

Corporate Annual Report 2011

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Chairman's Report

I was appointed Chairman of the Board of Governors in November 2011. I am grateful to my fellow Governors for their support in this appointment. It is a great honour and privilege to hold this position, particularly being the first woman in the long history of the Rotunda so to do. The Board is deeply indebted to my predecessor Alan Ashe who held the position of Chair for the past 10 years. On behalf of the Board I extend our heartfelt thanks to him for his leadership and guidance throughout his term of office. Michael Horgan has been appointed to the position of Honorary Secretary and Alan Ashe has agreed to hold the position of Honorary Treasurer.

9,116 mothers gave birth to 9,319 babies >500 grams, which represents another extraordinarily busy year for the Hospital. The economic difficulties facing Ireland continued, leading to more budgetary constraints and further reduction in the financial allocation to the Rotunda. This resulted in increased pressure on the clinicians and staff but despite this, the outcomes are excellent. We are grateful to all the staff for their dedication to the work of the Hospital and the maintenance of the high standard of care that makes the Rotunda the hospital of choice for mothers and babies.

The North Dublin Hospital Group continued to meet reviewing areas such as human resources, finance and information technology as well as some clinical areas. The positive aspect from this group is the generation of closer co-operation between the hospitals.

On the strategic planning side, it was noted that planning permission for the National Children's Hospital was applied for and the Rotunda continued its planning to be the maternity hospital on the site of the NPH at the Mater. In the meantime, to deal with the increased activity, and to create more space, consideration was given to development on Parnell Square West.

Work continued throughout 2011 on matters to deal with risk, quality and safety. Work also continued on corporate governance, culminating in the adoption by the Board of revised Structures and Code of Practice for the Rotunda Hospital Board of Governors.

The Board is grateful for the work and support of the Master, Dr Sam Coulter Smith, the Secretary/Group General Manager, Pauline Treanor, and the Director of Midwifery/Nursing, Margaret Philbin. I also wish to express my gratitude to all members of the Board.

Ms Hilary Prentice,

Chairman

Master's Report

2011 was another extraordinarily busy year for the hospital. For the first time 9,116 mothers were delivered. The total number of babies greater than 500 grams was 9,319. This unprecedented level of activity took place in a time of serious constraint with a reduced allocation from the HSE, a moratorium on employment and a reduced headcount. It is a tribute to the skill, dedication and hard work of our midwives and medical staff that this level of activity was managed so safely. The corrected perinatal mortality rate for the year was 3.9 per 1,000.

Over the last five years the number of deliveries has increased by almost 40%. This obviously puts a huge strain on our existing limited resources and facilities and we continue to press the case for providing additional facilities on the Rotunda site in Parnell Square, while at the same time continuing to discuss a new maternity facility tri-located with the new Mater and proposed National Children's Hospital.

During the year there have been significant discussions between the Mater, Children's University Hospital, Temple Street and the Rotunda Hospital in relation to how efficiencies can be gained through sharing of services by acting as a virtual campus wherever possible. These discussions take place under the structure of the North Dublin Hospital Group and will hopefully lead to closer co-operation between our adult and paediatric neighbours and ourselves.

2011 saw the launch of the hospital's new Strategic Plan, which takes account of:

- Implementation of objectives and priorities from our last Strategic Plan 2007-2011
- National plans for the reconfiguration of maternity services in the Dublin region
- Recommendations from relevant key reports such as Lourdes Hospital Inquiry, the National Cancer Screening Programme, and the Building a Culture of Patient Safety Report
- Recommendations regarding best practice for clinical care
- Health and demography of the population we serve

The objective of the process was to develop a strategic plan for the Hospital, which would build on current realities and requirements, including:

- Planning and progressing the move to the Eccles Street site
- Proactively managing existing activity levels and resulting risk issues
- Ensuring existing partnerships are sustained and appropriate new ones are established
- Managing severe resource constraints efficiently and creatively (including headcount ceilings)
- Developing key services in a strategic manner

Mr Alan Ashe stepped down as Chairman of the Board of Governors after ten years and was replaced by Ms Hilary Prentice. I wish to acknowledge Alan's leadership and his vision for the Rotunda and look forward to his ongoing membership of the Board. I wish Hilary every success for her tenure as Chairman. Dr Bill Blunnie retired from the Department of Anaesthesia after over 29 years of service.

The Annual Charter Day lecture was given by Dr Michael O'Dowd, Chairman of the Institute of Obstetricians/Gynaecologists. Michael is a renowned medical historian and author as well as a retired skilled obstetrician, and he gave a wonderful lecture on the life of James Marion Sims, the famous American gynaecologist. The GP study evening took place in November. This event goes from strength to strength with 90 of our local GP colleagues attending.

The economic downturn has proved a significant challenge for fundraising, however the Friends of the Rotunda continue to support research within the hospital and the annual golf classic in Milltown Golf Club proved to be a very successful fundraising and social event. Mrs Frances Gardiner took over as Chair of the Friends and a very significant timetable of events has been planned for 2012.

The Hospital Management Team faced an extraordinarily difficult year keeping within our reduced budget allocation. This was achieved through a series of one-off savings and a significant efficiency drive. Unfortunately I think next year will be even more difficult with the HSE intimating a further budget reduction and a proposed incentivised early retirement scheme.

The Board of Governors of the Hospital take their role of governance very seriously and I would like to take this opportunity to thank them all sincerely for the hard work that they put in, particularly the Chairmen of the various Board Sub-Committees who put in a huge amount of work for the hospital.

The job of Master would be impossible without the support and commitment of all the hospital staff who put enormous effort into ensuring that the hospital remains safe at all times. The perinatal morbidity and mortality outcomes in 2011 compare favourably with national and international standards. However, there is a definite link between activity and risk and with a significant increase in the number of simultaneous emergencies, combined with the loss of experienced clinical and support staff the risk of adverse incidents increase. It is vital that maternity services get onto the political agenda so that this demand led service can be funded appropriately.

Dr Sam Coulter-Smith,

Master

Secretary/Group General Manager's Report

The hospital had the busiest year in its 266 year history with 9,319 babies over 500 grams born. Maintaining a quality safe service in a building not designed for this level of activity and with ever decreasing resources, both fiscal and human, is challenging to all staff and I wish to acknowledge their commitment, loyalty and resourcefulness in maintaining the high standards that are a trademark of the Rotunda.

Employment Control Framework

The effects of the Voluntary Early Retirement (VER) and Voluntary Redundancy Schemes (VRS) that came into effect on the 31st December 2010 were immediately felt at the beginning of the year. Some of the staff who left under the VER and VRS worked in stand alone positions that require the work to be continued. This required some areas to take on additional work and the hospital has outsourced some services e.g. the copying of patient records requested under the Open Access or FOI routes as well as records required for legal cases. There is a cost implication to the hospital in doing this as effectively the budget that went with the personnel doing this work was also lost to the hospital.

The Rotunda Hospital had an overall headcount ceiling reduction of 30.21 WTE in 2011 in a year that saw a 5% increase in births. There has been significant reduction in support staff headcount in the past few years while the hospital has tried to protect the midwifery and nursing numbers to support direct care to patients. The impact of the moratorium and recruitment embargo has had a major effect on the ability of the hospital to continue to deliver non-direct support services to the high standards the hospital aspires to and are expected by the public. The non replacement of staff that left or went on paid leave such as maternity leave has put additional strain and responsibility on the remaining staff.

The public service cost neutral early retirement scheme introduced in 2011 resulted in significant interest from senior longstanding staff, particularly in the midwifery/nursing field. If all will be approved for the scheme a significant skills and knowledge exodus will occur.

Service Pressures

A demand led service such as that provided in The Rotunda Hospital results in major challenges in the operation of a safe environment when staffing levels and finances are being constantly and consistently reduced. This was particularly so in the face of increasing numbers of women booking for maternity care in 2011. The hospital has undertaken significant reviews in the services provided

with the realisation that bed closure or major service curtailment are not an option for our hospital. Services such as bone density scanning that are not essential to the provision of maternity care have to be curtailed or ceased. It is most unfortunate that services that provide a value added approach to care have to be axed.

Infrastructure

Achieving maximum efficiency in service management is difficult in a building of 250+ years old. Services have to be delivered and supported in whatever space is available rather than in a compact service area e.g. Early Pregnancy Assessment Unit is located in a building separate from the main hospital ultrasound area and therefore separate administrative and other support staff are required to facilitate it. Each delivery suite room is used between 3-4 times each day. This is well in excess of best practice. We continued to work with the HSE and other relevant stakeholders on the progression of plans to tri-locate with the new National Children's Hospital and the Mater hospital as recommended in the KPMG Report on the Future of Maternity Services in the Greater Dublin Region (2009). We also worked on developing plans to relocate the HARI Unit on site to facilitate the development of Metro North. The plans included some additional space to relieve the immediate pressures within the clinical areas. Unfortunately we were advised late in the year that the Metro North project is deferred.

Quality, Safety and Risk

Following the publication of the 2009 National Report on Organ Retention the hospital was subject to external reviews of post mortem practices. The last of these reviews was carried out in January 2011 and a very positive report was issued advising that no further reviews were necessary and recommending that Rotunda documentation should be forwarded to the HSE as an example of best practice. The National Review of Miscarriage Misdiagnosis was published and the hospital met with a small number of women affected by this matter. The hospital complied with a number of national self assessments in areas such as hand hygiene and infection prevention and control during the year with good results.

Governance

The Board of Governors undertook a review of governance throughout the hospital. This resulted in updated terms of reference for committees and a code of governance for the Board. The governance of HARI, the Private Clinics and the RCSI facilities were also reviewed and a number of changes are planned. These include HARI having its own separate legal status with a Board and CEO to oversee its activities and the Private Clinics having a Business Manager.

Strategic Plan

A new Strategic Plan covering 2011 to 2013 was developed and approved by the Board. This plan is designed to assist the hospital in developing and planning clinical, academic and manpower areas as well as managing the hospital's relationship with all stakeholders and particularly patients.

Relationship with HSE and other Stakeholders

As a voluntary hospital the Rotunda is funded under Section 38 of the Health Act 2004. A Service Level Arrangement (SLA) is produced by the HSE on an annual basis outlining the arrangements for healthcare provision between the hospital and the HSE. These provisions are monitored through various key performance indicators which are reviewed at regular meetings between the HSE and the hospital. I want to acknowledge the local HSE network team led by Ms Anne O'Connor for the support they have provided to the Rotunda in 2011.

We worked very well with Dublin City Council, An Garda Síochána and the army in the weeks leading up to and during Queen Elizabeth's historic visit to the Garden of Remembrance on May 17th 2011.

Acknowledgements

I also wish to acknowledge the support and advices received from my colleagues in other hospitals in particular the North Dublin Hospital Group and the National Maternity and the Coombe Hospitals and the wider hospitals group represented in the voluntary hospitals CEO Group. I also acknowledge the support received as part of the Dublin Hospitals Risk Management Forum.

I want to acknowledge and thank all staff particularly the senior managers in the Rotunda for their hard work and support to me in 2011. I thank the Master Dr Sam Coulter Smith, the Director of Midwifery and Nursing Ms Margaret Philbin for their support in a very busy and difficult year. I would like to acknowledge the wonderful support provided by Ms Claire Murphy, my personal assistant and to thank her for all the work she undertakes on behalf of the Board and its Sub-Committees. The Board of the Hospital works tirelessly and I want to thank them and in particular Mr Alan Ashe for his leadership as Chairman over the past 10 years. I offer Ms Hilary Prentice very good wishes for her tenure as the new Chairman and I know she will continue to support the ethos of the hospital first established by Bartholomew Mosse in 1745. We look forward to celebrating the 300th anniversary of the birth of Bartholomew Mosse in 2012.

Ms Pauline Treanor,

Secretary/Group

General

Manager

Director of Midwifery/Nursing's Report

2011 was the busiest year since the establishment of the hospital with record numbers of babies being born. High activity levels and patient acuity continued to place an enormous strain on resources both human and financial. The diversity and complexity of our client group coupled with financial restrictions provided a challenge to staff in the provision of safe, quality care. Midwives and nurses, who constitute the largest cohort of staff in the Rotunda Hospital worked tirelessly to meet the needs of women and their families who attended the hospital. The commitment and dedication of our staff and their overall standard of professionalism is commended.

Key objectives in 2011 included a focus on maintaining safety, minimising risk and the provision of high quality care while at the same time supporting staff health and development. Midwifery and nursing staff initiated and contributed to numerous developments in this regard.

Early Warning Scoring System

Work was completed on the development of an Early Warning System. The system is the integration of the elements of knowledge of risk, monitoring and predicting risk, disseminating the information and responding to the early warning signs thus aiding recognition and management of a deteriorating patient. The system was piloted in General Prenatal with phased rollout to other areas.

Midwife-Led Debriefing

Communicating with patients is an extremely important element of care. This is especially important when the patient's experience has not matched their expectations or plans. A midwife led debriefing service for patients was introduced in August 2011 with senior midwifery staff working in tandem with obstetric staff to improve the system of feedback available to all mothers and families. Capacity has been a problem for the hospital in recent years and the focus has been on supporting women who deliver outside of the Delivery Suite or who raise a concern about the midwifery/nursing care provided. This service facilitates the organisation to identify opportunities for improvement and support to mothers who wish to talk about their experience and has proven to be a very successful quality initiative. The service will be audited on a regular basis.

Departmental Safety Meetings

The Clinical Managers/CMM3s contributed to the success of departmental patient safety meetings which commenced in 2011. The risk register, training and development, clinical audit and medication

safety are standing items which are routinely discussed. The meetings provide an excellent opportunity to focus on learning and improvements at a local level.

Patient Satisfaction

Patient satisfaction is one of the measures used to indicate how well we are performing as a hospital. A specially adapted patient feedback form was introduced on a pilot basis to the Lillie Suite in the latter part of 2011. The form was made available to every woman (following delivery) shortly after their admission to the ward. The aim was to encourage women to express their satisfaction or dissatisfaction to a staff member while they were still an inpatient to enable remedial action to be taken as quickly as possible when/if necessary. This pilot project has provided an insight into the patient experience which will assist us improve the experience for mothers and reduce complaints.

Services Provided by Midwives and Nurses

The midwifery and nursing staff, supported by maternity care assistants provide a wide range of services for and care to pregnant women throughout their pregnancy, birth and postnatal period. These services include the provision of antenatal care in a variety of clinical settings, both hospital and community based; preparation for parenthood education; ultrasound examination; advice and examination in the Assessment and Emergency Unit; labour and delivery support; postnatal care including early transfer home services and advice including breastfeeding support and support for those who are suffering from postnatal depression and bereavement. Nurses and midwives care for sick babies and provide help and support to mothers to care for their babies.

Women with gynaecological problems are cared for as outpatients, day patients or inpatients and theatre staff care for women undergoing obstetric and gynaecological procedures. Midwives and nurses are involved in the provision of regional services to women suffering sexual assault and requiring cervical screening and subsequent treatment.

These services continue to be provided to a very high standard despite increasing activity, capacity constraints and diminishing resources and I would like to take this opportunity to thank each and every one of my midwifery and nursing colleagues for their dedication and commitment to the provision of care for women, babies and families.

Staffing

Despite endeavours to protect frontline services it has been difficult to maintain adequate staffing levels in 2011. The continued moratorium on recruitment and the non replacement of staff availing of early retirement schemes had a negative impact on staff numbers in the hospital and all staff were called upon to reinforce their efforts to maintain standards.

Assistant Directors of Midwifery/Nursing	Ms P Williamson, Ms F Hanrahan, Ms M Keane, Ms B Beirne-Moore (PT)
Practice Development Co-ordinator	Ms M O'Reilly, Ms A O'Byrne (PT)
Night Superintendent	Ms G Birrane (retired 31/01/2011), Ms J MacFarlane (Acting)
Infection Prevention & Control ADOM	Ms M Brennan

Other Grades of Staff in Post on 31st December 2011

Post	WTE in post
Advanced Nurse Practitioner (Neonatology)	2
Clinical Placement Co-ordinator (BSc Midwifery)	2.85
Allocations Officer (BSc Midwifery)	0.7
PGDM Clinical Co-ordinator	1
Neonatal Discharge Co-ordinator	1
CMM 3	7
CMM 2	21.68
CMM1	30.64
CMS/CNS	10.72
Clinical Skills Facilitator	2.65
Colposcopy Nurse Co-ordinator	3
Staff Midwives	137.09
Staff Nurses	79.1
Student Midwives	21.5
Maternity Care Assistants	33.69

Appointments (WTE) = 57		Resignations/Retirements (WTE) = 28.64	
Midwives/Nurses	Midwifery Students	Midwives and Nurses	Midwifery Students
36	21	27.64	1

Education

Promoting and supporting lifelong learning and continuing professional development for staff is very important for the hospital. Training and development facilitates improvement in patient care by assisting the healthcare team to develop their knowledge and skills and utilise them for the benefit of women and babies.

Midwifery and nursing staff continued to be supported to:

- attend education sessions facilitated by the Centre for Midwifery Education with assistance from Rotunda staff
- undertake undergraduate and postgraduate university courses
- in-house education programmes

All of these activities contribute to the hospital's strategic objective of improvement in patient care, provision of the opportunity for staff to advance their professional careers and to encourage and facilitate the dissemination of relevant research.

On the 7th September last, a conference called 'Building a Better Tomorrow' was held in The Pillar Room. This conference was organised by the Practice Development Team. The conference was attended by Rotunda hospital midwives, practising midwives nationally including Northern Ireland, public health nurses, practice nurses, general practitioners and student midwives.

The theme focused on patient safety and continuous improvement in the delivery of care. A unique feature of the conference was an emphasis on 'self care' for staff and methods of improving the working environment to make it more productive and efficient for both staff and patients. The conference proved to be extremely successful with over 120 delegates attending.

Staff Health and Welfare

The health and welfare of all staff is a priority area for the hospital in recognition of the fact that they are our greatest asset. Work continued throughout 2011 to encourage staff to adopt a healthier approach to life by supporting an in-house smoking cessation programme and other healthy initiatives. The Occupational Health Department plays an important role in employee welfare and routine health clinics were facilitated on a weekly basis to assist staff. The management of occupational blood and body fluid exposure is an important occupational health role. Induction

training and in-service education for all employees was used as an ongoing measure to heighten awareness and reduce exposures during the year.

A sharps EU directive was introduced in 2010 to prevent injuries and subsequent exposure of healthcare workers to blood borne viruses. The aim of this directive is to ensure that staff work in the safest possible environment using the safest devices/equipment. Work is progressing to ensure that devices and equipment are as needle free/safe as possible.

Influenza vaccination clinics commenced in October with 37% of staff vaccinated by the end of December. The hospital took the initiative of organising walk-in influenza vaccination clinics for pregnant women to minimise the risk of infection to that cohort of patients. This initiative resulted in less women requiring admission with H1N1 and influenza disease.

Conclusion

In conclusion, I wish to thank the Chairman, Mr Alan Ashe (to November 2011) and the Board of Governors, the Master, Dr Sam Coulter-Smith and Secretary/General Manager Ms Pauline Treanor and all hospital staff for their continued support during 2011. I would like to take this opportunity to welcome our new Chairman of the Board, Ms Hilary Prentice and wish her well in her new role. I also wish to acknowledge the many external agencies that have continued to support the work of the hospital in 2011. My thanks to my wonderful office colleagues Ms Carol Paget and Ms Ger Fox; they are extremely dedicated and terrific people to work with. I wish to express my sincere thanks and gratitude to the Assistant Directors of Midwifery and Nursing and all the midwifery and nursing staff throughout the hospital; their support and enthusiasm is hugely important both personally and professionally.

Ms Margaret Philbin,

Director of Midwifery/Nursing

Board and Committee Members

Board of Governors Officers and Membership

President

* His Excellency the President of Ireland

Vice-Presidents

Ms H. Prentice – Chairman

Mr A.S. Ashe – Honorary Treasurer

Mr J.R.E. Bewley

Dr R.P. Willis

Dr M. Webb

Venerable G. Linney

Members

* The Lord Mayor

* His Grace the Archbishop of Armagh

* His Grace the Archbishop of Dublin

* The Dean of St. Patrick's

* The Archdeacon of Dublin

Dr D.M. Abrahamson

Mr W. Beatty

Mr P. Boyland

Dr M. Browne

Dr C. Buckley

Mr C.R.S. Christie

* Councillor E. Costello (to Sept'11)

Ms D. Crowley

Dr M.R.N. Darling

Dr F. Falkiner

Mr J. Frawley

Dr J.J. Gardiner

Dr M. Geary

Ms K. Gilfillan

Dr G.R. Henry

Dr M. Henry

Mr M. Horgan – Honorary Secretary

Mrs N. Johnson

Ms N. Kearney

Mr D. Lowe

Prof T. Matthews

Dr P. McKenna

Mr M. Murphy

Mr R.L. Nesbitt

Mr I. Roberts (from April'11)

Mr M.R.H. Varian

Dr A.M. Waldron

Prof P. Walsh

* Ex-Officio Governor

General Purposes Committee

The General Purposes Committee (GPC) met on 10 occasions during 2011.

The GPC received and reviewed monthly reports from the Master, the Secretary/General Manager and the Director of Midwifery/Nursing. The GPC also received financial reports from the Financial Controller.

Reports were received from the Secretary/General Manager from the Mater Campus Shared Services Group and the Shared Infrastructure Steering Group.

The GPC was informed that Trinity College intended to centralise all its undergraduate teaching activity at the Coombe Hospital. The suggestion was made that RCSI, in turn, would centralise its activity around the Rotunda.

A new strategic plan for the hospital for 2011 to 2013 was presented and discussed at a number of meetings throughout the year. Following detailed discussions, the draft strategic plan was recommended for approval to the Board.

The GPC noted the appointment of Archbishop Michael Jackson as Archbishop of Dublin. Dr Jackson will be an *ex officio* member of the Board.

The General Purposes Committee agreed that the oversight of post-mortem practices would, in future, be undertaken by the Laboratory Management Committee. All issues will be reported as part of Key Performance Indicators (KPI's) reporting to the GPC.

A revised reporting format or dashboard was presented to the committee for approval. The new format will come into full use in 2012.

A new subcommittee on Capital Funds commenced in 2011. The membership of the subcommittee includes Ms Hilary Prentice, Mr Michael Murphy and Mr Cedric Christie.

The GPC received reports from the Property Committee during the year. It was noted that the planning application in respect of the development on Parnell Square West had been received by Dublin City Council and that the Council was seeking additional information on the application.

During the year, extensive and detailed discussions were held with the Mater Hospital and the Children's University Hospital, Temple Street in relation to the planned National Children's Hospital which is expected to be developed on the Mater site.

The Group General Manager reported on completion of the catering review which included recommendations on outsourcing the management of the staff canteen.

The committee also discussed the replacement of the patient administration system (PAS) (McKesson) which will be replaced by a system known as iPMS.

A High Court ruling about a Freedom of Information case, which the Rotunda Hospital appealed to the Supreme Court, concluded during 2011. The Supreme Court found in favour of the Rotunda Hospital and awarded full costs to the Hospital.

During 2011, the executive brought proposals to rebrand the publicity material of the hospital. A new four colour logo was agreed and this would be used on all hospital stationery, communications and website.

Arising from a review exercise of the HARI Unit, a recommendation was made that the unit should be given corporate identity through registration as a company limited by guarantee. The company will be a wholly owned subsidiary of the Rotunda Hospital.

During 2011, a major review of corporate governance was undertaken. Using documents prepared by the Governance/Audit Committee and the Group General Manager, a number of changes were introduced and the plan of action agreed for the next 3 to 5 years.

It was agreed that the Remuneration Committee should report through the General Purposes Committee to the Board.

The GPC learned that Metro North had been postponed under the revised National Development Plan.

In November 2011, the Neonatal Unit won the best hospital project award at the Irish Healthcare Awards ceremony.

I would like to take this opportunity to thank the members of the GPC for their work and commitment throughout 2011. I am also particularly grateful to the members of the executive for their advice, guidance and help throughout the year. I would also like to thank and paid tribute to the outgoing chairman of the GPC, Ms Hilary Prentice for her outstanding term of office. Ms Prentice took on the role of Chairman of the Board of Governors in November 2011.

Mr Michael Horgan,
Chairman

General Purposes Committee Members

Mr M. Horgan (Chairman/Honorary Secretary)	Prof P. Walsh
Mr J.R.E. Bewley	Dr M. Webb
Mr C. Christie	Dr M. Henry
Ms D. Crowley	In attendance
Dr M.R.N. Darling	Dr S. Coulter-Smith
Mr J. Frawley (Honorary Treasurer)	Ms P. Treanor
Dr M. Geary	Ms M. Philbin
Dr P. McKenna	Mr C. Kenny

Property Committee

The Property Committee is charged with the oversight of the hospital infrastructure, environment, energy, waste and water management and other aspects of the entire property management. The committee met every six weeks and reported directly to the Board of Governors.

Prof Tom Clarke who had been a member of the committee for many years retired during the year and I would like to thank him for the contribution he made during that time and wish him well in his retirement. Mr Ian Roberts C.Eng joined the committee and we look forward to working with him in the future.

Two major jobs were carried out on the mechanical and electrical services for the hospital to ensure safe, efficient and economical operation into the future. The old steam raising and calorifier system was replaced by a battery of hot water boilers and the water circulation by variable speed pumps to match demand. Light fittings in the main hospital have been replaced by high output low energy units. The benefits of these changes will be carefully monitored in 2012. In addition the ability to be able to run the hot water system at over 60°C and blending it with cold water at the point of use has minimised the possibility of an outbreak of legionella. All this work was made possible by a contribution from the Sustainable Energy Authority Ireland and support from the HSE.

A number of smaller but time consuming jobs which are inevitable in a 250 year building were carried out but fall into the category of routine maintenance. The private clinics were also upgraded – women attending the clinics provide a critical income stream to the hospital.

By far the greatest workload for everyone was in planning for the relocation of HARI in order to provide for the site area required for the provision of Metro North. The hospital is critically short of delivery rooms and operating theatres. It was decided to incorporate these requirements into a new building with the new HARI. The most suitable site is where the current outpatients department is located. In order to apply for planning permission, which was part of our agreement with the Railway Procurement Authority, a great deal of time was spent by many people getting down to the minute details, which are required for the successful implementation of a project this size.

Unfortunately Metro North was postponed late in the year so the site was not required. The hospital has less than adequate conditions in which to operate with an ever increasing number of births and it

is hoped that the proposed move to tri-locate with the new National Children's Hospital and the Mater Hospital might be progressed urgently to relieve this serious problem.

Mr Jonathan Bewley,

Chairman of Property Committee

Property Committee Members

Mr J.R.E. Bewley (Chairman)

Dr M.R.N. Darling

Dr F. Falkiner

Dr M. Geary

Mrs N. Johnson

Mr D. Lowe

Dr P. McKenna

Mr M. Murphy

Mr I. Roberts

In attendance

Dr S. Coulter-Smith

Ms P. Treanor

Ms M. Philbin

Mr C. Kenny

Mr R. Philpott

Mr S. Mahon

Governance/Audit Committee

The Governance/Audit Committee was formed in January 2010. Reporting to the Board of Governors, it has overall responsibility for monitoring corporate, financial and clinical governance structures of the Rotunda Hospital and advising the Board on areas of risk exposure. It is mandated to maintain a sound system of internal control and to monitor the governance systems in place to ensure the Rotunda Hospital is adhering to legal and best practice requirements for all aspects of its business throughout the organisation.

Activity in 2011 – Summary of Matters Covered at Meetings

The committee met on four occasions during the year and considered the following matters:

- Audited accounts – KPMG presented the 2010 audited accounts for the hospital and following consideration the committee agreed to recommend the accounts to the Board.
- HR audit on absenteeism - The Human Resources Manager distributed a brief on absenteeism to the committee
- Data protection compliance and complaints management - The finding of an audit on data protection compliance and complaints management was presented to the meeting. The committee was informed of the Supreme Court Judgment of the 19th July, 2011 in respect to a FOI case involving the hospital. The judgment ruled in favour of the Rotunda including the awarding of all costs.
- Appointment of external auditors 2012 - The committee agreed to continue to engage KPMG as external auditors, and also that the HARI, Private Clinics and ancillary accounts should also be audited/reviewed by KPMG.
- Register of hospital insurers - It was noted that the Hospital has a five-year contract with AON, which includes an item of Directors & Officers Liability underwritten by ACE. The current policies were reviewed and deemed appropriate.
- Appointing specialist external reviewers - The committee considered a draft *Standard Operating Procedure* for appointing specialist external reviewers from time to time and suggested minor amendments before its adoption.

The committee also received regular reports from the executive on risk management within the hospital. The findings on a recent survey in the hospital of compliance with using a *Time Out Analysis* developed in order to heighten safety of surgery in many countries worldwide was discussed. It was agreed to compare the hospital tool with the *WHO Surgical Safety Checklist*.

Further audits in 2011 included (a) one-day inspection by *An Bord Altranais* on 25th November; (b) INAB inspection of the Laboratory on 26th October; and (c) Baby Friendly Hospital Initiative (BFHI) re-assessment on 11th October.

(Prof) Patricia Noonan Walsh,
Chairman

Governance/Audit Committee Members

Prof P. Walsh (Chairperson)

Venerable G.C.S. Linney

Dr D. Abrahamson

Dr M. Browne

Mr C. Christie

Dr M. Geary

Dr P. McKenna

Mr M. Murphy

Dr R.P. Willis (supplemental)

In attendance

Dr S. Coulter-Smith

Ms P. Treanor

Ms M. Philbin

Mr C. Kenny

Department of Neonatology

The Neonatal Unit was again exceptionally busy in 2011 - associated with the high number of births in the hospital. The total number of admissions increased to 1,225. The monthly occupancy rate was 71-87%, with an average of 80.75% for the year.

Dr David Corcoran has been the director for the past 6 years. His dedication to developing services, innovative ways of increasing the unit's capacity when we hit occupancy levels of over 120% in 2007-2008, while supporting staff on the unit has been tireless. David continues to serve on the national committee to develop a new IT system for maternity services and somehow managed to find the time to get funding for and supervise 3 MD candidates.

Main Achievements in 2011

Reduction in Nosocomial Infection Rates

Nosocomial infections are a major cause of morbidity and mortality in the Neonatal Unit. Improvement in hand hygiene practices, peripheral venous catheter and hub care have been shown to decrease infection rates. However rates of coagulase negative staphylococcus infections (CONS) in the Rotunda from the year 2001 to 2008 ranged from 10% to 28% with an average of 16% per year. This compared unfavorably with the Vermont Oxford Network (VON) average of 12% CONS rate over the same period. Since early 2010 we made a huge concerted effort to target this and our more recent statistics are that in the last six months of 2011 we had only five healthcare associated bloodstream infections, which is very impressive. We are now well below the VON average.

All this hard work and diligence was duly rewarded with Edna Woolhead our ANP winning a prize at the Temple Street annual audit day in June and culminating in winning the Best Hospital Project at the Irish Medical Times Healthcare Awards ceremony in November 2011. The work continues and we thank all our staff across all disciplines and throughout the hospital for supporting us in the ongoing efforts required to sustain these results.

Training Programme for Advanced Nurse Practitioners (Neonatology)

Our department under the supervision of Professor Naomi McCallion launched a multidisciplinary initiative in conjunction with the Faculty of Nursing at the RCSI and our neonatal colleagues to develop a training programme for Advanced Nurse Practitioners in Neonatology. This is vital if we are to support nursing staff who wish to train as ANPs, in order to facilitate and maintain the excellent ANP service and leadership provided by our ANPs at present.

Establishment of Dublin North East Neonatal Network

The long-term aim is to standardise care for all babies born in the region via shared guidelines; education and training with staff from Drogheda and Cavan spending time in the Rotunda. Following negotiations with the HSE during the year a system is now in place where all babies <27 weeks born in the region will be transferred to the Rotunda (ideally in utero). Kathy Conway, Management Accountant, was a real asset during these negotiations. The transfer of babies between the three sites will be audited on a quarterly basis. We had four educational meetings with our medical and nursing colleagues in the network, alternating each quarter between the three hospital sites.

Education and Research

During 2011 there were a total of three MD candidates in the Department of Neonatology at the Rotunda; Drs Cecile Halling, Shahid Saleemi and Michael Boyle. Ongoing support continues for neonatal staff undertaking the post graduate Diploma in Neonatal Nursing at the RCSI. Three staff completed the programme in 2011 and a further three commenced it in September. Currently one nurse is in the process of completing her Masters in Neonatal Intensive Care Nursing.

Main Priorities and/or Challenges

Development of a Transitional Care Unit

The development of this dedicated unit would facilitate improved infant mother bonding, decrease length of stay and readmission rates, and would also free up much needed NICU cots for tertiary and quaternary referrals. However given the level of activity in the hospital it is difficult to identify a suitable area to progress this.

National Paediatric Hospital

Uncertainty regarding the National Paediatric Hospital (NPH) site and the future proposed tri-located maternity hospital persists. We have strong cross hospital links both formal and informal with our colleagues across all disciplines in the Mater and CUH, Temple Street as well as consultant links with Our Lady's Hospital in Crumlin. Given the investment of time and money to date and the huge advantages with tri-location we support the Mater site as our preference.

Additional Health Professional Services

There is a need to develop allied health professional services in line with best international practice recommendations. Most urgently a neonatal dietitian is required but in the medium term both a

speech and language therapist and a psychologist would also greatly benefit the service. We would envisage cross hospital appointees with CUH, Temple Street being the ideal for all three posts.

Medical Manpower

The recent approval of a new 5th neonatal consultant post is to be welcomed. The long-term goal is to have consultant levels in line with BAPM (British Association of Perinatal Medicine) recommendations and best international practice i.e. 9, with 7 neonatal consultants in the medium term. Implementation of the European Working Time Directive (EWTD) will be a major challenge in the months and years ahead. In neonatology we would need a minimum of 9 registrars and 9 SHOs to be fully EWTD compliant. Our current complement is 8 registrars and 7 SHOs.

Implementation of the Universal Newborn Hearing Screening

Late diagnosis of hearing loss and lack of quality early intervention has life-long implications for deaf children. Technology can now identify hearing loss in the early weeks of life, and intervention can begin in the early months of life. Universal Newborn Hearing Screening (UNHS) is now standard in the US, UK and most European countries. The HSE has rolled out a national service which started in south east in 2011. We have attended national meetings and a local implementation team has been set up to ensure that we have all the services and infrastructure in place when we introduce universal newborn hearing screening in the autumn of 2012. I personally wish to thank the Executive Management Team for their support in facilitating this.

Conclusion

Current financial constraints will not only affect the services we can deliver but also threaten the morale of those staff at the front line. While we aim to reduce unnecessary expenses we must be aware of short-term cost efficiencies that may have long-term implications.

Dr Adrienne Foran,

Head of the Department of Neonatology

Department of Anaesthesia

The Department of Anaesthesia consists of six part-time consultant anaesthetists, all linked with the Mater Misericordiae University Hospital. The anaesthesia services are highly dependent on doctors in anaesthesia at NCHD level for provision of services. Six rotational training posts are approved on three training programmes:

1. The National Specialist Training (SpR) Programme in Anaesthesia,
2. The Eastern Regional Basic Specialist Anaesthesia Training (BST) Programme
3. The National Registrar Training (RTP) Programme.

An additional post of Fellow is approved by the College of Anaesthetists for a twelve month period for training in obstetric anaesthesia.

Five clinical areas are provided for with anaesthesia services and a pre-anaesthesia assessment clinic runs twice weekly. We provide anaesthesia for the twenty nine per cent of women who require caesarean delivery and for the sixty-seven per cent of women who select analgesia for labour. We also provide emergency out of service cover including cover for gynaecological emergencies for the North Dublin region. An active teaching and research programme is established and the hospital has significant standing at national and international level.

Developments During 2011

Two consultant posts were appointed on a temporary basis with Dr Ivan Hayes replacing Dr William Blunnie's vacant post and with Dr Ismat Elsaigh filling the post incorporating Dr Ed Carton's vacant sessions which was approved by the RDO during 2011.

The Department advised on the purchase of new monitoring equipment for patients in theatre which will be installed in early 2012. The department also advised regarding purchase of a point of care haemoglobin and blood gas analyser for the operating theatre.

Staff

The department acknowledges the hard work, enthusiasm, dedication and professionalism of its NCHD staff in their participation in providing direct clinical services of the department. The EWTD and pending shortages in anaesthesia manpower are a threat to delivery of services. Increases in anaesthesia consultant numbers are required to minimise the risks to service shortfalls and the department will move to address these concerns. Provision of skilled personnel to assist with

anaesthesia and recovery are inadequate, and need to be addressed to maintain safe standards and an appropriate training environment for anaesthetists in-training.

Increasing delivery numbers occasionally require a second operating theatre for emergencies. There is neither nursing nor anaesthesia staff on site to provide this safely and the provision of a safe emergency service at all times is a concern as this is increasingly compromised.

Conclusion

The increasing clinical workload, which based on population demographics, will require additional investment in anaesthesia manpower both at consultant and NCHD level. Additional nurses are also required to continue to achieve safe delivery of clinical services.

Dr John Loughrey,

Head of the Department of Anaesthesia

Department of Laboratory Medicine

The quality policy of the Department of Laboratory Medicine states that the department is committed to providing a service of the highest quality and shall be aware of and take into consideration, the needs and requirements of its users. There are quality objectives in place to ensure that the needs and requirements of users are met and these objectives are displayed at the laboratory entrance. The quality management in the laboratory is audited continuously by both internal audits and external bodies to ensure compliance to the required standards and best practice.

Clinical Pathology Accreditation Limited (UK)

The laboratory was granted accreditation status with CPA in 2008. A main assessment visit took place in February 2011. The entire quality management system and all disciplines were audited. Accreditation status was maintained. The assessment team commended the laboratory on the quality management system in place. An inspection is always challenging but is a great learning opportunity for all involved. The inclusion of all staff in the laboratory in the accreditation process has been recognised in the reports of the inspection bodies over the recent years, which is gratifying.

Irish National Accreditation Board-INAB (including EU Blood and Tissue Directive)

The laboratory is assessed against ISO 15189. In addition blood transfusion and haemovigilance are inspected against the EU directive 'minimum requirements for blood bank compliance with article 14 (traceability) and article 15 (notification of serious adverse reaction and events)'.

Blood transfusion and virology (serology testing) first gained accreditation in 2008 with INAB. During 2011 the laboratory was inspected by INAB and accreditation was maintained with the extension in the scope of tests to include the haematology department. It is intended to pursue INAB accreditation for the outstanding laboratory departments during 2012. The accreditation process is extending to Point of Care testing under the scope of ISO 15189 for the first time and this offers challenges both within the laboratory and in the clinical areas.

Q Pulse 5

Q Pulse quality management system control software was upgraded from Q Pulse 4 to Q Pulse 5. This placed the system on a more secure platform/hardware and has reduced downtime. Q-Pulse 5 is now an important part of managing accurate records in the areas of controlled procedures, audit reports, monitoring non conformances and resulting actions and for maintaining equipment records and maintenance schedules. Ongoing training is now in place for staff as required.

Workload

Table 1: Activity over 7 years and % difference between 2005 and 2011

	2005	2006	2007	2008	2009	2010	2011	% diff - 7 years
Bio	166,818	162,079	180,945	179,892	178,939	166,459	193,228	15.83
Endo	24,625	23,106	29,382	32,449	29,137	30,008	31,192	26.66
Haem	43,113	48,276	52,137	56,016	57,435	61,621	63,877	48.2
Serology	48,220	51,648	57,245	66,429	65,108	69,708	71,483	48.24
Micro	64,743	67,579	75,980	74,761	67,768	78,264	92,484	42.84
Virology/ Serology	33,084	35,356	46,047	52,603	48,210	53,948	54,486	64.68
Histo	21,767	20,050	22,582	19,455	21,513	28,174	31,304	43.81

Histopathology

The histopathology department continues to provide a diagnostic service to the colposcopy clinic. There continues to be a significant increase in workload due to the activity generated by the National Cervical Cancer Screening programme. Multi-disciplinary team meetings were introduced for the colposcopy service using teleconferencing facilities.

Surgical data 2011 (no. & % increase from previous year

	2010 number	2011 number	2011 % Increase
Surgicals (inc lletz & colcb)			
Total no. of cases	4030	4476	11.07
Total no. of specimens	5454	5571	2.15
Total no. of blocks	11661	13114	12.46
Lletzes			
Total no. of cases	784	914	16.58
Total no. of specimens	1160	1175	1.29
Total no. of blocks	4906	6045	23.22
Colcb			
Total no. of cases	732	991	35.38
Total no. of specimens	915	1214	32.68
Total no. of blocks	916	1216	32.75

A new histopathology cut-up room was installed as the facilities which were in place were inadequate to deal with the increasing throughput of specimens.

The histopathology department continues to participate in the national QA programme in histopathology. The external quality assessment schemes covering both general histopathology staining and immunohistochemistry all had satisfactory results.

Haematology

The laboratory was inspected by INAB against ISO 15189 standards. All the tests provided by the department were inspected as part of the extension to scope of the current blood transfusion accreditation.

Hemocue point of care haemoglobin analysers were validated and introduced. The units were placed in theatre to allow quick turnaround of results and paediatric outpatients to allow haemoglobin estimations on small blood volumes.

The department introduced and validated a new FBC analyser, which with its updated software and technology will carry out automated reticulocyte testing and has reduced the turnaround time for results.

Blood Transfusion

The department evaluated the current technology available for group and antibody screening and selected a new analyser and technology for routine testing. We had a variety of antibodies - 63 in

total including two cases of rare antibodies which react against nearly all donor cells. One patient had a combination of antibodies anti-C +E+Cob and an anti-hrb. The second patient had a combination of anti-c +Jka and an anti-Yta which is an antibody to a high frequency antigen.

Biochemistry

The overall performance in the external quality assessment schemes was satisfactory. Two new blood gas analysers were introduced under the management of the POC Manager in conjunction with the biochemistry staff. One staff member took the opportunity to use the introduction of these analysers to complete her MSc project - "Is point of care testing (POCT) comparable with central laboratory testing: validation of Cobas B221 blood gas analyser in POCT." She was successful in attaining her MSc.

Microbiology

In 2011 new cards were introduced for the Vitek 2 Compact analyser for both identification and sensitivity testing of various organisms. New Chromogenic agar media was introduced to identify MRSA, Group B Streptococcus and Staph. aureus, reducing the workload in identifying these organisms. Both of these initiatives have reduced the turnaround times for reporting of these organisms and reduced the workload on the scientist.

Screening intensified in 2011 for resistant organisms in the Neonatal Unit. Weekly screening is now performed to investigate the presence of resistant bacteria such as VRE, MRSA, Coliforms, Pseudomonas and Candida. Screening has begun for Group B streptococcus in some patients and the expansion of this in all patients will be investigated in 2012. The department works very closely with the infection prevention and control team in its screening programme and has managed to reduce the numbers of resistant organisms. Screening for Chlamydia and Neisseria gonorrhoea in all under 26 year old patients took place in late 2011. The project is currently still running and is yielding exceptional results.

Point of Care

There were two point of care steering committee meetings held during the year. Additionally point of care is an agenda item on departmental meetings in the laboratory disciplines concerned. The point of care manager therefore attends these meetings when required. Point of care is now included as part of the mandatory in service training sessions for all midwifery/nursing staff. Therefore over a cycle of two to three years all staff will have attended a presentation on point of care testing.

Glucose HemoCue 201DMs

These are hand held devices used to test paediatric glucose at the patients' bedside. There is a request for units to be supplied to the gynae and prenatal wards, along with two additional units in the Neonatal Unit. We participated in monthly external quality assurance samples supplied by Eurotrol.

Haemoglobin HemoCue 201DMs

Hand held devices used to test haemoglobin values at ward level. POPD commenced using the Haemoglobin HemoCue in February 2011. It allows for triage of babies which may need to remain to have further laboratory samples tested. In July the second unit was installed in theatre as a stop gap measure while the NPT 7 blood gas analyser was being repaired. The third unit is available in the haematology laboratory as an emergency replacement. We participated in monthly external quality assurance samples supplied by Eurotrol.

Cobas b221 Blood Gas Analysers in Delivery Suite and Neonatal Unit

Because the device in the Neonatal Unit provides electrolytes it is being used to monitor electrolyte levels daily on the babies, reducing the volume of blood samples taken from these infants. This has reduced to a weekly sample sent to the laboratory.

NPT7

This is a stand-alone cartridge loaded blood gas analyser in theatre. In September we were informed by the company that they were unable to repair it. We took delivery of the OPTI med CCA-TS in November, initially to the biochemistry laboratory to commence its validation.

Pregnancy tests

There have been no issues with the Surescreen pregnancy test kits. We participated in monthly external quality assurance samples supplied by NEQAS.

Urinalysis Dip Sticks

Following the NICE clinical guidelines on the management of hypertensive disorders during pregnancy we need to move from our present system of manually read urinalysis dipstick testing to an electronically read version. We are currently investigating what analysers are available.

Staff

As in any vibrant department there were several leavers and joiners. The most significant of these were as follows: The Laboratory Manager, Gwen O'Connor retired in September and her position was filled in an acting capacity by Ken Grundy. We wish her well in her retirement and thank her for her

wonderful contribution and commitment to the laboratory over the years. David Le Blanc became acting Chief Medical Scientist in Microbiology - the position vacated by Ken Grundy. The vacancy in the phlebotomy is now filled with 2 x 0.5 staff members. Martin Fitzpatrick joined as a laboratory aide and is attached to two departments. Sarah Morris joined the histology department as a medical scientist.

Training and Development

Ciaran Mooney is our current training and development co-ordinator. Both the CPA (2010-2011) and INAB inspectors commended the training file set up and the internal CPD programme. The aim is to appoint internal training officers to represent respective departments and a training assistant to share the workload.

A register is kept for all new staff. Training systems and supporting documentation, including a training checklist, proficiency and competency evaluation is in place for every department. New staff or returning staff after a 6 month absence is equipped with a training folder. Training must be completed and competency achieved before staff can work unsupervised. All members of staff are essentially responsible for ensuring their folders are kept up to date.

Continued Professional Education

Monthly journal clubs are held on a range of topics applicable to laboratory and clinical personnel. Topics include new assays, emerging technologies and research. Periodic hematological blood film tutorials and analysis of interesting cases are held in the histology multi-head microscope room, periodic case studies in all areas are presented on a departmental rotational basis.

Research

Three staff members recently completed their MSc in Biomedical Sciences. Aileen Carr carried out a project looking into the epidemiology and incidence of inherited thrombophilia in the antenatal population presenting to the Rotunda, the relevance of elevated FVIII levels in pregnancy, measuring 'incidental' thrombophilia and comparing our testing guidelines with that of the current BSCH recommendations. Noreen Brady conducted research into the inflammatory marker CD64 expression and how well it correlated to septic neonates, and its value as a septic marker relative to markers currently in use. Lorna Pentony carried out research on POC within the Rotunda, namely the validation of three new blood gas machines for point of care testing and writing a literature review on blood gas analysis in a POCT setting. Deirdre Corcoran (Haematology-Transfusion) is currently carrying out research on the specificities and sensitivities of the various methods available for detection of Fetal Maternal Haemorrhage (FMH).

Conclusion

2011 was an extremely demanding year for all staff involved in the delivery of laboratory medicine services. There was no increase in staff numbers to cope with the high level of routine work generated by increased activity levels in tandem with maintaining the quality system. Again as in previous years well motivated and efficient staff managed this workload effectively; however this is an ever increasing challenge. The over-riding objective has been to maintain the quality service despite the increasing workload and budgetary constraints.

Dr Eibhlis O'Donovan,

Head of the Department of Laboratory Medicine

Human Assisted Reproduction Ireland (HARI)

During 2011, under the guidelines of the Medical Council, HARI provided a full range of Assisted Reproductive Technology services to couples referred from throughout Ireland. The services included IVF, ICSI, frozen embryo transfers, natural cycles (IVF and ICSI) follicle tracking with or without ovarian stimulation (anti-oestrogens, FSH), testicular biopsy, embryo freezing and oncology stimulation and subsequent gamete and embryo cryopreservation.

In these 12 months, 1,246 cycles were undertaken - 391 IVF, 470 ICSI and 385 frozen. Of the 861 fresh cycles commenced, 806 had oocytes collected (IVF 359, ICSI 447). Zygotes were transferred in 1,061 (IVF 329, ICSI 386 and frozen 346) cases. A total of 383 clinical pregnancies were achieved, 276 in the IVF/ ICSI cycles and 107 in the frozen zygote transfer cycles.

The female age among our IVF/ ICSI patients is a key determinant of the likelihood of conception. In 2011 the mean ages were 35.6 years for females and 37.6 years for males. The mean duration of infertility of those undergoing fresh cycles was 2.3 years. The main indications for IVF or ICSI therapy were male factor (39%), tubal and endometriosis (18%), unexplained (17%), and others (26%).

Oncology Cryopreservation Service

The activity of the National Oncology Cryopreservation Centre includes emergency onco-fertility consultations, counselling and gamete/zygote preservation prior to gonadotoxic intervention, offered to all females and males diagnosed with cancer referred by a consultant. In 2011, 173 male oncology patients attended HARI and 157 patients had sperm cryopreserved. The increase in demand for female cryopreservation services continued, with a 28% increase in referrals. New clinical protocols have been developed to facilitate, in suitable cases, commencement of therapy at presentation, irrespective of whether the patient presents in the proliferative or the luteal phase of the cycle. This eliminates the need to delay lifesaving oncology treatments in order to pursue fertility cryopreservation.

Training in Reproductive Medicine

The teaching in reproductive medicine of students from Trinity College and the Royal College of Surgeons in Ireland continued in the Rotunda and HARI. Attendance at infertility clinics, theatre and ward rounds were routine during the academic year. The RCSI consultant senior lecturer attended regular student tutorials in HARI and participated as a final year examiner for RCSI and TCD students.

From a scientific point of view, during a very busy and successful year HARI staff engaged in numerous activities at national, European and international level.

HARI continues as the main reproductive medicine teaching centre in Ireland. Up to July 2011, Dr James Adekonde filled the SpR in obstetrics and gynaecology position recognised by the HARI/ Institute of Obstetricians and Gynaecologists scheme allowing SpRs with interest in reproductive medicine to receive 12 months of training. From July 2011 onwards Dr Gbenga Oluyede continued in the post.

The British Fertility Society re-certified Dr Mocanu as a trainer, part of the continued HARI recognition for medical training in the following certified special skills modules: pelvic ultrasound, embryo transfer/IUI, management of the infertile couple and assisted conception. All certified clinicians working in HARI have participated on these courses and successfully completed them. HARI is also certified as the only RCOG subspecialty training centre in reproductive medicine and surgery in Ireland.

The unit is similarly recognised for training purposes by the Association of Clinical Embryologists, UK. Ms Ciara Hughes and Ms Gerri Emerson are certified embryology trainers; two embryologists have completed their training and a further two embryologists were undergoing the ESHRE training programmes in 2011.

Quality and Service Improvements

Quality and patient safety are the cornerstones of the culture within HARI. Our dedicated quality department works closely with all staff within the unit to ensure that the best possible care is provided in an environment of optimal patient safety. Key to this has been the implementation of an extensive Quality Management System (QMS). The effectiveness of the QMS is maintained through teamwork and the commitment of staff. As part of our dedication to continuous quality improvement all our staff members receive ongoing education on the importance of their contributions to quality and patient safety and their role as part of the healthcare team.

Some of the key initiatives are detailed below:

- After undertaking comprehensive training in Boston, the patient support team introduced a fertility mind and body workshop, which was offered to all patients. The workshop is designed

to give patients practical help and information to maximize their chance of achieving a pregnancy.

- After rigorous testing and validation the clinic made an application to the IMB in November to add vitrification to HARI's authorisation to operate. Vitrification is a specialized freezing technique, where oocytes or embryos are frozen so quickly, ice crystals do not have time to form, thus offering patients undertaking frozen cycles of treatment higher success rates.
- Midway through the year the clinic extended the working day by offering appointments from 7.15 each morning to give patients greater flexibility. At the same time we also introduced secure and direct access to the clinic via the Gate theatre entrance.
- During the year the clinic overhauled its telephone system and introduced a digital phone system to give patients easier and direct dial access to the area or department they require.
- After a robust research and validation programme, the clinic introduced single step culture media to support development of zygotes. The research and validation identified that this change would offer patients increased success rates going forward.
- As part of our continuous improvement activities, the clinic began issuing all patients with satisfaction surveys at the end of each treatment cycle. As part of this initiative we also introduced follow up calls from our patient support team to all patients 16 days post transfer.
- A working group was set up within the clinic to overhaul and improve our patient database, which contains critical information relating to a patient's cycle of treatment.
- The clinic made a substantial investment in updating our ultrasound capabilities by introducing 3D scanning with automatic follicle measure capabilities.
- As part of the QMS developments we introduced a protocol team who took ownership for developing and implementing effective patient centred protocols across all departments.

Staff Recognition Nationally and Internationally

Gerri Emerson has been elected as the Irish Clinical Scientist National Representative to ESHRE (European Society of Human Reproduction and Embryology). Ciara Hughes was elected Chair of the Irish Clinical Embryology Society (ICE) taking over from Gerri Emerson and continues in her position

as an executive member on the Association of Clinical Embryologists, UK (ACE) Committee and was appointed by ACE to update its good practice guidelines.

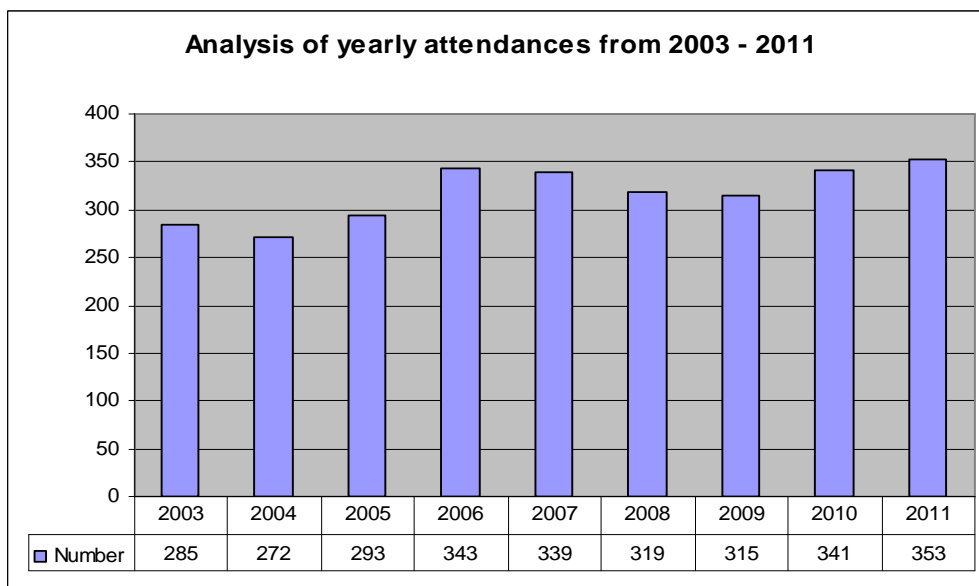
Mrs Joan Hamilton continued as the Chairperson of the Irish Fertility Counsellor Association (IFCA).

Dr Edgar Mocanu continued as the President of the Irish Fertility Society (IFS), member of Board of Directors of the International Federation of Fertility Societies (IFFS) and Treasurer of the Federation. He remained as the Chair of the EUTCD ESHRE Task Force and participated at the 2011 EU-SOHO V&S programme as ESHRE representative.

Mr Padraig Kelly,
Quality Manager

Sexual Assault Treatment Unit (SATU)

The Sexual Assault Treatment Unit at the Rotunda Hospital provides care for men and women after rape and sexual assault. The Rotunda unit is now one of six HSE funded SATUs around the country, with units established in Cork, Waterford, Mullingar, Galway and Letterkenny. In 2011 the SATU at the Rotunda Hospital provided holistic care for 353 men and women, which reflected a 3% increase in attendances from 2010.



In the majority of cases the incident took place in the Republic of Ireland. 286 (81%) of patients who attended the service had reported the incident to An Garda Síochána, while the remaining 67 patients preferred not to engage with the Criminal Justice System. Such non-reporting patients receive the same standard of medical, psychological and emotional care as those who report an incident to An Garda Síochána, but forensic samples cannot be taken.

Developments During 2011

Clinical Nurse / Midwife Specialists

Deirdra Richardson and Aideen Walsh continue to be very involved with interagency education and service development. Aideen commenced a Masters Education programme in Advanced Nurse/Midwife Practice at the RCSI in 2011. This will provide her with the academic qualification to dovetail with her clinical and research portfolio, with the aim of providing advanced nursing practice within the SATU context.

A second higher diploma in Sexual Assault Forensic Examination commenced at the RCSI in September 2010. Catherine Hallahan from the Rotunda SATU completed this programme in mid 2011 and has now joined the staff as a Clinical Nurse/Midwife Specialist. We welcome Catherine to the staff and wish her continued success in her new role.

Prophylaxis for Sexually Transmitted Infections

Since September 2009, the unit has provided preventative treatment for sexually transmitted infections at the time of initial presentation after an incident of sexual crime. All patients are now offered Azithromycin for prevention or treatment of chlamydia and if appropriate they are also offered a Hepatitis B immunisation programme, with the first dose of the vaccine schedule being provided at their initial presentation. Post-exposure prophylaxis for HIV is also offered if specific factors pertaining to the assault or the assailant mandate, and 56 patients received this in 2011.

Health Promotion

Deirdra Richardson CMS (SAFE) developed and continues to provide a Sexual Assault Risk Reduction programme for second level students in schools in the Dublin area. This has been delivered in a number of schools and the feedback has been extremely positive. Providing STI prophylaxis also fulfils a health promotion brief. Routine preventative treatment reduces the potential impact of an infection that may be present, even if the patient chooses not to return for follow-up.

Data Collection

We continue to produce a national SATU annual report which includes key service activity reports from all six SATUs as well as an executive summary of annual statistics. Production of this national report is only possible due to use of a password protected database in each SATU. Prospectively recording key data on all patients who attend the SATUs facilitates data review over consecutive years to identify emerging trends and possible targets for intervention strategies.

Interagency Education

In 2011 SATU staff were involved in outreach education within Emergency Departments & General Practice, Mental Health Services, Prison Services, An Garda Síochána and Dublin Rape Crisis Centre to raise awareness and increase understanding and recognition and to equip people better to respond to incidents of sexual violence. The strong interagency links that have traditionally existed, particularly with An Garda Síochána, Forensic Science Laboratory and Rape Crisis Centre were maintained over the year.

For the first time, the Annual Interagency Study Day for all those involved in delivering the service, which generally takes place at the Rotunda, was organised by the Galway SATU team. This took place in Galway, in October and was extremely well attended. The organisation and delivery of this outside the Rotunda emphasises the significant recent national developments in SATU care.

Conclusion

I would like to acknowledge the assistance of all SATU staff over the past year. All staff are extremely committed to providing exemplary care at all times and but for them the SATU of the Rotunda Hospital would not be a centre of excellence. This report highlights the significant amount of work done by a very committed team, and their availability to provide holistic care to patients at a time of crisis is acknowledged. The commitment of staff to ongoing service development is also very much appreciated; there is a consistent aim to progress the breadth and depth of care the SATU offers, and staff are constantly alert to ways we can improve patient care.

Yet again the SATU has outgrown its physical space. As a service we hope to be considered for relocation in conjunction with any on-site hospital developments. One of our next priorities will be to develop and standardise facilities for storage of forensic evidence from patients who are uncertain as to whether they will report an incident to An Garda Síochána. Currently, in order to maintain continuity of evidence, forensic samples can only be taken if an incident is reported to An Garda Síochána and a member of An Garda Síochána is present in the SATU. Forensic evidence deteriorates quickly over time and such a secure storage facility with appropriate protocols in place would enable samples to be taken prior to the loss of forensic evidence, while a patient decides whether or not to report the incident to An Garda Síochána. Should he or she subsequently report, the evidence can be transferred to the Forensic Science Laboratory via An Garda Síochána or if the patient chooses not to report the incident, the samples can be destroyed according to protocol. Such a facility would increase the options available to our patients and enable provision of a responsive service.

Finally, I would like to pay tribute to Moira Dolan, who was clinical midwife manager in the SATU until her retirement in December 2011. Words cannot express the massive contribution Moira made to the care of individual patients who attended the SATU, but also to local and national SATU developments over the years. We wholeheartedly acknowledge everything she did during her time at the Rotunda SATU and wish her the very best with her retirement.

Dr Maeve Eogan,

Head of SATU

Quality and Marketing Department

Quality and Safety Committee

The Quality and Safety Committee has overall responsibility for overseeing the quality, safety and risk management programmes in the Rotunda Hospital. The multidisciplinary Quality and Safety Committee ensures that processes are in place to continuously improve the quality and safety of healthcare for our patients, including the care process and outcomes. The committee provides guidance and support for organisation-wide performance improvement and patient safety efforts, in accordance with the organisational values, goals and objectives identified in the Corporate Strategic Plan. Committee membership was reviewed and the terms of reference were updated. The Master chairs the committee and reports to the Board and its sub-committees. The reporting lines are outlined in the diagram below.



Miscarriage Misdiagnosis Review

This review was set up in June 2010 following media reports about misdiagnosis of miscarriage in hospitals. The report was released in January and it provided national recommendations for service improvement. A gap analysis was undertaken against the recommendations and an improvement plan was developed.

Post Mortem Services

The final organ retention audit took place in January. The external auditors commended the hospital on its work in dealing with this issue. Our new procedures were described as exemplary and it was suggested they be used as a model for other hospitals.

The draft 'Code of Practice for Post Mortem Services', circulated by the HSE was reviewed in detail by the Post Mortem Quality Group and extensive feedback was provided. Our consent form and information booklets were also forwarded to the national Steering Committee for consideration as templates for best practice.

Measuring the Patients' Experience of Maternity Care Services

Working with the Irish Society for Quality and Safety in Healthcare (ISQSH), a survey tool for maternity services was developed. As a number of other maternity hospitals/units are also planning to participate in the survey simultaneously, the survey was deferred until 2012.

The Rotunda Delivery Newsletter

Each edition of the newsletter features articles on quality and safety initiatives. The topics covered during 2011 include:

- Neonatal Unit aims for zero bloodstream infections
- SBAR (situation, background, assessment, recommendation): Quality improvement initiative for patient care
- Infection prevention and control news
- Incident reporting
- Compulsory use of medical practitioners registration numbers
- A guide to working with children and young people
- Laboratory accreditation initiatives
- Importance of the flu vaccination

Conclusion

We want to build on our achievements to date to ensure that quality and safety underpin all our activities. It is essential that we maintain the highest quality standards in our clinical and non-clinical services, and in the environment that we provide for staff as well as for our patients and their families.

Ms Sheila Breen,

Quality and Marketing Manager

Clinical Risk and Claims Department

During 2011 the Clinical Risk & Claims Department continued its key three functions:

- Clinical incident reporting and management
- Clinical claims management and
- Risk management training

Incident Reporting

There was a 10% increase in incident reporting in 2011 in comparison with 2010. As well as reflecting the high activity within the hospital, this reflects the ongoing commitment by the Rotunda staff to the reporting of adverse clinical events and near misses.

Risk Management Policy

The risk management policy was updated in November 2011, incorporating incident review templates which had been successfully piloted throughout the year. This included the follow up analysis and FAIR review templates.

Risk Register

Extensive work was undertaken by clinical managers on developing their departmental risk registers. The departmental patient safety meetings proved to be a useful forum for consultation and decision making in respect of the risk register and the risk register is a standing agenda item at these meetings.

Risk Management Training

145 staff members were trained in risk management and documentation in 2011. The legal training programme for staff continued throughout 2011 which included presentations on topics including consent, the Coroners Court, ethical guidelines and disciplinary proceedings and fertility and the law.

Training for Risk Management Team

The risk management team were trained on the use of a new IT data processing system, incorporating the use of encrypted CDs for use within our daily work. The benefits of this system include heightened safeguards in patient confidentiality. Great credit is due to each member of the team for their dedication to the changeover which made this initiative successful.

FAIR Reviews/Follow-Up Reviews

Significant efforts were made throughout 2011 to improve the quality of adverse incident reports. 24 recommendations were made in 2011 out of reviews into clinical incidents. Eight of these related to a governance issue, which is being progressed at executive level. Of the sixteen other recommendations, which are outlined below, thirteen actions are completed and three are ongoing, and are being monitored by the Clinical Risk Committee.

Recommendation	Number	Actions Complete	Actions Ongoing
Promotion/training of existing guidelines	2	2	0
SBAR/MEWS (in line with pre-existing plans)	3	3	0
Update to existing guideline required	2	2	0
New guideline required	1	0	1
Case presentation/training in lessons learned	2	2	0
Clinical audits	3	1	2
Change to storage of medication	1	1	0
Documentation/communication learning	2	2	0
Totals	16	13	3

Departmental Patient Safety Meetings

We introduced departmental patient safety meetings, in October 2011, commencing with postnatal, gynaecology, delivery suite/assessment and emergency unit, OPD, neonatal unit, theatre and prenatal services. We would like to acknowledge the extensive support received from the Practice Development Unit and the commitment of the group members to these meetings.

We also engaged with numerous other departments in respect of patient safety initiatives in 2011, including colposcopy, radiology, orthopaedics, HARI, pharmacy, physiotherapy and the private clinics.

Committee Meetings

The department staff participated in seventeen different internal and external committee meetings during 2011. In particular, great strides were made in the observations and improvements made by the Clinical Risk Committee throughout the year.

We also participated in a variety of groups and sub-committees throughout the year in project-based efforts. These initiatives included involvement or leadership on the policy for management of patient when refusal of blood is made, the flowchart for use when emergency intervention is refused, the early warning system, risk assessment tool for blisters/pressure sores, and the updated initial examination of the newborn form.

Audits

The department was delighted to welcome the establishment of the Clinical Audit Department in 2011, and the positive impact this has already had in improved monitoring of patient safety within the hospital. We welcome the extensive opportunities our clinical audit colleagues have given us to engage with them and encourage the auditing of various risk topics.

Other

Legal claims continued to be managed through the Clinical Risk Department, with a continued focus on lessons learned, for the benefit of improving the service provided to our patients.

Staff Members

The complement of the department is 3.6 whole time equivalents. I would like to thank Orla Foley, Deputy Clinical Risk & Claims Manager for the supportive work she provides for the staff in encouraging safe clinical systems of care. I also thank Debbie D'Arcy and Victoria Bruce-Smith, for being so reliable and motivated in a busy work environment. The combined efforts of the team are reflected in our success in embedding a culture of patient safety within the organisation.

Ms Claire O'Mahony,

Clinical Risk and Claims Manager

Clinical Audit Department

Clinical Audit has been defined as "*a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change*".

The Rotunda Hospital Clinical Audit Department was established in June 2011 under the quality and safety initiative of the Rotunda's Strategic Plan 2011-2013. Clinical audit offers a way to assess and improve patient care and to uphold professional standards. Regular audit activity helps create a culture of quality improvement in the clinical setting. Clinical audit is educational for the participants and keeps staff up to date with evidence-based good practice. Increasingly clinical audit is seen as an essential component of professional practice (including Medical Council, RCPI and RCSI and An Bord Altranais).

The key functions of the Rotunda Hospital Clinical Audit Department are to:

- Develop a coordinated clinical audit strategy within the hospital
- Monitor all clinical audit activity within the hospital
- Promote a high standard of practice amongst clinical staff and all healthcare workers undertaking clinical audit
- Provide education and support to clinicians through the audit cycle from topic selection, researching standards, the application process, audit tool design, data analysis and report writing
- Provide a forum for the sharing and dissemination of clinical audit work in the Rotunda, which is facilitated by the use of the clinical audit database
- Encourage clinical areas to prospectively plan their clinical audit activity on a clinical audit calendar
- Link with other clinical audit units nationally

Staff

Prof Tom Clarke, Clinical Audit Lead

Mary Whelan, Clinical Audit Facilitator

Colin Kirkham, Research Officer

Dr Valerie Jackson, Clinical Audit & Surveillance Scientist

Clinical Audit Steering Group

The Clinical Audit Steering Group had its inaugural meeting in July 2011 and meets quarterly. Membership of the steering group includes the executive management team, clinical risk department, departmental patient safety representatives, heads of departments and allied health professionals.

Clinical Audit Database

A database has been developed by the team to capture clinical audit activity in the hospital and produce reports on topics audited; departments and clinicians involved, action plans and dates for re-audit. The database also facilitates storage of electronic copies of audit applications and audit tools. All clinical audits conducted in the hospital must be registered on the database. All health professionals who participate in completed clinical audits that have been registered with the hospital receive a certificate of participation. A list of all audits registered with the department in 2011 is shown in table 1.

Clinical Audit Training

The clinical audit team regularly delivers educational sessions on the clinical audit cycle across all disciplines. In 2011 six education sessions were delivered to hospital staff. A two-day clinical audit training course by Joe Wolfe and Associates was held in October and was attended by the department staff and twenty four other staff members. The department also encourages clinicians to complete the HSE e-learning programme on clinical audit available at www.hseland.ie before embarking on a clinical audit.

Clinical Audit Intranet Page

The department has developed a designated page on the hospital intranet where the application form, guide to clinical audit and report template are available to download. Monthly reports on clinical audit activity within the hospital are being designed and will be made available to staff on this webpage in 2012.

The Irish Clinical Audit Network (ICAN)

The department has joined the Irish Clinical Audit Network (ICAN). The mission of ICAN is to create a national network for healthcare staff who have a working remit or an interest in clinical audit, to enable the development and implementation of a high quality, evidence based, integrated approach to clinical audit throughout the Irish health service. Meetings are attended quarterly by the department staff.

Table 1 List of Audits Commenced and/or Completed in 2011*

Number	Specialty	Title of Audit	Audit Type	Lead Name	Status
11_001	Anaesthetics	Epidural Blood Patch	First Audit	Immani Sudhir	Application Denied or Withdrawn
11_011	Anaesthetics	High Dependency Unit Audit	First Audit	Zutshi Vanitha	Data Collection in Progress
11_008	Haemovigilance	Patient ID Band Audit	Continuous	Enright Siobhan	Progressing to Regular Schedule
11_014	Infection Control	Caesarean Section Surgical Site Infection Surveillance	Re-audit	Corcoran Suzanne	Completed
11_010	Nursing/ Midwifery	Audit of management of Preterm Pre-labour Rupture of Membranes	First Audit	Deering Mary	Awaiting Final Report
11_003	Neonates	Clinical indication & diagnostic outcomes of Newcastle workups in neonates.	First Audit	McGrath Niamh	Completed
11_004	Neonates	A 2 year audit of therapeutic hypothermia in hypoxic ischaemic encephalopathy	First Audit	Krebit Ibraheem	Completed
11_005	Neonates	Audit of NICU admissions with birthweight of 2500g or higher	First Audit	Butler Grainne	Completed
11_007	Neonates	Hypoglycaemia admissions to NICU	First Audit	Al Assaf Niaz	Completed
11_002	Obs/Gynae	The uptake of medical management of pregnancy loss in the Early Pregnancy Unit	First Audit	Cooley Sharon	Completed
11_006	Obs/Gynae	LSCS at 10cm dilatation	First Audit	Kennedy John	Awaiting Final Report
11_012	Paediatrics	Protein intake in first week of life in neonates under 1500g and its effect on Urea and electrolytes	First Audit	Paturi Babu	Completed

11_013	Pharmacy	Audit of prescribing antibiotics	Continuous	Clooney Lisa, Fernandez Elena	Progressing to Regular Schedule
11_009	Radiology	Information completeness on x-ray referral forms for hysterosalpingogram	First Audit	McElchar Keith	Completed

*As the clinical audit register was developed at the end of 2011, figures presented for 2011 may not represent all clinical audits conducted in this year.

Conclusion

2011 saw the establishment of the Clinical Audit Department. The dedication and hard work of the team in achieving so much in so short a period of time should be acknowledged. The team would like to commend the clinical staff for their enthusiasm for clinical audit and we look forward to working with them towards their clinical audit goals in 2012.

Prof Tom Clarke,
Clinical Audit Lead

Customer Feedback

The Rotunda is committed to the continuous review and improvement of all aspects of our service. Work was undertaken on the development of a patient experience survey for maternity services, with a view to the survey being undertaken in a number of maternity hospitals/units throughout the country in 2012.

Complaints are used to inform areas requiring audit or risk assessment. Out of 185,000 attendances at the Rotunda in 2011, there were a total of 104 complaints received. Verbal complaints accounted for 46 and 58 written complaints were received. Of the complaints received 21 related to items which were clinical judgment and were therefore excluded under Part 9 of the Health Act, but they were handled in line with the hospital's complaints policy. Every complaint received is referred to the manager of that area to review and respond and they are aware of the content of the complaint which relates to their area.

Complaints made by persons other than the patient required the consent of the patient before any confidential information was shared with the complainant. The complainants were:

Patient	87
Husband/Partner	8
Family Member	4
Healthcare Provider	3
Other	2

Types of Complaint

The five most frequent types of complaint related to:

- Staff attitude and manner
- Treatment and service delivery
- Delays/waiting times
- Communication
- Clinical judgement

Other types of complaint related to facilities/building, accommodation/food and cancellation of care.

Comments and Suggestions

In the latter part of 2011, we commenced recording thank you cards received in the clinical areas; these will continue to be recorded in 2012. Comment and suggestion forms are also available throughout the hospital. A total of 207 comments/suggestions were received in 2011, of which 193 were positive and 18 were negative.

Complaints Reporting in 2012

Complaints from January 2012 will be recorded in line with new guidelines from the HSE; the complaints will be recorded based on the eight pillars of care: access, dignity and respect, safe and effective care, communication and information, participation, privacy, improving health, along with accountability.

Ms Lorraine Sibley,
Complaints Manager

Health and Safety

The Health & Safety Department is committed to ensuring full compliance with the Health, Safety and Welfare Act 2005 within a busy healthcare environment. The hospital endeavours to achieve this through its health & safety statement, (which is linked to the HSE corporate safety statement) and the health & safety risk register.

Health and Safety Committee

Health and Safety Committee meetings were held every six weeks and minutes and committee information distributed to everyone via email and on staff notice boards. The Health and Safety Committee members inspected seven work areas and provided managers with an inspection report with the follow-up recommendations identified.

Work is ongoing on the integration of the Health and Safety Authority (HSA) five year plan for the healthcare sector and on the implementation of a smoke free campus as per the HSE and the European Network Smoke Free Hospitals initiative.

A Health & Safety Authority visit took place in the Rotunda Hospital in November 2011 to examine a number of policies and procedures. All issues were in order and no resultant actions were required.

Fire Prevention

The emergency lighting system was upgraded on the hospital campus. Fire drills were conducted in all hospital areas twice during the year. Two fire audits were conducted by the external fire consultant with recommendations. Seating was upgraded in the Pillar Room to comply with the audit recommendations. Access issues in corridors in the Neonatal Wing and storage issues in HARI are being addressed. An audit of the fire detection system by the external consultant was conducted with a recommendation to upgrade the system to L1 category.

Security

The transition from Connexus to RSP paging/panic alarms/security and crash bleep system was completed in November 2011. The access control and CCTV systems were expanded following audits and incident investigations. New baby tag straps were implemented hospital wide following trials of prototype straps. Quotations were sought to expand the baby security system in a couple of areas and to relocate the hot water piping from the PABX room following an incident. Work is ongoing on the roll out of mobile panic alarms to complement the new fixed panic alarm system.

Risk Register and Safety Statement

The 2011 health and safety risk register and the safety statement were implemented in line with the HSE guidelines. Training was provided for department heads on compiling a departmental risk register.

Incident Investigation

Staff are actively encouraged to report any incident that caused or had potential to cause a health and safety problem. Seventy one incidents were investigated, many resulting in improvements to the health, safety & security systems to prevent and/or manage hazards identified. All incidents were discussed at the Health and Safety Committee meetings.

Staff Training

The training provided during the year included; fire awareness plus evacuation stair chair and mattress ski sheet use, office ergonomics, non-violent crisis intervention, fire wardens, security awareness, spill kit awareness, introduction to health and safety, manual handling, medical gas awareness, chemical awareness and risk register development.

Ergonomics

Forty eight workplace assessments were conducted to date with changes to work stations made and ergonomic equipment provided as required.

Chemicals

Two Dangerous Goods Safety Adviser (DGSA) audits were conducted during the year which identified some areas for action. A new process for the management of placentae was implemented following approval by the Placenta Policy Committee. The SafeDoc chemical management database was installed on the hospital intranet.

Conclusion

We continue to routinely examine the facilities of the Rotunda Hospital and we have implemented substantive changes over the years. Despite the age of the building, the changes have ensured that we continue to develop a safer environment for all end users of the hospital and ensure the hospital meets the most stringent health & safety standards.

Mr Les Corbett,

Health

and

Safety

Manager

Physiotherapy

Our dynamic department plays an active role as part of the multidisciplinary care of patients in the Rotunda. Our clinical role provides care across maternity, gynaecology and paediatric services in the hospital. We provide care to both inpatients and outpatients. A review of the service was undertaken during the year and work is ongoing in implementing the recommendations. We achieved a significant reduction in the waiting times for gynae related appointments. All maternity and paediatric patients are offered appointments within two weeks of receipt of referral. Despite an increase in activity levels, we strived to achieve the highest standards in our service provision.

Maternity

Our role in maternity care is varied and integral to the multi-disciplinary management of women in the pre and postpartum period. The physiotherapist plays a dynamic role in conjunction with our midwifery colleagues in providing parent education classes. Women with pregnancy related musculoskeletal conditions are triaged and can attend a group education session or an individual treatment programme as indicated. We provide treatment for both urinary and anal incontinence (antenatally and postnatally) and we aim to assess and treat all third and fourth degree tears within two weeks of discharge.

We provide a postnatal exercise programme in the early postnatal period to all women on the postnatal wards and where necessary we will review mothers on an outpatient basis. Mothers discharged prior to review by the physiotherapist are offered and encouraged to attend our weekly postnatal outpatient classes.

Gynaecology

Our inpatient service involves the provision of physiotherapy to women post hysterectomy, pelvic floor repair surgery and other major gynae surgery. On an outpatient basis, our service includes the treatment of urinary and anal incontinence, pelvic floor dysfunction, pain and uterine prolapse. This is a very important area of our work and comprises of treatment/exercise programmes, bladder and bowel training programmes, and core stability re-education. In conjunction with Dr Mary Holohan, the physiotherapist is involved in the weekly promotion of continence clinic in the outpatients department.

Paediatrics

Treatment is provided for babies on an outpatient and inpatient basis. Babies may be referred for neurodevelopmental assessment, for treatment to injuries of the brachial plexus nerves, talipes, plagiocephaly and torticollis.

Staffing

There were significant changes in personnel during 2011 and our staff complement remains at 3.5 whole time equivalents. In July the hospital said goodbye to Ms Anne de Lacy Murphy. Anne initially worked in the Rotunda before moving to Mount Carmel Hospital. She then returned for 13 years as the Physiotherapy Manager. We would like to thank her for her hard work and dedication over the years and wish her well in her retirement. We also bid a fond farewell to Ms Sylvia Farrell in June who took a career break to join her family overseas. We wish her luck and safety on her travels. Ms Anna Hamill became Acting Manager until going on maternity leave in November when Ms Anne Duignan stepped into the role.

We were delighted to welcome to the team, Ms Orlaith Daly and Ms Marie Morgan in June and October respectively and clinical specialist in women's health Ms Cynthia Cusack in October. Orlaith Daly completed a weekend course in urogynaecology in the National Maternity Hospital in October.

Conclusion

I would like to acknowledge the ongoing dedication of all members within the department for the commitment to maintaining the reputation of both the Physiotherapy Department and Rotunda Hospital.

Ms Anne Duignan,

Acting Physiotherapy Manager

Medical Social Work

The role of the Medical Social Worker (MSW) is to help patients and their families to derive maximum benefit from services being provided in the hospital and to contribute to safe and efficient care and discharge of women and their babies. The economic downturn has obviously affected our patients and we find many are seeking financial and welfare advice. Accessing entitlements and appropriate services can pose problems for patients, especially those who are faced with an unplanned or crisis pregnancy.

The MSW team works with patients in many situations and advocate with welfare and voluntary agencies on their behalf. Confidential counselling and advice is provided to all who wish to avail of our service.

The purpose of our intervention is to:

- support parents and families
- assist patients to build on their own strengths, expertise and experience
- maximise their capabilities and resources
- empower people to find their own solutions

There is a social worker attached to each obstetric team in the hospital and a dedicated social work service allocated to specialist areas.

Bereavement Support and Counselling Service

As part of the bereavement pathway, the bereavement support social worker meets most patients during their hospital stay. For those patients who are discharged before seeing the MSW, the social worker will phone or write explaining the supports available. Initially she offers crisis counselling and then supportive contact and individual bereavement counselling in the weeks after the loss. The Parents Bereavement Support Groups are organised twice yearly and they give our parents an opportunity to meet others in a similar situation, hear presentations from parents who have been through the grief process and meet members of organisations which provide ongoing bereavement support in the community. Each group meets for three evening sessions. This bereavement initiative is unique to the Rotunda and is very well attended by both mothers and fathers and positive feedback has been received.

In 2011, the MSW department completed a survey of bereaved parents to improve our understanding of their needs. 17 questionnaires were completed and patients were asked to give feedback on various aspects of their care from the bereavement team. These included information and communication, support, funerals, burials, information given on post mortems and follow-up received after the bereavement. Overall respondents were satisfied with the care and follow-up they received.

Throughout 2011, the senior MSW practitioner was involved in multidisciplinary bereavement training for all hospital staff to achieve best practice standards in meeting the psychosocial needs of bereaved parents. Members of the MSW team were also active members of the Bereavement Working Group which meets every 6 weeks to discuss any issues associated with bereavement care.

Early Pregnancy Unit

The early pregnancy unit continues to be a very busy service and the referrals to medical social work have greatly increased. Patients are referred for crisis pregnancy counselling, support following early and recurrent miscarriage, relationship difficulties, housing issues and other social issues. Referrals are also received for patients who had previous miscarriages and are anxious about their current pregnancy.

Domestic Violence

Patients from a wide spectrum of backgrounds and circumstances are referred for support and assessment following disclosure of physical, emotional, sexual and financial abuse. Again economic distress can be a factor in the increase in relationship problems. Unemployed people and migrants, especially those who are undocumented, have no resources when faced with intimate partner violence. Safety planning, risk assessment and ongoing emotional support are the focus of our interventions.

Child Protection

On 22nd September 2011, the Minister for Children, Frances Fitzgerald, launched the new 'Children First Guidelines' which support the vital work of social workers and other relevant practitioners in dealing with child protection and welfare cases. Training regarding the guidelines, both for HSE and non-HSE hospitals will continue into 2012. In 2011 the MSW department reviewed child protection guidelines and internal hospital policies and procedures. Child protection training will eventually be offered to all hospital staff.

Dove Clinic

This clinic looks after the specific needs of pregnant women who have or are at risk of blood and sexually transmitted bacterial/viral infections. The DOVE team caseload is particularly busy and we work very closely with the Drug Liaison Midwife and wish to particularly acknowledge this service which is invaluable to our patients.

Adoption

The Adoption Act 2010 came into effect in November. This legislation had altered the nature of services provided by voluntary agencies. In 2011, two Dublin adoption agencies were accredited by the new Adoption Authority. They are now providing a service for patients who are considering placing their baby for adoption, alongside the HSE adoption teams.

The Teenage Clinic

The social worker attached to this clinic offers a range of supports to young mothers and their families to ensure that they have the practical assistance and emotional support they need to adjust positively to pregnancy and parenthood. Our figures show that many of our teenage patients remain in, or return to, education. *Accessible information* was identified by teens as a need and the teen clinic medical social worker contributed to the innovative community-based initiative supported by Treoir to produce a dedicated magazine for young parents.

Services to Foreign National Patients

Ethnic diversity is now an established fact of Irish life rather than a passing trend to be reversed by recession. The number of non-Irish nationals increased by almost a third since the last census in 2006 and now account for 12%, or 544,360 of the population. There are a greater number of non-Irish women than non-Irish men in the country with an increase of 39% (76,500) and 21% (48,200) respectively since 2006. Women from minority ethnic communities face a range of barriers to accessing services.

This new population comprises mainly migrant workers from EU countries, economically dependent spouses of migrants from non-EU countries and a reduced number of asylum seekers. Throughout 2011, rising unemployment continued to affect this group. The Habitual Residence condition applies to all who wish to access welfare and benefits and can pose problems for recent immigrants. Patients from Romania and Bulgaria have the right to travel to Ireland but absolutely no healthcare or welfare rights when they arrive here and can require a high level of support.

Community Initiatives

Eilish McDonnell has been an active participant in an innovative community initiative 'Young Ballymun' focusing on all families in the Ballymun Partnership area (funded by Atlantic Philanthropies and the HSE). *Ready Steady Grow* is the new parent/child psychological support programme specifically targeting these women antenatally and their babies for the first two years of life. The social worker is also a member of the steering committee of the northside community-based support service for young single parents and is a Board member of Aoibhneas women and children's refuge.

Education and Training

Individual members of the team presented education sessions to medical staff, midwives and external groups. We continue to avail of specialist training as part of the team's programme of continuous professional development with the support of our HR department. We also access training and social work skills courses from the Irish Association of Social Workers, the Irish Hospice Foundation and from HSE training unit.

The Social Workers Register was opened on 31st May 2011. Current social work practitioners will have two years to get onto the register. This will be the initial stage in the regulation of social workers as a profession and will afford significant new protection to both the profession and members of the public.

Conclusion

The increase in activity has posed challenges to all hospital staff including the MSW team. We are committed to providing a quality service to patients and to responding promptly to patients' changing needs and expectations. We regularly review our strategic objectives in the key performance areas of child protection, bereavement counselling and support, neonatal and fetal assessment parents' support and evaluation of patient satisfaction.

I would like to acknowledge the ongoing support provided by the Friends of the Rotunda, voluntary community-based agencies, the Samaritan Fund and all the charitable organisations who respond so generously to our requests for financial assistance for needy families, the laboratory staff who provide extremely generous hampers for families every Christmas and finally all our co-workers throughout the hospital.

Ms Sinead Devitt,

Acting Head Medical Social Worker

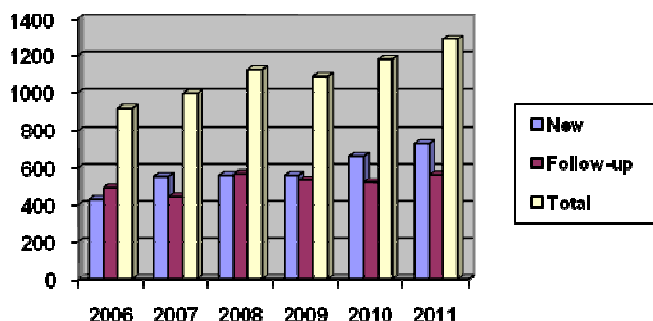
Clinical Nutrition

The importance of good nutrition throughout the lifecycle is well documented. A healthy, balanced diet is particularly important preconceptually and throughout pregnancy for promoting healthy outcomes. Evidence shows that good nutrition in the antenatal and postnatal period has both immediate and significant long-term health benefits for both mother and infant. Teens and multiparous women are at higher risk of poor nutrient stores and obesity and may require nutritional advice to optimise fetal growth. Women who experience a multiple gestation (twins, triplets) need nutritional advice and review to ensure an adequate diet to support fetal growth and development. Good compliance with an appropriate diet is of fundamental importance to the management of diabetes in pregnancy. Furthermore, women who are underweight, overweight or have polycystic ovary syndrome need dietetic intervention to improve chances of fertility and reduce pregnancy complications. Thus, the dietitian plays a key role in the multi-disciplinary care of our patients.

Overview of Services Provided

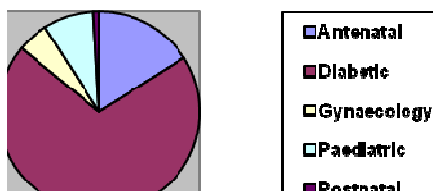
The Clinical Nutrition Department provides dietetic service to public, private and semi-private patients in areas of obstetrics, gynaecology and paediatrics, both inpatients and outpatients. Since 2005, the number of total patient visits to the dietitian has increased by 34%. The number of visits for patients with diabetes in pregnancy has increased by 52% over the last six years (see Table 1). Due to the increase in demand for service, the dietitian has had to prioritise patient referrals for higher risk patients. Providing a dietetic service to all areas in need is a daunting task considering it is a department consisting of one dietitian. Despite limited resources, the department has endeavoured to accommodate patients referred within a reasonable timeframe.

Table 1 - Trends in Patient Visits

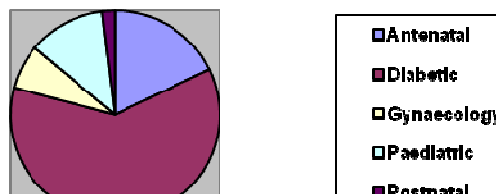


In 2011 the dietitian had a total of 1,288 patient visits: 726 new patients and 562 follow-ups. This is an increase of more than 9% from the number of patients seen in 2010. The percentages of the types of patients cared for can be classified below:

Percentages of Patients Seen 2011



Percentages of Patients Seen 2010



The dietitian collaborated with other Dublin Maternity Hospital dietitians to contribute to the 'Obesity and Pregnancy Clinical Practice Guideline' produced by the RCPI and HSE in April. The dietitians also collaborated to produce two documents: 'Recommendations for the Clinical Nutrition Service of Antenatal Patients with Diabetes - a Summary Report' for the National Diabetes Working Group, May 2011 and 'Recommendations for a Clinical Nutrition/Dietetic Service for Patients attending Maternity Units in Ireland' for The Obstetrics and Gynaecology National Clinical Programme, September 2011.

Since the release of the HSE 'Guidelines for the Management of Pre-gestational and Gestational Diabetes Mellitus from Pre-conception to the Postnatal Period', the dietitian has been working with the diabetes service team to update our practice to best fit these guidelines.

The dietitian created a dietary education leaflet for patients with gestational diabetes for use in all Dublin diabetes maternity services. The dietitian also wrote an article on healthy eating for pregnancy, *Eating for Life*, published in the Maternity Magazine.

Training and Development Initiatives

The dietitian took part in several dietetic conferences. She continues to collaborate with neonatal and maternity dietitians and multidisciplinary endocrine/diabetes groups in the Dublin maternity hospitals to create best practice guidelines and to share information and resources.

The workload of the clinical nutrition department continues to increase reflecting the unfortunate national increase in maternal obesity and diabetes. The dietitian endeavours to provide an excellent service to patients as the coming year raises new challenges.

Ms Laura Harrington,
Senior

Dietitian

Radiology

The Department of Radiology is located in the outpatients' area and provides imaging services for neonates, paediatrics and adult inpatients and outpatients. In 2011 four imaging modalities were provided:

- Diagnostic radiography
- Fluoroscopy
- Ultrasound
- DXA for bone densitometry

In 2011, 8,353 radiological studies were performed. 8% of these were adult examinations and 7,664 were paediatric examinations encompassing ultrasound imaging. The Radiology Department also supports X-ray imaging for the post mortem room of which 78 studies were carried out during 2011.

Paediatric Radiology

In 2011, 7,332 paediatric studies were performed. 37% of these (2,717) were paediatric ultrasound examinations. The remainder were plain films with 45 fluoroscopic studies performed for investigation of the gastrointestinal tract resulting in some cases being transferred for external surgical intervention in Our Lady's Hospital, Crumlin and the Children's University Hospital, Temple Street.

As before, a significant number of cranial ultrasound examinations (878) were done in the Neonatal Unit. 130 patients were also transferred for magnetic imaging and 17 for computed tomography examinations to the Children's University Hospital, Temple Street.

The hip ultrasound screening service, which commenced in 2010, continued throughout 2011. All 'at risk' neonates for developmental dysplasia of the hip were screened. The number of hip ultrasounds performed was 1,511 - an increase of 52%. This service was possible due to the appointment of Dr Ailbhe Tarrant as a second paediatric consultant radiologist along with the support services of ultrasonographers from within the team of radiographers. A dedicated ultrasound scanner was purchased with appropriate hip ultrasound software. It was also used to facilitate on-site, ultrasound evaluation of outpatient referrals from the paediatric outpatient clinic and of inpatient infants.

Dr Stephanie Ryan and Dr Ailbhe Tarrant continued to be actively involved in training at several levels including radiology SpRs from the RCSI training programme and post-fellowships radiology SPRs.

Regular lectures and tutorials were provided throughout 2011 on paediatric radiology to paediatric registrars and SHOs.

Adult Radiology

The adult radiology service is provided by consultant radiologist, Dr Neil Hickey. In 2011, a total of 699 adult radiological examinations were performed. 471 were hysterosalpingograms performed under fluoroscopy as part of the fertility clinics' work up. Other fluoroscopic procedures such as cystograms for urinary bladder imaging and plain films were performed on inpatients.

Clinical Audit

The Radiology Department actively participated with submissions to the Clinical Audit Department, the national survey on 'Population Dose from Plain Radiography' and the implementation of guidelines for requirements for 'Clinical Audit in Medical Diagnostic Radiological Practices' throughout 2011.

Dr Stephanie Ryan, Consultant Radiologist (Practitioner in Charge)

Dr Ailbhe Tarrant, Consultant Radiologist

Finance Department

The Finance Department has responsibility for financial and management accounting, budgetary control, HIPE and materials management in the hospital. The department is managed by the Financial Controller, Mr Chris Kenny supported by:

- The Financial Accountant, Mr Alan Holland
- The Management Accountant, Ms Kathy Conway
- The Materials Manager, Mr Sean Williamson

In total there are 18.7 WTE employed in the department, in the areas of HIPE, payroll processing, creditors, debtors and patient accounts, banking, purchasing and inventory control. During the year the Management Accountant, Kathy Conway took on further responsibility for activity reporting following a restructuring of information management requirements.

2011 Financial Results

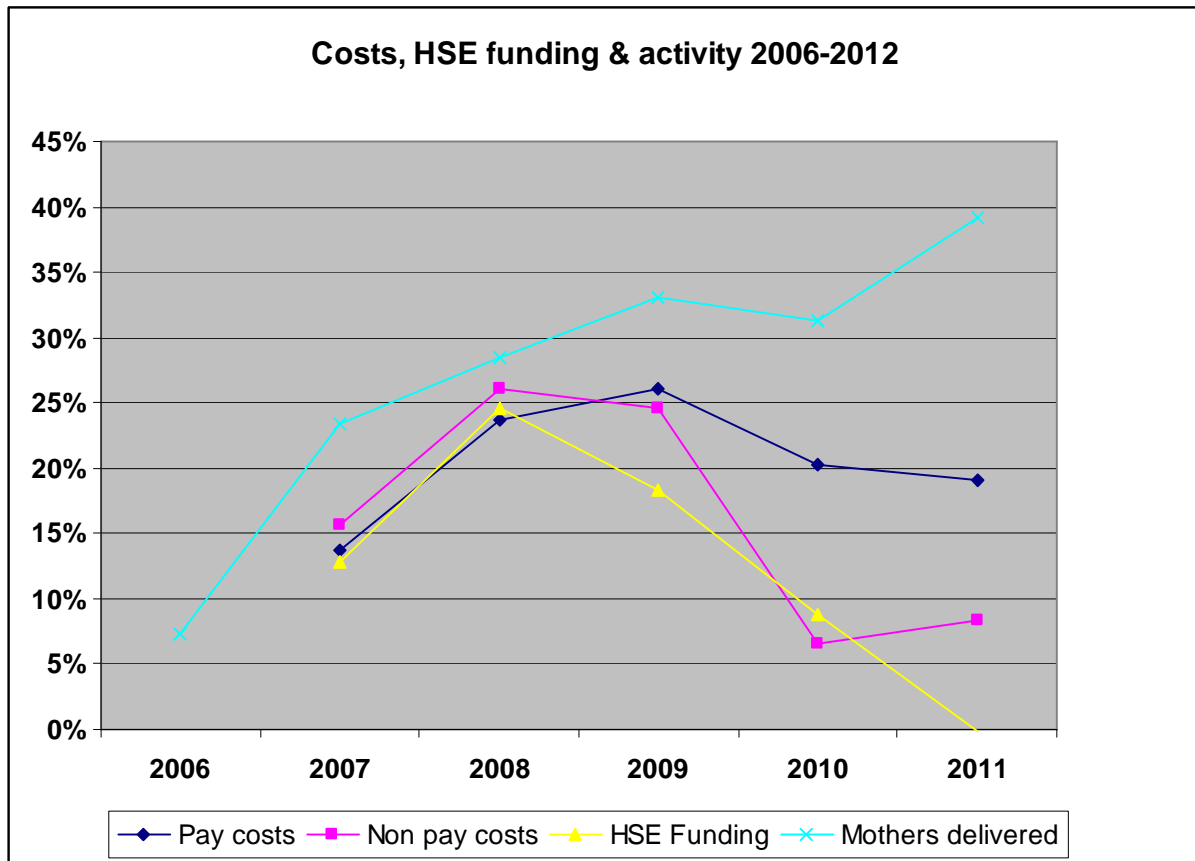
The hospital once again achieved a break-even position in 2011 (deficit of €70k carried forward) as it has done every year since at least 2002. An analysis of Income and Expenditure for 2011 and 2010 is shown below.

ROTUNDA HOSPITAL INCOME AND EXPENDITURE ACCOUNT				
	TOTAL COSTS		INCREASE / (DECREASE)	
	2011	2010		
	€,000	€,000	€,000	%
PAY COSTS	51,128	52,951	(1,823)	(3%)
NON PAY COSTS	12,922	12,650	272	2%
INCOME	(19,001)	(16,606)	(2,395)	14%
HSE FUNDING	(44,979)	(49,028)	4,049	(8%)
(SURPLUS) / DEFICIT	70	(33)		

Overall the hospital had to achieve significant reductions in costs in 2011 to deal with the 8% cut in HSE funding, whilst not impacting on patient care. Pay costs were down €1.8m but approximately €850k of this related to once off savings. Support and administration pay costs were down €820k (5%) and account for the bulk of the reduction in pay costs. Non pay costs increased by €272k during the year mainly due to increased drugs, medical consumables and energy costs related to the activity

pressures. Private patient income increased by 14% but after taking out the impact of price increases there was a reduction in income of 3% due to the reduced demand for private healthcare.

The chart below shows that whilst activity has risen by 39% since 2005, HSE funding in that same period has not increased at all and pay and non pay costs have fallen in particular over the last 3 years (6% and 13% respectively).



Finance Department Developments

The department was very busy in 2011 as a result of reduced staff numbers due to non replacement of retired staff or those on maternity and sick leave. In addition we needed to reorganise the workload to allow for the Management Accountant taking on additional duties in activity management. We estimate that in 2011 the department operated with 15% less staff resources as a result and sincere thanks to all for their efforts in this regard. There was also increased workload as a result of demands from the HSE for financial information, increasing regulatory requirements from the Revenue Commissioners and the requirement to assist in cost containment measures in the hospital.

Once again the hospital was very successful in the casemix measurement process which compares activity and cost across the three maternity hospitals. The hospital has been the most efficient in the

group of hospitals for the last 5 years with a positive gain to our budget of €95k in 2011. The reasons for the success are the more complex mix of activity and a lower cost base.

We continue to emphasise ongoing training and development of staff in the department and a number of people completed payroll and pensions courses. Two members of staff, Rachel Touhey and Ed Smith are in the process of successfully completing degree level courses and we congratulate all for their commitment to personal development.

Materials Management Department

The department continues to work with the Hospital Procurement Services Group (HPSG) to deliver further cost savings and improve compliance with procurement legislation. The focus was on cost containment and value for money initiatives with all major supplier contracts being reviewed for price reductions – an estimated €317k of savings were achieved during the year. Additionally, the hospital's Procurement Committee continued to function with its remit to ensure that procurement of goods and services in the Rotunda Hospital is undertaken in line with E.U. and national procurement rules and also conforms to the hospital's standards in relation to hygiene, infection control and health and safety. It also has responsibility for ensuring that appropriate cost/benefit analysis has been undertaken to establish if any such procurement achieves value for money.

Conclusion

The Finance Department's vision is to move from a functional support role in the hospital, to becoming a corporate financial service provider and to assist the hospital to achieve its strategy. 2011 was a very busy year for the department having taken on significant extra work with diminished resources. This could not be done without the professionalism and support of all the Finance Department staff and a special word of thanks to them for this.

Mr Chris Kenny,

Financial Controller

Human Resources Department

The Human Resources Department continued throughout 2011 to provide HR services across the hospital for medical, midwifery/nursing, allied health professional, management/administrative, and support services staff. Underpinning the human resource service strategy are two interdependent components. The first of these is value maximisation, which we believe can only be achieved through the alignment of business and people. The second is developing and nurturing a team spirit throughout the organisation. It is our belief that multidisciplinary teams setting their own ward, unit or departmental objectives, in keeping with the hospital's strategic objectives will result in enhanced organisational performance.

Developments in 2011

In 2011, work continued with regard to the health service implications of the Working Time Act 1997 in relation to junior medical staff (NCHDs). The extended hours in theatre necessitated a review of resources in CSSD, portering, maternity care assistants and household staff.

There were a number of achievements in relation to cost saving measures to include the abolition of anomalies in pay for support staff achieving a cost saving of €51,000. As part of the laboratory modernisation programme, an extended working day in conjunction with a reduction in on-call payments was introduced and the expected savings will be realised in 2012.

Development of MegaHR

Diary links and email notifications have now been set up in MegaHR, our information system to include: probation; sick leave; contract expiry; expiry of maternity leave, parental leave and career break and expiry of disciplinary warnings. Further work is currently being undertaken to create email alerts in relation to mandatory training, occupational injury and review of sick leave entitlements.

Policy Reviews

The recruitment and selection policy and procedures and the policy on paternity leave were updated. We also facilitated training in relation to the policy on staff responsibility for the protection and welfare of children. Workshops were provided to support management decision-making particularly in employee relations areas such as grievance and discipline handling, managing attendance, return to work interviews, dignity at work and recruitment and selection.

Headcount

Possibly one of the most significant challenges faced throughout 2011 was the need by the hospital to proactively manage headcount throughout the year. HSE HR Circular 015/2009 Moratorium on Recruitment and Promotions in the Public Services - Revised Employment Control Framework for the Health Services remained in place throughout 2011. Where possible, vacancies were filled through internal competition and redeployment. The hospital successfully complied with the HSE Service Level Agreement in relation to headcount ceilings, and continually achieved WTE staff reduction targets as required.

In October 2011 a new temporary adjusted headcount of 743.82 WTE was approved by the HSE due to the extra staff required to facilitate the infant transfers from Our Lady of Lourdes Hospital in Drogheda. At year end the overrun of WTE was 739.79.

Cost Neutral Retirement

A public service cost neutral early retirement scheme was introduced in 2011. The hospital started accepting applications from staff in October 2011 indicating their intention to retire by end of February 2012. The full extent and total number of staff availing of this scheme will be known in February 2012. It is expected that a significant number of long serving staff across all disciplines and possibly as high as 15 WTE may retire under this scheme.

The Rotunda Delivery

The Rotunda Delivery, the official newsletter of the hospital continued to provide a mechanism for sharing information on a range of issues both within the hospital campus and externally. Throughout 2011 it provided the opportunity to highlight some of the key events and milestones such as the launch of the Strategic Plan (2011-2013), the significant contribution of Mr Alan Ashe during his ten year tenure as Chairman of the Board of Governors and the neonatal unit infection control team winning the Best Hospital Project Award at the Irish Medical Times Healthcare Awards. During 2011 the production of the newsletter was taken in-house, realising significant financial savings.

Training and Development

The central provision of general training and development activities in 2011 had the following aims:

1. To ensure employees and management are equipped with the skills and ability to achieve the hospital's strategic goals;

2. To provide training and development support to individuals and departments to enable them to deliver quality and customer focused services;
3. To provide training and development opportunities in technical, professional and administrative skill areas;
4. To provide training and development solutions as required;

In total fourteen programmes were provided throughout the year to meet these and other needs.

Partnership Committee

The Partnership Committee has been existence since September 2005. Partnership meetings continued to be held in 2011 whereby management shared and communicated information on hospital initiatives. The key issue going forward into 2012 will be whether the committee should continue to meet in the context of national changes and emphasis in the industrial relations environment.

Industrial/Employee Relations

Throughout 2011 the HR Manager was in continual discussion with the main trade unions represented in the hospital on a variety of issues primarily focused on cost efficiency measures and ensuring both parties were compliant with the Public Service Agreement (PSA) commonly referred to as the Croke Park Agreement. There were no industrial actions or threatened industrial actions during 2011.

A number of initiatives under the PSA, where the hospital implemented change include:

1. Catering Department - discussions and change in relation to rosters and work practices.
2. Laboratory – successful implementation of an extended working day from 8.00 am to 8.00 pm.
3. Household – reconfiguration of services to maximize resources available.
4. Radiology – review of on-call arrangements with a view to providing an extended working day in accordance with the national programme. It is expected that the revised on-call arrangement will commence in 2012.

There was only one referral to a third party for adjudication/recommendation/conciliation. This case concerned an industrial relation issue and achieved significant savings arising from the resolution of anomalies concerning support staff.

Employee Relations

Three investigations were carried out by the HR Department into disciplinary matters and complaints under the dignity at work policy. There were five formal disciplinary hearings held under the disciplinary procedure and mediation services were provided in relation to three cases.

Retirements

There were a significant number of retirements during 2011 and many were loyal and dedicated members of staff for many years. These staff availed of the various schemes to retire and on behalf of the hospital, I would like to take this opportunity to thank them for their long and loyal service and wish them well in their retirement.

Obituary

In February it was with great sadness we heard that a member of staff, Mr David Barry from the Catering Department passed away. He is sadly missed by his many colleagues within the hospital.

Conclusion

2011 was a productive year for the Human Resources Department as evidenced by some of the successes outlined above. Nevertheless, 2011 was a demanding year for human resources and for the hospital in general, due to the continued high level of hospital activity, and the need to continually manage within decreasing approved headcount ceilings. Furthermore, the HR Department took a more active role in the management of the consultant 2008 contracts. The Deputy Human Resources Manager and Assistant HR Officer were on maternity leave for six months thereby increasing the workload in the HR Department. These demands could not have been achieved without the support of the Master, Director of Midwifery & Nursing and the Secretary/Group General Manager, the various heads of department, line managers, and most importantly staff and their representatives both at local and at national level. My thanks to all parties – your support and contribution is much appreciated.

A special word of thanks to my own team for their continued professionalism, dedication, commitment, and hard work. I wish to thank Anna Patterson, Deputy HR Manager, Sakhu Ngwenya, Training and Development Manager, Donough O'Reilly and Ursula White, HR Officers, Anita Ward, Assistant HR Officer and Catherine Keating, HR Intern for their ongoing professional support and advice.

Mr Kieran Slevin,

Human Resources Manager

Information Technology Department

The IT Department is located in the Administration building within the Rotunda Hospital. The department provides IT services to all areas and departments within the hospital. The department by its nature has a wide variety of customers. Our customers are mainly internal but we also provide support to some external areas such as the outreach clinics in Swords and Blanchardstown.

The main services offered by the department include, but not limited to;

- Hardware support (PCs, laptops, network printers)
- Software support (clinical and administration systems)
- Hardware and software installations
- Security (data, network & hardware)
- Advice and consultancy
- Analysis and recommendations on best of class systems
- Training - variety
- Upgrades
- Hardware and software purchases
- Statistics – internal & external
- Reporting and auditing

Our responsibility is to provide 24/7 cover to the hospital, ensuring business continuity. The Help Desk received 2,430 support calls during 2011 which compares to 3,230 in 2010. A contributor to the reduction was a hardware refresh of PCs and printers during 2011.

Table 1: Helpdesk Support Calls

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2011	203	187	189	154	199	170	179	225	215	214	270	225
2010	312	370	401	326	299	208	247	219	240	211	230	167

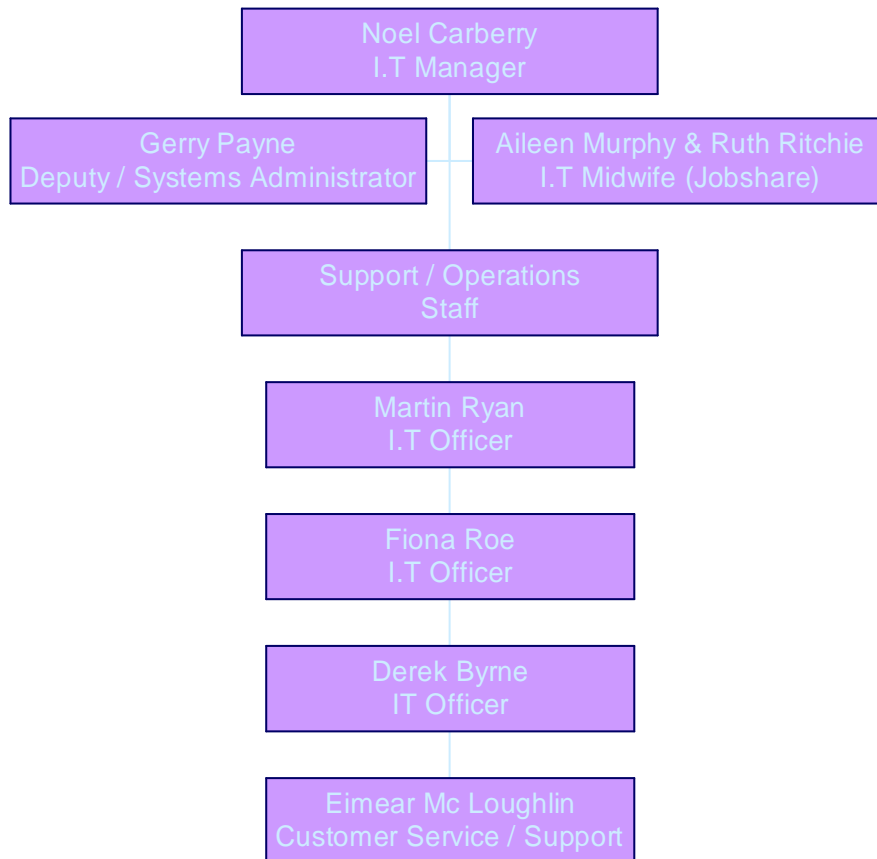
Table 2: On Call Support Calls

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2011	0	1	0	1	0	1	0	0	0	1	0	0

2010	0	0	0	1	0	1	0	1	1	1	0	0
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Staffing

The service provided is implemented through the following structure. Within this structure people have defined roles and responsibilities. These roles have now been addressed and restructured to fully help implement the department strategy.



Noel Carberry, IT Manager remains on secondment to the HSE to project manage the national Maternal & Newborn Clinical Management System (MN-CMS) project. Noel continues to help manage the IT Department since June 2010 while continuing his work on the national project. Eimear McLoughlin went on maternity leave in December 2011 and we congratulate her on the birth of her son Evan.

Developments During 2011

Implement Virtual Environment

At the end of 2010 the IT Department completed a tender as part of our Disaster Recovery and Business Continuity strategy whereby the hospital would move to a "Virtual Environment". Computer virtualization is a method of partitioning computer hardware in a way that presents multiple virtual machines within one base computer platform. This technique creates the ability to run multiple operating systems and configuration settings without requiring multiple stand-alone hardware configurations.

One of the main objectives of the project was to provide immediate cover for the main clinical and administrative systems in the hospital so that, in the event of a disaster, recovery of major systems can be achieved in a reasonable timeframe. Other objectives included:

- Providing staff with an efficient and reliable infrastructure that enables them to meet the clinical and business requirements of their department.
- Establishing procedures to protect the ICT infrastructure from unforeseen events.
- Moving towards a more flexible, standardised technical platform.
- Moving towards centralised backups.
- Incorporating a Storage Area Network (SAN), where disk storage is separated from servers into a disk storage unit, which may then be shared across multiple servers. This leads to more efficient use of storage disk space.
- Disk storage space has become saturated, particularly for application data, email, shared folders and users' private folders.

At the end of 2011 the infrastructure around virtual environment was completed. A total of 12 physical servers were removed and moved into a virtual environment.

Patient Level Costing

The Rotunda Hospital agreed to be involved in a patient level costing study based on 2009 data. Patient-level costing is defined by the ability to measure the resources consumed by individual patients. Patient-level information and costing systems represent a change in the costing methodology in the HSE from a predominantly 'top down' allocation approach, based on averages and apportionments, to a more direct 'bottom-up' and sophisticated approach based on the actual interactions and events related to individual patients and the associated costs.

Patient-level costs are calculated by tracing resources actually used by a patient and the associated costs by using actual costs incurred by the organisation in providing a service or event. The IT Department in conjunction with other departments had to extract data from feeder systems. This data had to be manipulated into an agreed format supplied by the casemix unit and uploaded into a data capture tool. The data capture tool validated the data and all errors had to be researched and corrected.

McAfee Virus Checker Upgrade

The virus checking software is centrally hosted and as new viruses are identified (almost on a daily basis) by McAfee the hospital's servers and PCs need to be updated. The server was replaced with a modern server and a major upgrade of the software was achieved. The new version of the system will give us more capability around the security of servers and PCs. The upgrade will also streamline the process of automatically downloading all the updates available and then pushing the updates out to the hospital's servers and PCs, thus ensuring complete protection in a timely manner.

Expansion of K2 System

The hospital's IT system for electronically capturing and storing CTGs was expanded into the General Prenatal Ward. The network was expanded into General Prenatal and two special PCs used to capture the CTGs have been installed.

Edukado Database System

This system enables the School of Midwifery to schedule students into various clinical sites ensuring that each student is allocated to the relevant sites for the required number of weeks and that no clinical site gets too many students at once. The aim was to replace the manual planning system which was very time-consuming.

Data Activity Enhancements

The IT Department worked with a number of other departments to enhance data capture for activity/management reporting:

- Modifications to the Patient Administration System and birth notification to ensure the data around early transfer home and Domino care was captured and reported.
- The IT Midwives are responsible for the audit and quality checking of the clinical Information that goes onto the Obstetric Management System (OMS). This data was then compiled and

used in the detailed and precise clinical tables and statistical summaries incorporated in the annual clinical report.

- A system is in place now where the Early Pregnancy Unit (EPU) informs the IT midwives of the daily attendances which means the computer system can close off a pregnancy episode correctly therefore giving a correct completion reason to each episode that is registered onto the obstetric system. All pregnant women attending the Assessment and Emergency Unit are now antenatally registered on the computer system.
- IT midwives worked closely with the HIPE Department to review and update Business Objects reports. The two departments also carried out audits of patient charts to review from a clinical perspective the coding allocated to procedures.

IT Training Room Refurbishment

Work was carried out over the year to totally refurbish the IT Training room. This is now complete and the room is now a fully functional training room with 8 new PCs in place.

National Project Developments

IPMS Project

This project will see the replacement of our existing Patient Administration System (PAS) with the new iSOFT Hospital Information System (HIS). This is a major project and will involve all departments currently using PAS. The IT Department will work on all the technical aspects of the project and will work very closely with the Patient Services Department in implementing the system.

The existing PAS system is now coming to its end of life. The IT Department has secured an extension to the existing contract with McKesson until March 2013. The HSE has confirmed that ICT capital funding is now allocated to this project and that it is expected that the project would be undertaken over the financial year of 2012.

Maternal & Newborn Clinical Management System (MN-CMS)

In 2006 the Dublin Maternity Hospitals produced a joint ICT Strategy which identified the replacement of the Obstetric Management System (OMS) and Neonatal Information System (NIS) as a priority. The support from McKesson UK, on the OMS and NIS expired on 30th June 2007. Currently, there is no support on the system and there have been no new enhancements to the system since 2007.

The hospital is dependent on the national procurement of the Maternal & Newborn Clinical Management System (MN-CMS). The new revised date for the first installation is now scheduled for the first quarter of 2013. The time delays with this project have now left the hospital in a very exposed position as the hospital cannot give any guarantees that the current system will continue to function.

To help ensure that the current systems can be kept running, the IT Department has been successful in sourcing a backup server from the UK. With the help of Morse Computing and STG (UK) we have started a project to build a full disaster recovery process. This recovery process will allow us to use the backup server in the event of the main server failing. The backup server is in place and work continues on disaster recovery process.

Courses/Training

Various members of the department have completed courses/training in the following areas:

- Microsoft Course - Writing Queries Using Microsoft SQL Server 2008 Transact-SQL
- Kelio training
- Mediscan training
- Business Object training
- IPMS training

Acknowledgement

In these challenging times the successful implementation of projects and the continuous support of many IT systems are reliant upon hard working, self-motivating and dedicated people within the IT Department. I wish therefore to acknowledge the staff of the IT Department for their help and support throughout 2011 and I am confident they will maintain this high work rate going forward. I also wish to thank the executive management team, all department heads/clinical supervisors and their staff for their commitment, support and input to improving the IT systems within the hospital.

Conclusion

2011 proved to be a very busy but productive year for the IT Department. A large number of projects have been successfully completed, whilst other projects have been prioritized and commenced. We look forward to providing a quality service to our customers throughout 2012 and dealing with the challenges that arise throughout the year.

Mr Noel Carberry,

IT Manager / MN-CMS Project Manager

Information Management Department

In 2011, the Information Management Department continued to be responsible for a number of areas of legislation within the hospital; these were formalised under the banner of Information Governance with the production of the Health Information Quality Authority (HIQA) guidelines in the area in November 2011. In addition the department continued to be responsible for ensuring the implementation of complaints processes in line with hospital policy and HSE requirements.

Supreme Court Decision

The Supreme Court decision of the 19th July 2011 overturned the High Court decision issued on the 2nd July 2009 in which the hospital had sought to quash the 2007 decision of the Office of the Information Commissioner. This decision upheld the view taken by the hospital in relation to the protection of personal information and information obtained in confidence.

The hospital was awarded costs in this case and the other three cases which were due before the High Court on the same matter were settled in line with this decision. The case was a landmark case in the area of Freedom of Information.

Information Governance

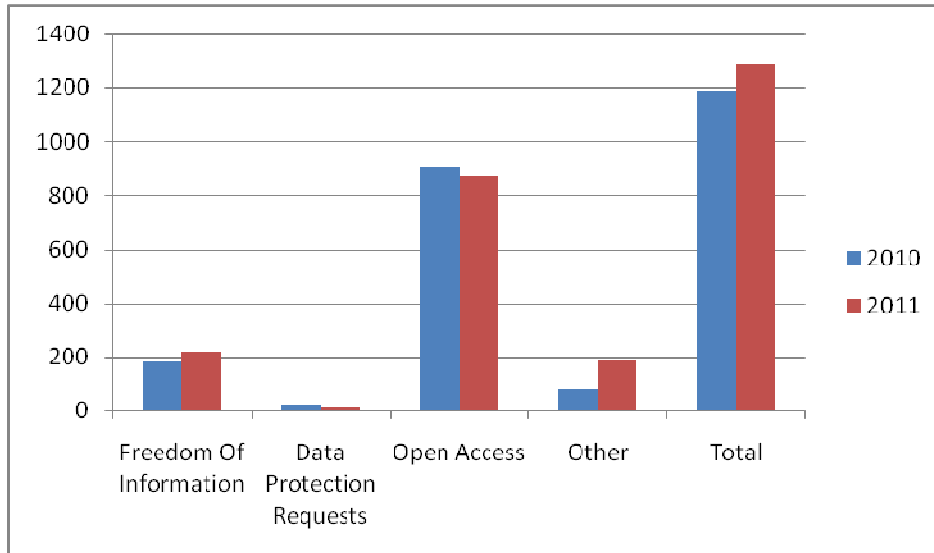
In November 2011, the Health Information Quality Authority released the Standards for Health Information Governance and an associated audit tool. These standards bring together all the areas which would be part of the day to day work of the Information Management Department. The self-assessment audit tool was completed in November and will be completed on a yearly basis from December 2012.

Data Protection Review

The data protection self-assessment was carried out for 2011 and the details were provided to the Governance/Audit Committee. The review showed a number of areas for improvement, and also identified a number of trends from the preceding year. The Data Protection Committee was re-established to monitor the number of non-compliances reported in the organisation and to review and follow-up on any improvements which need to be made arising from these.

Access Requests

The department continued to process access requests, through a number of channels. The graph below shows the number of requests processed in the main areas for 2010 and 2011 and the increase in the number of requests can be seen.



Filemaker and Paper-Light

In 2011, the department moved towards a paper light system - internal paper files were no longer produced and the Filemaker system was developed further to allow for the creation of most correspondence automatically. This allowed the department to deal with the increased applications in a more efficient manner.

Staff

The department was managed for the early part of 2011 by Anna Mooney, who covered the maternity leave of the department's manager. Orla Curran also returned to the department after maternity leave and June Molloy left for maternity leave. I would like to thank all the staff for their dedication, professionalism, contributions and continued hard work throughout the year. Their work is acknowledged and appreciated and we look forward to 2012.

Conclusion

The Information Management Department has built up a well developed knowledge base on a broad number of legislations, which has been consolidated this year through the Health Information Governance Standards.

Ms Lorraine Sibley,
Information Manager

Patient Services Department

The Patient Services Department supports the hospital's patient care systems and structures by providing a high quality, professional clerical and administrative service to both clinical and non clinical areas. We are the first point of contact in the patient journey. In addition to existing services provided in 2011 we also commenced providing a service to community midwifery services and theatre.

Some of the services the Patient Services Department provides include:

- Ensuring confidentiality of patient healthcare information
- Providing administrative support to all our outpatient clinics including scheduling of all clinic appointments
- Adhering to and maintenance of HSE standards and recommended practices for healthcare records management
- Provision of a telephone service for patients, visitors, GPs
- Reception services
- Dictaphone typing and transcription services
- Maintenance of patient data and clinic schedules on the Patient Administration System

Staffing

In December 2010 a number of our long serving and experienced staff opted to take the Voluntary Redundancy and Early Retirement Schemes. In the context of these swift departures we revised, re-organised and re-configured services by centralizing services such as appointment scheduling and the typing pool and re-assigned staff to areas that were depleted due to departures.

Outpatients Services

A number of steps have been taken to improve customer service in the department. A numbering system was introduced to assist in reducing waiting times. Patients are not checked in until 15 minutes before their allotted timeslot. Check-in times have been extended by one hour each day. Hours of work have been extended to provide evening clinics without associated overtime costs. There is ongoing review and development of alternative systems for improving patient flow. We

continued to develop new ways of communicating information to our patients. Work was undertaken on modifying the content of the appointment letters and text messages being sent to patients.

Healthcare Records Management

Work continues on the National Hospital's Office healthcare records programme. The objective of the review was to demonstrate the hospital's conformance levels against the standard of the NHO Code of Practice and develop a quality improvement plan based on the assessment outcomes. The increase in the activity of the hospital has had a major impact on the demand for services from the Healthcare Records Department and the volume of charts that were handled and are required to be stored in the library.

iPMS Project (PAS Replacement)

Our current Patient Administration System (PAS) is now at its end of life. We will be implementing an Integrated Patient Management System – called iPMS developed by iSOFT and the hospital is scheduled to go-live in Q4 2012. In preparation for this functional requirements were reviewed, collated and documented in 2011. Work was undertaken on documenting the PAS information flows, inputs and outputs in the relevant departments. This will facilitate easier mapping of the information flows to the iSOFT system.

Internship Programmes

Our Patient Services Intern Programme has been very successful with interns going to paid employment which is the objective of the programme. Feedback from the interns has been very positive. We have also welcomed EUSA summer placements with college students from the USA with a particular interest in administration travelling to Ireland to undertake an unpaid internship. It has been interesting to get feedback on business processes in their country and suggestions for the service that we are delivering.

Training and Education

Scheduling training remains a challenge in the context of a busy healthcare environment and limited resources. I have worked very closely with the Human Resources Department to schedule suitable training schedules outside of business hours. Thank you to the staff who gave up their time to attend the courses. The Team Leaders successfully completed a Certificate in Healthcare Management Skills (FETAC 6). Patient Services staff have all been encouraged to undertake an e-learning foundation training programme for healthcare records management available on www.hseland.ie.

The programme focuses on personal and professional development. The tools are designed to help users assess their current skills, plan to make improvements and complete any required learning.

Communications

We continue to conduct departmental advisory meetings on a monthly basis. Team Leaders attend and are briefed on corporate information, feedback from the various committees within the hospital and any other business. It is an opportunity to discuss new services, processes etc and has proved an efficient way of disseminating information to all staff within the Patient Services Department.

I met with most of the team individually in August and September to thank them for their hard work and commitment especially over the summer months when resources were reduced and to discuss future career aspirations, training requirements and suggestion to improve services. Frontline staff often see issues and opportunities more clearly, and can provide solutions to remedy. Feedback from staff indicated that they felt empowered after the meeting, that it was morale boosting and improved communications within the department.

The Patient Services Department liaises with agencies such as the Dublin Voluntary Hospitals via the Patient Services Managers Group, the ESRI, Civil Registration Office, General Practitioners and other hospitals.

Conclusion

Patient requirements and service demands are changing. The Patient Services Department is determined to keep up with these changes. I would like to acknowledge and to thank each and every member of the Patient Services Department staff for their significant contribution to the patient administration function and support to healthcare professionals during the year. You play a vital role in providing support to our patients, the patient services function and our multidisciplinary colleagues.

Thank you to all heads of department and clinical managers for their assistance in 2011. For me, 2012 will be spent working on implementing iPMS. I would like to thank Ms Niamh Moore for committing to manage the department in my absence for the duration of the project. I wish her and the team every success in 2012.

Ms Cathy Ryan Hyland,

Patient Services and iPMS Project Manager

Support Services Department

Clinical Engineering

Clinical Engineering is the application of engineering concepts, methodology and technology to the improvement of health service delivery systems in the hospital. The Clinical Engineering Department is responsible for the management of medical equipment in the hospital. This includes evaluating and selecting new medical technology, preparing requests and specifications for new medical equipment, installation and commissioning, testing and validation of new equipment and periodic maintenance. The department provides operational and application training to the users/clinicians and is also responsible for investigating medical device related incidents and managing hazard alert and reporting systems.

Medical Equipment Replacement Programme

The Rotunda Hospital is committed to ensuring that the highest standard of medical equipment is available for use in care, diagnosis and treatment. Approximately €135k was spent on new and replacement medical equipment in 2011. The equipment purchased included a cranial ultrasound machine, EEG machine, resuscitation units and CTG monitors.

Participation in Quality and Safety Initiatives

The department participated in the review of the national standards for the decontamination of reusable invasive medical devices (RIMD) and the medical devices/equipment management guidelines.

Staff

I would like to thank the staff in the department for their continued support and dedication. I would also like to acknowledge the co-operation of the ward managers and staff.

Conclusion

Clinical Engineering will continue to ensure that medical equipment is reliable and safe to use for patients and staff and that the hospital has modern equipment and the latest technology available for clinical applications.

Mr Henry Gelera,

Principal Clinical Engineer

Central Sterile Service Department

CSSD is the core department within the hospital in which reusable medical devices, both sterile and non-sterile are decontaminated. The cleaning, disinfection, inspection and sterilisation of all surgical instruments in the hospital takes place here. The department is committed to ensuring that there is a system in place that guarantees that all reusable medical devices are properly decontaminated prior to use, the integrity of the instruments is maintained and that the risks associated with decontamination facilities and processes are adequately managed. The staff influence hospital purchases and healthcare practices by holding responsibility for ensuring that patient equipment is available and sterile for use at all times.

Quality Assurance

The practice of pre-washing all used RIMDs in the clinical area prior to transporting to CSSD was eliminated. The annual audit on decontamination processes for RIMDs was completed, with an overall score of 92%. An audit was carried out on some of the instrument sets, using the HSE standards and recommended practices for central decontamination units. Any instruments showing possible pitting were removed from circulation and replaced. Twenty two non conformances were raised during the year – 14 from theatre and delivery suite and 8 from CSSD. Follow-up actions were taken and all the issues raised were resolved accordingly.

Training and Education

The staff complement is 8.5 WTE. Scheduling training remains a challenge in the context of a busy healthcare environment. Two staff members completed their training programmes – Skillvec and BSc respectively and another has started a BSc in Sterile Service Management. Staff also undertook training in manual handling, chemical awareness, health and safety and fire safety training.

Conclusion

I wish to thank all the CSSD staff for their commitment, support and flexibility throughout the year. In the coming year we will continue to provide a quality standard of practice in the decontamination and sterilization of reusable invasive medical devices and provide a service that is consistent with the highest possible standards.

Mr John Oyedeji Oladapo,

CSSD Manager

Household Services Department

The Household Services Department plays a key role in ensuring that the Rotunda Hospital achieves the highest possible hygiene standards required of a healthcare environment. A robust auditing programme is in place. The C4C 'Credits for Cleaning' programme is used. Daily supervisory audits are undertaken, which ensure that a standard check is performed in all areas on a frequent basis, resulting in a higher consistent standard throughout the hospital. The average score achieved was 90%. The 'action required' reports are circulated to the appropriate household staff members and once completed they are signed, dated and returned to household supervisor.

The C4C hygiene auditing system was introduced for Emerald Contract Cleaners. 180 audits were undertaken by the supervisor. The overall average score was 99% and the completed audit reports were submitted to the household management team.

Combined audits were also undertaken with the household services manager, technical services foreman, head porter and the Emerald onsite supervisor – Support Services audits. Feedback was provided to the department manager and the local operatives. The average score was 90%.

Staff

The staff complement reduced to 41.3 whole time equivalents during the year. I would like to thank all the staff within the department for their relentless efforts in ensuring that hygiene is maintained to the very highest standard.

Training and Development Initiatives

An in-house staff training programme was introduced during the year. The topics of manual tasks, colour coding, equipment training and hand hygiene are covered on a rotational weekly basis. Staff also undertook training on detergent usage, manual handling and fire safety training. All the supervisors undertook the BICSc train the trainers programme and are certified as instructors.

Conclusion

2011 proved to be another challenging and successful year for the Household Services Department. We are committed to continuous improvement of our service delivery and to keeping abreast of developments in line with best practice recommendations.

Ms Catherine L'Estrange,

Household Services Manager

Linen Department

The Linen Department plays a key role in ensuring that all linen items are stored, handled and laundered to the highest standards in line with the national hygiene standards. The priority for the department is to ensure that the risks of infection are minimised by implementing best practice recommendations in relation to linen services. The service is managed by the Household Services Department.

Quality Assurance

Staff in the department undertake a comprehensive schedule of daily and weekly audits, which include the following:

- Linen delivery truck
- Blue linen delivery bins
- Quality and cleanliness of linen deliveries and linen rejects
- Quality of the laundry bags
- Linen trolleys used for the transportation of linen around the hospital
- Linen storage presses and trolleys in the clinical areas

The linen audit tools and checklists were updated. All supervisors were trained in the management of the department, which will ensure continuity of linen services. Preliminary discussions were held about the possible introduction of a scrub suit dispensing unit.

Acknowledgement

I would like to thank the household services staff, the porters, midwives and maternity care assistants for their ongoing support and co-operation.

Conclusion

2011 was an extremely busy year for the Linen Department. Despite this, the department consistently ensured a high quality of service was maintained, which assisted the hospital to achieve its goals in relation to quality initiatives. We will endeavour to ensure ongoing efficiencies and value for money.

Ms Catherine L'Estrange,
Household Services Manager

Portering Services

The Portering Services Department plays a key role in ensuring that the internal workings of the hospital are organised in a clear and efficient manner, whether that be a patient transfer or internal department deliveries to assist and support our internal customer base.

Developments During 2011

A new Bio System for clinical waste was introduced in December 2011. This is being trialed as a cost saving measure and will be reviewed in the first quarter of 2012. This introduced a degree of recycling on clinical waste for the first time. This change requires twice daily collections of full recyclable sharp containers from the clinical areas.

The new confidential waste containers proved successful and an additional number of consoles were introduced throughout the hospital in 2011.

New smaller medical gas bottles were introduced for use on trolleys in Theatre, Neonatal Unit and the Assessment and Emergency Unit, which allows for a more efficient system for transporting patients.

Staff Training and Development

The staff complement is 15 whole time equivalents. Staff undertook a number of training programmes during the year including:

- Manual handling
- Hand hygiene
- Fire training
- Infection prevention and control, including decontamination
- Medical gas training
- Clinical waste training by SRCL
- Chemical handling, spillage and blood transportation

Conclusion

The Portering Services Department continued to implement the changes required under the national standards for hygiene, infection prevention and control and decontamination. 2011 proved to be an extremely challenging year; however a consistent quality service was provided.

Mr Paul Shields,

Portering Services Manager

Technical Services

The Technical Services Department manages the hospital facilities and utility services. The team covers electrical, plumbing and carpentry. We aim to ensure quality and consistency of service in order that all other members of staff, patients and visitors can utilise the facilities and services of the Rotunda hospital in a safe manner. On average 354 work requisitions are received per month. One of the challenges for the department is to create a consistent workflow to provide a seamless service.

Main Developments

The redevelopment of the boiler house involved the introduction of new more efficient and economical heating boilers, decommissioning and disposal of the existing boilers. The project was funded by the Sustainable Energy Authority of Ireland (SEAI), the HSE and the Rotunda.

A new energy effective lighting system was introduced throughout the main hospital building. The project was also co-funded by the SEAI, the HSE and the Rotunda.

Other projects undertaken during the year include the upgrading of bathroom and shower facilities in the Nurses Home, refurbishment of the laboratory facilities, provision of additional storage units in the Neonatal Unit, General Prenatal and General Postnatal wards. The medical gas pipe work was extended to link General Postnatal to the central vacuum. The replacement of clinical sinks in the main hospital was completed and standardised splash backs were introduced in all clinical areas. The painting programme continued throughout the year.

Staff

I would like to thank all the staff in the department for their ongoing commitment and dedication to the upkeep of the Rotunda Hospital. The team works closely with the staff in all departments and especially with the ward managers and security staff.

Conclusion

2011 has seen substantial demands placed upon the department. Despite the increasing demands on the service, all the work requisitions were met in an efficient and timely manner. We look forward to providing a high level of service again in 2012.

Mr Brendan Memery,

Foreman

Catering Department

The Catering Department comprises of five sub departments:

- Main kitchen and food production service
- Restaurant/hospitality service
- Patient food and beverage service. Additional snack and beverage service to some outpatient services e.g. Fetal Assessment Unit, Day Care Unit, Early Pregnancy Unit and Colposcopy
- Staff rest room - food and beverage vending service
- Office/administration

Food is prepared and cooked fresh on the day as close to service time as possible. Menus reflect a wide variety of healthy options, traditional favourites and intercultural choices. We liaised with the Environmental Health Officer (EHO) to improve our food safety system. The catering management team continued to carry out internal hygiene/HACCP audits to ensure high standards of hygiene are adhered to throughout the department.

Projects/Developments During 2011

- An external review of the Catering Department was carried out during February and March 2011 and a report with recommendations for efficiency improvements was presented to the Secretary/General Manager.
- The Catering Department will now come under the Support Services Department.

Staff

- The staff complement of the Catering Department was reduced from 55.5 to 48.9 WTE.
- Two management staff and one catering assistant left the department at the end of 2011.

Training and Development Initiatives

- All catering staff continued to receive training in mandatory topics.
- FETAC Level 6 for support services was achieved by one member of staff.

We continue to work with the Hospital Procurement Services Group to benefit from purchasing power. I would like to thank the catering management team and all the catering staff for their continued contribution and support during the year – all of which is very much appreciated.

Ms Pauline Ryan-Mohammed,

Catering Manager

Library and Information Service

The Library & Information Service (LIS) of the Rotunda Hospital provides reference/study facilities, electronic access and computer facilities, to the staff and students of the hospital. In addition it provides facilities for medical students from the Royal College of Surgeons of Ireland who use facilities as part of their residency programmes. Midwifery students may also use facilities during their courses of study.

Facilities include the following services: study facilities (20 study spaces), networked computer access (6 PCs), 24 hour access facilities, integrated print photocopy services and book return facilities. Electronic facilities include access to electronic journals and medical databases through ATHENS registration, to support evidence based practice. Access to the library catalogue online, internet and e-mail facilities support communication processes.

Developments During 2011

In 2011, LIS extended the boundaries of information provision and has committed to the support of information sharing initiatives and communication processes. As part of a budgetary review LIS extended its own remit to include the in-house production of the organisation's newsletter 'Rotunda Delivery'. The Newsletter Committee continues to review content and LIS has responsibility for the production and printing. Thanks to my colleague, Geraldine Walsh for her expertise in making this production possible. It represents a successful collaborative effort and a saving in expenditure. In addition, the library's own newsletter 'Trimester' continued to be published quarterly.

Work on the development of the research database and use of the LENUS database continued in 2011. The Rotunda's research output for 2009 to 2011 is now captured electronically. It is hoped that we will continue to support this valuable research base. At a historical level, the Rotunda LIS contributed to the development of the Little Museum, Dublin and its unique collections.

LIS continues to support the activities of the Midwifery Journal Club and its staff presentations. In 2011 the following presentations were presented by staff: Report on the Congress of the 29th International Confederation of Midwives, Durban, South Africa by Ms B Kerrigan and Ms R Larkin. Research findings on 'Fear of Labour' by Ms Sinead Landy and 'Safety in Numbers: a medico-legal approach to eliminating risk and enhancing patient safety' by Orla Foley. This varied programme has been very well received by staff.

Increased Database Coverage

Our electronic remote access continues to be made available to all staff thereby increasing the range of access for all users. Full-text Oxford handbooks have been reviewed to provide for further coverage and integration on the OVID platform. Following a survey of online users OVID Universal Search has been verified by 70% of users as a useful information retrieval tool and current awareness and inter library loan facilities continue to meet users extended needs.

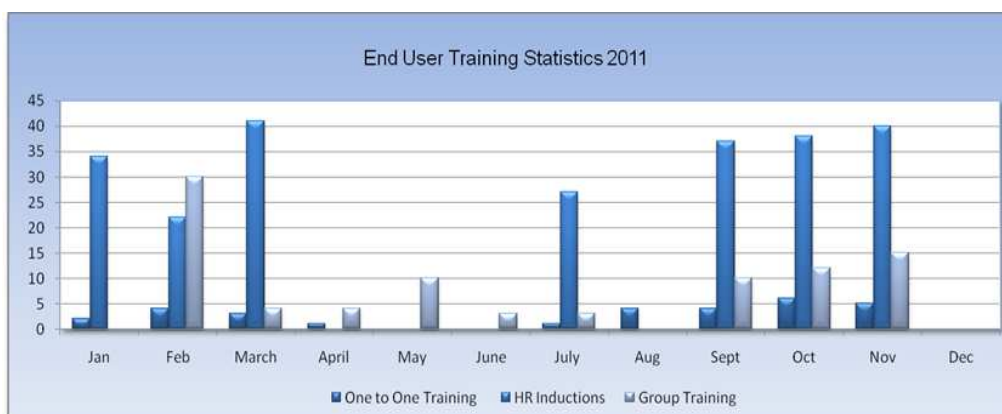
Training Programmes

Continuing education programmes through the Health Science Libraries Group offer opportunities for library staff education and development. These included the annual staff conference and a specialist training day provided by the Academic and Special Libraries Group of the Library Association of Ireland. The European Association of Health Information Libraries international conference was also attended. User training continued throughout the year and we hosted training days during 2011, which

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were supported by Pfizer Ireland. Thanks to trainers Michael Manning Maurice Clementi

for facilitating these training sessions.

Conclusion

As in previous years I wish to acknowledge the assistance and support of my colleague Geraldine Walsh and her unique contribution to service development. Without a team approach we could not have achieved the service developments described. Service developments in 2011 reflect our continuing commitment to user needs and to the equitable extension of services to all our users. We look forward to working with you in the years ahead.

Ms Anne M O Byrne,

Head Librarian

Friends of the Rotunda

The Friends of the Rotunda is the official fundraising arm and registered Charity of the Rotunda Hospital. Its main objective is to provide a sustainable base for research into aspects of maternal and child health. The Friends of the Rotunda actively encourages participation in fundraising activity by Rotunda staff, patients and their families and friends. Donor giving provides vital funds for additional equipment for the hospital's specialist units, services and amenities that are otherwise not paid for by the State.

Since its formation in 1971, the organisation has become highly focused and strategic in its approach and now contains over 1,600 registered members. The Friends' Council is the Charity's governing body and meets quarterly to discuss matters relating to policy, finance and governance. The Council is made up of Directors: Frances Gardiner (Chairperson), Marie Malone (Honorary Secretary), Carolanne Roopnarinesingh (Honorary Treasurer), Dominique Crowley and Bernadette Lennon. Officers include Josephine Black, Dara Walsh, Dympna Sheehan, Sylvia Graham, Joan Dillon and Dr Michael Geary. Representation from the Rotunda Hospital includes the Executive Management Team.

The Research Committee is a sub-committee of the Friends' Council and meets regularly each year to consider the funding of research submissions. During 2011, over €150,000 was awarded to fund the following projects and research submissions:

1. 1 year part-time research psychologist post for Rotunda neonatal research.
2. RCSI/Rotunda Study entitled 'Platelet Reactivity and Pregnancy Loss' followed by a series of further research studies. Funding also supported the establishment of an advanced platelet

research laboratory at the RCSI Unit within the Rotunda in collaboration with Professor Kenny of the RCSI.

3. Bereavement support for Rotunda families.
4. National Volunteering Day (knit-a-thon project).
5. '*Reach Out and Read*' Project.
6. Christmas Appeal for Rotunda families in need.

Fundraising Events:

- Rotunda Golf Classic – The Masters' Cup
- Christening Party Fundraisers
- Coffee Morning Fundraisers
- Birthday Party Fundraisers
- Sponsored Walks
- Flora Women's Mini Marathon to Fundraise for Rotunda Neonatal Unit
- Dublin City Marathon
- New York City Marathon
- Sale of Easter Eggs
- Coin Box Collections and Raffles
- Sale of Publications gifted to Rotunda Hospital by Artists/Authors
- Sale of Football Shirts in aid of Rotunda Research Fund
- Sale of Christmas Cards
- Sale of Art illustrating the Rotunda Hospital
- Sale of Designer Silver Jewellery Collection
- Sale of Memorabilia of the Rotunda Hospital
- Tango Fiesta Fundraiser
- FUNdraising Awareness Week
- Arts & Craft Christmas Fair
- The ROS Tapestry and Fine Art Presentations in the Pillar Room
- Young European Strings Chamber Orchestra Performance in the Pillar Room
- Friends of the Rotunda Annual Membership Subscriptions

Donations

Online payment facility for donations was introduced in September 2009 on the Friends' website (www.friendsoftherotunda.ie). Revenue has since been collected to support each of the following areas:

- Bereavement Support
- Delivery Suite
- Early Pregnancy Unit
- Rotunda Families in Need
- Fetal Assessment Unit
- Maternity Day Care Unit
- Neonatal Unit
- Rotunda Research Fund
- Sexual Assault Treatment Unit
- Essential Equipment Wish list

Additional essential equipment purchased by the Friends during the year supported the Rotunda's Neonatal Unit. A CritiCool Control Unit and cerebral sensors for use in brain research were purchased through funds raised through donations.

www.MyCharity.ie now hosts the Friends of the Rotunda charity registration on its website. Fundraisers can set up a fundraising page with links to mobile and social media connections.

Café Rotunda

The hospital shop provides a café and retail service to all in the hospital. Annual rental income from the shop provides extra revenue for the Friends' Administration. The Friends of the Rotunda charity merchandising including Christmas cards and sterling silver designer jewellery collection are also on sale in the shop.

The Hire of the Pillar Room

Another substantial source of revenue in aid of Rotunda research is generated each year through the hire of The Pillar Room complex as a facility for private and corporate functions. It is also used by the hospital as a teaching and conference centre. A new contemporary bar facility has been added and extensive maintenance works have now been completed. The facility now offers a new range of conferencing suites that are equipped with IT and broadband services and audio sound.

The Council for the Friends of the Rotunda wishes to extend its gratitude to all those who organised and supported fundraising activities during 2011.

Ms Sheila Thompson,

Marketing Manager

Private Clinics

The Rotunda Hospital Private and Semi Private Clinic, now known as Rotunda Private Clinics provides a wide range of obstetrical and gynaecological care to patients who wish to attend the Rotunda Hospital in a private or semi private capacity. We currently have 16 consultants in the private clinics that provide obstetric, gynaecology and paediatric care to patients.

Developments in 2011

2011 brought a number of major changes to the clinics. It saw a complete review of our management structure and agreement on a new role of Business Manager to be dedicated to the Private Clinics.

The Private Clinics were renovated in their entirety, with the help of the clinic interior designer and Mr Brendan Memery and the Technical Services Department. The clinic was taken from dull greys to sophisticated purples and greens, new flooring and lighting was put in place and very stylish and modern accessories complete the look. The renovation project took around 11 months to complete and it has proven very popular with patients and staff alike.

In June, our new telephone system was installed which increased our line capacity greatly. We now also have a queuing system and comfort messages in place to make contacting the clinic much easier.

Reviews were undertaken to ensure compliance with best practice recommendations from a hygiene and infection prevention and control prospective.

Staff

I would like to acknowledge and thank all the patient services team members, our midwifery colleagues and Joyce Doyle from household services for all their hard work and co-operation during the year.

2011 was a very successful year for the Private Clinics. Our aim is to continue to improve, complement and expand the services we currently provide. We endeavour as always to provide through informed choice, individualised care throughout all our patients visits, which meets their emotional, physical and psychological needs.

Ms Darina Martin,

Head of Patient Services for Private Clinics

Occupational Health Department

The Occupational Health Department is readily accessible to all employees, and plays an important role in employee welfare. The department staff include Dr Dominick Natin, Consultant in Occupational Medicine and M. Stephanie McCann, Occupational Health Clinical Nurse Manager 2. Dr Natin's routine clinic is held one morning per week. Consultations are by appointment only, and very urgent consultations may be facilitated at other times if deemed necessary.

Management of occupational blood and body fluid exposures is an important occupational health role. Induction education for all employees and in-service education is ongoing as a measure to heighten awareness and reduce exposures.

A sharps EU directive was introduced in 2010 to help prevent injuries and subsequently blood-borne viruses to healthcare workers. The aim of the directive is to ensure hospital staff work in the safest possible environment with the safest devices and equipment. Work is in progress in the hospital to ensure that devices and equipment are as needle free/needle safe as possible. The deadline for implementation of the EU directive is May 2013. Irish legislation in relation to the prevention of sharps injuries is currently in draft format and is being reviewed.

The Occupational Health Department continues to use the software package that was introduced in 2010. This was a complex project requiring liaison between the Occupational Health Department, IT Department and the external providers.

The flu vaccine season commenced at the beginning of October 2011. From October – December (inclusive) 2011, 37.3% of Rotunda staff were vaccinated and this campaign will be ongoing until April 2012.

Ms Stephanie McCann

Occupational Health CNM2

Financial Statements

Balance Sheet

at 31 December 2011

	2011 €'000	2010 €'000
Fixed assets		
Tangible assets	87,302	87,542
Financial assets	2	2
	<hr/>	<hr/>
	87,304	87,544
Current assets		
Debtors	8,381	7,670
Stocks	538	513
Bank and cash	1,460	3,492
	<hr/>	<hr/>
	10,379	11,675
Creditors: amounts falling due within one year	(9,519)	(10,614)
	<hr/>	<hr/>
Net current assets	860	1,061
	<hr/>	<hr/>
Total assets less current liabilities	88,164	88,605
Creditors: amounts falling due after more than one year	(998)	(1,129)
	<hr/>	<hr/>
Net assets	87,166	87,476
	<hr/>	<hr/>
Capital and reserves		
Non-capital income and expenditure account deficit	(136)	(66)
Capitalisation account	87,302	87,542
	<hr/>	<hr/>
	87,166	87,476
	<hr/>	<hr/>

Non-Capital Income and Expenditure Account
for the year ended 31 December 2011

	2011	2010
	€'000	€'000
Cumulative non-capital deficit/(surplus) brought forward from previous year	66	99
Pay		
Salaries	46,837	48,211
Superannuation and gratuities	4,291	4,740
	<hr/>	<hr/>
	51,128	52,951
Non-Pay		
Direct patient care	5,309	4,740
Support services	4,177	4,596
Financial and administrative	3,436	3,314
	<hr/>	<hr/>
	12,922	12,650
	<hr/>	<hr/>
Gross expenditure for the year	64,116	65,700
Income	(19,001)	(16,606)
	<hr/>	<hr/>
Net expenditure for the year	45,115	49,094
	<hr/>	<hr/>
Determination – HSE notified for the year	(44,979)	(49,028)
	<hr/>	<hr/>
Deficit for the year carried forward to following year	136	66
	<hr/>	<hr/>

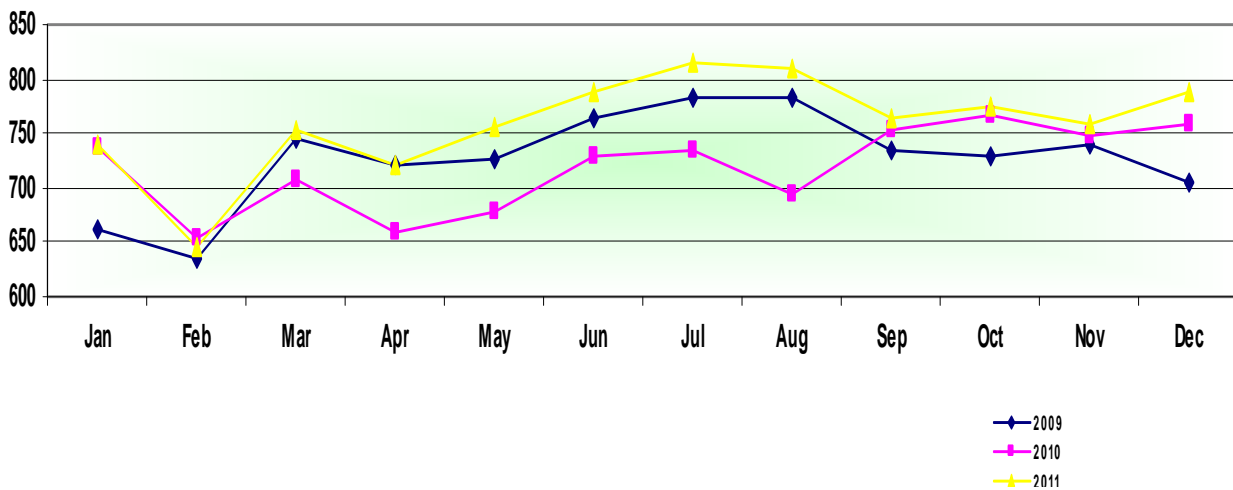
Capital Income and Expenditure Account
for the year ended 31 December 2011

	2011	2010
	€'000	€'000
Capital income sources		
HSE – Capital grant	1,112	632
HSE – Charge on non-capital income and expenditure account	871	735
Other grants	604	167
	<hr/>	<hr/>
Total capital income	2,587	1,534
Capital expenditure: capitalised		
Buildings	2,402	385
Equipment	757	1,352
	<hr/>	<hr/>
Capital expenditure: capitalised	3,159	1,737
	<hr/>	<hr/>
Decrease in deferred capital expenditure	(572)	(203)
	<hr/>	<hr/>
Total capital expenditure	2,587	1,534
	<hr/>	<hr/>
Opening (surplus)/deficit from previous year	-	-
	<hr/>	<hr/>
Closing (surplus)/deficit carried forward to following year	-	-
	<hr/> <hr/>	<hr/> <hr/>

Activity Analysis 2011

<u>Profile</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
Mothers Delivering babies >500g	7,184	8,256	8,597	8,729	8,616	9,116
% cumulative increase		15%	20%	22%	20%	27%
Babies born > 500g	7,325	8,456	8,799	8,912	8,793	9,319
Registrations of new patients	8,865	9,987	10,707	10,317	11,235	11,942

Mothers Delivered Greater than 500 grms



Births	2011
Singletons	8,910
Twins	393
Triplets	16
Quadruplets	0
Total Babies delivered weighing 500 grams or	9,319

<i>more</i>	
Type of Delivery	
Spontaneous Vaginal Delivery *	50.9%
Forceps	2.6%
Ventouse	16.7%
Caesarean Section	29.4%
Induction of Labour	29.0%

* Breech Deliveries included in spontaneous vaginal delivery

Gynaecology	2010	2011	2010/2011 YTD +/- %
Elective Admissions	599	542	-9.52%
Non-Elective Admissions	357	194	-45.66%
Total Inpatient	956	736	-23.02%
Daycases	1,210	1,307	8.01%
Total (Inpatient and Daycases)	2,116	2,043	-3.46%

Neonatal Unit	2010	2011	2010/2011 YTD +/- %
Neonatal Admissions	1,175	1,225	4.26%

Emergency Presentations	2010	2011	2010/2011 YTD +/- %
ER - Obs/Gynae	23,279	24,485	5.18%
ER - Paediatrics (after 4pm)	418	425	1.67%

Total Presentations at Assessment and Emergency Unit	23,697	24,910	5.12%
Public OPD Activity	2010	2011	2010/2011 YTD +/- %
Obstetrics (<i>Cons + Non-cons</i>)	42,734	44,661	2.47%
Colposcopy	2,732	7,222	164.35%
Post Lletz	1,322	3,257	146.37%
Gynaecology (<i>Cons + Non-cons</i>)	7,072	1,169	-83.47%
Total Gynaecology	11,126	11,648	4.69%
Paediatrics	10,191	11,397	11.83%
Total Public OPD Attendances	64,051	67,706	5.71%

Specialist Clinics	2010	2011	2010/2011 YTD +/- %
Endocrinology	3,252	3,599	10.67%
Gastroenterology	43	74	72.09%
Haematology	571	955	67.25%
Anaesthetics	353	318	-9.92%
Psychiatry	293	316	7.85%
Nephrology	984	1129	14.74%
Dove Medical	265	218	-17.74%
Total Specialist Attendances	5,761	6,609	14.72%

Allied Health Professionals	2010	2011	2010/2011 YTD +/- %
Medical Social Work	1,565	1,433	-8.43%
Physiotherapy	2,971	2,749	-7.47%
Antenatal Classes	5,952	7,901	32.75%
Dietetics	999	1,072	7.31%
Total Allied Health Attendances	11,487	13,155	14.52%

Diagnostics	2010	2011	2010/2011 YTD +/- %
Ultrasound	13,693	15,008	9.60%
Radiology	5,5483	6,812	24.24%
Fetal Assessment/Prenatal Diagnosis	2,792	2,695	-3.47%
Total Diagnostics	21,968	24,515	11.59%

Semi - Private Clinic	2010	2011	2010/2011 YTD +/- %
Obstetrics	9,220	9,345	1.36%
Private Clinic	2010	2011	2010/2011 YTD +/- %
Obstetrics	8,473	8,330	-1.69%
Maternity/Gynae	2,736	2,341	-14.44%
Gynaecology	2,797	2,809	0.43%
Paediatrics	851	634	-25.50%
Total Private Clinic Attendances	14,857	14,114	-5.00%

