

Corporate Report 2014

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Balanced Scorecard



The Chairperson's Report for 2014

Changes in healthcare governance continued in 2014. We began the year by holding a special Board meeting to agree a new annual compliance process with the HSE; this is applicable to all Section 38 agencies. Throughout the year, work continued towards compliance of both operational and governance matters.

Following considerable work by the Executive Management Team and members of staff, the Strategic Plan for 2014–2016 was presented to, and fully endorsed and approved by the Board in February 2014. I believe the plan reflects the values and mission of The Rotunda Hospital. Implementation of the plan continues.

The Governors' Away Day was held in March 2014, and the theme *Board Responsibility for Hospital Compliance* was developed through presentations, including a presentation by Anne Maher, Chair of the RCSI Hospitals Group, and discussion among The Rotunda Hospital Governors.

The Rotunda Hospital continued to participate in the RCSI Hospitals Group. Although there were no developments with respect to the corporate structure of the Hospital Groups, or with respect to the appointment of the various Group Boards, an executive team was established in the RCSI Hospitals Group; this included the appointments of a CEO, COO and CFO. Representatives of The Rotunda Hospital Executive Team attended regular RCSI Hospitals Group meetings.

The sale of HARI (Human Assisted Reproduction Ireland) was agreed and implemented. The new owners continue to deliver services from the renamed unit, Rotunda IVF, on the site of The Rotunda Hospital.

By year end, work had recommenced on consideration of a move of The Rotunda Hospital. Despite the excellent care provided to mothers and babies, the infrastructure of the buildings at Parnell Square remains unfit for purpose. The plan to move the hospital to the Mater Misericordiae University Hospital site some years earlier changed due to policy decisions with regard to the location of the new National Children's Hospital and the establishment of Hospital Groups. The Board has now approved preliminary consideration of a move to the Connolly Hospital Blanchardstown site.

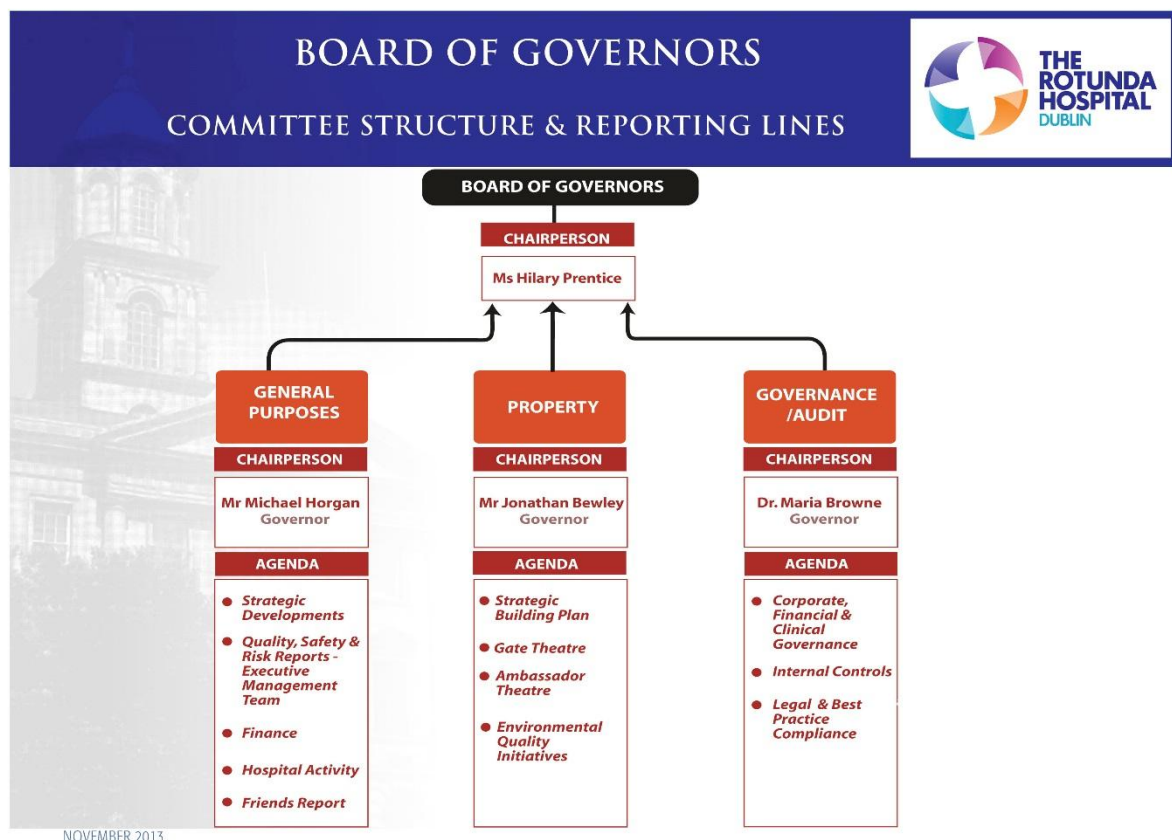
The Board is deeply grateful for the commitment and dedication of the Executive Management Team and all staff of The Rotunda Hospital for the continued excellence of care delivered to patients. Activity remained high throughout the year, and despite limited resources, outcomes were good.

I am also grateful to my fellow Governors for their continued support and work on behalf of the hospital.

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 2014. The Board has appointed a number of committees, which meet regularly and report to the Board on an ongoing basis. These committees undertake the initial consideration of various matters, prior to preliminary views or recommendations being made to the Board.



The General Purposes Committee met on nine occasions in 2014.

The Property Committee met on five occasions in 2014.

The Governance/Audit Committee met on six occasions in 2014.

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 workstreams during the year including:

- ✓ The Strategic Plan 2014–2016;
- ✓ The Annual Compliance Statement with the HSE for 2013;
- ✓ The Service Level Arrangements with the HSE for 2014;
- ✓ The implementation of a Service Agreement with the Mater Private Hospital for the provision of gynaecology services to address The Rotunda Hospital's Outpatient Waiting List;

¹ Appendix 1: Board membership

- ✓ The HIQA Report on unannounced inspection to assess compliance with the National Standards for the Prevention and Control of Healthcare Associated Infections;
- ✓ Internal audit reports;
- ✓ The relationship of The Rotunda Hospital with the RCSI Hospitals Group;
- ✓ The sale of HARI;
- ✓ The recruitment and selection process for the appointment of the next Master;
- ✓ Risk register oversight and approval of a Board Risk Committee to be established in Quarter 1 2015;
- ✓ Oversight of environmental controls and water management reports;
- ✓ Redevelopment potential of The Rotunda Hospital on site and at the Connolly Hospital site;
- ✓ Consideration of the proposed Part 1 section of the new Service Level Arrangement with the HSE (ongoing at year end).

The Master's Report

2014 was another difficult year for maternity services in Ireland, with ongoing concerns in relation to the quality and safety of services, and continued public and media interest in a small number of high-profile cases in various units around the country.

For The Rotunda Hospital, 2014 saw a continuation of the recent trend of high activity levels. While obstetric activity levels in hospitals across Ireland seem to have decreased, The Rotunda Hospital's location within the HSE Dublin North East region – where the population of young couples has increased over the last number of years – has ensured that our activity levels remain high.

The other very significant issue we faced in 2014 was a huge increase in demand for gynaecology outpatient clinic appointments. This demand far outstripped our ability to provide new appointments for these patients. Again, the cause of this problem is the increase in the population in our catchment area, coupled with the fact that general hospitals have been unable to treat gynaecology patients due to activity levels in their own Emergency Departments, which in turn results in competition for elective beds. Allied to this, the Mater Hospital, which in the past would have provided a significant amount of benign gynaecology services now concentrates most of its activity on gynaecology oncology. A combination of all of these factors, in addition to the huge demand-led obstetric workload, has meant that gynaecology services have been placed under significant pressure.

There have been a number of key changes within the administration of health services in Ireland over the past year, both nationally and at regional level. We continue to work with the RCSI Hospitals Group and with hospitals within our group. However, there has been a frustrating lack of progress due to the fact that there have been so many changes in personnel at HSE level within the Dublin North East region. We are working with the RCSI Hospitals Group and with the HSE to ensure that as a voluntary hospital we are able to maintain our own unique governance arrangements, and find a way to ensure that these arrangements are compatible with the current group model.

Despite the extreme business of The Rotunda Hospital, it continues to provide a safe service for its patients. There were two maternal deaths in 2014; both of these deaths were due to indirect causes. The corrected perinatal mortality rate for 2014 was 4.6 per 1,000, which is in line with trends in recent years.

2014 was marked by some welcome initiatives at regional level, including agreement on a regional perinatal pathology post and agreement from the HSE and the RCSI Hospitals Group to expand post-mortem facilities on the Rotunda site to assist with regional post-mortem and perinatal pathology services. Another welcome development was agreement on a joint Fetal Medicine post between Our Lady of Lourdes Hospital, Drogheda and The Rotunda Hospital. Unfortunately, however, there were no applicants for this post; we are currently restructuring the job, so as to make it more attractive.

Over the course of 2014, we have been working towards the development of a plan to expand the hospital along the west side of Parnell Square, in order to deal with our demand-led activity. We had planned to have an application ready for submission to Dublin City Council in early 2015, but we received indications around this period that a Ministerial announcement in relation to relocation of The Rotunda Hospital was expected, and therefore our submission was put on hold pending the Minister's announcement. There is absolutely no doubt that the current level of activity within the Parnell Square site cannot be sustained. A redeveloped and relocated Rotunda Hospital on the site of a suitable, funded and equipped adult hospital site is urgently required.

The Rotunda Hospital was delighted to partner with the RCSI Institute of Leadership during 2014. Fifteen of our staff completed a leadership training programme with RCSI. They worked on three projects which were particularly relevant to our Strategic Plan. These included a project on the consent process, a project on progressing a risk assessment for thromboembolism in pregnancy, and a project which looked at the flow of patients through our Outpatients Department. Each project team was multidisciplinary in nature. The output of the process was extremely impressive, with all three projects leading to significant quality improvement initiatives. It is envisaged that the relationship with the RCSI Institute of Leadership will continue, with further courses to be held in the future.

2014 also saw the sale of HARI, the Rotunda Hospital's infertility unit, to Virtus, which is Australia's largest IVF provider and also has operations in Singapore. In addition to acquiring HARI, Virtus recently acquired a majority ownership stake in the SIMS Clinic.

I would like to take this opportunity to thank all those who contribute to the support and provision of services to our patients. Despite submissions to the HSE and the Department of Health, The Rotunda Hospital continues to remain understaffed from a medical, midwifery and administrative point of view. I would particularly like to applaud the skill and dedication of our frontline staff who continue to deliver high-quality services in increasingly difficult circumstances. To all of those who stay late, miss breaks and come in to the hospital to do additional shifts when requested, I am eternally grateful.

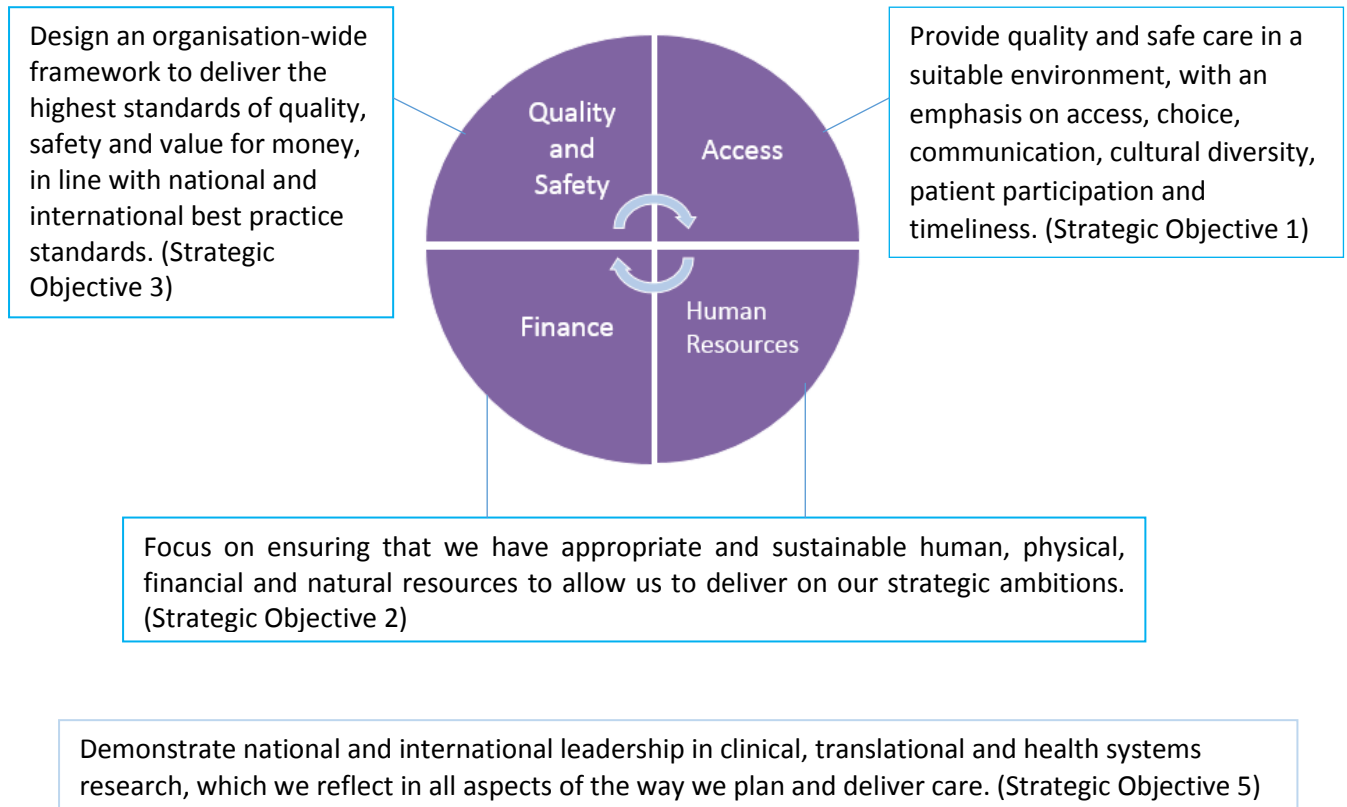
In recent years, failure to invest in our health service, as well as failure to invest in our hospitals infrastructure and our staff, has resulted in a situation whereby many of Ireland's young graduate doctors, nurses and midwives are leaving the country. The ensuing problem of large numbers of vacant posts – not only in our hospitals but also in general practice and community services – must be addressed urgently if further escalation of an already challenging situation is to be avoided. The Board of Governors and Executive Management of The Rotunda Hospital will continue to work with the relevant bodies to ameliorate the situation.

Dr Sam Coulter-Smith,
Master

The Strategy in Practice

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

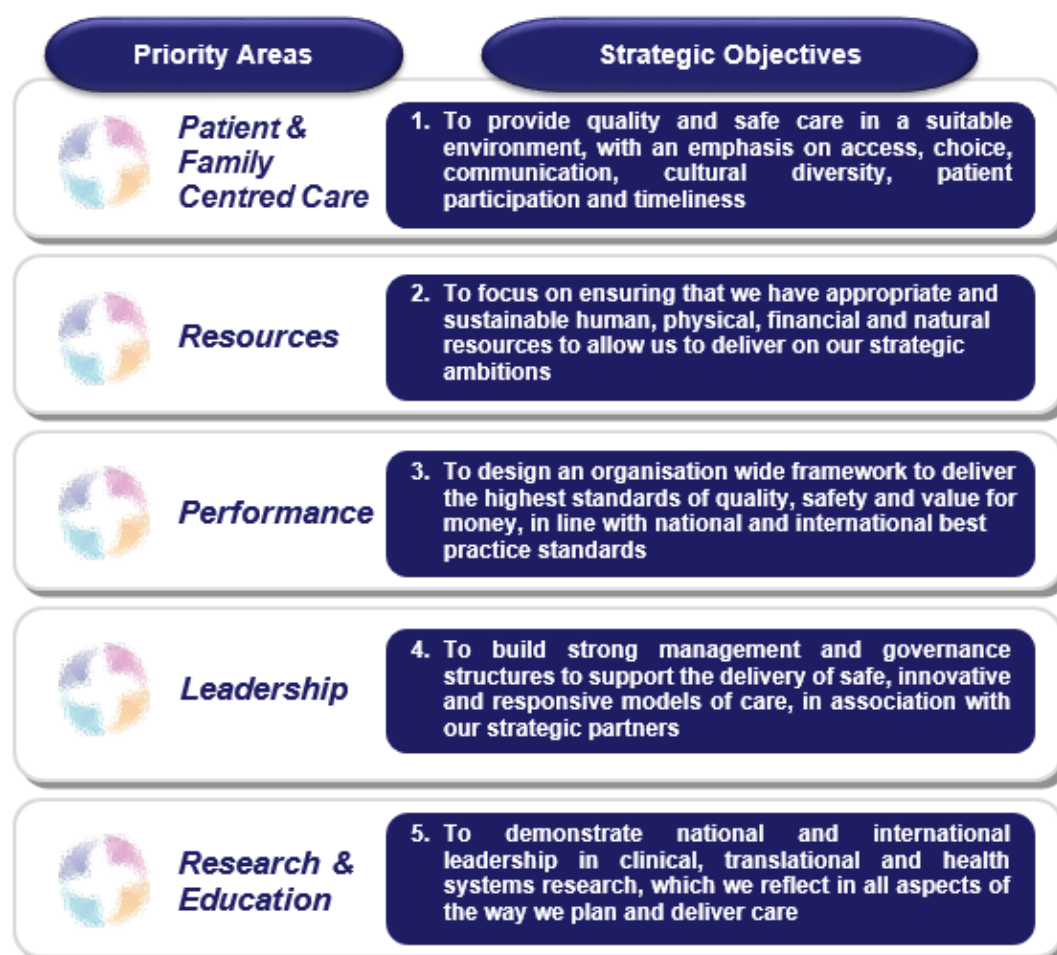
Balanced Scorecard



The Strategic Plan: An Overview

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.

Their status at end of December 2014 is as follows:

Status	Number of Strategic Actions
Not commenced	6
In progress	41
Complete	2

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.

Throughout 2014 we have placed significant emphasis on improving the quality and safety of our services.

Gynaecology Services

We have implemented the principles of the national protocol on outpatient services in our Gynaecology Outpatients Department, including the validation of individuals on the list. We are working closely with the Mater Private Hospital on an initiative to reduce the waiting time for an outpatient appointment and any subsequent treatment for some patients. We continue to liaise with key stakeholders in the RCSI Hospitals Group to develop long-term strategies, and have begun discussions with Connolly Hospital with a view to developing further gynaecology services there.

Local and Regional Maternity Services

We are promoting the shared and community care models in order to improve local access to maternity care. We are currently progressing the development of appropriate care pathways for complex maternity care in the RCSI Hospitals Group.

We have made a number of improvements to our obstetric day care services, including relocating and redeveloping the day care unit, and we have developed an audit tool to conduct an audit of the service.

We have improved our inpatient services through enhancing our admission and discharge processes and planning, as well as redesigning our care team system to implement a 'named consultant' approach.

Patient Satisfaction

We continue to support patients and families in relation to the overall health and wellbeing agenda (health protection, health promotion and disease prevention), and are engaging with service users via patient experience surveys to review and redesign models of care, as targeted under the new Rotunda Hospital strategy.

Co-location Options

Our aim is to have The Rotunda Hospital fully co-located with an adult acute hospital in a fit-for-purpose facility, as soon as is practicable. To achieve this, we developed a Concept Document for the relocation of The Rotunda Hospital on the Connolly Hospital site for submission to the Minister for Health. In the interim, we continue to work in relation to existing care pathways and on protocols between The Rotunda Hospital and the Mater Misericordiae University Hospital to ensure that safety issues are addressed.

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.

Physical Resources

The Sexual Assault Treatment Unit (SATU) facilities have been redeveloped and extended, so as to allow for the development of the approved regional perinatal pathology service, and also to ensure that the SATU is compliant with national standards. In 2014, we undertook the design and planning for the extension of the mortuary to enable the regional perinatal services to be developed.

Human Resources

We are currently undertaking an analysis of hospital staff skill sets, staff mix and activity levels, with a view to contributing to the National Maternity Strategy. A project on completing the workforce analysis in conjunction with the other Dublin maternity hospitals in relation to midwifery, neonatal and gynaecology staffing requirements commenced in 2014. This will be completed in 2015.

Financial Resources

A key priority for us is to develop our financial analysis and management capability, in order to ensure that we are ready for Money Follows the Patient (MFTP). We have taken a number of actions, including engaging in appropriate technical support to build MFTP financial capacity, so as to ensure that our in-house capability is proficient and fit for purpose.

We are continuing to work with the Finance Department to ensure that our services are cost-effective, and that they consistently deliver value for money by identifying efficiencies and improving value for money outcomes through a structured Process Improvement Plan. Based on a review and learning from the Neonatal Business Management Pilot Project, we are extending the project to include Colposcopy and SATU in 2015.

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.

We are mindful of the need to have a framework in place that will enable us deliver the best possible service to the highest possible standards to our service users and to the taxpayer.

Quality Standards

Within the quality context, we have assessed the hospital's ongoing performance under the quality measures arising from the National Quality Standards. To date, we have undertaken a number of actions:

- The National Standards for Safer Better Healthcare self-assessment was completed in January 2014.

- We have conducted a gap analysis against the recommendations of the HIQA Report on University Hospital, Galway.
- The National Standards for the Prevention and Control of Healthcare Associated Infections self-assessment was undertaken and finalised in April 2014.
- The self-assessment against the HSE Standards and Code of Practice for the Management and Use of Medical Devices and Equipment was completed by end September 2014.
- Quality Improvement Plans (QIPs) from all reviews/self-assessments have been formulated, and progress on implementation of the QIPs is monitored through the Quality and Safety Committee.
- The Healthcare Records Committee has reconvened and its Terms of Reference are being redrafted; a working group meets on a monthly basis to address local issues. It is noteworthy that no self-assessment tool has been developed by the HSE to facilitate self-assessment against these standards.

Health Technology Strategy

We are developing and supporting innovative approaches in service delivery and preparing for Money Follows the Patient (MFTP) by developing a whole hospital Health Technology Strategy and implementing a variety of IT projects. In 2014, we began to implement the HSE Track and Trace System for monitoring the movement and processing of sterile medical devices and a pharmacy software system to enable better monitoring and reporting of pharmaceuticals in the hospital.

We also began significant local work to prepare for the implementation of the new National Maternity and Neonatal Electronic Record. A senior midwife was appointed to support the project in house; this will see the introduction of a fully integrated electronic patient record in early 2016.

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.

It is critical that our excellent clinical and support services are underpinned by effective leadership, as well as strong management and governance structures. We have completed the review of governance structures against current relevant governance codes of practice to ensure that – subject to the provisions of The Rotunda Hospital Charter – appropriate levels of compliance, acceptable to our Board and funders, are in place.

We hope, as a result, that we may shape and influence governance structures within the RCSI Hospitals to reflect The Rotunda Hospital's commitment to its voluntary status and the values of The Rotunda Hospital Charter. Pending further clarification from the Department of Health about the nature of the Hospital Group legal constructs, we will define our core requirements for continued participation within any Group structure, as necessary. We have established a Regional Committee to oversee the provision of our regional clinical role.

Research and Education

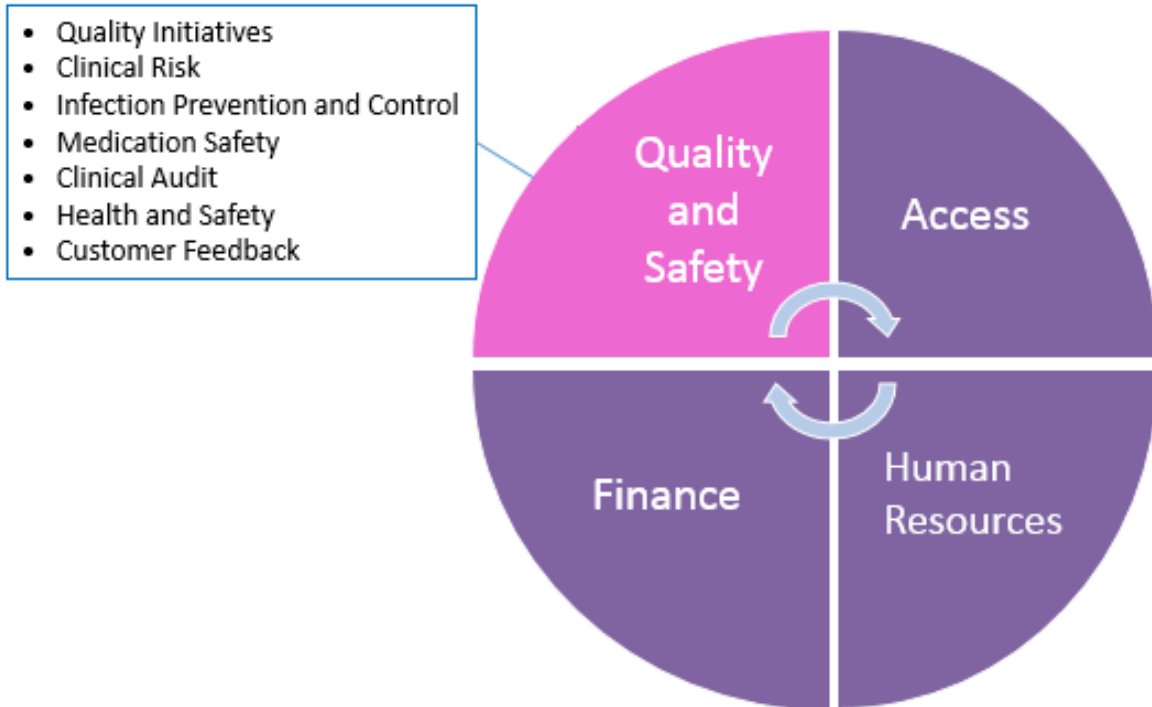
Strategic Objective 5: To demonstrate national and international leadership in clinical, translational and health systems research, which we reflect in all aspects of the way we plan and deliver care.

One of The Rotunda Hospital's core principles is that we should be leaders in education, research and professional development across all aspects of our activity, with an emphasis on integrating them in all aspects of our planning and care delivery. In order to fulfil this aim, we have formed a multidisciplinary committee to develop a new research strategy. The review also includes postgraduate academic programmes and the development of international leadership in clinical and translational research in maternal and neonatal medicine.

An evaluation of the role of the Director of Research and Postgraduate Academic Affairs is underway to maximise the efficacy of the role.

In 2014 we engaged with the RCSI Leadership Faculty to develop a Rotunda Hospital Leadership Programme. The first programme has been implemented and 15 people have successfully completed it. The objective of the programme is to develop multidisciplinary leadership and management skills, and to upgrade our business planning capability to ensure that education, research and professional development are integrated in our planning and delivery of care in The Rotunda Hospital.

Quality and Safety



Quality and Safety

The Board of The Rotunda Hospital accepts full responsibility for ensuring clinical governance and patient safety. 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 ten 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-centred 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 multidisciplinary self-assessment was completed in early 2014. The implementation and progression of Quality Improvement Plans (QIPs) identified is monitored on an ongoing basis by the Quality and Safety Committee.

HIQA Galway Review and report recommendations

All hospitals were required to undertake a self-assessment against the HIQA Galway Review and report recommendations, for submission to the HSE by end January 2014. A multidisciplinary team was established to complete the self-assessment, which included the development of QIPs to address any deficits/gaps identified. The QIPs were integrated with those developed from a review of the National Standards for Safer Better Healthcare.

I-MEWS (Irish Maternity Early Warning System)

The hospital adopted the National I-MEWS protocol in 2014 to standardise the measurement of maternal observations.

Midwifery Metrics

Midwifery Metrics measure care against agreed standards, and their use was expanded in 2014 to include the prenatal and postnatal departments. The additional metrics for these departments include I-MEWS, antenatal and postnatal assessment, and recording of the patient experience.

Productive Ward Initiative

Due to the success of this initiative in other departments, the productive ward was introduced to the gynaecological department in 2014, and has already had a positive impact on the effectiveness of the ward.

Open Disclosure

The national guidelines² on communicating with service users and their families following adverse events in healthcare were launched in November 2013. The Rotunda Hospital fully endorses this initiative and has identified lead professionals to progress the implementation of the initiative in 2015.

Quality Management System

Q-Pulse is a series of integrated software applications designed to assist with the information management of numerous quality activities across an organisation. The document management module has been used for a number of years. During 2014, the people and staff training modules were implemented to facilitate the scheduling and recording of all staff training. The system facilitates local department managers to review and manage staff training requirements within their own areas of responsibility.

Clinical Risk

Context

Good clinical risk management practices are a key component of our quality and safety framework. Making our services safer for patients, and learning from incidents where things go wrong, is very important. The staff who actually deliver the care are an integral component to making the services safer.

One of the internal audits undertaken during 2014 was a review of risk management practices. Following this review, the hospital established a multidisciplinary working group tasked with the development of a hospital-wide approach to risk management. The Director of Midwifery/Nursing is the Executive Sponsor of this group.

Incident Investigations

Continued work was put into examining external reports to realise potential learning and to improve the quality of our incident investigations during the year. This included consideration of the Portlaoise Report and of the National Safety Incident Management Policy, which was introduced in May 2014. A continual gap analysis was monitored by the Clinical Risk Committee every two months to ensure progress in aligning the Rotunda Hospital's incident investigation practices with those outlined in the National Policy.

Intense emphasis was placed on the investigation of incidents and sharing of reports with families through 2014, with the aim of ensuring that existing outstanding reviews were completed as well as commencing new reviews.

There are two types of system analysis investigations in use in The Rotunda Hospital. The first is the comprehensive style of investigation called a Full Adverse Incident Review (FAIR). The second is a follow-up analysis or concise systems analysis investigation.

² Open Disclosure: National Guidelines, communicating with service users and their families following adverse events in healthcare

We considered the recommendations of the Portlaoise Report and also the National Safety Incident Management Policy, which was introduced in May 2014, in continual improvements to our investigation processes.

Training on Incident Reporting and Risk Management

Training was provided to staff on an ongoing basis in risk management practices and documentation. In May, a training day was facilitated by the State Claims Agency for senior clinical staff on incident investigation methodology. The joint risk/legal study day at the Centre for Midwifery Education continued in 2014, with good attendance and favourable feedback from staff.

National Incident Management System

The Rotunda Hospital, as the selected pilot site for the National Incident Management System, was an early adopter, and commenced implementation of the live system in September 2014. Fourteen staff members were trained on the inputting of incidents into the new system. The project is ongoing with the State Claims Agency.

Infection Prevention and Control

Context

The Rotunda Hospital aims to provide an environment in which our patients can receive safe and effective care, in the knowledge that appropriate measures are in place to minimise the risk of healthcare-associated infections (HCAIs). We aim to achieve this by ensuring that:

- The environment in which care is provided is clean and well maintained.
- Staff are educated with respect to 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 HCAIs.
- The Health Information and Quality Authority (HIQA) National Standards for the Prevention and Control of Healthcare Associated Infections are embedded in the culture of the organisation, and act as a structure on which to base our continual improvement in infection prevention and control.

Infection Prevention and Control Committee

The Infection Prevention and Control Committee (IPCC) is chaired by the Master and meets quarterly. The Committee receives reports on infection prevention and control activities from clinical and non-clinical departments. Throughout the year, many changes in practice were planned, introduced and monitored by the Committee.

Results

- There were no episodes of MRSA bacteraemia in the hospital.
- There were no episodes of Clostridium Difficile infection in the hospital.
- There was one outbreak of a resistant e-coli in the Neonatal Unit. Four infants were colonised with the same resistant organism, but none were infected or suffered any adverse effects.

Service Developments

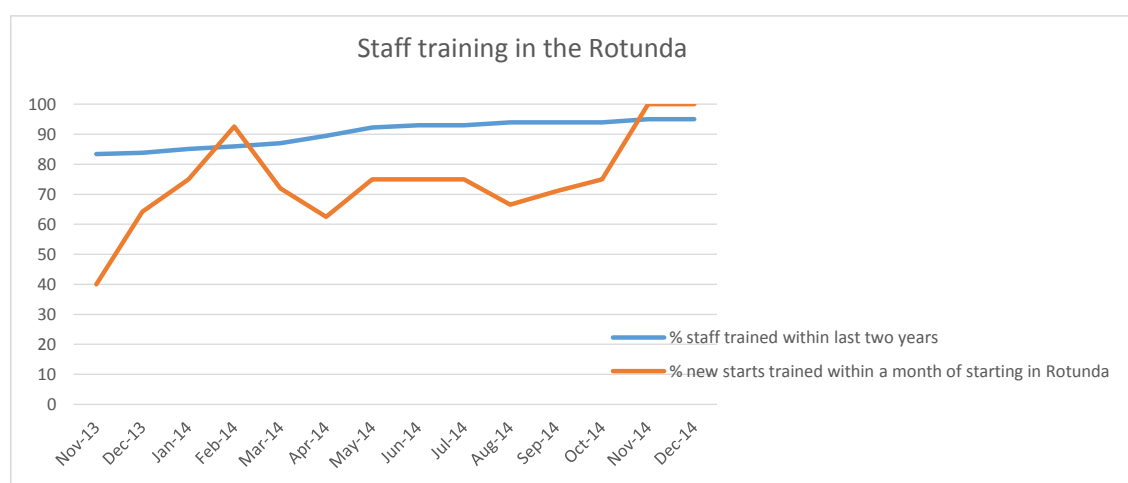
- The role of the infection prevention and control (IPC) link midwife/nurse was reviewed and greater emphasis was placed on the provision of local training and education, and auditing of infection prevention and control practices.
- Procedures for undertaking root cause analyses were introduced:
 - for women with a hospital-acquired bacteraemia, or if there is a major outbreak of disease
 - for neonates who develop late onset sepsis, necrotising enterocolitis, or if there is an outbreak of disease
- Sharp-free/needle safety devices continued to be introduced in the clinical areas.
- Production of surveillance reports and identifying trends.
- Patient information leaflets were updated and are available for distribution to patients in a timely manner.
- New national guidance on IV cannulation, multidrug resistant organism screening and Ebola management were adopted into practice. New clinical care pathways for pyelonephritis, intrapartum fever and breast abscess were also introduced.

HIQA Standards for IPC

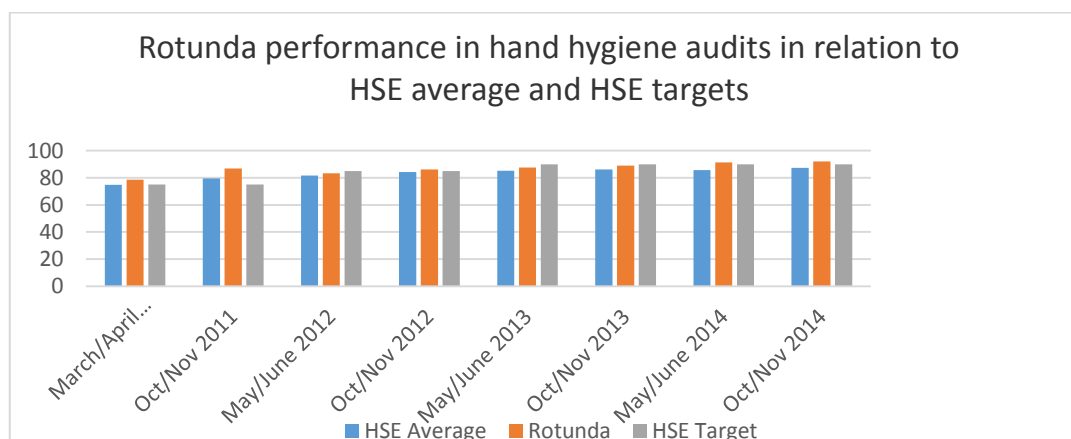
The Standards for the Prevention and Control of Healthcare Associated Infections were reviewed in 2014 and the department's Service Plan was compiled based on the priority areas for action identified. An unannounced inspection was undertaken by HIQA in October to assess compliance with the Standards. The Neonatal Unit and the Gynaecology Ward were reviewed. Subsequently, a quality improvement plan was developed to address the areas for action identified during the inspection. Progress with implementation of the plan will be monitored by the IPC Committee.

Hand Hygiene

Mandatory training in hand hygiene every two years is a requirement for all staff. Staff are also encouraged to use the HSEland hand hygiene e-learning tool and the SureWash machine, which is rotated between the clinical areas on an ongoing basis. Reports are submitted monthly to the HSE on training uptake for new recruits and for all staff. Training uptake is outlined in the table below.



Thirty hand hygiene audits were undertaken during the year. The Rotunda Hospital participated in the national hand hygiene audits in May and October. As outlined in the table below, we reached the 90% compliance target, and rated higher than the HSE national average. Hand hygiene will continue to be a priority area of action in 2015.



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. 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 pharmacists provide a medicines information service and specialist compounding and dispensing services.

Achievements

- Development of clinical pharmacy services which involve the daily presence of pharmacists in each clinical area to review prescriptions and work collaboratively to ensure the safe and effective use of medications;
- Development of a comprehensive antimicrobial stewardship programme facilitated by the recruitment of an antimicrobial pharmacist in October 2014;
- Development and launch of the antimicrobial guidelines app;
- Initiation of multidisciplinary pain management review rounds and completion of ongoing postnatal analgesia audit;
- Introduction of pharmaceutical technician services.

Quality Initiatives

- Participation in self-assessment against National Standards for Safer Better Healthcare and progression of relevant quality improvement plans;
- Initiation of medication safety programme to highlight and address the risk from high-alert medications, and introducing safer medication use processes;
- Introduction of a new pharmacy IT system to improve stock control, procurement and financial reporting capacity;
- Introduction of a one vial: one patient policy in the Neonatal Unit, and related staff education;
- Completion of a Health Research Board-funded neonatal medication safety e-learning research project – PiCNIC (Pharmaceutical Calculations in Neonatal Intensive Care);
- Development of an electronic clinical decision support system to facilitate prescribing of neonatal parenteral nutrition, so that safety of prescriptions for vulnerable sick babies is assured;
- Development of an electronic clinical decision support system to facilitate venous thromboembolic risk at the time of delivery, and recommend an appropriate prophylaxis regimen where required (Thrombocalc), so that the risk of complications is minimised;
- Collaborative development of standardised postnatal analgesia and pain assessment guidelines;
- Development of a medication safety alert system using the hospital's quality management system.

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.

Achievements

- *Register of Clinical Audits*: In total, 70 clinical audits were registered in 2014 (39 first audits, 24 re-audits and 7 continuous audits³).
- *Clinical Audit Intranet Page*: The department has developed a designated page on the hospital intranet where the application forms, excel tool template, guide to clinical audit, key steps to audit success, draft action plan and report template are available to download. Annual and monthly clinical audit reports are also available.

³ Appendix 2

Service 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. All health professionals registered with the hospital who participate in completed clinical audits receive a certificate of participation in conjunction with their supervisors.

Activities

Clinical Audit Group weekly meeting

The core group within the Clinical Audit Department meets on a weekly basis to discuss and approve audit applications.

Clinical Audit Steering Group

The Clinical Audit Steering Group meets on a quarterly basis. Membership of the steering group includes the Executive Management Team, clinical risk department staff, departmental patient safety representatives, heads of departments and allied health professionals. 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

The clinical audit team regularly delivers in-house educational sessions on the clinical audit cycle across all disciplines. Eight information sessions were held in 2014. A total of 68 staff members attended, with representatives from all clinical areas. In addition, external sessions were delivered to midwifery students at Trinity College Dublin as part of their training.

Health and Safety

The Rotunda Hospital is committed to ensuring full compliance with the Health, Safety and Welfare Act, 2005 within a busy healthcare environment. Hospital management endeavours to achieve this through its Health and Safety Statement, which is linked to the HSE Corporate Safety Statement. The facilities of The Rotunda Hospital are routinely examined and substantive changes have been implemented over the years. Despite the age of the building, these changes have ensured that stringent health and safety standards are observed while continuing to develop a safer environment for all hospital end-users.

Health and Safety Committee

Health and Safety Committee meetings were held every six weeks, and minutes of meetings and committee information were distributed to staff via email and on staff notice boards. Four new committee members were elected and were provided with training. The committee constitution was also reviewed and updated.

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 is progressing on the integration of the Health and Safety Authority (HSA) five-year plan for the healthcare sector.

Fire Prevention

Fire drills were conducted in all hospital areas twice during the year. Following two fire audits conducted by the external fire consultant, recommendations regarding minimising the amount of equipment stored near emergency exits and stairways were implemented. Fire alarm testing – to check alarms and fire doors – was conducted on a weekly basis. Two training sessions were also conducted for hospital fire wardens.

Security

The 'Code Red' message, which alerts staff to a serious obstetric haemorrhage, was implemented and linked to emergency pagers. A fixed panic alarm system was extended and linked to Security Guards' walkie talkies. A proposal was made to upgrade the security server and automate/integrate the alarm and CCTV system. In addition, mobile panic alarms were initiated to complement the fixed panic alarm system.

Incident Investigation

We encourage staff to report any incident that has caused, or has the potential to cause, a health and safety problem. During 2014, 63 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 Committee meetings. Eight incidents were reported to the HSA.

Staff Training

We continue to maintain our focus on staff health and safety training. Modules provided during the year included an introduction to health and safety and fire awareness plus evacuation; stair chair, Hovermatt/Hoverjack and mattress ski sheet use; office ergonomics; non-violent crisis intervention and fire warden training; security awareness and spill kit awareness; manual handling; medical gas awareness; chemical awareness; performance planning and development training.

Ergonomics

Fifty eight ergonomic workplace assessments have been conducted to date. As a result, we have made changes to work stations, and have provided ergonomic equipment as required. One Hoverjack and two Hovermatts were purchased as aids for patients being transferred to the delivery suite/theatre.

Chemicals

During the year, two Dangerous Goods Safety Adviser (DGSA) audits were conducted by DCM Compliance, which identified some areas requiring corrective action. The hospital's DGSA provided four on-site training sessions and advice as required. The SafeDoc chemical management database is continually being updated on the hospital intranet, and we successfully piloted an e-learning course on medical gas for nurses/midwives and porters.

Customer Feedback

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.

Work commenced on reconvening the Service User Forum. A recruitment campaign was undertaken in September to select individual service users for the Forum. A number of support groups were contacted and invited to identify a representative to attend. The inaugural meeting was held in early 2015.

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 1,397 items logged in 2014, 1,379 positive comments and 20 negative comments were received.

Patient experience surveys

The inpatient survey was undertaken over a two-week period from 15-28 May. Of the 160 respondents, 77% indicated that the main reason for admission was to give birth; 16% cited a pregnancy complication; 3% cited elective gynaecological surgery, 3% cited an emergency gynaecological admission, and less than 1% 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 your care and treatment?	81.9% 15.6% 2.5%	<i>Yes, definitely', 'Yes to some extent', 'No, and I would have liked some more information'.</i>
Were you satisfied with the overall service?	98.8%	<i>'Yes'</i>
Did members of your healthcare team clean their hands before examining you?	91.0% 9.0%	<i>'Yes, always', 'Yes, sometimes'</i>
I trusted the members of my healthcare team.	97.4%	Agreed or strongly agreed.
I had confidence in the staff providing my care.	98.1%	Agreed or strongly agreed.
I was always treated with dignity and respect.	98%	Agreed or strongly agreed.
I would recommend this hospital to a friend or family member.	98.1%	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. During 2014, The Rotunda Hospital's complaints policy and procedures were updated in line with the HSE complaints policy, and to incorporate components of the new open disclosure national guidelines. Complaints are received verbally, in hard copy and electronically. Year on year, there has been a 43% reduction in the number of complaints received in the Complaints 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.

All complaints received were categorised under the HSE 'Pillars of Care'. Most complaints included element(s) categorised under 'Communication and Information'. The next most frequent pillars were 'Safe and Effective Care' and 'Access'; this pattern is similar to previous years. Formal written responses or meetings with complainants were the most common means of addressing the concerns raised.

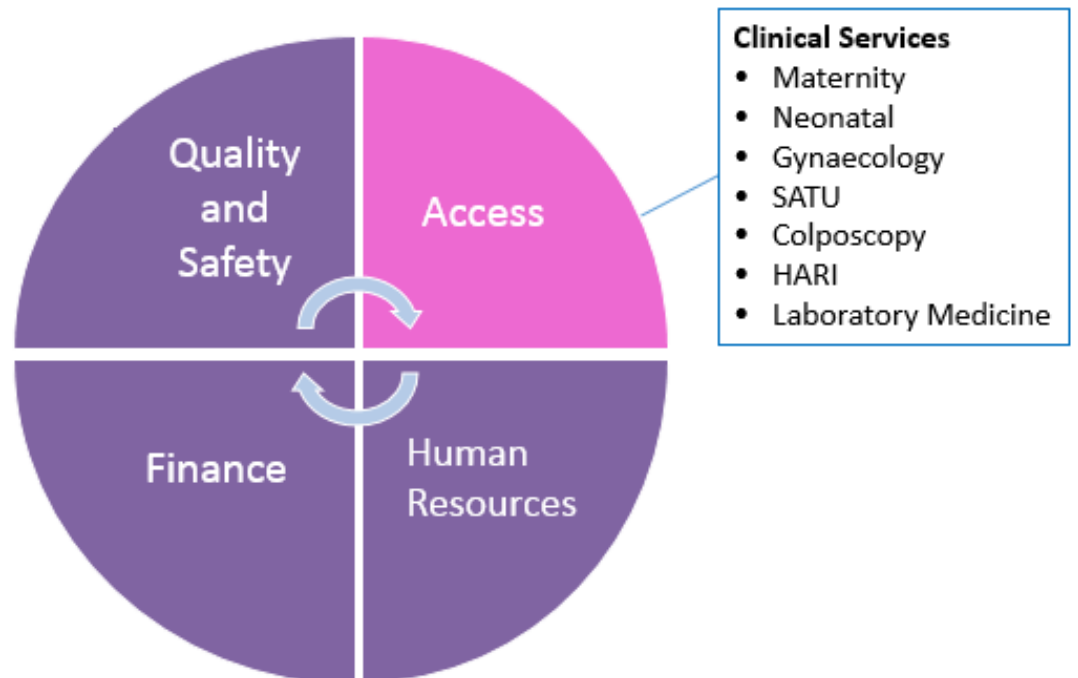
	2013	2014
Complaints received	188	108
• Written	102	78
• Verbal	86	30
• Solely clinical judgement	5	9
Complaints closed	144	121
• Written	70	83
• Written closed in less than 30 days	29	58

Pillars of Care

	Access	Dignity and respect	Safe and effective care	Communication and information	Participation	Privacy	Improve health	Accountability	
2013	73	7	85	121	2	4	2	0	294
2014	56	13	86	123	2	7	5	3	292

Priorities in relation to complaints management for 2015 include increasing the percentage of complaints responded to within a six-week timeframe, and maximising the learning from complaints in order to improve services and prevent incidents from reoccurring.

Access



Clinical Services

As the leading voluntary provider of maternity, neonatal, gynaecological and reproductive 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 2014.

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"> • OPD 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
Human Artificial Reproduction Ireland (HARI)	<ul style="list-style-type: none"> • The HARI unit provided treatment to patients on a non-publicly funded basis. The Rotunda Hospital funded approximately 10% of infertility treatment services from its own resources; the remaining 90% of infertility treatment services provided were paid for privately. • Manage HSE funding for cryopreservation for cancer patients.

Maternity Services

Almost 11,000 women registered for pregnancy care, with 8,787 women delivering 8,980 babies.

Births and antenatal registrations

Mothers delivered	Babies born	Registrations
8,787	8,980	10,967

The Rotunda Hospital has a high proportion of multiple births. This may be partly explained by the fact that the hospital is the only in-utero laser treatment centre in the country for babies who have twin-to-twin transfusion, a condition in which one twin gets more blood supply through the placenta than the other. If uncorrected, this can lead to one baby dying or being born significantly smaller than the other.

Births	2014
Singletons	8,598
Twins	365
Triplets	9
Quadruplets	8
Total	8,980

The methods of delivery are outlined in the table below:

Type of delivery	2014
Spontaneous vaginal delivery	51.38%
Forceps	3.85%
Ventouse	13.44%
Caesarean section	31.33%
Induction of labour	29.90%

Assessment and Emergency Unit

We encourage women to call 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.

Emergency presentations	2014
ER – Obstetrics	22,795
ER – Gynaecology	1,157
ER – Paediatrics (after 4pm)	333
Total presentations at Assessment and Emergency Unit	24,285

Outpatient Clinics

As well as the usual antenatal clinics held in community settings and in the hospital, numerous specialist clinics were available to women who had complex pregnancies, or who had other special requirements during their pregnancy. The high level of activity in the endocrinology clinics reflects the growing number of women who meet the criteria for diabetic surveillance under the guidelines for the management of pregestational and gestational diabetes mellitus from preconception to the postnatal period.

The Rotunda Hospital has a number of joint consultant appointments with acute hospitals for the management of specific conditions. Many of these links are with the Mater Misericordiae University Hospital, and include psychiatric services. It is particularly important to recognise and to manage mental health issues in pregnancy, so as to limit the effects of pregnancy on the mother, and in addition, to manage a mother's medication during pregnancy, so as to ensure optimal baby outcomes.

In May, a new antenatal community clinic was established in Darndale as a result of a partnership between the hospital and the 'Preparing for Life' project. The underlying principle of this project is to support intervention in pregnancy, parenting and the early years of life, in order to improve the development, health and educational outcomes of children in the area.

Specialist clinics	2014
Endocrinology	5,506
Gastroenterology	40
Haematology	702
Anaesthetics	499
Psychiatry	800
Nephrology	899
DOVE -Danger of Viral Exposure	251
Total specialist clinics attendances	8,697

The Rotunda Hospital's team of allied health professionals provides invaluable support to women, and also to other professional colleagues in managing pregnancy complications and co-morbidity.

Allied health professionals	2014
Medical social work	1,432
Physiotherapy	4,406
Antenatal classes	6,978
Dietetics	1,245
Total allied health professionals' attendances	14,061

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	2014
Ultrasound	16,950
Radiology	4,455
Fetal Assessment and Prenatal Diagnosis	3,824
EPU	4,005
Total diagnostic attendances	29,234

Neonatal

Neonatology is a specialty that has rapidly changed in the past 45 years. The care of babies weighing less than 1,500 grams is particularly specialised. These infants have completely different needs across all aspects of intensive care (ventilation, fluid balance, nutrition and infection control) compared with near-term infants and older children. Preterm infants need to be managed by appropriately trained medical and nursing staff. The survival of extremely preterm infants of 24 weeks gestation admitted to the unit over the past year was about 65%. This statistic compares well with rates of survival achieved in leading North American units.

The Neonatal Unit has 39 cots and is divided into three levels of care as follows:

Level 1: Babies born near term who require some specialist care and who cannot be supported at postnatal ward level, or babies who have been at a higher level of care and are preparing to be discharged.

Level 2: Babies born at greater than 32 weeks gestation, or babies who are recovering from more serious conditions.

Level 3: Babies born at less than 32 weeks gestation as well as babies who are born with critical illness, at all gestational ages. These babies require prompt and readily available access to a full range of neonatal medical sub-specialties. They may also require full respiratory support and advanced imaging services.

To improve outcomes for neonates born less than 26 weeks, and to allow mothers to be close to their babies, it is desirable that these infants are delivered in a maternity hospital with appropriate neonatal services. In July 2012, the Neonatal Network for Dublin North East was established to support this objective.

Activity

This was an exceptionally busy year for the Neonatal Unit staff. The total number of admissions to the unit was 1,439; it represented an increase for the third consecutive year, with an average occupancy rate of 81%.

In addition to overseeing the examination of all normal neonates, we provided specialist care for more than 800 babies on the postnatal wards. This enabled these babies to remain with their mothers while having treatment such as intravenous antibiotic therapy or phototherapy for jaundice.

Neonatal activity	2013	2014	2013/2014 +/- %
Neonatal admissions	1,323	1,439	8.77%
Public outpatient reviews	8,748	8,757	0.10%
Private clinics	528	790	49.62%
ER – after 4pm	394	333	-15.48%

Quality Initiatives

The Neonatal Unit continues to identify quality improvement plans to enhance The Rotunda Hospital's philosophy of a family-centred care approach. A neonatal dietitian was appointed towards the end of the year to complement the team of allied health professionals in the Neonatal Intensive Care Unit (NICU).

Parent Experience Survey

The first parent experience survey was completed in May. Aspects of care covered in the survey included the following: antenatal care; admission to the Neonatal Unit; staff in the Neonatal Unit; parents' involvement in their baby's care; environment and facilities; information and support for parents; transfer to another unit or hospital; discharge from the Neonatal Unit. Some of the main findings are identified in the table below.

	Yes, always or nearly always	Yes, sometimes
Did staff keep you up to date on your baby's condition?	76.6%	21.3%
Were you able to talk to staff in the unit about your worries and concerns?	81.3%	18.8%
Were you able to speak to a doctor about your baby as often as you wanted?	44.7%	42.6%
Overall, did staff treat you with respect and courtesy?	83.3%	16.7%
Overall, did you have confidence and trust in the staff caring for your baby?	93.8%	4.2%
If you wanted to breastfeed your baby, were you given enough support from the Neonatal Unit staff to do this?	68.1%	8.5%

National Neonatal Transport Programme (NNTP)

The National Neonatal Transport Programme (NNTP) is a retrieval service for the stabilisation and transportation of critically ill neonates who require transfer to tertiary centres nationally and abroad. The aim of the programme is to bring a level of care akin to that of a tertiary neonatal centre to the point of retrieval. The NNTP is serviced by clinical teams from the three Dublin maternity hospitals on a weekly rotational basis. In December 2013, the service hours were extended from 9am to 5pm to a 24-hour service. The success of this service extension is evidenced by the fact that the 546 transports carried out in 2014 represented 87% of the critical care neonatal transports in Ireland in the year.

The NNTP team from The Rotunda Hospital conducted 32% (174) of the transports; 105 of these were outside the greater Dublin area. The Rotunda Hospital received 44 infants transported by the NNTP; 28 were from non-tertiary neonatal centres and two were from adult hospitals. Fourteen were own hospital returns from paediatric hospitals. The Rotunda Hospital used the service to transfer out 57 infants – 45 of these were referrals to paediatric hospitals for surgical and cardiac management and 12 babies were returned to their original referring hospitals.

Gynaecology

In response to the increasing demand and waiting times for public outpatient consultation appointments and their subsequent inpatient treatments, The Rotunda Hospital Board entered into a Service Agreement with the Mater Private Hospital (MPH). This followed a pilot initiative commenced in 2013. All gynaecology referral letters to The Rotunda Hospital are now triaged, and if a woman's referral is deemed to be urgent, she is given an appointment in The Rotunda Hospital within the agreed national timeframe. All other appointments are placed on a waiting list, and referrals are made from this list to the MPH Initiative. In 2014, a total of 476 women were seen through this initiative, with 87 of those requiring day case treatment in the Mater Private Hospital.

An overview of gynaecology activity is presented in the table below.

Gynaecology	2013	2014	2013/2014 +/_%
Elective admissions	674	384	-43.03%
Non-elective admissions	271	304	12.18%
Total inpatients	945	688	-27.20%
Day cases	1,057	1,174	11.07%
TOTAL (inpatients and day cases)	2,002	1,862	-6.99%
**excludes Colposcopy			

Sexual Assault Treatment Unit (SATU)

Context

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

In 2014, the SATU at The Rotunda Hospital provided care for 286 men and women following rape or sexual assault, with an age profile ranging from 12 years to over 90 years. This 2014 figure represented a decrease of 24 patients (8%) from 2013. Men and women from 15 counties in Ireland attended The Rotunda Hospital SATU in 2014. 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 2014, 103 (36%) patients were seen between the hours of 9pm and 8.59am; this underpins the need for a round-the-clock service. Most patients (81%) presented to the SATU within seven 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 Hospital SATU remains a centre of excellence. The team's continued availability to provide holistic care to patients 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 The Rotunda Hospital SATU 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 were developed and implemented in 2014.
- In 2014, the SATU was relocated on The Rotunda Hospital site. It now comprises a large, bright unit with appropriate waiting areas and clinical infrastructure, as well as facilities for administrative support and document storage.

Service developments and quality initiatives in 2014

Patient experience questionnaire

In 2014, the team began to offer its patient experience questionnaire in electronic format to encourage feedback from as many hospital attendees as possible. Feedback was received from 40% of 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 and included comments about the quality of care they received, the quality of the facilities provided, and the relationship with the interdisciplinary team.

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

Some patients may not wish to report an incident of sexual crime to An Garda Síochána; however, they may still wish to seek medical treatment and supportive care. In 2014, 75 patients (26%) 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. We continue to seek funding for this through a range of funding streams, and are confident that this facility will be offered in 2015.

Health promotion

We provide a sexual assault risk reduction programme for second-level students in schools in the Dublin area. This has been delivered in a number of schools and the feedback has been extremely positive.

Inter-agency education

The service continues to maintain its involvement with inter-agency education and service development. SATU staff were involved in outreach education within emergency departments and general practice, mental health services, prison services, An Garda Síochána and the Dublin Rape Crisis Centre. The strong inter-agency links that have traditionally existed, particularly with An Garda Síochána, the Forensic Science Laboratory and the Dublin Rape Crisis Centre were maintained throughout 2014.

Colposcopy

Service Overview

Our Service Level Agreement with the National Cancer Screening Service (NCSS) was to see 1,500 new patients in 2014. During the year we saw 1,503 new patients and there were 3,424 return visits, giving a total of 4,927 patient visits (see Table 1). This represents a slight increase in activity compared to our 2013 figures. The number of return visits was also higher in comparison with previous years. We believe that this is in part due to the new HPV “test of cure” which was introduced in 2012. 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

	2010	2011	2012	2013	2014
New attendances	1,664	1,908	1,563	1,569	1,503
Return visits	2,568	2,769	3,159	3,325	3,424
Total	4,232	4,677	4,722	4,894	4,927

The 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 of the key administrative and clinical targets are shown in Tables 2 and 3.

Table 2 – Administrative standards

	Rotunda	Target
Proportion referred with HSIL ⁴ seen within four weeks	86%	>90%
Proportion referred with LSIL ⁵ seen within eight weeks	89%	>90%
Proportion of appointments that were unattended	14%	<15%

⁴ High-grade squamous intraepithelial lesion

⁵ Low grade squamous intraepithelial lesion

Table 3 – Clinical standards

	Rotunda	Target
Proportion of LLETZ ⁶ as outpatients	98%	>80%
Proportion of women with CIN ⁷ on histology		
LLETZ	96%	>85%
Biopsy	91%	>85%
Proportion of women treated at first visit with CIN		
on histology	95%	>90%
Proportion of women admitted as inpatients		
following LLETZ	0%	<2%

Quality Initiatives in 2014

The compliance with the Guidelines for Quality Assurance in Cervical Screening is monitored in a variety of ways as outlined below.

Clinical Audit

Audits completed in 2014 and certified by The Rotunda Hospital Clinical Audit Department include:

1. The incidence of HPV in LLETZ specimens
2. Audit of the first 12 months of nurse-led colposcopy clinics

MDT Meetings

Monthly multidisciplinary team (MDT) meetings are held.

Failsafe Reports

Failsafe reports are run daily and weekly on the Mediscan system. These reports ensure that the data are captured correctly for each visit. This data are returned to the NCSS on a regular basis.

Monthly Reports

A report on key performance indicators is returned to the NCSS each month.

NCSS Report

In November 2014, the NCSS Performance Evaluation Unit published a document titled *Cervical Check Colposcopy Services 2008-2013 – a comparative analysis*. Key performance indicators were evaluated and compared 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.

⁶ Large Loop Excision of the Transformation Zone

⁷ Cervical intraepithelial neoplasia

Service Developments in 2014

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. We plan to review and audit the outcome of our first 100 cold coagulation treatments when the data become available in mid-2015.

Nurse-led Clinics

Our nurse-led colposcopy clinics have gathered momentum over the last year. Three of the nurses are now trained to work independently as diagnostic colposcopists and run their own weekly 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

In 2014, the NCSS introduced changes in the management of women with low-grade smears and biopsies. If a diagnosis of low-grade disease is made, the woman is invited back to one of our smear clinics 12 months later for a smear and human papillomavirus test. The objective is to reduce the number of colposcopic examinations in women with low-grade disease and to reduce the risk of overtreatment.

HARI – The National Fertility Centre

HARI has been providing excellent care and leading-edge treatment since it first introduced assisted reproduction techniques (ARTs) in Ireland in 1989, and has earned an international reputation for:

- World-class success rates
- Individualised treatment plans
- Leading-edge laboratory practices and embryology
- Internationally recognised research and evidence-based medicine

The Rotunda Hospital Board engaged with a number of interested parties to sell the HARI business in 2014, so that these successes could be expanded. A sale was agreed with Virtus Health, Australia's largest IVF provider, in December 2014. Virtus Health is also the major shareholder of SIMS, and the two Irish clinics will now work closely together in providing IVF services in Ireland, while also sharing best practice and expertise with Virtus. For the next three years, The Rotunda Hospital will continue to ensure that some public patients are funded to avail of fertility treatment in the new Rotunda Hospital IVF centre.

Laboratory Medicine

Context

The role of the Department of Laboratory Medicine is to support clinical services in the hospital. The laboratory's high standards are reflected in its ongoing accreditation to International Organisation for Standardisation ISO 15189 and ISO 22870 requirements across all departments. We continuously seek opportunities to improve the care that we provide to our patients, responding to new challenges and developments, particularly in high-risk areas. We offer a 24/7 technical and clinical advisory service to our users.

Achievements

- We maintained accreditation across all disciplines; ensuring that all processes are compliant with the required standards and that these standards are continually maintained.⁸ In 2014, the laboratory was assessed against the newly issued ISO 15189:2012 standard. Of note was that The Rotunda Hospital was the first public hospital to achieve accreditation against this 2012 standard.
- A 'GeneXpert' PCR analyser was procured to enable rapid diagnosis of influenza and other dangerous microorganisms. A novel capillary electrophoresis instrument for rapid identification of haemoglobinopathies was also introduced.
- Point of care testing (POCT) was again assessed against ISO 22870. Accreditation was maintained. POCT is expanding across the hospital and, while this is clinically beneficial, it provides challenges to resources both within the laboratory and in the clinical areas.

Quality Initiatives

The maintenance of the laboratory quality management system requires a continuous active programme – with the help of an audit calendar to ensure compliance with the required standards. This is achieved through a variety of documented procedures with both testing, managerial and day-to-day running of the laboratory being systematically reviewed.

The laboratory team consults its users through user-satisfaction surveys and user-group meetings. In the final quarter of 2014, external users of the andrology services were surveyed on their satisfaction with the service provided and with the patient experience. The laboratory team also met with a number of 'in-house' user groups and these meetings enabled open and frank discussion on both sides.

Key performance indicators (KPIs) were set for 2014 and were monitored on an ongoing basis. Other quality initiatives undertaken during the year include:

- Lean project in histology and its subsequent refurbishment
- Installation and introduction of blood track
- Retain Rubella IgG and VZ IgG in house and validate these tests fully by seeking ISO15189 accreditation

⁸ISO 15189 2012 Medical Laboratories – Particular Requirements for Quality and Competence
EU Directive 2002/98/EC Article 14 (Traceability) and Article 15 (Notification of Serious Adverse Events and Reactions)
RCPATH Guidelines for the Retention and Storage of Pathological Records and Archives 2009
ISO 22870 Point of Care Testing (POCT) – Requirements for Quality and Competence
WHO Laboratory Manual for the Examination and Processing of Human Semen, 5th Edition
INAB Guidance and Mandatory Documents

- Implement the clinical audit on obtaining a venous blood sample in response to the WBIT (wrong blood in tube) trend detected by monitoring non conformances.

Service Developments

Plans were drawn up and signed off for the upgrade of the mortuary to prepare for the centralisation of the perinatal pathology service for the new RCSI Hospitals Group. It is our intention to be the lead partner in all aspects of maternal and neonatal laboratory medicine in the RCSI Hospitals Group and beyond.

Other service developments included the introduction of an electronic stock management system (Exact). This will allow us to prepare better financial reports and monitor the usage and costs of laboratory consumables. The next phase of this software will enable the laboratory to monitor the usage of laboratory consumables, such as point-of-care reagents, blood tubes and needles, outside the department. Haematology also completed the tendering process for an upgrade in its haemaglobinopathy testing technology.

Human Resources



Human Resources

Context

The Rotunda Hospital Human Resources Department provided a range of professional human resources services for medical, midwifery/nursing, allied health professional, management/administrative, and support services staff in 2014. The provision of highly trained, competent staff is key to the provision of all services in the hospital.

While 2014 was a productive year, it was also demanding, due to the continued high level of hospital activity, the need to manage within a decreasing whole-time equivalent (WTE) ceiling, a reduced financial allocation, and the implementation of the provisions of the Health Regulatory Authority (HRA).

Workforce planning

The Human Resources Department continued to proactively manage headcount throughout 2014 and, wherever possible, vacancies were filled through internal competitions and redeployment. In January 2014, the approved WTE ceiling was 708 WTEs. This was revised downward throughout the year to 679 WTEs in December 2014. The hospital was compliant with the HSE national absenteeism target of 3.5%, reflecting the overall commitment of staff to work in an environment of increasing activity.

The hospital also worked towards full compliance with the European Working Time Directive (EWTD) within all specialties, and this was assisted by the roll-out of an IT-based attendance and time management system (TMS). In addition to the foregoing, there were changes in the configuration of NCHD weekly/weekend rosters.

Service Development

In 2014 the Human Resources team were involved in three significant IT-based projects. Two were undertaken in collaboration with the Finance Department. The first project introduced the concept of **Employee Self Service**, which provides convenient on-demand access to all pay information. This service improves efficiency, and endorses empowerment, whereby employees can self-serve, any time, any day.

The second project initiated was the **Time Management System**, a software package which enables the capturing of NCHD time more efficiently in relation to the Working Time Act 1997. It involves the recording of clocking in and out times and providing real time records for hours worked by NCHDs.

The Health Information and Quality Authority (HIQA) National Standards for Safer Better Healthcare requires the implementation of a staff training management system which includes training for scheduling and attendance recording. The Rotunda Hospital procured a training management module to complement the Q-Pulse record management system already in existence. Our Human Resources staff worked in collaboration with other relevant stakeholders to ensure that this system was fully implemented. This is of great benefit to the organisation, as all users are able to access training records, view outstanding training requirements, and also view training requirements for the year ahead.

Activities

Haddington Road Agreement

The parameters of the **Haddington Road Agreement (HRA)** were implemented. A review of work practices and structures continued across all departments hospital wide with the aim of achieving reductions in non-fixed elements of pay. Value for money initiatives were also undertaken to increase efficiencies and improve services. In addition, work continued on the analysis of staff skill set and activity levels to ensure continuous improvement and the provision of a seamless service to our service users.

Employee development

Human performance is a considerable element of the total value delivered by our employees and is a critical factor in the provision of quality services to our patients. A wide range of training programmes were undertaken in 2014 to fulfil corporate and professional educational and developmental needs, and 5,230 training records were recorded.

Some of the training and development opportunities provided included:

- Attendance management
- Computer training – Microsoft Word and Excel
- Discipline handling
- Grievance handling
- Pre-retirement planning course
- RCSI/Rotunda Hospital Leadership Programme
- Supervisory development

Employee engagement

An employee communication survey was undertaken in October 2014. The survey identified a number of areas where the hospital could improve its communication with employees. The Human Resources Department worked on prioritising issues and recommendations. A working group will be set up in 2015 to initiate projects to address issues referenced in the survey.

Finance



Finance

Context

The primary focus of the Finance Department is to support the critical clinical care of The Rotunda Hospital. Our initial budget allocation in 2014 presented a major challenge; we received a considerable reduction in funding to maintain our existing level of services. Our financial allocation was cut by (€2.3 million) – a 5% reduction in allocation from 2013. Achieving financial breakeven in 2014 – and meeting our financial obligations to employees and other stakeholders while ensuring that there was no adverse patient impact – posed a significant challenge for The Rotunda Hospital.

Year	2012	2013	2014
Financial allocation (€'000)	43,647	45,351	43,051

This financial allocation does not correlate to current service activity or make allowances for any service developments. Additionally, increasing complexity and acuity of mothers delivering, as well as increasing gynaecology waiting lists, posed a further challenge to The Rotunda Hospital in providing ongoing safe services within its initial budget allocation. Actual activity of mothers delivered reduced by 2% from 2012-2013, and initial predictions were that there would be increased delivery rates in 2014.

Cash flow

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

The finance team, in collaboration with other departments, proactively sought and actioned cost reductions, containment and deferred expenditure in 2014. Value for money initiatives were supported by the finance team, and the measures implemented achieved cost savings and helped us to maintain high standards of care and services.

Payroll and superannuation

All measures from the Haddington Road Agreement were implemented and significant pay savings were achieved. Variable pay costs, such as agency and overtime, were contained in 2014 despite reduced substantive resourcing and increased demands on service. All superannuation obligations to hospital employees and pensioners were met in 2014. A challenge for The Rotunda Hospital is the ongoing shortfall in the Voluntary Health Care Superannuation Scheme, which needs to be addressed by funding from the Department of Health/HSE.

Creditors

€13.652 million non-pay expenditure was processed through creditors in 2014. Despite reduced funding and major cash constraints in 2014, we fulfilled all obligations to our suppliers under the Prompt Payments Act.

Patient accounts/cash office

The Health Act Amendment (2013) was enacted in 2014. This has implications for the way hospitals can generate income from insured patients. From 1 January 2014, public hospitals can legitimately recharge private medical insurers for accommodation charges for any inpatient or day service provided to their members. The legislative change did not accrue significant change in insured income generation for The Rotunda Hospital in 2014, and income remained on par with 2013.

However, the legislative change has resulted in private medical insurers challenging the legislation and they are currently refusing to pay for legitimate charges raised in 2014. This is reflected in the major increase in debtor days from 85.58 days in 2013 to 167 days at year end 2014 (i.e. a 95% increase). This impacts adversely on cash flow and is a high-risk financial issue for the hospital.

An E-Claims Insured Claims Systems was implemented successfully in Patient Accounts in 2014 (Claim Sure). Claim Sure allows us to expedite the insurance claims process and has increased reporting functionality.

Procurement

The Procurement Department worked collaboratively with the Hospital Procurement Services Group and Health Business Service in the HSE to initiate cost reduction and non-pay savings in 2014. There were no contracts greater than €25,000 awarded in 2014 and therefore no requirement for a Public Procurement Tender process.

Activity-based funding/patient-level costing

The Rotunda Hospital was the only Dublin maternity hospital continuing to participate in the 2013 gap analysis study on patient-level costing (PLC). The hospital successfully collated, compiled, and returned all activity and financial data for 2014 to the study's project managers. Reported results from the 2013 PLC study have shown that The Rotunda Hospital is a financially lean organisation, but that it is underfunded by approximately €9 million for inpatient and day services.

Budgetary management

In parallel with cost containment and value for money initiatives, extensive negotiations have been held throughout 2014 with our funding bodies, including the HSE, the National Cancer Control Programme and the Primary Care Reimbursement Service (PCRS), in order to bridge the initial funding shortfall.

A supplementary budget allocation was negotiated in Quarter 4 2014 and this – combined with cost containment measures – was instrumental in achieving virtual financial breakeven in 2014.

Actual expenditure (€'000)	Budget (€'000)	Variance (€'000)	% Variance
45,089	44,987	(102)	(0.23%)

Internal audit

In keeping with The Rotunda Hospital's three-year internal audit programme 2014-2016, the following audits were completed:

1. Risk management
2. Fixed asset register
3. Pay-catering overtime
4. Pharmacy-PCRS reimbursement

All internal audit reports signified medium or low-risk findings, and recommendations from reports have either been implemented, or are work in progress.

Financial statements 2014

The external auditors of The Rotunda Hospital are Deloitte Ireland. Proper accounting records which disclose the financial position of The Rotunda Hospital have been kept. They comply with accounting standards laid down by the Minister for Health. The Financial Statements give a true and fair view of the state of the affairs of The Rotunda Hospital at 31 December 2014, and have been certified by our external auditors.

THE ROTUNDA HOSPITAL, DUBLIN
NON-CAPITAL INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31 DECEMBER 2014

	<i>Note</i>	2014	2013
		€'000	€'000
CUMULATIVE NON-CAPITAL DEFICIT BROUGHT FORWARD FROM PREVIOUS YEAR		80	1,035
PAY			
Salaries	<i>1</i>	46,535	46,691
Superannuation and gratuities	<i>1</i>	3,394	3,636
		49,929	50,327
NON-PAY			
Direct patient care	<i>1</i>	5,679	5,126
Support services	<i>1</i>	4,858	4,977
Financial and administrative	<i>1</i>	3,485	3,430
		14,022	13,533
GROSS EXPENDITURE FOR THE YEAR		64,031	64,895
Income	<i>1</i>	(18,862)	(19,464)
NET EXPENDITURE FOR THE YEAR (including prior year deficit)		45,169	45,431
Determination – HSE notified for the year		(44,987)	(45,351)
DEFICIT FOR THE YEAR CARRIED FORWARD TO FOLLOWING YEAR		182	80

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 2014 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 2014

	<i>Note</i>	2014	2013
		€'000	€'000
CAPITAL INCOME SOURCES			
HSE – Capital grant	11	(1,531)	(1,381)
HSE – Charge on non-capital income and expenditure account	12	(174)	(201)
Other grants		-	-
TOTAL CAPITAL INCOME		(1,705)	(1,582)
CAPITAL EXPENDITURE: CAPITALISED			
Buildings	13	281	-
Equipment	13	655	702
CAPITAL EXPENDITURE: CAPITALISED		936	702
Increase in deferred capital expenditure		769	880
TOTAL CAPITAL EXPENDITURE		1,705	1,582
Opening (surplus)/deficit from previous year		-	-
CLOSING (SURPLUS)/DEFICIT CARRIED FORWARD TO FOLLOWING YEAR		-	-

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 2014 have been included in the Income and Expenditure Account.

BALANCE SHEET

AS AT 31 DECEMBER 2014

	<i>Note</i>	2014	2013
		€'000	€'000
FIXED ASSETS			
Tangible assets	13	81,177	83,099
		81,177	83,099
CURRENT ASSETS			
Debtors	14	9,983	9,809
Stocks	15	362	397
Bank and cash		-	-
		10,345	10,206
CREDITORS: (Amounts falling due within one year)			
Creditors	16	(9,053)	(8,498)
Bank overdraft	17	(1,101)	(1,415)
		(10,154)	(9,913)
NET CURRENT ASSETS		191	293
TOTAL ASSETS LESS CURRENT LIABILITIES		81,368	83,392

CREDITORS: (Amounts falling due after more than one year)

	16	(373)	(373)
NET ASSETS		80,995	83,019
CAPITAL AND RESERVES			
Non-capital income and expenditure account		(182)	(80)
Capitalisation account	18	81,177	83,099
		80,995	83,019

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 issued by the Department of Health, and were approved by the Board of Governors at its June meeting.

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

Venerable Gordon Linney

Professor Patricia Walsh

Dr Melissa Webb

Board of Governors:

*The Lord Mayor of Dublin

*His Grace The Lord Archbishop of all Armagh

*His Grace, The Archbishop of Dublin

*The Dean of St. Patrick's

*The Archdeacon of Dublin

*Dublin City Council (Cllr. Teresa Keegan from September 2014)

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

Dr Mary Henry

Mr Michael Horgan (Chairman of the General Purposes Committee)

Mrs Nuala Johnson

Ms Noreen Kearney

Professor Tom Matthews

Dr Peter McKenna

Mr Richard Nesbitt

Ms Kristina Odlum

Mr Ian Roberts

Ms Rebecca Ann Ryan (from September 2014)

Dr Anne Marie Waldron

*Ex-Officio Governor

Appendix 2 – Clinical Audits registered during 2014

Speciality	Title of audit	Audit type
Administration	Audit of iPMS Healthcare Record locations V Physical location	Continuous
Administration	Internal Audit Support Services – Various	Continuous
Administration	Prospective Audit of quality of general Gynaecology OPD referral letters	Re-audit
Anaesthetics	Obstetric Anaesthesia Workforce: A quality improvement audit	First audit
Anaesthetics	Auditing Theatre nursing/midwifery practice in relation to setting up an arterial / CVP line transducer giving set.	First audit
Anaesthetics	Audit of Uterine Ablation Therapy Day Case Discharges at Rotunda Hospital	First audit
Anaesthetics	Timing of administration of post-partum thromboprophylaxis in relation to neuraxial blockade	First audit
Clinical nutrition	Patients diagnosed with GDM attending group diet and lifestyle education sessions and clinical postnatal outcomes.	First audit
Gynaecology	To assess the accuracy of colposcopy-directed punch biopsy and small, low-voltage loop biopsy in the detection of cervical intraepithelial neoplasia (CIN).	First audit
Gynaecology	Use of methotrexate (MTX) in the management if ectopic pregnancy	Re-audit
Health and safety	Health and safety audits	Continuous
Infection control	C-section wound infection surveillance	Continuous
Infection control	Audit to determine if empirical antimicrobial treatment regimen for chorioamnionitis is adequate	First audit
Laboratory medicine	Observational audits for obtaining venous blood samples	Continuous
Laboratory medicine	Audit of Chorionic Villous Sampling and procedure related outcomes (2013)	First audit
Laboratory medicine	Turnaround time for provision of red cells during a major haemorrhage	First audit
Laboratory medicine	Re-audit of completeness of laboratory request forms	Re-audit
Mental health	Audit of the process and documentation in healthcare records for referral, review and follow-up for patients attending the Mental Health Support team	First audit
Mental health	Re-audit of the completion of the Edinburgh Postnatal Depression Scale (EPDS) on discharge	Re-audit
Mental health	Re-audit of the completion of Edinburgh Postnatal Depression EPDS scale on discharge	Re-audit
Neonatology – Medical	Do newborn infants receiving septic screen and IV antibiotics in rotunda meet internationally recognised risk stratification standards for early onset sepsis?	First audit
Neonatology – Medical	Neonatal respiratory morbidity associated with early term and term deliveries	First audit
Neonatology – Medical	Audit of Documentation - Stick It, Write It, Sign It, Stamp It	First audit
Neonatology – Medical	National Comparative Audit of the use of Red Cells in Neonates in 2011 across 3 Tertiary Maternity Units in Dublin.	First audit
Neonatology – Medical	Documentation in the NICU – is it adequate?	First audit
Neonatology – Medical	Admission rates to NICU after delivery at gestations (34 – 36+6 weeks)	First audit
Neonatology – Medical	Prolonged neonatal jaundice: what are we doing and are we complying with standards?	First audit
Neonatology – Medical	Audit of nursing and medical staff attitudes towards physiotherapy guided positioning of premature infants	First audit
Neonatology - Medical	Assessment of the number of extubation attempts in ventilated neonates <1500g weight.	Re-audit
Neonatology – Medical	Re-audit of Attendances to the Paediatric Out-Patient Department – Are babies under 6 weeks old presenting to the appropriate services.	Re-audit
Neonatology – Medical	Audit of practices of breastfeeding in neonates on postnatal wards	Re-audit
Neonatology – Medical	Evaluation of compliance with neonatal septic screening guidelines	Re-audit
Neonatology - Medical	A two-year Audit of Maintaining Target Temperatures with Therapeutic Hypothermia	Re-audit
Neonatology – Medical	Clinical indication and diagnostic outcomes of Newcastle workups in neonates	Re-audit
Neonatology – Medical	Documentation: Stick it, Write it, Sign it, Stamp it	Re-audit
Neonatology – Nursing	Vermont Oxford Network (VON) Quality Audits - Neonatal Abstinence Syndrome 2014	Continuous

Neonatology – Nursing	Neonatal Golden Hour	First audit
Nursing/Midwifery	Adherence to NICE guideline “peri operative prevention of hypothermia”	First audit
Nursing/Midwifery	Audit of CMT Community Midwifery postnatal discharges	First audit
Nursing/Midwifery	Inadvertent Intraoperative Hypothermia (IPH) Audit	First audit
Nursing/Midwifery	Audit of compliance with Day Assessment Unit Care Pathways	First audit
Nursing/Midwifery	Audit of “Add-On” Ultrasound requests to FAU	First audit
Nursing/Midwifery	Audit of nurse led colposcopy clinic – HPV testing in the management of women with low-grade abnormalities at colposcopy	First audit
Nursing/Midwifery	Audit of staff compliance on the use of LacSure.	First audit
Nursing/Midwifery	Premature Rupture of Membranes and its management	Re-audit
Nursing/Midwifery	Audit of use of SBAR communication tool in midwifery kardex or maternity chart documentation	Re-audit
Nursing/Midwifery	Early skin to skin contact in delivery suite	Re-audit
Obstetrics	Audit of Inpatient Medical Follow-up of Patients with Intrapartum Complications	First audit
Obstetrics	Prenatal Diagnosis of Duct Dependant Congenital Heart Lesions	First audit
Obstetrics	Magnesium Sulphate administration for Fetal Neuroprotection	First audit
Obstetrics	To assess the completeness of documentation regarding shoulder dystocia in the maternity chart	First audit
Obstetrics	To assess adherence to guidelines on oxytocin use on the labour ward	First audit
Obstetrics	Corticosteroids in Elective Caesarean Section before 38+6/40	First audit
Obstetrics	How effective are we at managing post-operative pain in our hospital?	First audit
Obstetrics	Audit of Gestational Diabetes Service	First audit
Obstetrics	Indications for MRI requests from The Rotunda hospital to Mater Radiology unit	First audit
Obstetrics	Review of postpartum haemorrhage associated with caesarean section at full dilatation	First audit
Obstetrics	Audit of decision to delivery time for cord prolapsed cases	First audit
Obstetrics	The diagnosis of missed miscarriage in the Early Pregnancy Assessment Unit in The Rotunda Hospital between 1/11/2013 and 30/11/2013	Re-audit
Obstetrics	Re-audit of compliance with Guidelines for Management of Third Degree Perineal Tears	Re-audit
Obstetrics	Pyrexia in labour: management and outcome	Re-audit
Obstetrics	An audit of compliance at first antenatal booking visit with national obesity in pregnancy guideline, Rotunda obesity guideline and antenatal booking visit guideline.	Re-audit
Obstetrics	Re-audit of early pregnancy unit (EPAU) referrals	Re-audit
Obstetrics	The diagnosis of missed miscarriage in Early Pregnancy Assessment Unit in The Rotunda Hospital between 01/09/2014 and 30/09/2014	Re-audit
Obstetrics	Clinical management of stillbirth >= 24 weeks	Re-audit
Pharmacy	Postnatal pain relief	First audit
Physiotherapy	Re-audit of urinary retention January 2014 to July 2014	Re-audit
Radiology	Radiation issues	Continuous
SATU	STI screening uptake in SATU patients	First audit
SATU	Re-audit of attendance rates following referral from SATU to Infectious Diseases Clinic for HIV prophylactic treatment, and completion of follow-up treatment.	Re-audit