of these monitors is the reveal LINQ (Medtronic) which is much smaller. Implanting this device no longer needs to be in theatre or a Cath lab. They can monitor for up to three years. What is more, the patient does not need to come into hospital for follow up, and a device by the bedside sends information each night, which is reviewed in the hospital.

The Stroke Service and the Cardiac Department at St Luke's now provide this monitoring for patients. The first procedures were successful, undertaken in the new Day Services Unit (DSU). This has been a collaboration between management, with Prof Garry Courtney and Eleanor Moore, Business Manager, Cardiology and Clinical Nurse Specialist Rosie Coghlan assisting for the procedures, and the DSU who helped the procedures go so well. The Cardiac Physiologists

are a vital part of this at the time of implant, in educating the patient and in follow-up. The Stroke Service identify cases after all other investigation, and Dr. Cotter performs the procedure.

Innovation and Service Development Award for Diabetes Department



A HSE Innovation and Service Development Award 2017 was awarded to the St Luke's Diabetes Department for a pilot programme offering brief and long-term art psychotherapy, to support individuals and families in the Paediatric services with a diagnosis of Type 1 diabetes.

The Art Therapy was developed and delivered by Adrienne O'Shea MA, an Art Psychotherapist, as part of her student placement, in

partnership with the Diabetes Nurse Specialists.

Psychosocial support has long been identified by the Paediatric Diabetes Service as an area in need of establishment; there have been limited opportunities to develop child psychology support for children with Type-1 diabetes. The evidence in art therapy shows that it can enhance compliance, medication adherence, and coping skills. It facilitates self-expression and reduces emotional distress, and supports improvement in diabetes control.

When art therapy was offered via the Arts Department to the Diabetes Department, they knew of the benefits that could be gained by patients, and supported Adrienne in making it happen. Adrienne was part of a dedicated team, where art therapy was delivered in conjunction with additional out-patient appointments with the Diabetes nurse, dietitian and consultants. The appointments gave the opportunity to test baseline Hba1c throughout the study.

Ed Kuczaj Head of Art therapy and Arts in Health & Community Practice and Catherine Fehily Head of CIT Crawford College of Art and Design offered their congratulations to all involved in the project.

Pictured l-r: Edelle Nolan, Arts Officer, Pamela Dalton, Diabetes Department, Adrienne O'Shea, Art Therapist, Marilyn McDonagh, Podiatrist and Geraldine Hanlon, Diabetes Department, St Luke's, at the award ceremony.

St Michael's Hospital, Dun Laoghaire



St. Michael's Hospital is an acute general hospital providing a range of specialised clinical services to the people of South Dublin and Wicklow.

We are an academic teaching hospital- part of the St. Vincent's Healthcare Group – and share resources and expertise with St Vincent's University Hospital, Elm Park, Dublin.

Our Pelvic Floor Centre is Ireland's first truly multidisciplinary clinic for the assessment and management of pelvic floor dysfunction. Our internationally trained sub-specialist colorectal surgeons and urogynecologists work as a team, supported by specialist physiotherapists and clinical nurse specialists.

Our specialised Heart Failure programme seeks to improve quality of life for patients with heart failure in the East Coast Area, through provision of expert multidisciplinary advice, education and support. The team includes consultant cardiologists, clinical nurse specialists, psychotherapist, physiotherapist and dieticians. We are also the regional training centre for Pulmonary Rehabilitation Care.

The Department of Nursing is dedicated to the provision of high-quality, patient-focused care and a nursing degree programme in association with University College Dublin (UCD) is now being delivered, preceded by Diploma (RCSI) and Certificate courses for student nurses.

List of Services:

We offer 130 inpatient beds incorporating 7-day, 5-day and day care facilities and an 8am – 8pm Emergency Department.

Our facilities include pathological and radiological services, we provide care for both medical and surgical patients, as well as outpatient clinics and services including cardiac rehabilitation, diabetes treatment, heart failure treatment, and pulmonary rehabilitation.

Health Awareness at St Michael's



Staff in St. Michael's Hospital collaborated with the team at DLR Lexicon public library to deliver a series of health talks, information stands and interactive events in early March 2017. With a variety of stands, presentations and interactive demonstrations, as well as mindfulness sessions, the awareness mornings offered a holistic approach to health.

Pictured l-r: Ann Fitzpatrick, Lynn Fitzsimons (Diabetes Unit)



Later in March, we had a Staff Health & Wellbeing Day (31 March). This was organised by the SMH Healthy Ireland Committee. The aim was to highlight the importance of good health practices to help improve the health and wellbeing of all staff in SMH. There were numerous stands on display offering lots of tips and support for all attendees. The day was a great success with over 80 attendees and lots of information and support to help improve staff health.

Pictured l-r: Lynn Fitzsimons (Diabetes Unit), Kari Christiansen (Physiotherapy), Mary Savage (Cardiology), Janice Vanderveld (Cardiology)

Nurse Service Award



On 1 July 2017, Audrey Al Kaisy received an Ansell CARES HERO Nurse Service Award for European Operating Room Nurses. There were ten European winners and Audrey was the sole Irish winner in this European competition.

The H.E.R.O. Awards are a way to recognize operating room nurses who have made a lasting impression on their colleagues, their patients, their profession

and in their community.

H.E.R.O stands for **Heal. Educate. Reach. Overcome.**

Pictured I-r: Mary McCambridge CNM3, Christine Gallagher ADON, Martina Harkin-Kelly President INMO, Audrey Al-Kaisy, Sandra Morton (nominator), Ann Dempsey (PEI), Kathy Healy CNM2

Quality Improvement Award



On 22 September 2017, a team from St. Michael's Hospital won a quality improvement award at the 19th Annual Meeting of the European Pressure Ulcer Advisory Panel in Belfast. Their project was entitled "Zero Heroes: Working together to achieve no hospital acquired pressure ulcers."

Pictured I-r: Nicola Jackson, Margaret O'Toole, Bernie Farrelly, Aoife McDonnell, Jimmy O'Brien, Sinead Leonard, Erika O'Hanlon, Christine Gallagher

St Vincent's University Hospital

St. Vincent's University Hospital (SVUH) is one of the world's leading academic teaching hospitals providing front line, acute, chronic and emergency care across over 40 different medical specialities – in the country's only integrated multi-hospital campus.

We are recognised worldwide for setting standards of excellence in clinical diagnosis and treatment, education and research and a pioneering, multi-disciplinary approach to patient care. We are the only public hospital in Ireland with international accreditation.

Our Emergency Department (ED) is the major referral centre for the region for patients with strokes and major trauma. We are home to a number of national centres including the National Centre for Cystic Fibrosis, National Cancer Control Programme (NCCP), National Liver Transplant Programme and the recently established National Pancreas Transplant Programme.

Teaching, education and research are central to everything we do. We are at the international forefront of innovative, translational healthcare 'Bench to Bedside' research with our partners in University College Dublin. Our Education and Research laboratories complement the work of SVUH clinicians in the diagnosis and treatment of disease areas with over 15 postgraduate students working at any given time.

St. Vincent's University Hospital is part of the St. Vincent's Healthcare Group (SVHG) which also includes St. Vincent's Private Hospital, Elm Park, Dublin 4 and St Michael's Hospital, Dun Laoghaire, Co Dublin.



Commencement of robotic surgery at St. Vincent's University Hospital



In 2017, St Vincent's University Hospital took delivery of its first surgical robot, the Da Vinci XI. The provision of robotic surgery in SVUH is a leap forward in terms of the provision of 21st century surgical care for our patients. The planning and infrastructural modifications required to facilitate the robot and very specific ancillary services were overseen by an internal Steering Committee and Working Group. Notwithstanding the very significant challenges

presented in ensuring the hospital was appropriately equipped and prepared to commence robotic surgery, a collaborative inter-departmental approach was adopted to launch the service within agreed timelines while achieving the best value for money. As a result, the first robotic surgical procedure in SVUH was performed by Mr Barry Maguire, Consultant Urologist on Monday 16 October 2017.

Pictured: Mr Barry Maguire, Consultant Urologist at SVUH with the new Da Vinci XI robot

Diabetic Foot Patient Pathway: St. Vincent's Wins Best Integration Award at HSE Excellence Awards 2017



On 14 December, the multi-disciplinary Acute Diabetic Foot Pathway project team at St. Vincent's University Hospital (SVUH) won the Best Integration Award at the HSE Excellence Awards 2017 at a special awards ceremony in Farmleigh House in the Phoenix Park, Dublin.

The Acute Diabetic Foot Pathway Project was one of over three hundred projects entered for this prestigious award, with 11 finalists selected following a rigorous

selection process. This award is hugely significant for the project team and for St. Vincent's University Hospital.

The Acute Diabetic Foot Pathway is a multidisciplinary initiative developed to improve the care of patients presenting with complex diabetic foot conditions. The multidisciplinary team included; vascular surgeons, vascular clinical nurse specialist, podiatrists, tissue viability nurse specialist, endocrinologists, infectious disease specialist, allied health professionals, radiologists and bed management.

The Pathway sought to streamline existing services in a coordinated, budget-neutral, multidisciplinary team approach. An algorithm and booklet were developed from the current national guidelines (Model of Care for the Diabetic Foot, HSE, 2011) and international best practice guidelines.

The hospital is delighted to achieve such recognition for a new approach to a crisis-level problem. The Acute Diabetic Foot Pathway project was implemented in April 2016 and has been hugely successful. To date it has resulted in significant quality improvements and major cost savings including:

- 71% reduction in major limb amputations
- Reduction in hospital length of stay (LOS) from average of 26 days to 4 days
- Re-admission rate within 2 weeks reduced from 43% to 2.7%
- Cost savings of over €1.4 million in 12 months.

This initiative is now embedded practice in the hospital and continues to produce measurable quality care and cost savings.

Pictured above l-r: Mr. John Swords, Head of Procurement, HSE, Ms. Deirdre Cornally, Candidate Advanced Nurse Practitioner, Ms. Edel Kellegher, Senior Clinical Podiatrist, Ms. Niamh Williams, Vascular Nurse Specialist and Ms. Hilary Hurley, Spr Vascular

The Healthlink National Endoscopy eReferral Project – St. Vincent’s University Hospital

The Healthlink National Endoscopy eReferral Project is a joint project between the ICT and Gastroenterology Departments at St. Vincent’s University Hospital, the HSE and local GPs. The project commenced in April 2016 and its aim was to provide direct access to Endoscopy Services for GPs and to deliver an efficient and rapid eReferral pathway to enable this.

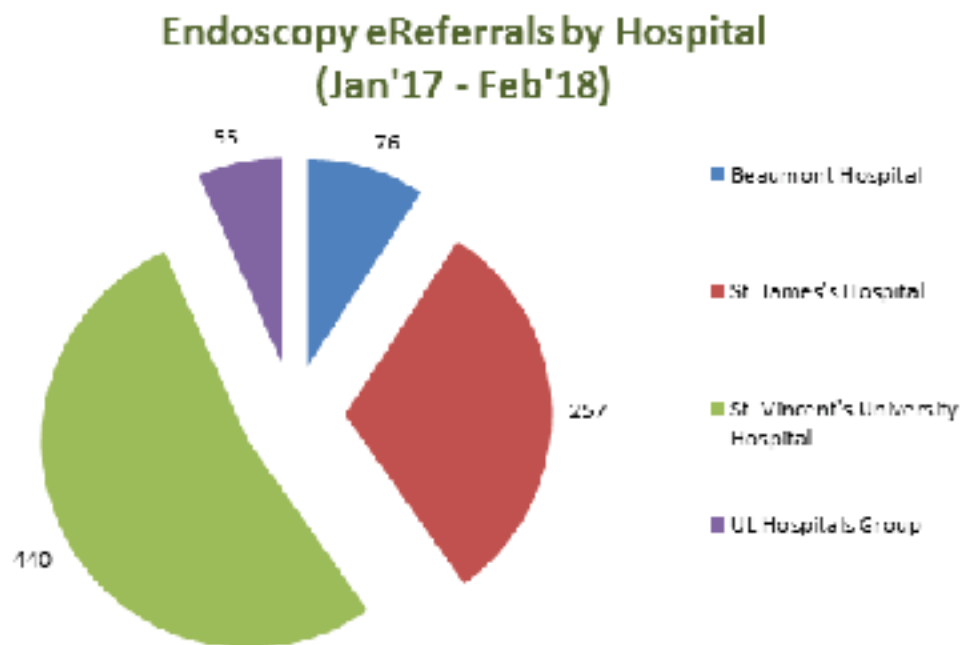
The pilot began at St. Vincent's University Hospital in December 2016 with 13 GP Practices selected to take part. After a successful pilot phase with positive feedback from the GPs and consultants alike, the service was rolled out to all GPs within the SVUH catchment, Beaumont Hospital Dublin, St. James's Hospital Dublin and the University of Limerick Hospital Group. These hospitals are currently accepting eReferrals and providing direct access to GPs for patients who require endoscopy services. The Mater Hospital were also invited to participate in the further roll out of this eReferral pathway. The Mater's ICT Department are currently working on integrating this referral into their existing systems.

By February 2018 SVUH had received 440 eReferrals; St. James’s has received 257 eReferrals, with smaller numbers to Beaumont and to the University of Limerick Hospital Group.

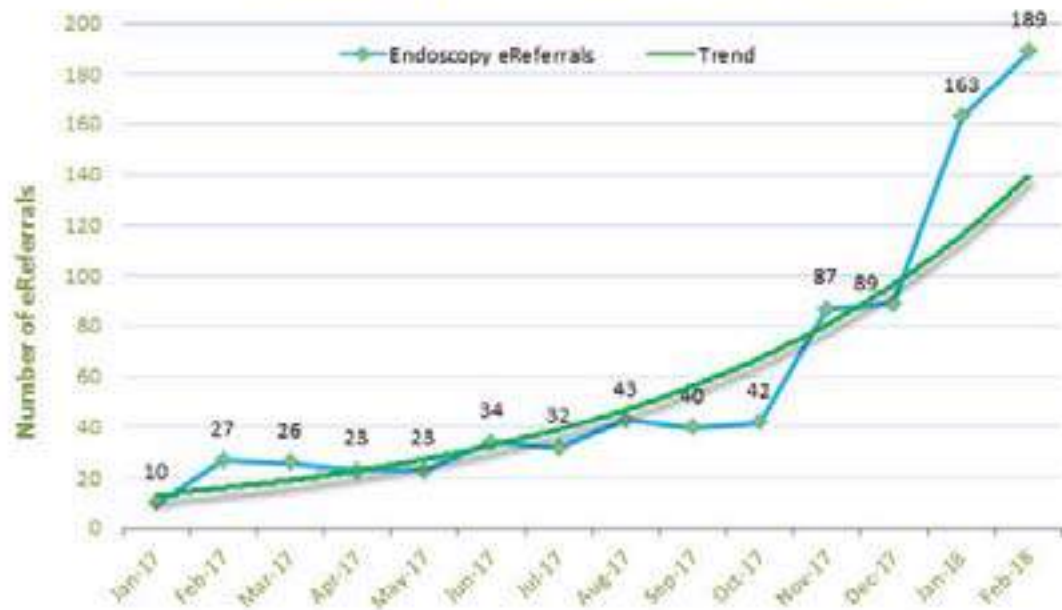
The electronic referral pathway offers significant benefits to the GP as most of the eReferral template is populated with information that already exists within the patient electronic record and an acknowledgement message is received by the GP once the eReferral has been triaged by the Endoscopy Service.

For the specialist, the eReferral template means that each referral letter conforms to an agreed template which ensures a high standard of information is received. This allows more efficient decision-making regarding the urgency of the referral.

For patients, the system allows direct access to an endoscopy and avoids the need for an outpatient attendance, thus shortening the time between presentation of symptoms and diagnosis.



Endoscopy eReferrals (Jan'17 - Feb'18)



Future Plans

The intention is to expand this service to all hospitals in the country that are in a position to offer direct access Endoscopy Services. This should have a significant impact on the quality of service GPs can deliver to their patients and directly impact on morbidity and mortality rates for upper and lower GI malignancies.

The NCCP under the direction of Dr. Maria Lafoy is working on national referral guidelines to clearly define what patients are appropriate for the service and when patients should be designated as "urgent" versus "routine". These types of concise guidelines have proved extremely valuable for eReferral to the rapid access cancer clinics.



Pictured l-r: Ms. Marian Ward, ICT Project Manager, SVUH; Dr. Nicola Cochrane, GP; Professor Hugh Mulcahy, Consultant Gastroenterologist at SVUH; Ms. Carla Flanagan, CNM3 Endoscopy Services SVUH; Ms. Gemma Garvan, Programme Delivery Director for Access to Information, HSE; Mr. Lloyd Felton, Head of ICT Projects, SVUH; Mr. Dermot Cullinan, Director of ICT, SVUH; Ms. Cecily Dawson, Head of Clinical Support, SVUH; Mr. Niall Sinnott, Director, Digital Primary Care, HSE; Dr. Brian Meade, GP; Dr. Donal McCafferty, GP and Ms. Kay Connolly, COO, SVUH

Wexford General Hospital



Wexford General Hospital is an Acute General Hospital providing services to the community of Co. Wexford and also to the adjoining counties of Waterford, Kilkenny, Carlow and particularly maternity services to Wicklow. WGH is a 280 bedded hospital providing Inpatient, Outpatient, Day Care,

Outreach and Emergency Services. The population of Co. Wexford is 149,605 (Census 2016) an increase of 3% since Census 2011. Due to its geographical location on the coast in the South East corner of Ireland, the population of Wexford increases significantly in summer months.

Clinical services are managed under three speciality groupings in line with the Clinical Programmes and National Recommendations:

- Women's and Children's Governance Group
- Medical and Emergency Medicine Governance Group
- Peri-Operative Governance Group

All specialty committees and governance groups are linked into the Quality & Safety Executive Committee.

Current Inpatient Services provided:

General Surgery – Radiology - General Medicine - Cardiac Diagnostics – Anaesthetics - Pharmacy
Gynaecology – Laboratory – Obstetrics - Health & Social Care Professionals – Paediatrics –
Radiology - Special Care Baby Unit - Intensive Care Unit - Coronary Care Unit

Current Day Care Services provided:

Acute Medical Assessment Unit - Emergency Department - Day Surgery Unit - Day Hospital for the Elderly - Dental Surgery – Endoscopy - Cardiac Diagnostics - Radiology

Current Outpatient Services provided:

General Medicine – Cardiology - General Surgery - Endocrinology/Diabetes Medicine
Respiratory Medicine – Paediatrics - Colposcopy Service - Hysteroscopy Service
Urodynamics - Ph Studies - Early Pregnancy Assessment Unit – Dietetics – Radiology
Physiotherapy - COPD Outreach - Cardiac Rehabilitation - Chest Pain Assessment
Pre-Admission Assessment for General & Gynae Surgery

Outreach Services for University Hospital Waterford

ENT – Orthopaedics – Dermatology – Oncology - Palliative Care

Baby Box Programme at Wexford General Hospital



In April 2017, Wexford General Hospital became the second hospital in Ireland to launch a Baby Box Programme aimed at reducing and raising awareness around infant deaths. Educating parents on how to care for newborn babies is at the centre of the baby box initiative. The use of Baby Boxes in conjunction with education initiatives has contributed to the reduction of cot deaths in Finland from 65 infant deaths per 1,000 births in 1938 to

2.26 per 1,000 births in 2015. Ireland's infant mortality rate is currently 3.7 per 1,000 births.

The education programme was compiled with a multidisciplinary team input. The focus was to provide a complete package informing the women what supports are available to them both in the hospital and the community. Key professionals involved included Consultant Obstetricians and Paediatricians, a Public Health Nurse, Psychiatric Nurse, Dietician, GP, amongst many others. The programme was divided into three headings: pregnancy, labour and delivery and baby. Some of the topics covered included diet in pregnancy, smoking cessation, what support the GP and Public Health Nurse can offer, safe sleep for you baby and how to recognise signs of illness in your baby, amongst many others.

The Baby Boxes, which are made from a durable cardboard and come with a firm mattress, waterproof mattress cover, and fitted cotton sheet, are traditionally used in Finland as a baby's bed for the first few months of life, replacing the need for a traditional Moses basket or cot. It is thought the small size of the Baby Box prevents babies from rolling onto their tummies, which experts think can contribute to sudden infant death syndrome.

Most importantly, families receiving a Baby Box will have access to the Baby Box University, a comprehensive maternal and childcare education platform, available from pregnancy onwards. Developed with leading medical experts around the world, Baby Box University enables each of its healthcare partners to customise the educational content to suit local needs.

The Baby Box programme will see parents who complete e-learning modules provided with a free Baby Box for their infant to sleep in. The online education element is inclusive and accessible, easy to follow and available in multiple languages, reflecting the growing diversity of Irish labour wards. Women can sign up for the Baby Box University e-learning at their ante-natal clinic.

Educating parents on how to care for themselves and their baby during pregnancy and afterwards is at the centre of the Baby Box initiative. Wexford General Hospital is aiming to encourage every new mother to sign up to the Baby Box University and receive a free Baby Box. This will facilitate the hospital in educating parents on good health in pregnancy, encourage safe sleep practice and highlight when and where to look for help and advice.

To date, 968 families have accessed the education programme. Our plan now is to audit and evaluate the programme's effectiveness from the parental perspective and to update or make any changes as required.

Pulmonary Rehab Pilot Project at Wexford General Hospital

A pulmonary rehabilitation (PR) pilot programme was established in June 2017 by the Physiotherapy Service in Wexford. In total **46** service users were pre-assessed for inclusion, from which 37 were enrolled. Four concurrent programmes ran across two sites in Wexford from 3 July to 8 September and the key results were as follows:

- **89%** of participants showed an improvement in Respiratory Health
- **89%** improved their 6 Minute Walk Test distance with **82%** achieving the minimum clinically important difference (MCID)
- **100%** improved their 5 Rep Sit to Stand time with **80%** achieving MCID.
- **100%** of participants improved their Timed Up and Go time.
- **100%** improved their 4m Gait Speed with **90%** meeting the MCID.
- **96%** of participants improved their Understanding COPD (UCOPD) score
- The average score for Pulmonary Rehab satisfaction in the UCOPD was **93%**.
- **80%** of participants showed an improvement in the St. George Respiratory Questionnaire with 55% achieving the MCID.

	6 months prior to rehab	During pulmonary rehab
Hospital Admissions	14	4
GP Attendances	112	28
In-patient bed days	115	12
Approx. in-pt. bed costs	€115,000	€12,000

Total approximate saving during the 3-month pulmonary rehab intervention: €45,500

As can be seen from the pilot data, pulmonary rehab is an effective, efficient, patient-centred approach to management which will have significant health system cost benefits when fully operational.



*Pulmonary Rehab Team
(l-r): Olga Riley,
Integrated Care
Physiotherapist, Sara
Leacy, Senior
Physiotherapist – COPD
Outreach, Emer Sarsfield,
CNS – COPD Outreach
and Niall Kennedy, CNS
– Respiratory*

Opening of Herbert Amon Unit

The Herbert Amon Unit which includes a new early pregnancy assessment unit, foetal assessment unit, urodynamics department, CNS in diabetes service, and integrated hospital/community maternity services was opened in September 2017 at Wexford General Hospital at a cost of over €1 million from the generous bequest of a local businessman.

The impressive Herbert Amon Unit is named after the Austrian-born owner of the former Wool Shop at 39 South Main Street in Wexford, who left over €1.5 million in his will to be used for improved hospital services for children. His entire estate was given to the Friends of Wexford General Hospital, who honoured his last wishes.

This modern purpose-built facility is a badly needed addition to the footprint of the hospital which will allow services to be delivered in an appropriate environment. The focus of the services is towards promoting women's health during and after pregnancy to ensure optimum outcomes for the newborn and mother and to improve the care, dignity and privacy of mothers-to-be.



Services delivered at the Herbert Amon Unit:

- **An Early Pregnancy Assessment Unit (EPAU)**

The function of an EPAU is to make an early, correct diagnosis of ongoing pregnancy or pregnancy loss (miscarriage or ectopic pregnancy), followed by timely, effective treatment in a caring and supportive environment.

- **A Foetal Assessment Unit (FAU)**

The Foetal Assessment Unit is a day care unit that provides care for pregnant women with high risk pregnancies that require surveillance such as Intrauterine Growth Retardation (IUGR), Small for Gestational Age (SGA), Pre-eclampsia, threatened preterm labour etc. A midwife and doctor provide monitoring (CTGs) and ultrasound scans for such cases. Women may also be seen in FAU if they require blood pressure assessment or profiling. The midwife will carry out an abdominal

examination, take blood pressure, urine and blood tests, and may carry out foetal monitoring, and/or a scan if required.

- **Urodynamics Department**

This department provides a range of services and diagnostic testing for the out-patient and in-patient female population with urinary symptoms or incontinence problems

- **Clinical Nurse Specialists in Diabetes Service**

The Diabetes CNS Service provides outpatient care through nurse-led clinics with an emphasis on the growing cohort of patients presenting with gestational diabetes in pregnancy.

- **Integrated Hospital/Community Maternity Services**

The Integrated Hospital/Community Midwifery Led Service (IHCMS) provides care to women who meet normal risk criteria and are a team of midwives that provide antenatal care and early transfer home with a postnatal visit at home.

- **Urogynaecology Physiotherapy Service**

This is an outpatient physiotherapy service. It provides expert physiotherapy assessment, treatment and advice to patients presenting with urinary and faecal incontinence. Part of the remit of this service also extends to the obstetric population presenting with both ante-natal and post-natal pain, continence issues and limitations to participation in the activities of daily living.

University College Dublin

University College Dublin

Clinical Research Centre (CRC)

The UCD Clinical Research Centre (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.

The UCD Clinical Research Centre (CRC) supports the objectives of the Ireland East Hospital Group, principally by underpinning the development of a vibrant research endeavour, from campus to hospital to community.

The major strategic objectives of the UCD CRC include:

- **Build on the success to date of the UCD Clinical Research Centre at MMUH and SVUH. Expand the activity across the Ireland East Hospital Group**

We have grown the research activity significantly. Across all activity domains there are more studies ongoing, having bigger impacts. For example, we are at the centre of many network studies being delivered through the IEHG network and beyond.

- **Become a leading centre for graduate education in clinical and translational research**

We have developed a comprehensive graduate education programme in clinical and translational research. Through our multiple programme formats we are responding to the needs of both the academic and industry sectors.

- **Support UCD and IEHG ambition to be a leading European academic-led acute hospital network**

Through the CRC we have developed significant high impact research activity. Our investigators have a combined field weighted citation impact of over 2. Furthermore, we are leading a number of large scale European clinical investigation networks including POPART and Convince.

- **Ensure that our patients have rapid access to the best available treatments and that novel interventions are developed and that these are successfully implemented in routine healthcare practice**

Through our clinical trial activity, both industry and academic initiated, we are at the leading edge of testing new medicines. By establishing the CRC facilities and supports we are attracting these studies to our sites, benefiting our patients.

- **Maintain a diversified income stream for the UCD Clinical Research Centre through an appropriate level of clinical trial, investigator-led studies, laboratory services and educational activity**

We have substantially grown the direct CRC income over the last two years. Income has grown in all areas of activity, from Clinical trials, to Education programmes, to Scientific Services. In addition, we have grown the research income to the university by providing supports to our investigators.

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

Clinical Research Activity

Across our research sites, 228 studies were ongoing over the past year, including 65 newly initiated studies.

Of the active studies, 133 are clinical trials while 95 are observational, translational, biobanks, registries or device studies. It is important to note that a significant proportion of the studies are academic initiated: of the 228 active studies, 126 were academic-initiated and 102 industry-sponsored.

Within the clinical trials, the primary focus is on early to mid-phase trials:

- 79 Phase 3 Studies
- 27 Phase 2 Studies
- 21 Phase 4 Studies

In aggregate, these studies accounted for over 6800 patient contacts (including 3550 contacts in clinical trials and 2500 in observational studies). Studies active during 2016/17 were managed by 60 Investigators, with an average of 3.8 studies per Investigator.

Health Systems Research

About Health Systems at UCD

The School of Nursing, Midwifery and Health Systems is one of the largest schools in UCD with an extensive and diverse portfolio of educational and research programmes, and multiple and well-developed links with key stakeholders in clinical practice, health service management, health policy and professional regulation. Established in 2014, the Health Systems team is an expanding, dynamic, inter-disciplinary group of researchers in the School working across a broad range of health and social sciences disciplines.



The Health Systems team has expertise in multi-level systems research and a comprehensive knowledge of research designs and methodologies. The team's research approach is underpinned by rich contextual analysis, interdisciplinary approaches and co-design with healthcare professionals, patients and the public. The Health Systems team is informed by the belief that synthesising evidence from systematic and realist reviews of the literature with findings from socio-technical systems analysis of current policy and practice and translating this evidence into knowledge can inform the design of evidence-based, customised interventions that are more likely to be successful and sustainable.

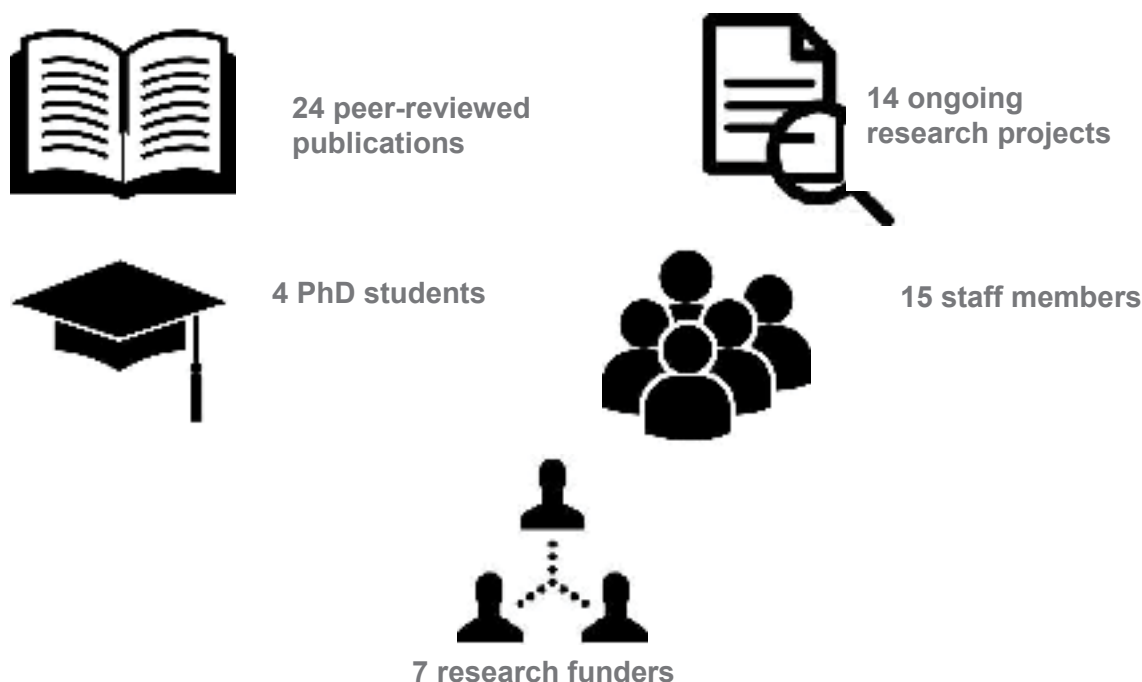


www.nmhs.ucd.ie/research/our-research/health-systems



twitter.com/UCDHealthSystem

2017 in Numbers



Partnership with IEHG

The Health Systems team worked closely with IEHG senior management and its 11 hospitals in 2017 on research in a number of areas, including:

- Developing and testing a collective leadership intervention for healthcare teams to improve quality and safety.
- Mapping activities where senior management teams are collaborating across the hospital group.
- Conducting a social network analysis to inform hospital group development.
- Developing new pathways of care for frail elderly patients.
- Developing a Health Systems Research Strategy.
- Collaborative research grant applications to address priority areas.
- Research workshops and building research capacity across hospitals in the group.
- Working with healthcare staff as co-researchers.
- Engaging patients and the public in research and service improvement.
- An IEHG-funded PhD on what enables Irish healthcare teams to work effectively.
- An Irish Research Council Employment Based Scholarship for a PhD on psychological safety in teams.

The activities and achievements in 2017 of one of these research projects, the Co-Lead research programme, are outlined below.

Collective Leadership and Safety Cultures Research Programme



Co-Lead

The 'Collective Leadership and Safety Cultures' (Co-Lead) programme is a five-year research project, funded by the Health Research Board and Health Service Executive, that aims to support quality and safety cultures and positively impact patient care through the development of a new model of collective leadership that is associated with effective team performance in healthcare.



The Co-Lead programme is drawing 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 research programme's approach is 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.

During a six-month period in 2017, the research team in UCD, healthcare professionals and patient representatives co-designed a collective leadership intervention for healthcare teams. A co-design approach was used to ensure that the intervention components are grounded in the needs and real-world experiences of healthcare staff. The researchers also completed data and evidence gathering activities that fed into the co-design process and intervention. The co-designed intervention toolkit includes a range of intervention components, including foundational elements targeting enhanced team performance and patient safety awareness, and more advanced components targeting specific aspects of team performance, safety culture and collective leadership.

The research team has selected four different team types (a ward team, directorate team, speciality team and inter-hospital team) to test the impact of the intervention on staff performance and patient safety. The intervention phase will follow a structured approach with the teams over a 12-month period. Each intervention component has CPD accreditation (1.5 points per session) by the Royal College of Surgeons Ireland.



Local Implementation Team, Surgical 1 Team, Perioperative Directorate, Regional Hospital Mullingar

The second and third time point surveys with General Managers/CEOs, Lead Clinical Directors and Directors of Nursing in the 11 IEHG hospitals, as well as the IEHG Executive Team, were completed in 2017. Findings from the three time point surveys and qualitative interviews will be analysed and mapped to determine if collective leadership emerged following the establishment of the hospital group, and to explore barriers and facilitators to more integrated and collaborative ways of working across the group.

Preliminary findings on aspects of the Co-Lead programme were disseminated via oral and poster presentations at 10 national and international conferences in 2017, including the Second National Patient Safety Office Conference, European Association for Work and Organisational Psychology Congress, International Society for Quality in Healthcare Conference, and the BMJ International Forum on Quality and Safety in Healthcare. The protocol paper 'Collective Leadership and Safety Cultures (Co-Lead): Protocol for a pilot evaluation of the impact of a co-designed collective leadership intervention on team performance and safety culture in Ireland' was published by *BMJ Open* in November 2017, and further peer-reviewed journal articles will be published by the research team and collaborators in 2018.

The research team also attended the European Health Management Association Conference in Milan in June 2017. In addition to a conference session on the Co-Lead programme, Prof Eilish McAuliffe organised and chaired a session at Bocconi University on 'Doctors vs Managers: Are Nurse Executives the answer?'. In several countries, physicians hold many of the key executive and strategic positions in healthcare and there has been much debate in the literature about the merits of physician engagement and leadership in the planning and delivery of healthcare. By comparison, there is relatively little discussion about nurses in executive leadership roles, despite an extensive literature on nursing leadership of the nursing function in healthcare organisations. The session was designed to generate discussion and debate on the question: "Do nurses make good healthcare strategists and executives?"

Ireland is unique in having a senior nursing position in both the policy (Chief Nursing Officer, Department of Health) and delivery (Health Service Executive) arms of our health system. Half of the hospital group CEOs have nursing backgrounds. In addition, several nurses hold the position of Chief Operating Officer (COO) within level 4 hospitals. As a country, Ireland is therefore well

placed to contribute to this debate on the nurse executive. Presentations were delivered by Mary Wynne (Director of Nursing and Midwifery Services, HSE), Mary Day (CEO, IEHG), Kay Connolly (Chief Operating Officer, St. Vincent's University Hospital), Suzanne Dempsey (Chief Director of Nursing, Children's Hospital Group and Honorary President IADNAM), Prof Martin McNamara (Professor of Nursing, School of Nursing, Midwifery and Health Systems, UCD), and Barbara Mangiacavalli (President, Italian National Nurses Association).



Ms Róisín O'Donovan, Ms Marie O'Shea, Dr Aoife De Brún, Prof Eilish McAuliffe, Dr Marie Ward (UCD) and Ms Una Cunningham (Mater Misericordiae University Hospital) at the European Health Management Association Conference 2017, Milan, Italy, June 2017



Mary Day (CEO, IEHG) presenting at the 'Doctors vs Managers: Are Nurse Executives the answer?' session, Bocconi University, Milan, Italy, June 2017



Kay Connolly (Chief Operating Officer, St. Vincent's University Hospital) presenting at the 'Doctors vs Managers: Are Nurse Executives the answer?' session, Bocconi University, Milan, Italy, June 2017



Mary Wynne (Director of Nursing and Midwifery Services, HSE) presenting at the 'Doctors vs Managers: Are Nurse Executives the answer?' session, Bocconi University, Milan, Italy, June 2017



Suzanne Dempsey (Chief Director of Nursing, Children's Hospital Group and Honorary President IADNAM) presenting at the 'Doctors vs Managers: Are Nurse Executives the answer?' session, Bocconi University, Milan, Italy, June 2017



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