

Corporate Report 2015

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The Chairperson's Report for 2015

We have a long history of delivering excellent care to mothers and babies here at the Rotunda. We, the Governors of the Hospital, rely on the staff to provide this excellence in care and we recognise the challenging environment in which our staff work. I am aware that the hospital remains busy although a small reduction in births has happened in 2015. The Board closely monitors activity, service developments and quality and safety initiatives through reports from the Executive as well as having opportunities to speak directly to staff at our “*elevenes*” and of course our Visiting Governors who take the opportunity throughout the year to visit some areas and report back to us.

Each year the Board has an away day at which we have updates on national and hospital developments. This gives the Governors an opportunity to update our knowledge on governance issues facing us. Our away day this year focussed on “***The Patient at the Heart of the Board***”. We want to ensure that the mums and babies and other patients attending the Rotunda Hospital remain central to our operational and governance responsibilities. I am aware that one of the most common reasons that patients express dissatisfaction with the care and services they receive relates to communication with staff of all disciplines and at all levels. I know that staff within the hospital also wish to have better interdisciplinary communication channels and that initiatives are being developed to address this. However I encourage all staff as individuals to focus on communicating in an open and transparent way with patients and each other.

Managing risk is another area of concern for the Governors and we have established a new Board Risk Committee to oversee the Executive responses to risk issues identified in the hospital. A new risk management framework has been developed and a new policy was signed off by the Board in 2015.

I am delighted that in the course of the year we as a hospital have addressed the outpatient waiting time for a first gynaecology appointment and we are now within the national targets in almost all cases. We did this through an initiative with the Mater Private Hospital but I am particularly pleased to say we have now developed a good working relationship with Connolly Hospital and new Rotunda clinics are to be established there very shortly, which will continue to address the gynaecology needs of women in a timely manner.

As you will all be aware the Minister for Health Dr Leo Varadkar announced at the end of May that the Rotunda will be relocated to Connolly Hospital. We as Governors are very pleased with this decision as we recognise the need to have a new Rotunda fit for 21st century maternity care. Although there is no definite timeframe for relocation at this stage we have established a Project Board and several Working Groups to ensure that it progresses in the shortest possible time. We are confident that we will be able to progress this and hopefully will have a new hospital by 2021/22.

The Board and the Executive are working very closely with our partners in the RCSI Hospitals Group and we fully intend to step up as leaders in maternity, neonatal and gynaecology services

not only in our Group but also at a national level. The Board were delighted to support in partnership with the HSE a Medication Safety Conference recently in demonstration of our leadership role and commitment to quality improvement initiatives.

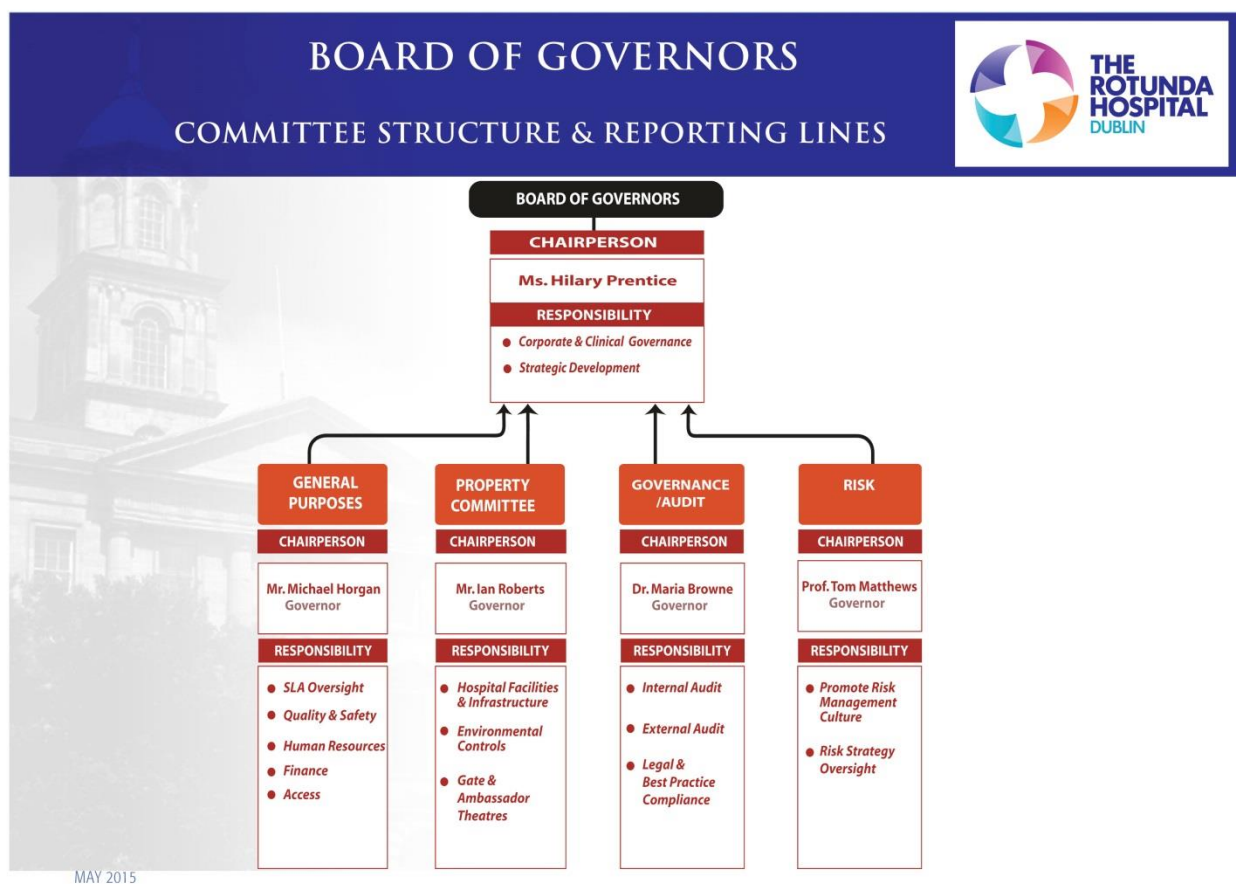
The Board is acutely aware of the demands and constraints on our neonatal services. We value the care and love given to our smallest and sickest of babies and are proud of the international quality of outcomes despite the constraints caused by inadequate facilities and staff ratios. We also acknowledge the huge input from all professionals and support services to all our mums, babies and families.

I want to take this opportunity to thank the outgoing Master, Dr Sam Coulter-Smith for his contribution to the Rotunda in the past seven years. Dr Coulter-Smith was appointed at one of the most difficult economic times this country has ever experienced and through his leadership the Rotunda continued its reputation of excellence despite moratoria on staff, savage cuts in budgets and little or no investment in service development. He conducted his Mastership in a professional way and made sure that the care and wellbeing of our patients was paramount and protected regardless of the constraints imposed on the Rotunda. He was not shy at making his concerns around funding, staffing and other pertinent issues known and the recent editorial piece in the Irish Examiner reflects his honesty in addressing matters of importance and concludes by stating that **“we all owe him a debt of gratitude for telling it like it is, no matter how uncomfortable that may make us feel”**. I totally agree with this. We wish Sam well for the remainder of his career. I also take this opportunity to welcome the Master for the next seven years, Professor Fergal Malone, and wish him well for his term of office.

Ms Hilary Prentice,
Chairman, Board of Governors

Board of Governors and their role

The Board of Governors¹ has overall responsibility for corporate and clinical governance and for strategic development at The Rotunda Hospital. It met on nine occasions during 2015. The Board has appointed a number of committees, which meet regularly and report to the Board on an on-going basis. These committees undertake the initial consideration of various matters, prior to preliminary views or recommendations being made to the Board. The new Risk Committee had its inaugural meeting in March 2015.



The General Purposes Committee met on eight occasions in 2015.

The Property Committee met on four occasions in 2015.

The Governance/Audit Committee met on five occasions in 2015.

The Risk Committee met on three occasions in 2015.

¹ Appendix 1: Board membership

As well as continual consideration of the quality and safety of services and its fiduciary responsibility, the Board of Governors approved a number of outputs and work streams during the year including:

- ✓ The Strategic Plan 2014 to 2016
- ✓ The Annual Compliance Statement with the HSE for 2014
- ✓ The Service Level Arrangements with the HSE for 2015
- ✓ The continuation of a Service Agreement with the Mater Private Hospital for the provision of gynaecology services to address the Rotunda outpatient waiting list
- ✓ Report from HIQA on unannounced inspection to assess compliance with the National Standards for the Prevention and Control of Healthcare Associated Infections
- ✓ Internal Audit Reports
- ✓ Relationship of The Rotunda within the RCSI Hospitals Group
- ✓ Recruitment of a new Master
- ✓ Oversight of environmental controls and water management reports
- ✓ Redevelopment potential of the Rotunda on site and at the Connolly Hospital Site
- ✓ Signing of the Part 1 of the new Service Level Arrangement and Part 2 Schedules 2015 with the HSE with agreed actions/concerns
- ✓ Business Plan for the development of new outpatient gynaecology clinics at Connolly Hospital
- ✓ Approval for the development of additional new consultant posts in neonatology, obstetrics & gynaecology and anaesthetics; the latter two to be shared posts with Connolly hospital

The Master's Report

It has been my honour and privilege to fill the role of Master and CEO of the Rotunda Hospital for the last seven years. Seven years that have been marked by unprecedented demand for maternity services, an increasing need for openness, accountability and transparency; a worldwide recession, with very significant reductions in budget allocation and a staffing crisis across the country, making it very difficult to retain and attract staff to our service. In addition over the last number of years the demand for gynaecology services has also increased substantially with approximately doubling of requests for outpatient appointments.

To address the increasing waiting times for gynaecology the hospital has worked with the HSE to validate the waiting list for gynaecology and this resulted in a substantial number being removed from the waiting list. The Board funded a very successful waiting list initiative with the Mater Private Hospital to address the waiting lists. In tandem with these initiatives the hospital worked with the RCSI Hospitals Group, particularly with Connolly Hospital to set up a hysteroscopy outpatient service which will commence in 2016. A further initiative took place with a collaborative effort involving the Irish College of General Practitioners, which resulted in the setup of a GP led evening clinic in the late stages of the year. This clinic will have the dual purpose of addressing the need for mirena coil contraception, management of menorrhagia with mirena coils and the training of GPs in this service.

In May 2015 the Minister for Health Leo Varadkar came to the hospital to announce the decision to relocate and co-locate the Rotunda Hospital on the Connolly campus in Blanchardstown. This was a welcome acknowledgement of the fact the Rotunda needs to move to a new facility in order to provide safe and efficient care to our patients. However it was disappointing that no funding was identified at the time. The hospital continues to work with the HSE, the Department of Health and the RCSI Hospitals Group in order to pursue the ultimate aim of co-locating with Connolly. In the meantime it is very important that the Rotunda continues to be able to provide top class care to all of its mothers and babies and it must be recognised that there will be interim developments required to improve facilities here on Parnell Square while the move to Connolly is progressed.

Over the course of 2015 we were successful in negotiating several new consultant posts in obstetrics and gynaecology, pathology and neonatal paediatrics. It is anticipated these posts will be filled early in 2016. We will continue to work with our partners within the RCSI Hospitals Group to facilitate the provision of sub-specialist services to both Drogheda and Cavan hospitals, particularly in the area of perinatal pathology and fetal medicine. It was therefore fitting that the new mortuary facility based in the Rotunda opened late in 2015.

The Research and Academic Affairs department headed by Dr Joanna Griffin continues to work with the RCSI Academic Department and has been very successful in terms of research output. The consolidation of the Research Department within one area has enabled a much more cohesive and efficient set up which is already paying dividends.

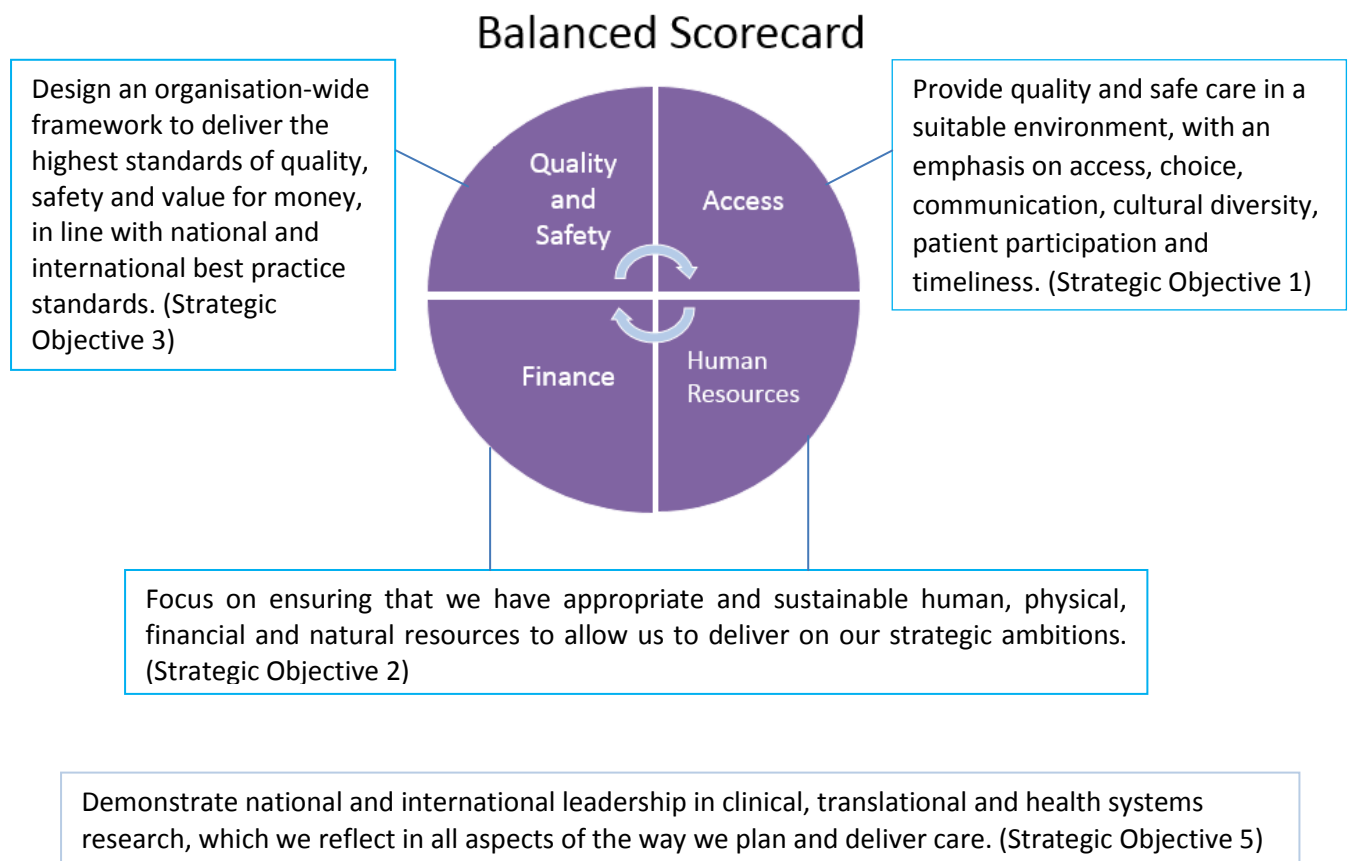
In my last corporate report I would like to take this opportunity to thank all of those who have helped and assisted and contributed to the support and provision of services to all of our patients. Every member of staff is an important cog in this particular wheel. There is absolutely no doubt that the levels of activity within the hospital over the last number of years have put a huge amount of pressure on all of our staff in every single department and I am extraordinarily proud to be able to say that the feedback that we get from our patients is hugely positive and is a real tribute to the dedication and skill of the staff of the Rotunda Hospital.

I would also like to take this opportunity to wish my successor Professor Fergal Malone every success in his seven years as Master and CEO of the hospital. I sincerely hope and believe that he will get all of the help and support that I got during my time as Master. I would also like to pay tribute to Ms Hilary Prentice, Chairman of the Board of Governors and the voluntary Board of the Hospital for the support and assistance they have given to me as Master and CEO over my time in the role, without their oversight and guidance the hospital would be a much poorer place.

Dr Sam Coulter-Smith,
Master 2009 -2015

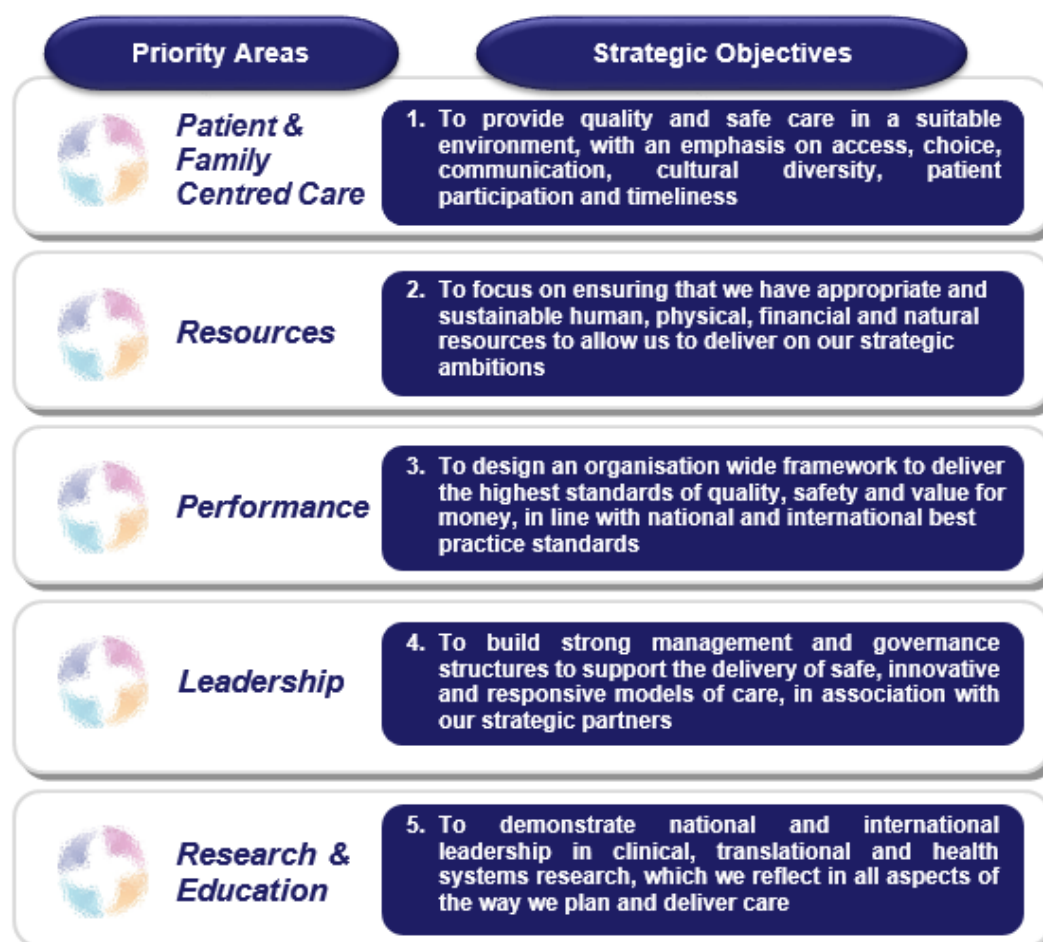
The Strategic Plan: An Overview

The HSE use a Balanced Scorecard to monitor the performance of Hospitals. The Rotunda links the Objectives of its Strategic Plan to the Balanced Scorecard. Each of the headings - Access, Human Resources, Finance and Quality and Safety are linked in with the hospitals key strategic objectives as outlined below.



Strategic Objectives 2014–2016

The Rotunda Hospital is currently focusing on five key priority areas: patient and family-centred care; resources; performance; leadership; research and education. Corresponding strategic objectives for each priority area are outlined below:



The Strategic Implementation Plan contains 49 strategic actions. Despite the challenges to be addressed, the implementation team leaders have made significant progress in advancing them.

Status	Number of Strategic Actions
Deferred or no longer relevant	3
In progress	32
Complete	14

Many of the actions in our Strategic Plan have progressed considerably during 2015. Some of the main achievements in 2015 are outlined below.

Patient and Family Centred Care

Strategic Objective 1: To provide quality and safe care in a suitable environment, with an emphasis on access, choice, communication, cultural diversity, patient participation and timeliness.

1. Maternity Services – 2015 developments

- Expansion of community midwifery services
- Completion of the redevelopment of the mortuary to support a regional perinatal pathology service
- Continued development of care pathways to support risk management of pregnant women

2. Gynaecology Services – 2015 developments

As part of our commitment to reducing waiting times for outpatient appointments, we:

- Successfully developed a plan and got approval from the RCSI Hospitals Group to establish an ambulatory outpatient gynaecology service at Connolly Hospital which opened in early 2016
- In liaison with the College of General Practitioners we commenced a weekly evening GP training mirena clinic at the hospital
- Although the Rotunda IVF is now under independent private management The Rotunda continued to fund some medical card patients who were referred from outpatient clinics for artificial reproductive therapy

3. Neonatal Services – 2015 developments

- The relationship with the Regional Neonatal Network continued to develop with care pathways being reviewed and updated as necessary to maximise outcomes for premature and sick babies

4. Patient Experience

- We continued to monitor patient and parent experience with our adult and neonatal services. Responses continue to show high levels of satisfaction with 98% of respondents indicating that they would recommend the Rotunda Hospital to family and friends

Resources

Strategic Objective 2: To focus on ensuring that we have appropriate and sustainable human, physical, financial and natural resources to allow us to deliver on our strategic ambitions.

- The Rotunda participated in the national review of midwifery staffing needs and we await the report

- A new employee assistance programme was established with the VHI as the provider
- Work continued on the internal communication plan
- Two staff commenced the MSc in Advanced Practice with a view to appointment as an AMP (Emergency Care) and ANP (Neonatology) in 2016
- One neonatal research pharmacist recruited with funding from the Friends of the Rotunda and in collaboration with the School of Pharmacy, Royal College of Surgeons in Ireland (one year post)
- One pharmacist PhD candidate recruited under the HRB PhD Scholars' Programme for Health Services Research, in collaboration with haematology, obstetric and midwifery colleagues, will develop a programme of research addressing venous thromboembolism risk assessment (three year post)
- Expansion of pharmaceutical technician services to minimise the amount of midwifery time spent on ordering medications and checking emergency medications
- In partnership with the HSE and our X-ray department, the NIMIS system (National Integrated Medical Imaging System) was successfully deployed in the Rotunda. This filmless system provides controlled access to patient studies conducted in any NIMIS connected hospital. This has the potential to improve patient care by requiring fewer repeat exams and allowing a much faster turnaround time on reports
- The hospital accelerated its implementation of the national Healthlink GP eReferral system. This solution allows a GP to submit a referral directly from their practice management system or web portal to the hospital in question and receive an acknowledgement confirming receipt of same

Performance

Strategic Objective 3: To design an organisation-wide framework to deliver the highest standards of quality, safety and value for money, in line with national and international best practice standards.

- Quality and patient safety
 - We continued our process of assessing the hospital's services against national standards
- Health technology
 - The hospital continued to participate in the development of a national Maternity and Neonatal Clinical Management System. A local implementation team is assessing and overseeing the implementation of the Rotunda requirements.
 - The Rotunda hospital is the only Dublin maternity hospital that actively participated in patient level studies over the last number of years. Results from these studies indicated that the Rotunda would have gained significantly in 2014 and 2015 if funded under an ABF (activity based funding) model:
 - 2014 ABF Revenue Gain - €9.538m
 - 2015 ABF Revenue Gain- €5.682m (extrapolated from June 2015)

Leadership

Strategic Objective 4: To build strong management and governance structures to support the delivery of safe, innovative and responsive models of care, in association with our strategic partners.

We believe that the development of staff in both clinical care and management principles is critical for the continuing success of the Rotunda Hospital as an independent voluntary and as an integral element of the RCSI Hospitals Group. During 2015, we:

- Continued the Rotunda Leadership Programme with RCSI and made a decision to extend the programme to include participants from maternity units in Our Lady of Lourdes Hospital and Cavan General Hospital in 2016
- The Chief Pharmacist was instrumental in organising a National Conference on Medication Safety which was held in the Pillar Room in October 2015. This conference was jointly hosted and funded by the Rotunda Hospital, the HSE, and the Pharmaceutical Society of Ireland

Research and Education

Strategic Objective 5: To demonstrate national and international leadership in clinical, translational and health systems research, which we reflect in all aspects of the way we plan and deliver care.

- The Rotunda operates the highest number of clinical trials of all the maternity hospitals in Ireland. Currently both national and international trials are being operated and the hospital has positioned itself as the go-to maternity hospital for industry-led trials
- The Hospital has expanded the research department to a team of 10, including a communications manager as well as research assistants all funded by external sources
- The Rotunda is the home of two national research networks namely Perinatal Ireland and the HRB Mother and Baby Clinical Trials Network Ireland
- The Rotunda has made strategic alliances with research groups nationally and internationally as well as with industrial partners (Regeneron, Huawei) with a view to applying for EU funding
- The Hospital has developed a number of apps such as Thrombocalc and medical devices (currently under patent review) with direct translational capability
- The Hospital has received funding for research from a wide variety of sources including The HRB, Temple Street Foundation, The Gates Foundation, Natera and the Friends of The Rotunda

Priorities for 2016

The following actions have been identified as high priority to be focused on in 2016:

- Continue to improve services for outpatients by promoting the shared and community care models
- Improve inpatient services through improved admission and discharge processes and planning
- To progress planning for relocating the Rotunda Hospital to the Connolly Hospital campus thereby enabling the hospital to be fully co-located with an adult acute hospital in fit-for purpose facility
- Increase number of dedicated delivery suite consultant sessions
- Progress the development of a whole hospital health technology strategy
- Work with the RCSI Hospitals Group to build a regional governance structure to oversee the provision of our regional clinical role
- Establish a Hospital Strategic Innovation Forum

Quality and Safety

- Quality Initiatives
- Clinical Risk
- Infection Prevention and Control
- Medication Safety
- Clinical Audit
- Health and Safety
- Customer Feedback



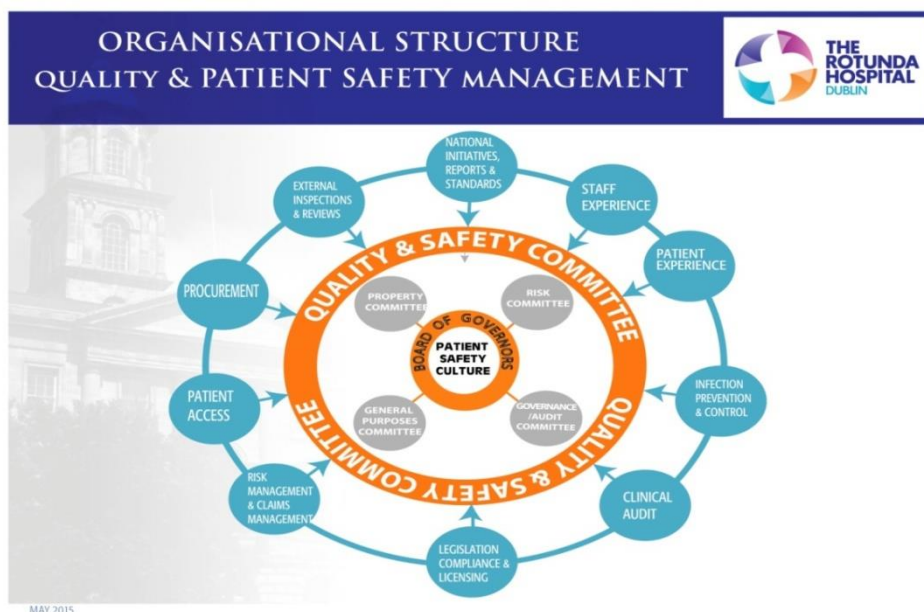
Quality and Safety

The Board of The Rotunda Hospital accepts full responsibility for ensuring clinical governance and patient safety. During 2015, a multidisciplinary group was convened and worked with our internal auditors to develop an enhanced risk management framework. The framework involves the establishment of a new Risk Committee, which is a sub-committee of the Board of Governors, which is chaired by Professor Tom Matthews. A new risk management policy was developed, which was approved by the Board in late 2015. The new model will facilitate the identification of risks by all staff members with the support of 'risk champions', which will allow for a consistent approach to the analysis and treatment of risks, including escalation where necessary.

The policy will provide the hospital with:

- A deeper understanding of the risks as they will be analysed more formally;
- A more comprehensive identification of risks as all staff will input;
- Greater knowledge-sharing on identified risks across the hospital and one central repository for key risks;
- Clear ownership of risks and the actions that need to be taken to manage them, and a defined escalation path, through management and ultimately to the Board of Governors, for risks that are deemed to be increasing in likelihood or impact

The Quality and Safety Committee provides oversight, 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. The Committee met on 10 occasions during the year and focused on driving the implementation of improvements and safeguards in quality and safety in The Rotunda Hospital.



Quality Initiatives

National Standards for Safer Better Healthcare

The National Standards for Safer Better Healthcare were launched by the Minister for Health in 2012. The first four themes – person-centered care, effective care, safe care, better health and wellbeing – relate to dimensions of quality and safety. The remaining four themes (leadership, governance and management; workforce; use of resources; and use of information) relate to key areas of capacity and capability.



The implementation and progression of Quality Improvement Plans (QIPs) related to these standards was monitored by the Quality and Safety Committee.

At a national level, work continued in developing draft National Standards for Safer Better Maternity Services and the Rotunda had strong representation on the Standards Advisory Group, which was convened by HIQA.

Medication Safety

The Rotunda sponsored and hosted the Institute for Safe Medication Practices' two day Medication Safety Intensive Course for over 100 health services staff representing all acute hospitals nationally. This was followed by a National Medication Safety Summit attended by over 200 health service leaders, policy makers, regulators and other relevant state agencies, together with medication safety professionals. The summit was designed to initiate a national approach to medication safety and was used by the IMSN (Irish Medication Safety Network) and the HSE Quality Improvement division to outline strategic visions to improve patient safety in the Irish health services.

Thrombocalc

Thrombocalc is a venous thromboembolism (VTE) risk assessment tool, designed by the Rotunda team, which has markedly improved the proportion of women who have a documented VTE (venous thromboembolism) risk assessment performed since introduced in September 2014. Over 7000 women have been risk assessed using the tool to date. The Hospital Board agreed to fund its on-going development and assessment. The Thrombocalc initiative was selected to represent the Dublin North East region in the national finals of the Health Management Institute of Ireland (HMI) Awards, which were held in the Pillar Room on July 7th 2015. Thrombocalc won the Health Research Board Health Innovation Award at the IMSTA Med-Tech Awards ceremony on October 1st, 2015.

Leadership Development Programme

The second Rotunda multidisciplinary Leadership Development Programme in conjunction with the RCSI was held in 2015. The projects successfully implemented during the programme were:

- Introduction of an online GP referral system
- Early Risers - improving gynaecology day case patient flow
- Neonatal Care - early discharge to the community

Neonatal Developmental Care

The Physiotherapy Department introduced a new service to babies in the Neonatal Unit in relation to positioning, handling and developmental care. Training sessions have been introduced for doctors and nursing staff in the Unit to support the initiative.

Neonatal Palliative Care

Neonatal palliative care is a new and evolving area. Unfortunately a number of babies die due to congenital anomalies, extreme prematurity and complex health problems. Neonatal staff held a national conference in September to support the new initiative, which was well attended by staff from units around the country.

Ambulatory Gynaecology Service

The demand for gynaecology services exceeds current capacity. Throughout 2015, work was undertaken by the Rotunda team to facilitate the introduction of an ambulatory gynaecology service on the Connolly Hospital site in January 2016. The new service will facilitate the diagnosis of disease, and provide treatment to women with benign gynaecological problems such as the removal of polyps and fibroids and abnormal bleeding. Such interventions were traditionally the domain of hospital day procedure wards, with procedures conducted under general anaesthesia.

HIQA Portlaoise Implementation Plan – Risk Assessment

We undertook a risk assessment against the findings of HIQA Portlaoise report, with particular reference to clinical and corporate governance. The purpose was to identify and stratify immediate risks identified and to develop mitigating actions. Multidisciplinary teams completed the template, which was returned to the RCSI Hospitals Group CEO. The Group level risk assessment was then collated.

HIQA PCHAI Inspection Report

The unannounced hygiene inspection was undertaken on June 25th 2015. The Lillie Suite postnatal ward was inspected. In addition, the Gynaecology Ward and Neonatal Unit, which were inspected during an unannounced inspection by the Authority on 23 October 2014, were re-visited to assess the level of progress which had been made after the 2014 inspection.

Overall the report was positive. Actions identified in 2014 had been addressed. The Lillie Suite was “well maintained and generally clean with some exceptions.” Following receipt of the report opportunities for improvement were identified in the cleaning, storage and maintenance of patient equipment and a quality improvement plan was developed and uploaded onto the website.

HIQA’s Antimicrobial Stewardship Review

All acute hospitals were required to complete and submit a self-assessment in July 2015. Ten hospitals were selected for an onsite inspection/review visit. The Rotunda was chosen as the maternity hospital. Date of the review is being scheduled with the Consultant Microbiologist and Chief Pharmacist.

IT Infrastructural Improvements

We are undertaking a project to consolidate the monitoring of our critical infrastructure. Currently we have a number of tools that monitor different components such as network, storage and virtual environment. We aim to have one central monitoring suite that aggregates the data received from all other tools and displays it in an informative graphical dashboard.

A large number of our core systems are now run from the HSE datacentre via the NHN (National Health Network). To improve service reliability we have installed a redundant secondary connection from a different service provider. In the event of a failure on the primary connection, services will automatically failover to secondary with no loss of service to the end user.

We are currently implementing a change management process to address any requests for server or firewall configuration modifications. This will facilitate a robust auditable account of all system changes completed and provide us with the ability to accurately rollback these changes should they have an adverse effect on performance.

MN-CMS (Maternal and Newborn Clinical Management System)

Plans for the installation and replacement of electrical and networking cabling in clinical areas are being developed to facilitate the installation of vital computer equipment essential to the workings of the MN-CMS system. Plans are in place to upgrade our wireless internet infrastructure to provide the coverage necessary to facilitate staff access to the new MN-CMS system. Due to the environmental constraints of working in an older building a greater concentration of wireless access points are required to provide optimal coverage.

NIMIS (National Integrated Medical Imaging System)

The new radiology system NIMIS went live in the Rotunda at the end of August, making the radiological service ‘filmless’ and enabling secure and rapid movement of patient image data

throughout the health service. This new imaging system will allow doctors to electronically view their patients' diagnostic images quickly and easily.

Internal Audits

The Rotunda engages the services of BDO to conduct an annual internal audit schedule. In 2015 four internal audits were conducted.

Finance and Procurement

Internal audits were conducted in relation to contract management and patient billing and these revealed medium or low risk findings and recommendations from reports have been responded to and followed up by hospital management.

Review of Payroll and Overtime for Catering Staff

An internal review has recommended the establishment of a time management system in the catering department and this will be progressed in 2016.

Review of ICT

A review of ICT controls was conducted in late 2015 and management will support the implementation of any recommendations which emanate from that review.

Review of Fixed Assets (2014)

Following the recommendations of an internal audit in 2014 a policy paper was formulated with regard to the recording of fixed assets, additions, disposals, registering and validation of a fixed asset register. A quarterly review of this fixed asset register was initiated in 2015.

Risk Management (2014)

The recommendations of the internal audit of risk management processes in 2014 were progressed in 2015 with the development of a risk framework for the hospital. This is on-going.

Clinical Risk

Context

The Clinical Risk Department is responsible for the on-going development of a comprehensive clinical risk management programme across the hospital including risk identification, analysis and support in incident investigation and reviews. The department maintains the clinical incident management system, notifies insurers of reported incidents, produces trend reports and provides feedback to departments and committees in respect of incident trends.

Claims management is also a key function within the department and the risk management team is the key point of contact for the hospital's solicitors and the Clinical Indemnity Scheme (CIS) in this regard. The risk and claims team also analyse claims data in order for learning to be implemented within the hospital.

Achievements

- Pilot of the National Incident Report form
- Lectures were continued in 2015 as part of the 'Learning from Incidents, Claims, and Complaints' sessions scheduled on a quarterly basis
- Learning also continued to be shared through clinical risk staff training sessions and Departmental Patient Safety Meetings throughout the year
- The hospital welcomed and analysed the State Claims Agency's report on "Clinical Incidents and Claims Report – Maternity and Gynaecology Services" in October 2015
- Complied with regular requests for updates from both the HSE and RCSI Hospitals Group regarding the escalation of serious reportable events and updates on progress of incident investigations

Service Developments

National Incident Report Form/National Incident Management System (NIMS)

The Rotunda had commenced use of the NIMS database in September 2014 and continued to use this system throughout 2015. Significant work was carried out by the risk team to achieve meaningful reports from the system. Suggestions were provided out of this experience to the State Claims Agency to inform system development.

Between January and October, the Rotunda piloted two versions of the National Incident Report form. A three day training programme was provided by the Clinical Indemnity Scheme to roll out the implementation of the form and this was followed by in-house training by the clinical risk and health and safety teams. Over 207 staff were trained as part of this initiative.

Suggestions for improvement and modification to the form were provided to the State Claims Agency. The hospital continued to provide feedback to the State Claims Agency and the National Implementation Steering Group on NIMS in respect of both the incident form and the content of the database, highlighting in particular the broad categories available through the taxonomy in use, the need for more specific clarity and guidance on reportable criteria in the maternity setting and the importance of local organisations being facilitated with meaningful data. In October 2015, the Rotunda took the decision to reinstate the local incident form.

Incident Investigations

Significant effort was put into embracing components of the National Safety Incident Management Policy in the undertaking of incident investigations. Patients and families were involved in these reviews and were provided with feedback and a full report following completion of the review. Factual accuracy checks and staff involvement in reviews were also an integral part of the process.

Quality Initiatives

The following are examples of quality initiatives introduced in 2015, which were supported by the Practice Development Team:

- Training for midwifery preceptors
- Early Warning Score tool was updated and additional training was provided
- A classification of caesarean section guideline was developed and implemented
- Training needs in fetal monitoring and on the use of Syntocinon identified through the incident investigation process were addressed
- Audits undertaken included an audit of the discharge process and compliance with the Syntocinon guideline
- The neonatal observation chart was updated to support close monitoring and documentation of changes to IV sites

Infection Prevention and Control

Service Overview

The vision for this service is to provide an environment in which our patients can receive safe and effective care, in the knowledge that appropriate measures have been put in place to minimise the risk of healthcare associated infections (HCAIs). We aim to put the woman, her child and their family at the centre of everything that we do.

We can achieve this by ensuring that:

- The facilities in which care is provided are kept in a manner to prevent infections
- Staff are educated on the key elements of infection control practice
- A robust and effective Infection Prevention and Control team (IPCT) is in place to assist staff in managing and preventing infections
- The National Standards for the Prevention and Control of Health Care Associated Infections are embedded into the culture of the organisation
- The IPCT is represented on relevant hospital committees
- The team was increased with the appointment of a Decontamination Coordinator

Summary of Key Achievements

The IPC Team reviewed the outstanding actions from the review of the HIQA standards for prevention and control of healthcare associated infections done in 2014 and incorporated these quality improvement plans into their service plan for 2015. These were reported to the Infection and Prevention Control Committee.
The IPC Team continued to work with the neonatal team to reduce infection and there were no outbreaks in the NICU.
The IPC team continued to support and appreciate the role of the IPC link midwife/nurse, as providers of local training, education and local audits.
The IPC Team worked with the Quality Manager, Support Services Manager and Household Services Manager to monitor standards of cleanliness throughout the hospital.
The IPC Team have significantly supported infrastructural developments that have improved patient experience such as the introduction of on-site molecular testing for influenza and

clostridium difficile.
The IPC team incorporated new national guidance on MRSA Screening into local policy.
The IPC team helped with the roll out of the electronic “track and trace” system for reusable invasive medical devices (RIMDs).

Quality Initiatives

HIQA Standards

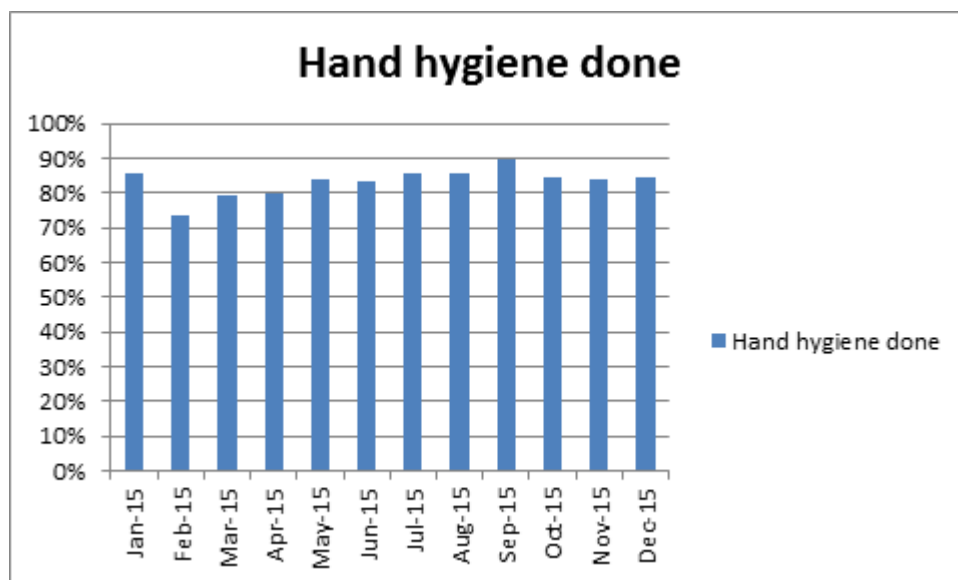
The HIQA PCHAI standards were reviewed and formed the basis of the Service Plan and the reports for the Infection Prevention and Control Committee. In June, the unannounced inspection to assess compliance with the standards was undertaken on the Lillie Suite.

The inspection focused on:

- Hand hygiene compliance, and the systems in place in the hospital to support good practice with hand hygiene
- The cleanliness of the environment and equipment
- The effectiveness of implementation and monitoring in use of infection prevention care bundles

Hand Hygiene

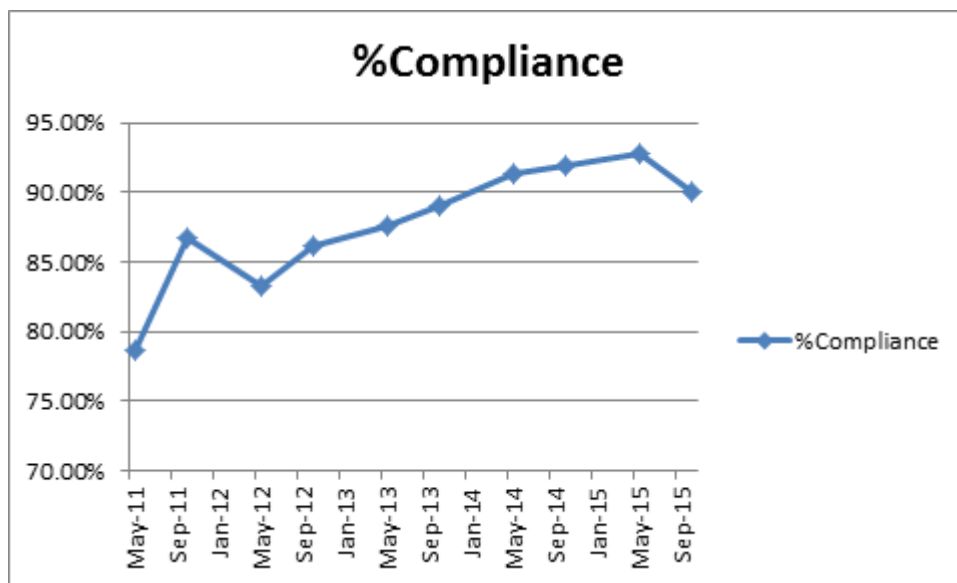
Mandatory two yearly training is a requirement for all staff. Although the majority of this education is given directly by the Infection Prevention and Control team, midwife link staff also provides this training in their own departments. Staff are encouraged to use the HSEland hand hygiene e-learning tool and the SureWash machine. Reports of staff who have received hand hygiene education are returned to the HSE monthly.



Graph 1: % of healthcare staff with patient contact that received mandatory induction hand hygiene training in 2015

Environmental and Hand Hygiene Audits

The IPCT with the link midwives/nurses carried out 52 audits on the decontamination of medical equipment. The average score ranged from 84% to 98% (target = 90%). Thirty hand hygiene audits were undertaken during the year. Results of the audits undertaken in May and October were returned to the HSE and published as part of the National Hand Hygiene Audit. The results of these audits continue to improve on previous years and the HSE target score was met or exceeded.



Graph 2: Hand hygiene audit results May 2011 to October 2015

Infection Prevention and Control Committee

The IPC Committee meets quarterly and receives reports on infection prevention and control activities from clinical and non-clinical departments. Throughout the year many changes in practice have been initiated, facilitated, supported or requested through the work of the Committee including:

- Introducing the electronic “track and trace system” for reusable invasive devices throughout the hospital
- The introduction of screening for influenza using the new GeneXpert PCR
- Production of a revised MRSA screening policy which incorporates national guidelines
- Development of a quality improvement plan to address issues from the HIQA inspection

Staff Training

The IPCT provided 23 general training sessions throughout the year and education to all staff at induction. Monthly in-service education programmes for midwifery, nursing and care assistant staff were undertaken, which included presentation on hand hygiene and all the standard transmission based precautions.

Medication Safety

Context

The Rotunda Hospital is committed to the safe and effective use of medicines in maternal, newborn and gynaecological care. Continuous improvement of medication use processes is a central aim for the Pharmacy Department. This is achieved through multidisciplinary collaboration and through relevant governance structures, including the Drugs and Therapeutics Committee and medication safety sub-groups, the Clinical Risk Committee, the Infection Prevention and Control Committee, the Guidelines Committee and the Quality and Safety Committee.

Safe and effective medication use is also assured by the provision of a daily clinical pharmacy service to all patient areas. In addition, the Pharmacy Department provides a medicines information service, a pharmacy technician-led ward top up service and specialist compounding and dispensing services.

Achievements

- Pharmacy collaboration with a broad multidisciplinary team on the Thrombocalc project led to presentation at the national finals of the HMI Leaders Awards and the team winning the Health Research Board sponsored Healthcare Innovation Award at the 2015 IMSTA awards;

Quality and Service Initiatives

- Provision of a daily clinical pharmacy service for the NICU;
- Continuation of a medication safety programme to highlight and address the risk from high-alert medications, and introducing safer medication use processes;
- Completion of the Institute for Safe Medication Practices Medication Safety self-assessment for hospitals with a multidisciplinary group from across the hospital, enabling the development of a medication safety strategy;
- Initiation of biweekly pharmacy journal club;
- On-going development and updating of the Antimicrobial Guide app which was introduced in 2014 and continued development of antimicrobial consumption surveillance;
- Development of an electronic clinical pharmacy services recording tool for NICU clinical pharmacy services;
- Pilot work completed on the electronic verification of pharmacy invoices with Finance Department to minimise the amount of departmental time spent on invoicing processes;
- Continued collaboration with Practice Development on midwifery education (medication safety, epidural medication use, antimicrobial stewardship, intravenous medications);
- Initial engagement with the UK Teratology Information Service and the European Network of Teratology information services to gain associate membership of the European group to facilitate the development of an Irish medicines in pregnancy service.

Clinical Audit

Context

The Rotunda Hospital Clinical Audit Department was established in June 2011 and has developed significantly since then to support a structured approach to evaluating our care against local, national and international standards. All clinical audit activity within the hospital is monitored and routinely reported. Promoting a high standard of practice among clinical staff and all other healthcare workers undertaking clinical audit is a key objective of the hospital. The department provides a forum for the sharing and dissemination of clinical audit work in The Rotunda Hospital, which is facilitated by the use of the clinical audit database, the biannual Rotunda Hospital Audit and Research Day, and quarterly audit results meetings. The core group within the Clinical Audit Department meet on a weekly basis to discuss and approve audit applications. All reports and action plans received are also reviewed at this time.

Achievements

- *Register of Clinical Audits:*
In total, 58 clinical audits were registered in 2015 (45 first audits, 11 re-audits and 2 continuous audits²).
- *External dissemination of audit results:*
Several audits were presented at national and cross-border meetings in 2015. Of particular note is the inclusion of the audit *"The Risk Status of Teenagers at the Booking Visit and throughout Pregnancy"* which was included as a case study in the recent WHO publication: *Nurses and midwives: a vital resource for health. European compendium of good practices in nursing and midwifery towards Health 2020 goals.* "The Compendium is based on 55 case studies from 18 European countries. It provides a range of operational examples that illustrate the innovative ways nurses and midwives are responding to modern population health requirements in the WHO European Region."

Quality Initiatives

All clinical audits conducted in the hospital are registered on the database. This includes audits undertaken by the Health and Safety Department and the Support Services Department to enable a complete repository of audit activity within each service area in the hospital. It facilitates the production of weekly and quarterly reports on topics audited, departments and clinicians involved, action plans and dates for re-audit. Clinical audit activity reports are submitted to the quarterly meeting of the Board of Governors, the patient safety meetings and the monthly Quality and Safety Committee meeting. These reports include details of new audits, completed audits and any immediate actions arising from audits. In addition, any clinical audit with recommendations that require immediate action is highlighted to the Executive Management Team.

Clinical audit training

² Appendix 2 Clinical audits registered during 2015

The clinical audit team regularly delivers in-house educational sessions on the clinical audit cycle across all disciplines. Six information sessions were held in 2015. A total of 49 staff members attended, with representatives from all clinical areas. External sessions were delivered to midwifery students at Trinity College Dublin as part of their training.

Health and Safety

Context

The Rotunda Hospital is committed to ensuring full compliance with the Health, Safety and Welfare Act, 2005 within a busy healthcare environment. The Rotunda Health and Safety Statement is updated annually and is linked to the HSE Corporate Safety Statement. The facilities of the Rotunda Hospital are routinely examined and changes are implemented if necessary. Despite the age of the building, such changes have ensured that stringent health and safety standards are observed while continuing to develop a safer environment for all hospital end-users.

Achievements and Service Developments

Health and Safety Committee

The Health and Safety Committee members inspected five work areas during the year, and provided managers with an inspection report documenting follow-up recommendations.

Work continued on the integration of the Health and Safety Authority (HSA) five-year plan and the (HSA) Safety & Health Audit for the Healthcare Sector which is being undertaken with selected H&S Committee members and stakeholders.

Fire Prevention

Fire drills were conducted in all hospital areas twice during the year. Following three fire audits conducted by the external fire consultant, recommendations were implemented. Fire alarm testing (to check alarms and fire doors) was conducted on a weekly basis. Three training sessions were conducted for hospital fire wardens. A fire register was compiled.

Security

There was a major upgrade for the security system/server linking access control, baby security and CCTV systems following audits and incident investigations. The upgrade also provides information management of the security system. Security contract changed from Brinks Security to Noonan Security.

Incident Investigation

We encourage staff to report any incident that has caused, or has the potential to cause, a health and safety problem. During 2015, 57 incidents were investigated; many of these investigations resulted in improvements to health, safety and security systems in order to prevent and/or manage hazards identified. All incidents were discussed at the Health and Safety

and Quality and Safety Committee meetings. Ten incidents were reported to the Health and Safety Authority.

Ergonomics

Forty-two ergonomic workplace assessments have been conducted. As a result, we have made changes to work stations, and have provided ergonomic equipment as required. An additional Hovermatt was purchased for theatre as a safety aid for high BMI (Body Mass Index) patient handling.

Chemicals

Two Dangerous Goods Safety Adviser (DGSA) audits were conducted by DCM Compliance, which identified some areas requiring corrective action. The hospital's DGSA provided five on-site training sessions and DCM Compliance provided a further three days of in-house training. The SafeDoc chemical management risk assessment database is continually being updated on the hospital intranet and the medical gas e-learning course for nurses/midwives and porters is now registered on Q-Pulse.

Customer Feedback

Context

We encourage and facilitate patients and service users to provide feedback and comments on the service they receive in all areas of our care. Hospital management addresses all of the issues that are reported; we are committed to improving our service to each of our patients, whenever possible. A summary of the patient experience is reported monthly to the Quality and Safety Committee.

The Service User Forum was reconvened and the first meeting was held in March. Two subsequent meetings were held during the year. Topics discussed and reviewed included patient experience, the proposed relocation of the Rotunda to Connolly Hospital site, breastfeeding rates and support, and parent facilities in the Neonatal Unit.

Feedback forms for service users are available throughout the organisation. In addition, a record of letters, emails and thank you cards received is maintained. Of the 975 items logged in 2015, there were 951 positive comments and 30 negative comments.

Patient experience surveys

The inpatient survey was undertaken over a three-week period commencing on June 17th. Of the 289 respondents, 57% indicated that the main reason for admission was to give birth; 20.3% cited a pregnancy complication; 13.6% cited elective gynaecological surgery, 7.7% cited an emergency gynaecological admission, and 1.4% cited a postnatal complication.

Responses in the main were very positive, with some of the key findings outlined below:

Were you given enough information about	80.9%	<i>Yes, definitely',</i>
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your care and treatment?	16% 2.8%	<i>'Yes to some extent', 'No, and I would have liked some more information'.</i>
Were you satisfied with the overall service?	97.9%	<i>'Yes'</i>
Did members of your healthcare team clean their hands before examining you?	90% 9.6%	<i>'Yes, always', 'Yes, sometimes'</i>
I trusted the members of my healthcare team.	98.9%	Agreed or strongly agreed.
I had confidence in the staff providing my care.	98.6%	Agreed or strongly agreed.
I was always treated with dignity and respect.	98.3%	Agreed or strongly agreed.
I would recommend this hospital to a friend or family member.	97.9%	Agreed or strongly agreed.

The report was reviewed by the Quality and Safety Committee, and areas for action were identified. A summary of the findings is available on the hospital website: www.rotunda.ie.

Complaints Management

Timely and efficient management of complaints is an integral part of good clinical governance. Complaints are received verbally, in hard copy and electronically. Year on year, there has been a 20% reduction in the number of complaints received in the Quality and Patient Safety Department. This may be partly attributable to reinforcement to hospital staff of the importance of timely, local resolution of issues of concern to patients and their relatives/next of kin. Formal written responses or meetings with complainants were the most common means of addressing the concerns raised.

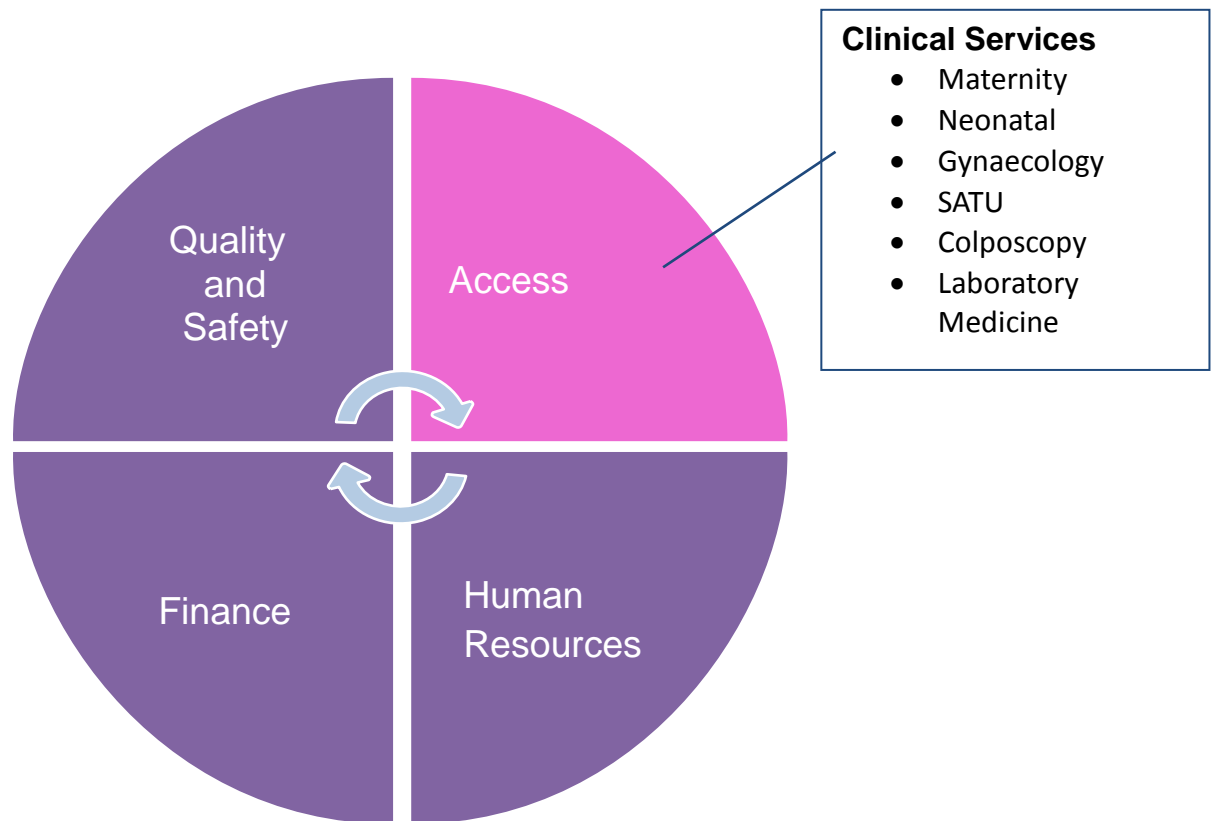
All complaints received were categorised under the HSE 'Pillars of Care'. Communication and Information' is the most common theme in the complaints received. This includes interactions with staff and information sharing. The 'Improving the Patient Experience training programme, which will commence in early 2016 has been developed to address this area for improvement. 'Safe and Effective Care includes the delivery of safe care and treatment by skilled and competent staff, while 'Access' involves the availability of services and appointment scheduling. When each complaint is subdivided under the pillars, 323 themes are identified throughout the 86 complaints received.

	2014	2015
Complaints received	108	86
<ul style="list-style-type: none"> • Written • Verbal • Solely clinical judgement 	78 30 9	19 67 1
Complaints closed	121	87
<ul style="list-style-type: none"> • Written • Written closed in less than 30 days 	83 58	78 74

Pillars of Care

	Access	Dignity and respect	Safe and effective care	Communication and information	Participation	Privacy	Improve health	Accountability	
2014	56	13	86	123	2	7	5	3	292
2015	52	14	101	141	4	4	3	4	323

Access



Clinical Services

As the leading voluntary provider of maternity, neonatal and gynaecological care in the RCSI Hospitals Group, the Rotunda Hospital's mission is to excel in the delivery of safe, innovative and responsive services for women and their families.

The following services were provided by The Rotunda Hospital in 2015.

Services provided	Service description
Maternity (including Domino and Early Transfer Home Schemes)	<ul style="list-style-type: none"> • Hospital and community outpatient clinics • Emergency Assessment Unit • Inpatient facilities for antenatal, delivery and postnatal care • Theatre
Gynaecology	<ul style="list-style-type: none"> • Outpatient clinics inclusive of infertility referrals • Inpatient care • Theatre • Colposcopy • Early Pregnancy Assessment Unit
Neonatology	<ul style="list-style-type: none"> • Special care, high dependency, intensive care • Outpatient services
Diagnostic and care supports	<ul style="list-style-type: none"> • Anaesthesia • Laboratory medicine • Radiology • Physiotherapy • Ultrasound • Medical social work • Pharmacy • Dietetics
Sexual assault forensic examination and treatment	<ul style="list-style-type: none"> • Regional services to both women and men • National lead for sexual assault treatment services

Maternity Services

Almost 10,600 women registered for pregnancy care, with 8,361 women delivering 8,538 babies weighing greater than 500 grams or at a gestation of 24 weeks or born alive before 24 weeks gestation.

Births and Antenatal Registrations

Mothers delivered	Babies born	Registrations
8,361	8,538	10,594

Births	2015	2014
Singletons	8,190	8,598
Twins	326	365
Triplets	18	9
Quadruplets	4	8
Total	8,538	8,980

The methods of delivery are outlined in the table below:

Type of delivery	2015	2014
Spontaneous vaginal delivery	51%	51%
Forceps	5%	4%
Ventouse	12%	13%
Caesarean section	32%	31%
Induction of labour	29%	30%

Assessment and Emergency Unit

We encourage women to telephone or access our website for advice if they are in any way concerned about pregnancy issues. However, it is often necessary for a woman to attend for assessment or investigation in an emergency/urgent situation.

Emergency presentations	2015
ER – Obstetrics	22,270
ER – Gynaecology	1,245
ER – Paediatrics (4pm - 8am)	366
Total presentations at Assessment and Emergency Unit	23,881

Outpatient Clinics

Specialist clinics	2015
Endocrinology	5,708
Gastroenterology	53
Haematology	611
Anaesthetics	634
Psychiatry	927
Nephrology	848
DOVE -Danger of Viral Exposure	227
Total specialist clinics attendances	9,008

Allied health professionals	2015
Medical social work	1,297
Physiotherapy	4,271
Antenatal classes	6,370
Dietetics	726
Total allied health professionals' attendances	12,664

Every woman who attends the Rotunda Hospital can expect to have at least two ultrasound scans during pregnancy; one when booking to confirm her pregnancy and another, at around 20 weeks, to confirm that her baby's development is normal. Up to 20% of all pregnancies will miscarry or will have symptoms of threatened miscarriage in the first trimester. These women are generally managed through the Early Pregnancy Unit (EPU).

Babies with suspected or confirmed congenital hip dysplasia ('clicky hips') will have ultrasound scans and may have an x-ray in the first few months of life.

Diagnostics	2015
Ultrasound	15,387
Radiology	6,146
Fetal Assessment and Prenatal Diagnosis	3,190
EPU	3,512
Total diagnostic attendances	28,235

Quality Initiatives

'The Virtual Separation' of the 47 bedded General Postnatal Department took place on Monday, 28th September 2015 following lengthy preparations and reorganisation. The ward was divided into two (23 and 24 beds each) with a separate staffing structure led by a Clinical Midwife Manager 2 in each area.

The purpose of this initiative was to improve the postnatal experience for mothers and babies and positively impact the morale and job satisfaction for the midwifery and clerical administration staff. The division had an immediate calming effect on the department and staff reaction was very positive.

In addition, a 'quiet time' for mothers was introduced on a pilot basis. Quiet time is between 13.30 hrs. and 15.00 hrs. each day affording mothers a greater opportunity to rest and bond with their babies.

Neonatal Services

Context

The Rotunda Hospital is a tertiary maternity hospital with a neonatal intensive care unit (NICU) which admits about 1,400 infants (including 130 very low birth weight infants per annum). The centre provides established links with both tertiary children's hospital (Children's University Hospital, Temple Street, Dublin and Our Lady's Children's Hospital, Crumlin). The Rotunda Hospital NICU has 39 beds ranging from Level III (intensive care) to Level I (special care). It is a centre for therapeutic hypothermia and provides state-of-the-art therapeutic modalities including high frequency oscillation and inhaled nitric oxide.

The Rotunda runs a paediatric outpatients department providing follow up care for infants born at the Rotunda Hospital. There are over 1,500 clinics every year, which cater for 8,000 - 9,000 visits. We continued to provide Specialist paediatric input for over 800 babies on the postnatal wards, in addition to general postnatal care for all babies.

The hospital undertakes the responsibility of the neonatal transport service once every three weeks. The neonatal transport service in Ireland runs on a 24 hour basis. The transport team is comprised of skilled and experienced staff and consists of a neonatal transport nurse, a neonatal registrar, an ambulance driver (road transports) and air crew/paramedics (air transports) and our own consultant team, under the guidance and leadership of a dedicated neonatal transport consultant.

Activity and Challenges

Throughout 2015 the unit was above the recommended occupancy levels on a regular basis. However, there was a fall in the number of admissions and outpatient attendances when compared with 2014. Emergency room attendances after 4pm have increased. Our overall expenditure also fell slightly this year. This is secondary to some cost savings achieved in medication use. The fall in nursing numbers and the difficulty in recruiting nurses has been the single biggest challenge to our unit in 2015.

Activity	2014	2015	Difference (%)
Neonatal admissions	1,439	1,311	-9
Public outpatient reviews	8,757	8,376	-4
Private clinics	790	676	-14
ER – after 4pm	333	366	+10
Expenditure	€8,731,753	€8,557,839	-2

Service Development and Quality Improvement Initiatives

Additional Multidisciplinary Team Members

In 2015, a neonatal dietician commenced work in the unit with significant and tangible improvement in the provision of nutrition to the babies. In addition, a clinical psychologist was employed to continue performing developmental assessments at two years of age on all infants born <1,500 grams.

Breastfeeding Supports

The neonatal unit continues to identify new initiatives to enhance the philosophy of a family centred care approach. In 2015, to help improve breastfeeding support for neonatal mothers, a lactation specialist now provides 15 hours per month in the neonatal unit. While this has been very beneficial, a full time post in this area is required. One staff member is currently undertaking the lactation course and it is envisaged that approval for this new role/post in the near future will greatly improve breastfeeding rates for the Rotunda neonatal population.

Neonatal Palliative Care

A neonatal palliative care group was set up in 2015. The aim of the group is to enhance and improve the care given to neonates with life limiting and life threatening conditions. This important initiative was led by two neonatal nurses and focused on the following areas: enhancing the quality of life of the baby and their family; the role of memory making for parents in the grieving process including photographs and mementos; developing a guideline based on The Standards for Bereavement Care following Pregnancy Loss and Perinatal Death.

Developmental Care

Providing developmentally focused neonatal care in the unit has been further enhanced in 2015 with the allocation of a Developmental Physiotherapist on a weekly basis, who is part of the multidisciplinary team. She provides on-going education for staff and parents on correct positioning in the early neonatal period.

Staff Training

Throughout the year staff were supported to attend national and international neonatal nursing conferences. Two staff successfully completed the Postgraduate Diploma in Neonatal Nursing and a further four commenced the programme in September 2015. Three new staff nurses participated in the Principles of Neonatal Care Programme, Level 1- and five staff undertook the Level 2 programme. One manager is currently undertaking the MSc in Advanced Nurse Practice Neonatology programme.

Gynaecology Services

The project to shorten the gynaecological waiting lists by contracting some of the patients to the Mater Private Hospital which was funded by the Board concluded in 2015. In all 1,473 patients were referred from the Rotunda waiting list to the Mater Private and of these 457 procedures were undertaken in the Mater Private. This service, by removing such a large number from our waiting list, enabled us to be compliant with HSE requirements concerning outpatient waiting times.

Despite the benefits, the cost of this service means that it is not sustainable as a long term solution. Looking to the future the Rotunda, as part of the RCSI Hospitals Group, is developing a day case gynaecological service in Connolly Hospital. It is hoped that this service will enable outpatient gynaecological waiting lists to be reduced to an acceptable level on an on-going basis.

Quality Initiative

The weekly evening mirena clinic was set up to provide training to GPs and address the need for the use of mirena coil contraception and management of menorrhagia.

Gynaecology	2014	2015
Elective admissions	384	401
Non-elective admissions	304	352
Total inpatients	688	753
Day cases	1,174	1,114
TOTAL (inpatients and day cases)	1,862	1,867

Sexual Assault Treatment Unit (SATU)

Context

The Rotunda Hospital Sexual Assault Treatment Unit (SATU) is one of six HSE-supported SATUs in Ireland, and is the longest established SATU in Europe. The other five SATUs are situated in Cork, Waterford, Mullingar, Galway and Letterkenny.

In 2015, we provided care for 317 men and women following rape or sexual assault, with an age profile ranging from 13 years to over 80 years. This represented an increase of 31 patients (11%) from 2014. Men and women from 11 counties in Ireland attended here during 2015. In an additional 13 cases, the assault incident occurred outside of Ireland.

Early presentation in terms of provision of appropriate care as well as enabling the collection of forensic evidence is optimal. In 2015, 104 (33%) patients were seen between the hours of 9pm and 8.59am; this underpins the need for a round-the-clock service. Most patients (82%) presented to the SATU within 7 days of an incident of sexual assault, with two patients disclosing long-term abuse.

All staff are extremely committed to providing exemplary care, and to ensuring that the Rotunda SATU remains a centre of excellence. The team's continued availability to provide holistic care to patients around the clock at a time of crisis is acknowledged.

The team is committed to developing advanced nursing practice within the SATU, and have the full support of the hospital in this initiative. Many of our staff are members of the National SATU Guidelines Development Group, a vibrant inter-agency group who revised and edited the third edition of the National SATU Guidelines which were launched in October 2014.

Achievements

A suite of key performance indicators (KPIs) for the SATU services have been developed and implemented. These will be integrated within the new SATU services data collection platform, for which we have recently received funding from the Office of the Chief Information Officer.

All six SATUs have received funding, through COSC (National Office for the Prevention of Domestic, Sexual and Gender-based Violence) and the Department of Justice, to implement secure storage of forensic evidence which will commence in 2016. As DNA evidence deteriorates quickly, if patients are uncertain about engagement with criminal justice agencies, this option will give them time to consider whether or not they wish to report an incident of sexual crime.

Service Developments and Quality Initiatives

Patient experience survey

Over the past few years we have been offering a patient experience questionnaire in both written and electronic format to encourage feedback from as many SATU attendees as possible. In 2015, feedback was received from almost 100 patients, incorporating information about the input from various professionals, including SATU staff, An Garda Síochána and Rape Crisis support workers. Overall, the findings were very positive, with 84% of patients rating their overall experience of the service as being 'very good' and included comments about the quality of care they received, the quality of the facilities provided, and the relationship with the interdisciplinary team. Importantly, when asked the question 'If someone told me they had been sexually assaulted, I would recommend they contact SATU', 97% of patients agreed.

Care for patients who choose not to report to An Garda Síochána

From both forensic and societal perspectives, early reporting of sexual crime to An Garda Síochána is recommended. However, some patients may not wish to do this, although they may still have a need for both medical treatment and supportive care. In 2015, 69 patients (22%)

chose this option. International best practice recommends that such patients be provided with the option to have forensic evidence stored, in case they ultimately decide to report the incident to criminal justice agencies, and we are delighted to confirm that we will be offering this option to patients from 2016 onwards.

Health promotion

Asexual assault risk reduction programme for second-level students in schools in the Dublin area is provided from the unit. This has been delivered in a number of schools and the feedback continues to be extremely positive.

Higher Diploma in Nursing (Sexual Assault Forensic Examination)

The Rotunda SATU accommodated the nurses and midwives undertaking the RCSI Higher Diploma in Nursing (Sexual Assault Forensic Examination), and provided on-site training and assessment throughout the programme. The commitment and support of all unit staff throughout over this time is greatly appreciated and we are delighted to congratulate the successful candidates and wish them well as they commence working in their local SATUs.

Colposcopy

Service Overview

In 2015, the Service Level Agreement with the National Cancer Screening Service (NCSS) was increased from 1,500 to 2,000 new patients. There was a significant increase in activity compared to 2014 (Table 1). Our non-attendees (DNA) rate is 14%, which is within the NCSS target of 15%. Every effort is made to accommodate patients who need to reschedule appointments.

Table 1 - Clinic Attendances

	2011	2012	2013	2014	2015
New attendances	1,908	1,563	1,569	1,503	1,902
Return visits	2,769	3,159	3,325	3,424	3,442
Total	4,677	4,722	4,894	4,927	5,344

Provision of the colposcopy service in the Rotunda Hospital is based on the quality standards set out by the National Cervical Screening Programme. These standards cover every aspect of the screening pathway. Some key administrative and clinical targets are shown in Tables 2 and 3.

Table 2 – Administrative standards

	Rotunda	Target
Proportion referred with HSIL ³ seen within four weeks	95%	>90%
Proportion referred with LSIL ⁴ seen within eight weeks	98%	>90%
Proportion of appointments that were unattended	14%	<15%

Table 3 – Clinical standards

	Rotunda	Target
Proportion of LLETZ ⁵ as outpatients	99%	>80%
Prop of women with CIN ⁶ on histology (LLETZ)	96%	>85%
Prop of women with CIN on histology (Biopsy)	93%	>85%
Prop of women treated at 1 st visit with CIN on histology	98%	>90%
Proportion of women admitted following LLETZ	0%	<2%

Quality Initiatives

Clinical Audit

Audits completed in 2015 and certified by Clinical Audit Department include:

1. An audit of Cold Coagulation
2. Compliance with National Cancer Screening Service standards for Large Loop Excision of the Transformation Zone

MDT Meetings

Monthly multidisciplinary team (MDT) meetings were held.

NCSS Report

The NCSS Performance Evaluation Unit compares and evaluates key performance indicators across the 15 colposcopy clinics in Ireland. The Rotunda Hospital colposcopy clinic compared very favourably with the other clinics across a wide variety of standards.

³ High-grade squamous intraepithelial lesion

⁴ Low grade squamous intraepithelial lesion

⁵ Large Loop Excision of the Transformation Zone

⁶ Cervical intraepithelial neoplasia

Service Developments

Cold Coagulation

Cold coagulation, which allows treatment of CIN (changes in the surface cells of the cervix) without the risk of pregnancy complications, was introduced in September 2014. Our clinical audit of the first 100 cases has confirmed this treatment as effective as Large Loop Excision of the Transformation Zone (LLETZ) which is considered to be the gold standard.

Nurse-led Clinics

Our nurse-led colposcopy clinics, introduced in 2014, continue to gathered momentum over the last year. Three nurses are now trained to work independently as diagnostic colposcopists and run their own weekly clinics. In 2015, we increased the number of nurse-led clinics from two to three each week. In 2015, 401 new patients were seen in these clinics. This has had a significant beneficial effect on the throughput to clinics, as it allows more women with high-grade disease to be seen in the consultant clinics.

Management of Low-grade Disease

The introduction of reflex HPV testing of low grade smears by the NCSS is one of the main reasons for the increased demand for colposcopy, hence the need to increase our referrals from 1,500 to 2,000. This increase in demand has been offset to some extent by other changes introduced by the NCSS whereby women who have been treated (LLETZ or cold coagulation) now have only one test of cure (TOC) in our clinic. Until recently, such women had two TOCs before being discharged.

Track & Trace

The Track and Trace System was introduced in the Colposcopy Clinic in April 2015. It used to track all reusable invasive medical devices (RIMDs) through their cleaning and decontamination processes and to trace their usage on patients. The system helps lessen contamination risk, ensure compliance with required standards and assures quality. It maintains better quality decontamination records and enables ready access to the records. The system is highly automated using scanning technology and GS1/MS1 coding.

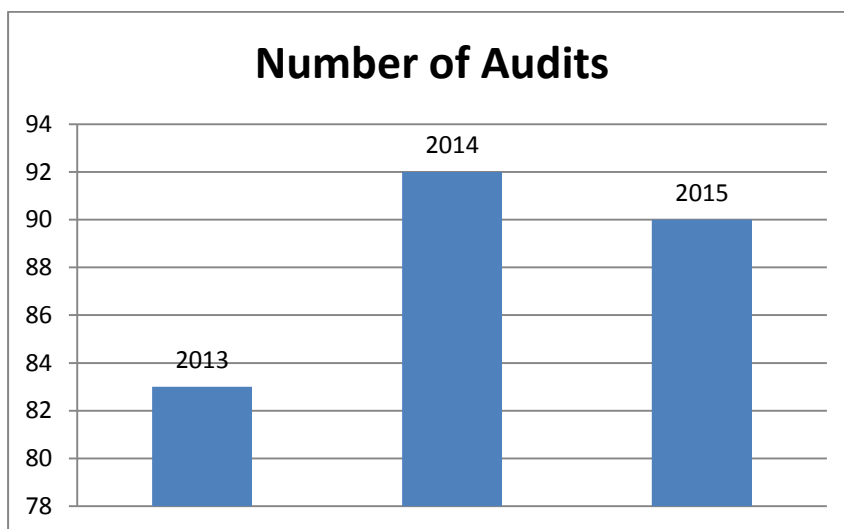
Laboratory Medicine

Risk Management System

The laboratory has implemented a risk management system that scores actual and potential risks to the department using the HSE risk management matrix. This uses impact and likelihood scores to quantify risks that may affect the department. Risks are identified through a variety of methods but the most commonly used method in the department is process flow analysis. Each critical process is identified and a Failure Mode Effect Analysis is carried out to identify risks that may result in a failure in the process.

Quality Initiatives

- New mortuary building is now completed and operational
- The department was one of the first to achieve 'flexible' scope of accreditation
- Maintenance of accreditation to ISO15189 and ISO22870.
- Expansion of point of care testing - a blood analyser was installed in the ER (emergency room) to facilitate rapid testing of lactate as part of the new sepsis guidelines and to improve turnaround times for neonatal bilirubins in the Paediatric Outpatients Department
- Blood track phase 2 was commenced
- Influenza and Clostridium Difficile testing on the Gene Xpert PCR analyser commenced and a successful application for ISO15189 accreditation was achieved for this
- A Maldi-Tof Mass Spectrometer in was introduced in Microbiology which will greatly improve the speed and accuracy of microbial identification
- Implementation of sperminator in Microbiology
- Introduction of capillary electrophoresis for the diagnosis of abnormal haemoglobin variants in adults and neonates
- Repatriation of tests Anti-Mullerian Hormone, bile acids and lactates. These tests were previously sent externally but are now done in the hospital with a resultant decrease in turnaround times.



Non-conformances are raised through audit, complaints, and medical alerts and by staff who witness system breakdown or a near miss. The corrective/preventative action enacted is recorded through Q-Pulse and non-conformances are monitored for reoccurrence. A quality improvement plan or specific key performance indicators may be raised from recurring non-conformances.

Anaesthesia

Context

Four clinical areas - three operating theatres and delivery suite are provided with anaesthesia services and a pre-anaesthesia assessment clinic runs weekly. The High Dependency Unit in the hospital admits over 200 patients each year.

An anaesthesia service is provided for almost one third of women who require caesarean delivery and two thirds of women who select regional analgesia for labour. Emergency out of service cover for all maternity services in the Rotunda and for gynaecological emergencies for the North Dublin region is provided by the Rotunda. Anaesthetic clinical links with the Mater Misericordiae University Hospital are maintained and at least 15 to 20 patients are transferred to the ICU, HDU in the Mater Hospital. The anaesthetists are a significant component of the multidisciplinary meetings and contribute to grand rounds with the obstetrical and neonatal departments.

Service Developments

Pre-Assessment Clinic

We have introduced a new pre-operative assessment gynaecological clinic. We have also recruited and appointed two specialist midwifery staff to help run the clinic who have helped enormously with the smooth running of the clinic. The clinic allows us to do preoperative screening on gynaecological patients. It also allows us to do all the necessary tests in advance of surgery and facilitates patients to be admitted on the day of surgery, with considerable savings to the hospital.

Training and Education

The department of anaesthesia retains a high rating among trainees. An on-going teaching and research programme is established and the hospital has significant standing at national and international levels. A very comprehensive ECHO (echocardiogram) cardiology training programme has been developed for the NCHDs. The RHOET (Rotunda Hospital obstetric emergency training) programme continues to provide training in obstetrical emergencies.

Human Resources



Human Resources

Context

The Rotunda has an objective to recruit and employ highly talented people who are fully engaged with the hospital to deliver high levels of personal performance at work. The average workforce population of the Rotunda Hospital is 877. A review of work practices and structures continued across all departments of the hospital with a view to achieving reductions in non-fixed elements of pay and value for money initiatives, including working time arrangements to increase efficiencies and improve services. In addition, work continued on the analysis of the staff skill set against the activity demands. The parameters of the Haddington Road Agreement (HRA) and the Lansdowne Road Agreement (LRA) as they apply to the Rotunda were implemented throughout the year.

Headcount Management

The Hospital continued to monitor the headcount against the HSE set target. The Rotunda approved headcount in January 2015 was 750 whole time equivalents (WTE) and the actual WTE at that juncture was 748.72, a figure considered by the hospital as inadequate to meet its service demands. By year end, the WTE was 757.02 with the following changes reflected:

- Nursing/midwifery increased by 7.62 WTE
- Health care assistants decreased by 1.17 WTE
- Support services increased by 1.62 WTE

Workforce Planning

Workforce planning for the Rotunda Hospital continued in 2015 to ensure there was an alignment with the Hospital's Strategic Plan 2014 - 2016. In particular a significant input was made to the national midwifery workforce analysis project.

Absenteeism

The absenteeism rate in the Rotunda across all disciplines in 2015 was 3.41%; this reflects a reduction from 2014 and demonstrates the overall commitment of staff.

Employee Resourcing

One hundred and twenty five recruitment competitions were supported in 2015, with an average recruitment turnaround time of eight weeks. In addition a number of interns on work placement programmes, Job Bridge and European Study Abroad (EUSA) programme, were facilitated. The Job Bridge interns were placed in administration, a media design role and clinical engineering. All of the job interns in 2015 were subsequently offered employment.

Employee Development

A wide range of training and development programmes were provided during 2015, to ensure employees and management were equipped with the skills and abilities to achieve the hospital's Strategic goals. Due to the successful implementation of the Q-Pulse training module, local departmental managers can now get accurate and timely compliance reports for their staff, which facilitate a more proactive approach to the management of the training function.

The following training and development opportunities were offered across all staff grades in 2015:

- RCSI/Rotunda hospital Leadership Programme (limited to 15 participants)
- Dignity at Work courses (1 Day Contact Support Training) and half day session made available for all employees
- Attendance management
- Computer training – Microsoft Word and Excel
- Discipline handling
- Grievance handling
- Pre-retirement planning course
- Supervisory development

Employee/Industrial Relations

The HR Manager continually engaged with the trade unions represented in the hospital during 2015 on a variety of issues in relation to cost efficiency measures and ensuring all parties were compliant with the Public Service Agreement.

Service Developments

In March 2015, the Rotunda launched an Employee Assistance Programme (EAP). In June, the inaugural Staff Communication Strategy Working Group meeting was held. This group has an objective to prioritise issues/recommendations from an employee survey undertaken in October 2014.

Finance



Finance

Introduction

Initial financial allocation in 2015 was €45.752m. This represents an increase in funding in 2015 of €765k (1.7%) from 2014. The financial allocation is detailed as follows (Table 1).

Table 1

Pay	50.400m
Non - Pay	14.477m
Income	(19.125m)
Total	45.752m

Even though this increase in funding is welcome it is based on maintaining existing levels of service from 2014. Maternity services are demand led and therefore cost drivers are determined by clinical demands and in ensuring that the hospital is resourced to provide a safe and quality healthcare service. The Rotunda's initial profile of spend for 2015 to maintain a safe level of service and excluding service developments is as follows (Table 2).

Table 2

Pay	€51.770m
Non - Pay	€13.678m
Income	(€18.459m)
Total	€46.989m

This is an initial projected shortfall in funding of (€1.237m) in 2015. In addition there is a cumulative carry forward deficit from 2013 & 2014 of (€266,000) which need to be addressed by funders - RCSI Hospitals Group/HSE.

Increasing complexity and acuity of mothers delivering and increasing gynaecology waiting lists pose a further challenge to the Rotunda in providing on-going safe services within initial budget allocation.

Year	2013 (Final)	2014 (Final)	2015 (Initial)
Financial Allocation (€'000)	45,351	44,987	45,752

Context

The finance team in collaboration with other departments proactively sought to work within initial budget allocation. This required cost containment reductions and value for money initiatives being progressed throughout the year. Measures were implemented which achieved cost savings to the hospital and increased income without adversely impacting on patient

services. With reduced funding a significant challenge for the hospital in 2015 is cash flow management and in ensuring that we meet all statutory obligations to employees and suppliers.

Payroll and Superannuation

All measures from Haddington Road Agreement (HRA) were implemented and savings continue to be achieved in variable pay costs. Some measures from HRA were reversed and backdated pay awards were paid in 2015 which remain unfunded.

All superannuation obligations to hospital employees and pensioners were met in 2015. The on-going shortfall in the VHSS scheme is a significant challenge for The Rotunda which needs to be addressed by funding from DOH/HSE. Clarity also needs to be provided with regard to the Single Service Public Pension Scheme as to who underwrites future pension payments. Currently deductions from new entrants are paid over to the Department of Expenditure and Public Reform and income is not retained by the Hospital.

Creditors

€14.395m in non-pay expenditure was processed through creditors in 2015. Despite reduced funding and major cash constraints in 2015 we fulfilled all obligations to our suppliers under the Prompt Payments Act in 2015.

Patient Accounts/Cash Office

The most significant challenge facing Patient Accounts is the continuing pending and part paying of legitimate statutory charges for inpatient or day service by the private medical insurers. Debtor days have increased marginally from 2014 -167 days to 169 days at year end 2015. This impacts adversely on cash flow and is a high risk financial issue for the hospital. This level of debtor days is not sustainable and cannot be allowed to continue. The issue of non-payment by private medical insurers is being pursued nationally by the HSE and memorandums of understanding are being formulated and negotiated with private medical insurers. Insured income has decreased by (5%) due to decreasing semi private and private registrations and deliveries.

Cash Flow

With reduced funding and continuing non-payment by medical insurers of legitimate statutory recharges, cash flow and management of cash is the most significant financial challenge facing the hospital in 2015. This is a high priority financial risk for The Rotunda as a voluntary hospital as the hospital requires cash funding in order to maintain safe services and meet regulatory and fiduciary obligations to employees and creditors.

Procurement

Procurement Department worked collaboratively with HPSG and HBS to initiate cost reduction and non-pay savings in 2015. Three tenders ran successfully in 2015:

- Managed print services
- PR and communications
- Strategic and corporate services framework

Activity Based Funding/Patient Level Costing

The Rotunda Hospital is the only Dublin maternity hospital that continued to participate in the Gap Analysis Study on Patient Level Costing. The hospital is in the process of compiling, collating and returning all 2014 inpatient/day activity and financial data in preparation for implementation of the budgetary management system. This will provide us with comprehensive patient level data and enhanced business intelligence.

Reported results from the last two patient level costing studies indicate and evidence that the Rotunda is a financially lean organisation but that we are being underfunded for inpatient and day services. If activity based funding was being applied, the Rotunda would have gained €9m and €5m over the last two years.

Budgetary Management

In parallel with cost containment and value for money initiatives, extensive negotiations and consistent and continual communication continues with the following funding bodies in order to bridge the initial funding shortfall

- HSE/RCSI
- NCSS

Some additional funding was received for service developments in 2015 and a substantial supplementary budget allocation was negotiated in Quarter 4 2015. This, in conjunction with cost containment measures, was instrumental in achieving financial break even in 2015.

Actual Expenditure (€'000)	Budget (€'000)	Variance (€'000)	% Variance
48,132	48,095	(37)	(0.00%)

Financial Statements 2015

The external auditors of the Rotunda hospital are Deloitte and Touche. Proper accounting records have been kept which disclose the financial position of the Rotunda Hospital and comply with accounting standards laid down by the Minister for Health and Children. The Financial Statements give a true and fair view of the state of the affairs of the hospital at December 31st 2015 and have been certified by external auditors. Audited Consolidated Financial Statements for The Rotunda (Charity) have been submitted to The Charities Regulator in 2015.

Conclusion

To achieve break even financially in 2015, in what was a very challenging financial situation, was a significant achievement. The financial risk that voluntary hospitals were exposed to was very high. Credit must be given to finance managers and all the team of the Rotunda Hospital who, in collaboration with others, ensured that we achieved financial break even, without negatively impacting on patient services and we met all our financial obligations to employees and other stakeholders in 2015.

NON CAPITAL INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2015

	<i>Note</i>	2015	2014
		€'000	€'000
CUMULATIVE NON-CAPITAL DEFICIT BROUGHT FORWARD FROM PREVIOUS YEAR		182	80
PAY			
Salaries	1	47,375	46,535
Superannuation and gratuities	1	4,570	3,394
		51,945	49,929
NON-PAY			
Direct patient care	1	5,300	5,679
Support services	1	5,578	4,858
Financial and administrative	1	3,470	3,485
		14,348	14,022
GROSS EXPENDITURE FOR THE YEAR (including prior year deficit)		66,475	64,031
Income	1	(18,161)	(18,862)
NET EXPENDITURE FOR THE YEAR (including prior year deficit)		48,314	45,169
Determination – HSE notified for the year		(48,095)	(44,987)
DEFICIT FOR THE YEAR CARRIED FORWARD TO FOLLOWING YEAR		219	182

With the exception of fixed asset depreciation, which is dealt with through the Capitalisation Account, all recognised gains and losses for the year ended 31 December 2015 have been included in the Income and

Expenditure account.

The deficit in both years arises from continuing operations.

CAPITAL INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2015

	<i>Note</i>	2015	2014
		€'000	€'000
CAPITAL INCOME SOURCES			
HSE – Capital grant	11	(1,171)	(1,531)
HSE – Charge on non-capital income and expenditure account	12	(41)	(174)
Transfer arising on the disposal of HARI		(1,435)	-
TOTAL CAPITAL INCOME		(2,647)	(1,705)
CAPITAL EXPENDITURE: CAPITALISED			
Buildings	13	1,045	281
Equipment	13	300	655
Refurbishment of HARI unit	13	1,435	-
CAPITAL EXPENDITURE: CAPITALISED		2,780	936
(Decrease)/increase in deferred capital expenditure		(133)	769
TOTAL CAPITAL EXPENDITURE		2,647	1,705
Opening (surplus) / deficit from previous year		-	-

**CLOSING (SURPLUS)/DEFICIT CARRIED FORWARD
TO FOLLOWING YEAR**

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BALANCE SHEETAS AT 31 DECEMBER 2015

	<i>Note</i>	2015	2014
		€'000	€'000
FIXED ASSETS			
Tangible assets	13	81,441	81,177
		81,441	81,177
CURRENT ASSETS			
Debtors	14	8,175	9,983
Stocks	15	371	362
Bank and cash in hand		410	-
		8,956	10,345
CREDITORS: (Amounts falling due within one year)			
Creditors	16	(9,055)	(9,053)
Bank overdraft	17	-	(1,101)
		(9,055)	(10,154)
NET CURRENT (LIABILITIES)/ASSETS		(99)	191
TOTAL ASSETS LESS CURRENT LIABILITIES		81,342	81,368

CREDITORS: (Amounts falling due after more than

one year)	16	(120)	(373)
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NET ASSETS		<u>81,222</u>	<u>80,995</u>
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CAPITAL AND RESERVES

Non-capital income and expenditure account		(219)	(182)
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Capitalisation account	18	81,441	81,177
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	<u>81,222</u>	<u>80,995</u>
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The financial statements, which include the accounting policies and notes, were drawn up in compliance with the accounting policies of the Hospital and Accounting Standards for Voluntary Hospitals, other than as noted on page 7, issued by the Department of Health & Children, and were approved by the Board of Governors

Appendix 1 - Board of Governors' Membership

President

His Excellency, the President of Ireland, Mr Michael D Higgins

Vice Presidents

Ms Hilary Prentice, Chairman

Mr Alan Ashe, Honorary Treasurer

Mr Jonathan Bewley, Chair of the Property Committee (retired April 2015)

Venerable Gordon Linney

Professor Patricia Walsh, Chair of the General Purposes Committee

Dr Melissa Webb

Board of Governors:

*The Lord Mayor of Dublin

*His Grace The Lord Archbishop of Armagh

*His Grace, The Archbishop of Dublin

*The Dean of St. Patrick's

*The Archdeacon of Dublin

*Dublin City Council (Cllr. Teresa Keegan)

Dr David Abrahamson

Dr Maria Wilson Browne (Chairman of the Governance/Audit Committee)

Dr Cliona Buckley

M Cedric Christie

Dr Michael Darling

Dr Fred Falkiner

Mr Jim Frawley

Dr James Gardiner

Dr George Henry (retired December 2015)

Dr Mary Henry

Mr Michael Horgan

Mrs Nuala Johnson

Ms Noreen Kearney

Professor Tom Matthews (Chairman of Risk Committee)

Dr Peter McKenna

Mr Richard Nesbitt

Ms Kristina Odlum

Mr Ian Roberts (Chairman of Property Committee)

Ms Rebecca Ann Ryan

Dr Anne Marie Waldron (retired Dec 2015)

Dr Mary Keenan (from April 2015)

Ms R.A. Ryan (from April 2015)

*Ex-Officio Governor

Appendix 2 – Clinical Audits Registered During 2015

Speciality	Title of audit	Audit type
Anaesthetics	Procedural workload for the obstetric anaesthetist at night and weekend with reference to maternity unit size	First Audit
Anaesthetics	Audit to assess the conversion rate of regional to general anaesthesia for LSCS	Re-audit
Anaesthetics	Four year review of patients with cardiac morbidity	Re-audit
Clinical Nutrition	To determine the rationale for, number of, & preparation technique of powdered infant formula in NICU	First Audit
Community Midwifery	Community Midwifery completion of EPDS	First Audit
Gynaecology	Audit of LLETZ Procedures. Are we meeting NCSS Audit Standards?	First Audit
Gynaecology	Management of Pregnancy of Unknown Location	First Audit
Gynaecology	An Audit of Uterine Balloon Therapy cases in the Rotunda requiring repeat treatment	First Audit
Gynaecology	Audit of Surgical Management using Cytotec 400mcg of Miscarriage less than 12 weeks Gestation	Re-audit
Gynaecology	The uptake of medical management of pregnancy loss in the Early Pregnancy Unit	Re-audit
Laboratory Medicine	Review of RAADP (Routine Ante-natal Anti-D Prophylaxis) Programme for 2014	First Audit
Laboratory Medicine	Audit of abnormal P16 IHC	First Audit
Laboratory Medicine	Incidence of Red Cell Transfusion in NICU Rotunda Hospital 2011-2014	Re-audit
Medical Social Work	To audit the documentation of domestic violence enquiry at antenatal visits and the associated MSW follow up	First Audit
Neonatology - Medical	The Use of Inhaled Nitric Oxide in a tertiary NICU in the Republic of Ireland	First Audit
Neonatology - Medical	Audit of Enteral Feeding in Very Low Birth Weight Infants	First Audit
Neonatology - Medical	Review of Antenatal corticosteroid cover in Preterm neonates	First Audit
Neonatology - Medical	Healthcare Record Data Completion	First Audit
Neonatology - Medical	Timing of imaging in HIE	First Audit
Neonatology - Medical	Compliance with Vancomycin Dosing in NICU Neonates	First Audit
Neonatology - Medical	SBR v Bilimeter - Investigation of whether TCB readings between 200 and 250 umol/l are accurate in term babies of 72 hours of age	First Audit
Neonatology - Medical	Electrolyte Disturbance with greater than 10% weight loss in the first week of life	First Audit
Neonatology - Medical	Correlation between thrombocytopenia in pregnancy and neonatal thrombocytopenia and adherence to international guidelines	First Audit
Neonatology - Medical	Use of surfactant in very premature multiples 26-36 weeks of gestation	First Audit
Neonatology - Medical	Save the date? Correct recording of day of life and CGA in NICU	First Audit
Neonatology - Medical	Audit to assess timing of ultrasound of hips for DDH	First Audit
Neonatology - Medical	Temperature stability in preterm neonates in first six hours	First Audit
Neonatology - Medical	Improving completion of neonatal exam	First Audit
Neonatology - Medical	Has the quality improved? A quality improvement study of the assessment of prolonged neonatal jaundice in POPD	Re-audit

Neonatology - Medical	Investigation of whether TCB readings between 200 and 250 umol/l are accurate in term babies of 72 hours of age	Re-audit
Neonatology - Nursing	40% Dextrose Gel for the management of Neonatal Hypoglycaemia	First Audit
Neonatology - Nursing	Time of first expressed breast milk administration for very low birth weight infants in NICU	First Audit
Nursing/Midwifery	Ongoing Audits of Registered Nurse/Midwife prescribing	Continuous
Nursing/Midwifery	Adherence to CTG guideline regarding documentation of care, review and upward referral	First Audit
Nursing/Midwifery	IMEWS audit in January 2015	First Audit
Nursing/Midwifery	Audit of staff compliance on the use of LacSure	First Audit
Nursing/Midwifery	Audit of Amnisure use and outcomes	First Audit
Nursing/Midwifery	Audit of outcomes from Cold coagulation treatment for CIN 2	First Audit
Nursing/Midwifery	Audit of Postnatal discharge process, documentation and follow up	First Audit
Nursing/Midwifery	Adherence to Propess administration for Induction of Labour (in patients who required EM LSCS for failed induction)	First Audit
Nursing/Midwifery	Re Audit Of The Documentation On IMEWS And Escalation When Required	Re-audit
Nursing/Midwifery	Audit of the documentation of mental health care in the obstetric chart	Re-audit
Nursing/Midwifery	To asses adherence to guidelines on oxytocin use on the labour ward	Re-audit
Obstetrics	Intrapartum factors and HIE on our LW	First Audit
Obstetrics	An audit of gestation of first booking visit in the Rotunda OPD	First Audit
Obstetrics	A 3 year audit of fetal and maternal outcomes in cases of intra-uterine transfusion performed in the Rotunda Hospital	First Audit
Obstetrics	Use of Tocolytic in Rotunda Hospital	First Audit
Obstetrics	An audit on the adherence of staff to the algorithm in place for management of PPRM in ER	First Audit
Obstetrics	To determine if the introduction of a Hemocue 201 DM system is equivocal to Full blood count in fetal blood sampling during an intrauterine transfusion	First Audit
Obstetrics	Magnesium Sulphate administration for severe preeclampsia in HDU	First Audit
Obstetrics	Classification documented for Emergency LSCS & accuracy of use of bleep system for emergencies	First Audit
Obstetrics	The rate of sequential instrumental use at operative vaginal delivery	First Audit
Obstetrics	Audit on the Management of pregnant women positive for HBsAg	First Audit
Obstetrics	The management of pre labour rupture of membranes at term (PROM) including IOL	First Audit
Obstetrics	Audit of Inpatient Follow-up of Patients with Intrapartum Complications	Re-audit
Pathology	Blood Sampling to Transfusion – Can we time it better?	First Audit
Pharmacy	Compliance of drug kardexs with the medication management policy	Continuous
Pharmacy	An Evaluation of Antenatal Corticosteroid Prescribing in the Pre-Natal Ward and the Daycare Unit/Emergency Room	First Audit