



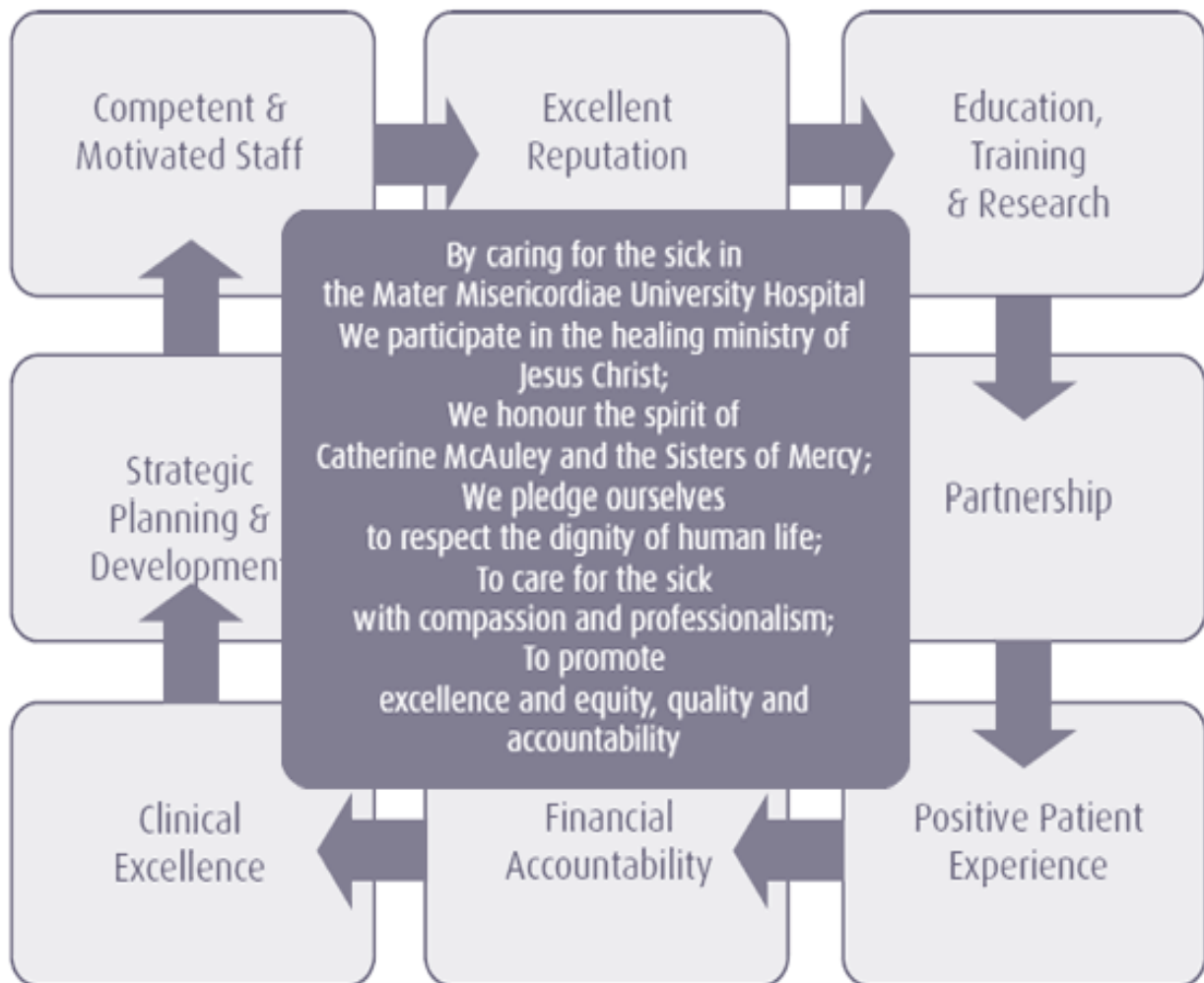
2012

Annual report

Mission Statement

The Venerable Catherine McAuley founded the Congregation of the Sisters of Mercy in 1831. The visitation of the sick poor in their homes was one of the characteristic works of the Sisters from the beginning. Catherine McAuley's aspiration to establish a hospital became a reality when the Mater Misericordiae Hospital officially opened on September 24th 1861. Today, the Mater Misericordiae University Hospital continues in its healing ministry to the sick, regardless of class, creed, or nationality.

The Hospital's Vision, Mission and Ethos are enshrined in the Hospital's Mission Statement.



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Executive Statements

CHAIRMAN

Mr John B. Morgan



The highlight of the year comprised the first phase opening of our new hospital development with the visit of Dr James Reilly TD, for the formal ceremony on 27th April 2012. Containing state-of-the art facilities including 12 new operating theatres, 120 one-bed en-suite rooms, new emergency and outpatients' departments and a 444-space underground car park it will be, on its final completion, the most eco-friendly and most technologically driven hospital in the country. We are particularly pleased that the new emergency and outpatients' departments will now be appropriately sized and provide much improved privacy, dignity and comfort for our patients.

In May, in partnership with Temple Street and the Rotunda hospitals we launched a campaign to retain the National Paediatric Hospital on the site donated on the Mater campus following the refusal of An Bord Pleanála of the original paediatric hospital design and the establishment by government of a review group to consider its future development. This intensive campaign was unsuccessful and the loss of the National Paediatric hospital to the Mater site was a major blow to all of us. It was also very difficult for us to understand. Given the total process which commenced in 2006 when our site was selected by a joint Health Service Executive (HSE) and Department of Health task force and further ratified by an independent and international group in 2011, that it comprised the only site which would offer true tri-location with adult acute and maternity facilities, that it could be constructed more quickly and at less cost than an alternative, and the manner in which our new adult hospital has been constructed, to accommodate floor by floor back to back departments with a new paediatric hospital, the decision was very hard to fathom.

In July I led a delegation of senior executives from the hospital in a meeting with Professor John Higgins, Chairman of the Strategic Group set up by the Minister for Health on "The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts". Professor Higgins was attended by his appointed project team. This process is still ongoing as we report for the year but the findings and recommendations of this initiative, when considered by government, are bound to have very significant impact, particularly on the delivery of clinical care throughout our national healthcare system.

In keeping with our pursuit of excellence in all facets of patient care it was most gratifying to have three of our hospital projects shortlisted in the Irish Healthcare Awards 2012 as sponsored by the Irish Medical Times. At the awards ceremony we won the prestigious title of Hospice Friendly Hospital of the Year (HfH). The Synge interim care unit won best "Nursing Project of the Year". Our pharmacy team received a commendation for the successful implementation of an innovative and bespoke e-learning package in the "Use of Information Technology" category. All involved in these particular projects merit our praise and sincere thanks, recognising also the commitment and outstanding work involved.

No commentary on the year would be complete without addressing the severe underfunding of our activities. Our revenue allocation for 2012 was finalised at €198.34 million compared with a budget allocation in the previous year (2011) of €213.6 million – a year-on-year reduction exceeding €15m. After negotiation, to date the deficit has exceeded €11 million for the year despite collaborating fully with the HSE in the delivery of increased activities year-on-year. This is a matter of grave concern for the board and is the subject of intense activity between management and HSE in order that these matters may be fully addressed and solved.

The board lost a most valued colleague and friend when Kevin Murphy died on 4 March, RIP. The quality of his contributions to our discussions was invariably superb and he is missed by all.

In March, following medical executive elections, we welcomed Professor Brendan Kinsley the incoming Chairman of the Medical Board as a director.

Executive Statements

I wish to thank all the directors for their loyal support and commitment in guiding the affairs of the hospital in yet another year which produced some difficult circumstances.

On 31 December 2012 Brian Conlan retired as CEO of the hospital following a span of 19 years of committed, dedicated and loyal service. He was a valued colleague at all times. It is rare to find in someone the consistency of professionalism and reliability Brian brought to his work, day in and out, at his level of operation. We are immensely grateful to him for this and wish him every sincere good wish for the future.

Ms Mary Day has been appointed as interim CEO. We warmly welcome her to this role and to the leadership she will bring to our operations.

I wish to thank all our staff for their dedicated care for all our patients and their commitment at all levels, to the hospital and its Mission.

We expect that Professor Higgins' report relating to the establishment of hospital groups will be revealed in the early part of next year. This will have a fundamental impact on the configuration around the delivery of acute healthcare in the state. Clearly, it will impact on the hospital and on DAMC together with our alliance with St Vincent's Healthcare Group.

Indeed, it is also likely to impact perhaps on other long-standing relationships we enjoy within the hospital sector. Clearly that development is likely to substantially shape the course and direction of future activity and hospital policy. The board look forward to engaging with these matters as circumstances evolve.

Executive Statements

CHIEF EXECUTIVE

Mr Brian Conlan



Since our last annual report and the official launch of our state-of-the-art, Whitty building, last April, a number of public areas have opened and departments relocated. This new build is a perfect environment for the continued delivery of top class care to our patients provided by the best professionals in the business.

This year has been very challenging to date with a severe financial cut in 2012 equating to a 20% reduction on our 2008 allocation. In addition, over the same period our service levels have increased in some areas by 10%.

This annual report includes inspiring and encouraging updates highlighting the hard work and continuous dedication of Mater staff. In October, our annual Contemporary Issues Symposium, which was very well attended by a cross-section of staff, was deemed a resounding success. An address from Jimmy McGuinness, manager of All - Ireland winners Donegal, was an added bonus to an already innovative and informative programme. Congratulations to Dr Phelan, Regina Prenderville and organisers for hosting an event of this calibre.

In November, three Mater projects were shortlisted in the Irish Healthcare Awards 2012 (sponsored by the Irish Medical Times). At the awards ceremony, on Thursday 1st November, we won the prestigious title of Hospice Friendly Hospital of the Year for our Hospice Friendly Hospitals' programme. This award is a tribute to the hard work and commitment all staff play in improving end-of-life care for patients and families that attend our hospital. Congratulations and well done to Diarmuid Ó Coimín, End-of-Life Care Co-ordinator, Úna Marren, Deputy Director of Nursing and staff. The Syngé interim care unit won best 'Nursing Project of the Year'. This award recognises our provision of quality patient care away from the acute hospital setting and acknowledges the energy, hard work and dedication of Ciara Dowling CNM2 and the whole team. Professor Ciaran Meegan, Head of Pharmacy and his team received a commendation for the successful implementation of an innovative and bespoke e-learning package in the 'Use of Information Technology' category; recognising the exceptional work undertaken by this department in the ongoing provision of quality care to patients. Such accolades recognise and celebrate outstanding work and highlight once again that an environment of innovation prevails in our hospital.

The loss of the National Paediatric Hospital to the Mater site came as a major blow to the organisation and was extremely difficult to understand, given that the Mater site was originally selected in 2006 by the joint HSE / Department of Health task force (11 members) and that selection was ratified by another independent international group of hospital CEOs and senior clinicians in 2011.

Regarding the Dublin Academic Medical Centre (DAMC), we continue to proactively progress through the second phase of its development. Currently, the reshaping of the project management structure is underway. A single governance and operational structure that is DAMC (across the two hospital sites) serves to only strengthen our position as voluntary hospitals. This joint arrangement gives us increased security into the future. Hence we remain fully committed to the success of this project and your full support is appreciated, as always.

Executive Statements

DIRECTOR OF MISSION EFFECTIVENESS

Sr Margherita Rock



The Mater's mission statement affirms the dignity and uniqueness of each person, fosters holistic healing for our patients and seeks to provide an environment of recognition, care and support for all our staff. In 2012, the aim of the mission effectiveness programme was mainly to support our staff in the midst of financial constraints and reduced staffing levels. To this end, a number of mission-related initiatives undertaken by staff were sponsored. Included were a number of lunchtime talks which focused on such policies as "Trust in Care" and "Dignity at Work".

Brief Summary of 2012 Activities

During the year, it was a pleasure to be involved in organising events to mark the transfer of a number of departments to the new Whitty wing. This involved preparation of prayer services, Blessing of Hands and the presentation of commemorative certificates of appreciation to the staff.

Mission Awareness Week 2012 included an all-day conference on "Ethical Issues In Healthcare"; the annual Mercy Day Mass of Thanksgiving and the annual "Good Cup of Tea" event which raised €1,500.00 for Mercy ministries worldwide. Our thanks are due to Anita Brennan and the catering department for hosting this event and to the staff who contributed so generously.

Throughout the year, we appreciated opportunities to engage with and support the Hospice Friendly Hospitals' Programme and the work of our End-of-Life Care Co-ordinator, Diarmuid Ó Coimin.

In conclusion, I would like to thank all our staff who endeavour to maintain the ethos of the Mater and ensure that it continues to be a hospital where compassion and kindness as well as professionalism are integral to all we do for the benefit of our patients and their families.

New Initiatives / Service Developments

Discussion has commenced with regard to topics and speakers for our annual conference on "Caring: Returning to the Heart of Healthcare" in May 2013.

Executive Statements

DIRECTOR OF NURSING / HEAD OF OPERATIONS

Ms Mary Day



2012 was a demanding but stimulating time that required critical thinking, resilience and creativity on the part of our staff, who stand at the forefront of the significant changes facing our healthcare system. The quality and adaptability of our clinical and non-clinical managers is paramount in supporting the hospital to meet future challenges. However, staff continue to receive acclaim for initiatives such as the Synge interim care unit and the Hospice Friendly Hospital Programme, both of which have received Irish Medical Times awards this year.

The formation of a rapid response multidisciplinary team, developed to enable rapid decision-making and focused discharge-planning, is another new initiative which is proving very effective and has secured an additional year's funding to continue its operation.

I was delighted to welcome Suzanne Roy to the new appointment of Deputy Operations Manager. Suzanne plays a key strategic role in the delivery of our operational performance objectives. The outpatients' nine-month waiting list target reduced from 6,000 to 70, thanks to her commendable effort and that of the waiting list team and surgical consultants. This is a significant achievement for our hospital.

During 2012 we continued to work closely with the Special Delivery Unit (SDU) to improve processes within our unscheduled care pathway. Both the implementation of the Acute Medicine Programme and the Older Persons Clinical Care Programme commenced in 2012 in order to improve processes within the unscheduled care pathway.

A significant amount of preparatory work was carried out as part of our Soft Landing initiative with Mater Campus Hospital Development (MCHD) to ensure a smooth transfer of services and departments to our new facility.

Suites of clinical professional development programmes, some of which have been a first in the country (*e.g. cardiothoracic transplantation nursing, intensive care nursing, diabetes nursing, endoscopy nursing, cardiology nursing and nursing the acute care medical patient*) were implemented. Accreditation for a further five years was confirmed for our undergraduate programme following a successful An Bord Altranais site visit.

In 2012 we also rolled out our nursing metrics/key performance indicators in mid-November, reconfigured our service to provide a tissue viability nurse, completed a HfH nursing practice development programme in conjunction with the End-of-Life Care Co-ordinator and completed another successful CNM2 leadership programme.

This year witnessed the beginning of our Lean Six Sigma programme as part of the hospital's process for change management.

Finally, I would like to thank Brian for his leadership over the last seven and a half years. This is a transformational period for the hospital and as we are poised to enter our next dynamic phase, I am excited at the prospect of assuming the CEO mantle and collaborating with our superb management team to help the Mater take full advantage of opportunities and surmount any difficulties facing us in 2013.

Executive Statements

CLINICAL DIRECTOR

Prof Conor J O'Keane



In early 2012 reconfiguration of the management structures saw three areas (patient services, risk management and quality) realigned under the governance of the office of the clinical director. It is our focus to continue to drive quality within the hospital through promoting and supporting a safe, efficient and effective patient-focused service. In June 2012, HIQA's National Standards For Safer Better Healthcare were launched. Healthcare delivery has become more complex and implementation of these standards will only serve to enhance our capabilities to maintain a quality focus leading to safer and effective patient care. The planning, self-assessment and implementation will be a key focus for 2013.

Effective risk management underpins healthcare quality management activity and can result in better patient care, improved public perception and confidence, reduction in errors, reduction in staff turnover, fewer complaints, improved reputation, a more open culture, a more proactive approach to managing risk, systematic identification of organisational weaknesses, improved communication with stakeholders, improved performance and effectiveness, reduced likelihood of unexpected events, better decision making at all levels and improved project management.

Brief Summary of 2012 Activities

- ❑ Embedding the clinical director role and function within the organisation.
- ❑ Continuous self-assessment against HIQA National Standards across a range of areas.
- ❑ Promoting Lean Six Sigma as a hospital wide process improvement system.
- ❑ Development and implementation of Q-Pulse Client Module for the recording and management of patient feedback.
- ❑ Feedback aligned to the National Patient Charter under the following categories, Access, Dignity and Respect, Safe and Effective Services, Communication and Information, Participation, Privacy, Improving Health and Accountability.

Performance and Clinical Governance Framework

With the establishment of the lead clinical director role, major effort in 2012 was direct support of the CEO in preparation for the roll-out of clinical directorates across the hospital.

The major focus in clinical governance was support in roll-out of the national clinical programmes at the Mater Hospital. In line with national initiatives the initial priority was the acute medicine programme/unscheduled care.

Significant progress was accomplished in aligning requirements of the acute medicine programme with structures and governance function within the hospital. Considerable discussion was held between management of the hospital and numerous governance agencies, specifically, the Special Delivery Unit (SDU) and senior management in area and region HSE, for the purpose of identifying appropriate key performance indicators around unscheduled care acute medicine.

The other major focus of change management clinical governance was in surgery with the initiation of the National Productive Theatre Programme (TPOT).

Many other clinical programmes were also initiated and supported through the clinical director's office throughout 2012.

About Us

The Mater Hospital opened on 24th September 1861. It was founded by the Sisters of Mercy and in many ways reflects the wish of Venerable Catherine McAuley that they should build a hospital of their own where the only criterion for admission would be that the person was sick. The plans were for a 500 bed hospital and as such it would be Ireland's largest hospital for many years. The second priority was that of education, starting in 1861 with medical education and a link with the medical school in Cecilia Street. In 1891 a school of nursing was opened and more recently a school of physiotherapy, all of which are now associated with University College Dublin.

Research was always an important aspect of staff development and patient care. The 'seeds' of this hospital developmental aspect is evident from the very beginning. It reached national attention when the first cardiac surgery was performed in 1953. In 1985 the first heart transplant took place and in 2005 the first lung transplant was performed, followed by a double lung transplant in 2006. The list of successful new developments in other specialties is long but has sustained the reputation of the staff and the hospital over the years.

During the years of "the Troubles" the Mater featured in many ways, always there to care for the sick and injured. In 1972 the Mater came to public attention when an attempt was made to steal IRA Chief Seán Mac Stiofáin from a ward and a gun battle ensued! It also featured, and is remembered for the care of the victims of the Stardust fire disaster 1981. However, the everyday care of the sick and injured in the emergency department and the wards must always be admired.

Sr. Eugene Nolan RSM

About Us

DIRECTORS OF MMUH 2012

Appointed / Resigned 2012

Mr John Morgan	(Chairperson)
Mr Brian Conlan	(Resigned 31 st December 2012)
Ms Mary Day	
Ms Caroline Pigott	
Sr Margherita Rock	
Prof Conor O'Keane	
Dr Brendan Kinsley	
Mr Eamon Clarke	
Mr Martin Cowley	
Ms Nuala Healy	
Fr Kevin Doran	
Mr Don Mahony	
Sr Eugene Nolan	
Prof Bill Powderly	(Resigned 19 th December 2012)
Dr Mary C Burke	
Mr Kevin Murphy	(Resigned 5 th March 2012)
Mr Thomas Lynch	(Appointed 18 th December 2012)
Mr Eddie Shaw	(Appointed 18 th December 2012)

About Us

RESEARCH ETHICS COMMITTEE

Mr Malcolm Kell (Chairman)

The Mater Misericordiae University Hospital/Mater Private Hospital Research Ethics Committee (REC) is one of thirteen committees recognised by the Department of Health and Children to give opinion on clinical trials that come under the European Communities Clinical Trials on Medicinal Products for Human Use, Regulations 2004, Statutory Instruments S. I. No. 190 of 2004. The REC reviewed five such clinical trials during 2012, two of which were multi-centre clinical trials.

During 2012 the REC also reviewed 69 clinical research studies, the majority of which took place at the Mater Misericordiae University Hospital (MMUH); 15 were carried out at the MMUH and Mater Private Hospital (MPH) and two at the MPH only. Because of the continued dedication and commitment of the committee members the REC met every month in 2012; taking a break for the month of August

A total of eight research studies that fall under the definition of a Two Member Review (TMR) were reviewed in 2012. A TMR is a research study such as an audit or chart review type of research study that does not involve patient or staff contact. This review system was introduced in late 2011. The review is carried out by the chairman and one other member of the REC and facilitates a quicker response for investigators and more time at meetings for discussion of other research projects.

Breakdown of specialties of all submissions for 2012 as follows:

Anaesthesia	4
Cardiology	4
Cardiothoracic Surgery	1
Dermatology	1
Emergency Medicine	1
ENT	1
Gastroenterology	2
General Medicine	1
Haematology/Oncology	9
Infectious Diseases	6
Nephrology	1
Nursing	6
Ophthalmology	4
Orthopaedic Surgery	2
Palliative Medicine	1
Pathology	3
Pharmacy	1
Physiotherapy	2
Professions Allied to Medicine	1
Psychiatry	7
Radiology	1
Respiratory Medicine	3
Rheumatology	6
Surgery	3
Urology	3

Annual Review

DIVISION OF ANAESTHESIA, CRITICAL CARE AND PAIN MEDICINE

Dr Brian Marsh (Chairman)

General Introduction

The division continues to aim to deliver the highest quality of patient care across a hugely diverse range of patient services, including acute and emergency anaesthesia for surgical patients, heart and lung transplant anaesthesia, critical care (ICU and HDU) for acute medical and surgical patients along with a national ECMO programme, acute and chronic pain medicine inpatient and outpatient service, an expanding pre-operative assessment clinic (POAC), anaesthesia for interventional cardiology, interventional radiology and gastroenterology. The national and regional surgical specialty remits of MMUH (e.g. national cardiac centre, spinal unit etc.) by their nature draw a complex case-mix. CPR training for hospital staff is a further function of this division.

Equally important and indeed underpinning this broad and complex case-mix is the academic profile of the division. We have a large body of anaesthesia trainees from the College of Anaesthetists of Ireland, an intensive care training programme recognised by the College of Intensive Care Medicine and Joint Faculty of Intensive Care Medicine of Ireland, a cardiothoracic anaesthesia and echocardiography fellow programme, a significant MD and research programme, as well as a structured audit programme. Each clinical day is preceded by an academic teaching session, such that NCHDs and consultants in the division are assured a full commitment to continuing medical education and training.

Brief Summary of 2012 Activities

Consistent with the above profile, 2012 saw a very full service delivery:

Anaesthesia - approximately 10,000 patients underwent either general or regional anaesthesia, or a combined technique. A majority of these patients were able to be admitted on the same day of surgery. The POAC had a significant role in this, reviewing 1,683 patients of which 49% were ASA2 and 42% ASA3 category patients, identifying a complex patient profile which can nonetheless be assessed, informed and optimised for a majority same day admission immediately prior to surgery.

Critical Care - there were 1,200 ICU admissions and 1,214 HDU admissions across the 18 ICU and 12 HDU beds, resulting in an ICU occupancy of 117% and HDU occupancy of 125%. The mean lengths of stay for ICU and HDU were 5.3 days and 3.4 days respectively. This represents significant pressure on the service, consistent with prior years.

Pain Medicine - With the appointment of Dr Conor Hearty, the pain medicine outpatients' department has seen a further expansion in demand, particularly with the numbers of new patients seen (472). There were a further 1,571 OPD attendances and 1,094 day case procedures. The acute pain service was consulted on a further 2,314 inpatients, optimising perioperative pain management as well as providing a service for non-operative acute pain referrals within the hospital.

CPR Training: - 115 hospital staff trained in ACLS and 731 trained in BLS under the direction of Ms Orla Gaynor and Ms Bernie Morgan, CNM 2 Resuscitation Training Officers.

Annual Review

New Initiatives / Service Developments

Academic - The appointment of Prof Donal Buggy to UCD / MMUH in 2012 importantly progresses the academic drive for the division.

Clinical - We remain committed to optimal anaesthesia and critical care services for the obstetric patient with the appointment of Dr R Ni Mhuirheartaigh and Dr P Thornton, consultant anaesthetists, Mater / Rotunda hospitals.

The rapidly expanding lung transplant programme, expanding theatre environment and critical care facility (36 beds) will require similar strategic investment consistent with national strategy and hospital network clinical pathways.

The elective surgery programme and same day of surgery admission targets require greater application of resources to the POAC, retaining a focus on patient safety and senior decision-making.

As chairman, I would like to acknowledge that the above service and academic profile has been achieved through the commitment of a dedicated multidisciplinary team.

Annual Review

DIVISION OF SURGERY

Mr Ciaran McDonnell (Chairman)

The Division of Surgery comprises general surgery (breast / endocrine surgery, colorectal surgery, hepatobiliary surgery and vascular surgery), orthopaedic surgery, gynaecology, ophthalmology, otolaryngology-head and neck surgery, plastic surgery and urology. It also incorporates two national specialties:

- ❑ The Prof Eoin O'Malley National Centre for Cardiothoracic Surgery and the National Heart Lung Transplantation Unit
- ❑ The National Spinal Injuries Unit.

The division provides a regional and tertiary referral service in a number of specialties. Services are provided in nine operating theatres as well as a day surgery unit and a minor-operations theatre, 12 wards including the cardiothoracic high dependency unit and the national spinal injuries unit as well as almost 80 outpatient clinics per week. The division actively participates in education, training and professional development programmes across a range of disciplines within the hospital.

Work is continuing in the division towards the move to the new hospital facility in 2013 which will see the two theatre suites in the old hospital and the Phase 1A building amalgamate in a new theatre complex comprising 12 operating theatres including a Hybrid theatre. The new facilities will also comprise a new outpatients' department as well as the new orthopaedic and spinal injuries unit and cardiothoracic surgery ward.

Annual Review

HEALTH AND SOCIAL CARE PROFESSIONS

(Clinical Nutrition and Dietetics, Medical Social Work, Occupational Therapy, Physiotherapy and Speech and Language Therapy)

General Introduction

2012 was a challenging but exciting year for the health and social care professions (HSCPs) of clinical nutrition and dietetics, medical social work, occupational therapy, physiotherapy and speech and language therapy (SLT). All professions are working towards statutory registration under CORU, with the register for medical social work opening in 2012.

We continued active engagement with the national clinical programmes, and implementation of new models of care shaped service delivery for 2012.

Brief Summary of 2012 Activities

2012 saw increased activity for our services, against a background of a challenging healthcare environment. High quality patient-focused care continues to be the main priority. The move to the Whitty wing this year has allowed for the culmination of previous years' planning, and for some departments, relocation to state-of-the-art facilities. The new SLT voice and swallow clinic in the outpatients' department allows patients to access detailed instrumental evaluation as well as management by the collocated multidisciplinary team.

The biennial bereavement meetings continue to be a success, organised by the medical social work department and kindly supported by the Mater Foundation.

There is an ongoing focus on education and research across the departments. Physiotherapy completed a department-wide training programme: Making an Impact - Sustaining High Performance. All departments continue to maintain strong links to higher education authorities including influencing academic curricula, teaching, practice education and research.

New Initiatives / Service Developments

Several exciting initiatives driven by the HSCPs commenced in 2012 in response to service needs. October 2012 saw the completion of the first Irish pilot for early supported discharge for stroke under the national stroke programme, which supports best practice multidisciplinary rehabilitation delivery for patients post stroke. The HSCPs developed the RAPID response team to expedite appropriate pathway selection for patients in the emergency department/acute medical unit through focused multidisciplinary assessment.

The musculoskeletal (MSK) clinic was established in February 2012 to triage orthopaedic and rheumatology waiting lists and to expedite patient assessment. This is delivered by a clinical specialist physiotherapist working as a first contact practitioner.

A new metabolic service was established to support the transition of the adult metabolic service to MMUH from Temple Street.

A MMUH/PCCC cross service rotation for north Dublin physiotherapy staff grade rotations was initiated with the aim of broadening the experience and skills of staff grade physiotherapists.

We look forward to continuing to provide excellent patient care in 2013.

Annual Review

FINANCE

Ms Caroline Pigott (Director)

The hospital encountered one of its most challenging years in 2012, incurring significant reductions in its revenue funding allocation from the HSE against the backdrop of an increase in activity volumes that drove marginal cost increases.

These factors culminated in an increase in pay and non-pay costs, together with the decreased funding allocation, resulting in a deficit for 2012 of €15.940m.

Financial Outcome

At the end of 2012 the hospital had a cumulative deficit of €17.804m compared to a deficit of €1.864m at the end of 2011.

Gross expenditure in the year increased by €14.147m (+5.5%). This increase was largely attributable to:

□ Pay cost increases	€2.307m
□ Pension and lump sums increases	€0.416m
□ Non-pay increases	€9.294m
□ Depreciation	€2.130m

Funding

The hospital receives separate allocations from the HSE in respect of revenue and capital expenditure.

The gross revenue allocation for 2012 was €207.342m, which was down by €6.266m (2.9%) from 2011. The 2012 capital allocation, at €3.404m, was down by €1.257m (27%).

Revenue Funding

The main reductions in the 2012 revenue allocation were:

□ General allocation cut	€4.738m
□ Staff retirements cut	€3.625m
□ Increased private income charges	€0.556m
□ Legislation to charge all private patients	€3.730m

All of these reductions, with the exception of the increase in private income charges, were not matched with respective cost reductions and/or additional income. The staff retirements reduction was fundamentally overstated. The general allocation reductions were an amalgam of six separate general reductions, none of which had any basis in achievability, nor calculated accuracy. The legislation change to compel private health insurers to cover all private patients in a public hospital bed, irrespective of whether it is a designated private bed, or a public bed, was never legislated for in 2012.

Annual Review

Service Developments

A number of important clinical developments were progressed or completed in 2012, including:

- ❑ NCCP funding for development of cancer services
- ❑ Start-up funding for colorectal screening
- ❑ Expansion of metabolic diseases service
- ❑ Care programme funding for:
 - Acute Medicine Programme
 - Critical Care Programme
 - Emergency Medicine Programme
 - Stroke Care Programme
 - Diabetic Programme
- ❑ Initial transfer of clinical & non-clinical services to the Whitty building, the new adult development

Pay Costs

Pay costs increased by €2.723m (1.5%) reflecting an increase in consultant €2.019m and paramedical staff €1.264m. Other pay categories such as administration, catering and housekeeping / support services and maintenance / technical pay levels decreased in 2012. The above was against a backdrop of a reduction in our allocation of €3.730m for staff retirements.

The consultant pay cost increase relates mainly to €0.851m for locum cover for secondment to clinical programmes and €0.902 for other locum cover.

The paramedical pay cost increase relates in the main to a once-off compensation award under PSA for expansion of the working day totalling €0.9m.

Pension and lump sum costs remained high in 2012 at €13.713m (2011 : €13.297m).

Non-Pay Costs

Non-pay expenditure increased by €9.294m (12.6%).

The majority of the increase in non-pay costs is shown in Table 1 below.

Description	€m
Miscellaneous expenses – Historic Debt re St Paul's provided for **	2.700
Bad debt written off	1.633
Office expense - rent charge re child guidance premises	1.363
Medical & surgical supplies and equipment	0.967
Laboratory supplies	0.605
Heat light and power	0.256
Maintenance materials	0.533
Miscellaneous	1.237
Total increase in non-pay costs	9.294

** This should be reversed / credited in 2013 from once-off funding from HSE.

Annual Review

Included in Bad Debt Written Off is:

- ❑ Increase in bad debt provision of €0.772 by our incoming auditors to align with that of our group companies, i.e. full provision for all amounts outstanding for more than 12 months.
- ❑ Provision of €0.5m against amounts previously recognised as receivable.

The rent charge in respect of the child guidance clinic was as a result of a protracted mediation with HSE and represents 20% of the rent liability dating back to 2005.

Miscellaneous cost includes a write back to expenditure of €0.639m of a previously capitalised asset.

Income

Inpatient income increased by €2.116m (12.8%), mainly as a result of improved utilisation of our designated private and semi-private beds. Our allocation had been reduced by €0.556m for an effective rate increase. Road traffic accident income was lower by €0.669m over 2011 and is dependent on the timing of cases settling.

Other income increased by €1.274m reflecting an increase in donations of €0.6m and funding received from MCHD for development-related costs.

Finance Developments

The most important development priorities for the finance function are:

- ❑ Operation of effective cost, revenue and cash management controls: In the context of continually reducing allocations this is the overriding priority and will remain so for the foreseeable future.
- ❑ Costing: The finance function delivered patient-level costing in 2012. The hospital's capability in patient-level costing will be particularly important in the context of the planned move away from block funding for hospitals, and the shift to money-follows-the patient funding, which is due to commence in 2014.
- ❑ Following a competitive tender process Deloitte were appointed auditors of MMUH and its subsidiaries replacing Robert J Kidney and Co.

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HUMAN RESOURCES

Mr Paul Burke (Director)

General Introduction

The Mater hospital is a large complex organisation and employs a diverse range of staff including medical, nursing, health & social care professionals, management, clerical / administrative and support staff. Payroll costs represent approximately 70% of total hospital costs. The role of human resources (HR) is to facilitate the optimum selection, deployment, engagement and retention of staff in the delivery of quality patient care and to support and partner managers in meeting their service objectives through effective people management strategies

Brief Summary of 2012 Activities & Initiatives

Much of HR activity this year was to a large extent due to external drivers and/or year-on-year reductions in hospital allocation.

Staffing restrictions imposed by the continuation of the national recruitment moratorium since March 2009 and compounded by the number of hospital staff who availed of national exit schemes in 2011 presented challenges, particularly in staffing non-clinical areas. Two specific HR-led initiatives were implemented to mitigate the deficit – an internal redeployment policy and procedure and the establishment of the Clinical Support Administrative Restructuring (CSAR) project and its subsequent actions.

There were further opportunities and challenges presented by the Public Service (Croke Park) Agreement 2010-2014 (PSA) in the year. Some six initiatives under the auspices of the PSA were implemented in 2012. The most significant of these was the introduction of the extended day for radiography and associated staff.

The hospital recorded an overall absence rate of 3.61% for 2012. Thus our performance in relation to the achievement of the national target of 3.5% set by the HSE continues to maintain progress and to demonstrate the impact of effective staff support systems including our occupational health service and the employee assistance programme. The HR team also put in place a “support contact” structure to underpin and enhance the implementation of the revised National Dignity at Work Policy.

The close of the year also saw the initial migration of staff (albeit in small numbers) to the new Whitty building and the commencement of engagement with staff and their representatives in relation to the very significant planned departmental moves in 2013.

Concluding Comments

Finally, I should like to thank all staff for their support in all that the hospital achieved in 2012. I also take the opportunity to acknowledge the continuing co-operation in the implementation of hospital initiatives. In conclusion I would like to acknowledge the contribution of the HR team and to thank them most sincerely for their key role in the delivery of services to the hospital.

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INFORMATION MANAGEMENT SERVICES

Deirdre Hyland (Head of Department)

Making IT Work for You

Each year brings new developments, new necessities and new deadlines. Here in the Information Management Services Department (IMS) our innovative and hardworking team rise to meet new challenges head on. 2012 was no different!

Brief Summary of 2012 Activities

If I were to mention only one major project it would have to be the National Integrated Medical Imaging System (NIMIS). The successful adoption of NIMIS in our hospital was and continues to be a terrific achievement and hugely beneficial for patients. Well done and congratulations to all involved.

Additional beneficial projects undertaken and prioritised in collaboration with hospital colleagues included:

- Upgrading the laboratory system;
- Improving the outpatient referral management system;
- Issuing of text reminders to patients;
- Vascular reporting within PatientCentre;
- Recording of predictive discharges electronically
- Commencing a managed print service.

Throughout 2012 we continued to work with the MCHD team providing information, communication and technology – all essential for the phased moves into the Whitty building. In addition we commissioned a new data centre. This landmark build with state-of-the-art facilities will enjoy the benefits of a wireless network next year.

New Initiatives / Service Developments

Next year sees the opening of a number of areas in the Whitty building so IMS staff will be very busy providing IMS services to departments as they move. Ever mindful of cost containment and with our continued focus on doing more with less, our department will play a significant role in supporting clinical care programmes, continuing the implementation of a managed print service, advancing developments in PatientCentre and supporting DAMC initiatives.

In conclusion I would like to take the opportunity to acknowledge two additional areas that come under my remit. Firstly our colleagues in the health records department who continue to work closely with the IMS team on all patient-related developments. Secondly in this time of diminishing resources, the focus in 2012 for our library and information service has been on increasing awareness of and access to library materials. To this end, the library has further developed its current awareness services. There is increased demand for journal tables of contents reminders and these are emailed regularly to staff members who have requested them. More staff than ever are accessing library resources from home via the Athens link on the Mater website.

I would like to offer sincere thanks to my all my dedicated, highly skilled and ever-helpful team, for their continued hard work and support.

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NATIONAL CLINICAL CARE PROGRAMMES

Ms Una Cunningham (Head of Transformation)

2012 has been an exciting year for the clinical care programmes office. In April, I was particularly delighted to welcome Ms Siobhán Manning to the office as project manager for the elective surgery and productive operating theatre (TPOT) programmes.

After significant planning in 2011 and early 2012, the hospital opened its acute medical unit including an assessment unit - St Mel's, which became operational on July 31st and a short stay unit on St Raphael's ward. Two permanent acute medicine physicians have been appointed with the third to commence in January, 2013.

During the year, the care of the older person programme also made significant strides, including the development of a frail elderly pathway. We hope both service developments, together with expansion of the specialist geriatric ward next year will ensure significant improvements in terms of quality and access for patients presenting to our emergency department who require medical admission.

On March 22nd, this office hosted the Productive Operating Theatre Visioning Workshop. This was well attended by all in theatre and gave a great start to planning for improved efficiencies.

During the year, a number of new posts were sanctioned through the programmes, including two critical care nurses for audit purposes and a podiatrist (June 2012) to enable us to commence our diabetes foot-care programme. The physiotherapy musculoskeletal programme was also established, following recruitment of a physiotherapy clinical specialist. It is hoped that 1,000 patients per year will be triaged from the orthopaedic and rheumatology waiting lists with a view to intervention and fast-tracking of those who require more immediate intervention by a consultant.

In September the stroke service transferred its FAST clinic from the Dublin Neurological Institute to the acute medical assessment unit (AMAU). Respiratory nurse specialists underwent training as part of the national asthma education programme.

Preparation for the acute coronary syndrome programme is almost complete with a view to "going live" on January 14th. The Elective Surgery programme Steering Group has been established and we look forward to the roll-out of a number of service improvement initiatives in 2013. MMUH heart failure and dermatology programmes continue to deliver services in keeping with national targets.

Throughout the year, there has been wonderful support from over 250 staff members involved in either programme steering groups or work-streams.

In particular, I would like to acknowledge our IMS department which has put us to the forefront in terms of establishing electronic information management systems for a number of our clinical care programmes.

I would also like to extend my thanks to the MMUH clinical care programmes steering group who have provided leadership and support to the office in the many performance improvement initiatives associated with the programmes.

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NON-CLINICAL SUPPORT SERVICES

Mr Martin Igoe (Head of Department)

General Introduction

In many respects 2012 was another year of cost containment and retrenchment for the services sector in the hospital but we remained upbeat and up for the challenge especially with the prospect of occupying our wonderful new facilities in the Whitty building.

Brief Summary of 2012 Activities

It was a great honour and achievement that our new catering production unit (on Level 0) was the first department to transfer to the new facilities. The layout and design was meticulously planned by management and staff. Well done to Anita Brennan, Maeve Phillips and all the team for the excellent planning, marshalling and execution of this major logistical move. It was also notable that the staff restaurant retained its quality mark for 2012.

The temporary outpatients' clinic on Dorset Street was vacated in June and the service transferred to the new outpatients' department. Congratulations to all involved in the smooth transfer of all clinics. We look forward to 2013 when the emergency department, radiology, specialist beds and acute services all transfer across to the new facility.

In February, 27 wards and departments were presented with certificates of recognition of achievement in recording an A rating in their environment audits. Mr Stephen McMahon, CEO, Irish Patients Association presented the certificates and urged a continuum of improvement in environment and hand hygiene compliance. Audits and monitoring of hygiene services continued throughout the year.

As we take charge of the new building the technical services' department takes on the challenge of maintaining and servicing the complex plant and equipment that is the backbone of the new building. The extent and complexity of the boiler, electrical and air-handling plant alone is staggering. In addition, we have one of the most advanced fire protection/detection systems in the country and again it takes detailed maintenance and monitoring.

The health & safety committee and the safety representative committee met four times respectively with newsletters circulated quarterly. The main focus under health and safety continues to be fire safety and awareness, safety in the handling and disposal of sharps, the wearing of appropriate personal protective equipment and the implementation of the antisocial behaviour policy.

Like many other departments, portering services are operating under a 20% reduction in staff numbers and it is testament to the management, supervisors and staff on the ground that despite taking in hand the new facility no additional resources were deployed.

The water upgrade capital programme is near completion and the remaining part of the Phase 1a building was converted to low level temperature hot water system by year end. It is anticipated that the existing temporary boiler situated on Eccles Lane will be decommissioned in 2013/2014.

The office continued to manage the risk capital allocation and hope to achieve further risk monies from the HSE estates in 2013/2014 to address the many needs of the existing built environment.

The office was involved in the service rearrangement of ophthalmology outpatient services to St Elizabeth's ward providing a laser treatment room, waiting room, Avastin injection room and visual fields room with the intention of providing the ocular

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coherent tonography (OCT) service and fluorescein diagnostic investigation service. The project won several awards in 2012, including the Hospital of the Year category at the Irish Healthcare Awards, the Astella award and the Changing Tomorrow award.

In conjunction with the Mater projects' office and Diarmuid Ó Coimín, End-of-Life Care Co-ordinator, funding was received in 2012 from the Mater Foundation to redefine the day ward & balcony and CNM Office in St Joseph's Ward. The works involved creating a purpose-built room with kitchenette for patients, families and friends to meet and a separate area for staff meetings and education sessions as well as a new CNM office and small store room.

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NURSING

Ms Mary Day (Director)

General Introduction

As our community ages and life expectancy increases, the challenge of meeting its health care needs continues to intensify in complexity and magnitude as we focus on quality. In response, the nursing executive committed to key strategies encompassing clinical excellence, quality, education / research and resource management to provide clear and dynamic leadership for the year ahead. Renewed focus on academic activity, a new building, service developments and technological advancements have instigated a notable journey of change and I commend the effort and commitment of all our nursing staff for making this change possible.

Brief Summary of 2012 Activities

2012 was a challenging but stimulating year that required critical thinking and creativity on the part of our nurses, who stand at the forefront of the significant changes facing our healthcare system. The quality and adaptability of our nurse managers is paramount in supporting the hospital to meet future challenges and our staff members continue to receive acclaim.

The Synge interim care unit provides nurse-led rehabilitation; recuperation and re-ablement type care to patients who have been medically discharged from an acute hospital setting but are unable to return home at that time.

In recognition of our continued commitment to improving end-of-life care, the Mater won the Hospice Friendly Hospital of the Year award in November at the Irish Healthcare Awards 2012 (sponsored by the Irish Medical Times) for our Hospice Friendly Hospital's programme.

The formation of a rapid response multidisciplinary team, developed to enable rapid decision-making and focused discharge-planning, is another new initiative which is proving very effective and has secured an additional year's funding to continue its operation.

High quality education is crucial to equip our nursing workforce to meet the evolving complex healthcare needs of our patients. This year has been an exciting and productive time for the Centre for Nurse Education in its quest to empower the 2,762 nurse scholars attending various undergraduate, postgraduate and specialist courses to continue to develop intellectual curiosity and critical thinking. Suites of clinical professional development programmes, some of which have been a first in the country (e.g. cardiothoracic transplantation nursing, intensive care nursing, diabetes nursing, endoscopy nursing, cardiology nursing and nursing the acute care medical patient) were implemented. Accreditation for a further five years was confirmed for our undergraduate programme following a successful An Bord Altranais site visit.

The award winning intra-ocular injection service was introduced on St Elizabeth's ward.

Congratulations to Dorothy O'Sullivan who received the 2012 Margaret Harold Award for excellence and innovation and Linda Stewart who received the Mother McAuley Award for dedication to perioperative nursing.

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Brief Summary of 2012 Activities

- ❑ Roll-out of nursing metrics / key performance indicators in mid-November
- ❑ Reconfiguration of the service to provide a tissue viability nurse
- ❑ Completion of a HfH nursing practice development programme in conjunction with the end-of-life care co-ordinator
- ❑ Completion of another successful CNM2 leadership programme
- ❑ Self-testing for warfarin patients commenced
- ❑ A plasma exchange service commenced in January 2012 and a new care plan for patients receiving chemotherapy was implemented.

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PHARMACY

Mr Ciaran Meegan (Head of Department)

It has been an eventful year in the Pharmacy department with some exciting developments keeping us at the cutting edge of hospital pharmacy nationally and internationally.

A memorandum of understanding was signed with the School of Pharmacy, RCSI with the objective of adopting a joint and evolving approach to the teaching of undergraduate clinical pharmacy, facilitating practice-based research and publication.

The national launch of a 'High Risk Drugs' e-learning package was held in Fitzwilliam Hall. This package was developed in the department and highlights the inherent risks associated with 10 high risk drug groups. The package was shortlisted for 3 different healthcare awards.

We have been involved in research, in STOPP criteria and clinical pharmacy key performance indicators (KPIs), as well as participating in the internship programmes for Irish and German pharmacy students. We presented a record 20 posters at the annual Hospital Pharmacy Association of Ireland (HPAI) conference and had a winner! Furthermore Ms Patricia Ging had a publication, 'Asthma' published in 'Pharmacist'.

The dispensary staff have been busy reconfiguring services to facilitate delivery to wards and departments across our expanding campus. The dispensary processed a total of 259,688 requests in 2012, up 1.25% on 2011. 7% of those items were recovered and redistributed saving the hospital €1.175 million. Also the infectious diseases satellite pharmacy has moved to clinic 6 in the Whitty building.

Development of the department's presence on Maternet to improve availability of drug information continues. In 2012, 806 queries led to additional information being added to the site, including clinical protocols for lithium, argatroban and larvae use, as well as photosensitising drug information.

So despite the adverse economic circumstances and the continuing pressures on our workload capacity due to staff shortages, we do try to work with a smile and an eye to the future.

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ST PAUL'S HOSPITAL (BEAUMONT)

Dr Brian Houlihan (Medical Director)

Background

St Paul's Hospital provides a full and comprehensive service to children with autism, ranging from 4 to 18 years, from the geographical catchment of HSE – Dublin North and North Central (community care areas 6, 7, 8). The service is a tertiary referral unit, receiving children from some six community agencies situated within the catchment area.

St Paul's Services are divided between:

- St Paul's Residential Unit
- St Paul's Special School
- St Paul's Respite Service
- St Paul's Community House

The main campus at Beaumont Woods facilitates both the hospital (under the governance of the Mater hospital) and special school (Department of Education) whereas the two (junior and senior) respite houses and the community house are each based in residential areas of Beaumont and Santry.

The clinical support, including assessment for school entry (Department of Education special school division), is provided by the multidisciplinary team of child psychiatry, psychology, social work, play therapy, speech & language therapy, nursing and care staff, who report to the director of service/administrator on day-to-day activities and staff the residential unit. The school employs teachers supported by special needs assistants.

2012 Activities

During 2012 St Paul's supported 73 families with a number of children facilitated in more than one of the day or residential settings. Three children remained in shared or full time residential care with 48 children in receipt of respite. There are 52 children attending St Paul's day school. The newer additional 'diagnostic class' offered six children early assessment and intervention also supported by the multidisciplinary team.

Budgetary constraints translated into a reduction of both clinical and care staff which in turn resulted in a reduction of support to families, most noticeably in the frequency of respite support. In parallel, the waiting list for respite grew to 27 (17 junior) and 10 (senior). Social work and play therapy posts remained unfilled.

Activities in 2012 included a successful summer programme: establishment of a parents' focus group; development of various new committees concentrating on quality of service and parental involvement; a trip to EuroDisney; internal and external staff training; medical, psychology, nursing and SLT student placement; development of 20 policies. In addition discipline members involved themselves in external lecturing, training, national professional committee membership and publishing.

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Plans for 2013

Transition of adults into appropriate adult services.

- Replace staff numbers to allow for programme development
- Preparation for HIQA inspection
- Purchase of an additional house, enabling the transfer of remaining children in residence into the community
- Purchase additional house to respond to immediate family need
- Place a strong focus on staff development, education and training
- Audit the use of holiday respite
- Audit dietary and exercise programmes
- Audit new diagnostic class clinical intervention and diagnostic profile
- Continue parental training programmes

Our Community

THE MATER FOUNDATION

Ms Mary Moorhead (Chief Executive)

Working closely with our stakeholders we continue to invest in our own healthcare

The Mater Foundation is the official fundraising body of the Mater Misericordiae University hospital. Funds raised through the foundation are used to purchase state-of-the-art equipment, enhance facilities and develop special programmes to help the hospital remain at the forefront of first class medical care while at the same time investing in medical research to help determine the future of medicine tomorrow.

This was the first year that the foundation was affected by the difficult and uncertain global economic environment. The organisation's total income was just over €4 million which represented a decrease of 8.1% from income levels in 2011.

However, despite the recession, the foundation was overwhelmed by the generosity of the public and the business community. In 2012, over €2.4 million was allocated to departments, wards and clinics within the hospital. With the support of the Mater Foundation's grants appraisal committee, grants were awarded across all areas of the hospital thus encouraging and facilitating the best possible care for patients. At a time when hospital budgets are hugely stretched the Mater Foundation provides a lifeline to many wards and departments in the hospital who require extra funding. Each day it receives funding requests for projects that save lives. It is only thanks to our donors and supporters that we are able to fund these projects.

In 2013 we will continue to fund work which ensures that all those who come through the door of the Mater hospital receive exceptional patient care with state-of-the-art services and equipment. We will continue to face significant financial challenges as the economic climate continues to struggle. However, this will encourage the team here to be more nimble, creative and responsive to our donors.

Working closely with healthcare professionals, donors and volunteers, the Mater Foundation will continue to make possible the investment of the community in its own healthcare.

I would like to offer my sincere thanks to our generous donors, the incredible staff of the Mater hospital, our voluntary board of directors and my dedicated team who work tirelessly to support the work of the Mater hospital.

Our Community

COMMUNITY LIAISON NURSING

Ms Mary Roach (Nurse Specialist)

General Introduction

The community liaison nurse specialist role was established initially to forge links and enhance communication between departments, the hospital and the community. Investigating patients who remained in hospital for over 50 days, a database was developed to examine options to reduce unwarranted lengths of stay, which included the early notification of complex cases. This evidence-based information assisted in obtaining increased funding from the HSE for post-acute care services (PACS). In addition, the community liaison nurse specialist often seeks novel solutions to expedite delayed discharges by challenging conventional approaches.

Brief Summary of 2012 Activities

Inpatient Length of Stay

The community liaison nurse specialist reduced the average length of stay from 50 days to 20 days, by identifying barriers that prevented patients from returning to the community setting.

Home care packages (HCP)

The community liaison nurse specialist is the hospital's contact for the HSE relating to delayed funding and requests approval of home care packages.

Post-call medical rounds

Provides discharge-planning options to the admitting team for patients who no longer need acute care support and could return home; Identifies potential complex discharges at the time of admission and improves the inpatient turnaround time of these patients.

Generic Referral Form

Referrals for all intermediate care centres for rehabilitation and convalescence were aligned into one document.

Communication Pathways

The community liaison nurse specialist is the point of contact between the community and acute care including St Clements, Clontarf hospital, the Synge/Yeats unit, public health nurses, families and patients.

Consultation

The community liaison nurse specialist identifies delayed discharges to the HSE and participates in the re-ablement, medically assisted discharge (MAD) and complex discharge projects.

Our Community

HOSPICE FRIENDLY HOSPITALS PROGRAMME

Mr Diarmuid Ó Coimín (End-of-Life Care Co-ordinator)

HOSPICE FRIENDLY HOSPITAL OF THE YEAR

In November, the Mater won the Hospice Friendly Hospital of the Year award at the Irish Healthcare Awards 2012 (sponsored by the Irish Medical Times) for our Hospice Friendly Hospitals' programme. This award is a tribute to the hard work and commitment all staff play in improving end-of-life care for patients and families attending our hospital.

Our project won this award by our staff establishing and acting on a number of key performance indicators (KPIs) based on the findings from the 2010 National Audit of End-of-Life Care in Hospitals in Ireland. This audit confirms the importance – already well-established in Irish and international research – that single rooms and the ward environment generally, are important for improving care outcomes. Specifically, single rooms are consistently associated in a statistically-significant way with better care outcomes in the assessments of nurses, doctors and relatives. In addition, wards which lack dignity or which have poor environmental qualities are associated with poorer outcomes. The results of the audit provided solid statistical evidence that substantial improvement in care outcomes could be achieved by ensuring that patients who die in our care are provided care and comfort in a single room.

The KPIs we set included but are not limited to:

- ❑ Improving single room usage: We set ourselves a target of achieving 50% of all deaths occurring in single rooms in 2011 and 55% in 2012. In 2012 we exceeded our KPI expectation, by achieving 57% compliance (compared to 45 % in 2010). In reality we achieved 70% this year when deaths that occur in our intensive therapy unit (multi-occupancy) are excluded
- ❑ Providing end-of-life care training: In 2012 a target of 500 staff members to participate in training was set. From January to October 2012, 595 people attended and / or participated in various levels of education, training and / or other forms of awareness in relation to improving end-of-life care.

Consequently we achieved and exceeded our targets. Our commitment to this project in our hospital ensures that each patient on their end-of-life journey experiences a place of sanctuary where they die in comfort and dignity and their families are supported in their bereavement.

In April the newly refurbished family room in St Brigid's ward was formally opened by Ms Mary Day, director of nursing and head of operations. Ms Day, as master of ceremonies hosted a brief ceremony acknowledging and expressing gratitude to the hospice friendly hospitals' programme team for funding this refurbishment. Mary Bowen, hospice friendly hospitals manager was in attendance. This is the first project to be completed and funded by the Hospice Friendly Hospital's Design and Dignity Grant Scheme. This warm and welcoming family room provides a quiet space for patients and their families enhancing their hospital stay.

Finally I'm delighted that a second refurbishment project (family room in St Joseph's ward) is underway thanks to the generosity of the Mater Foundation. We are very conscious of the benefits that will result for patients and their families.

Finally, thanks to all who are involved in the many and varied strands of the hospice friendly hospitals' programme for your continuous support and cooperation which is very much appreciated.

Our Community

POST ACUTE CARE SERVICES / SYNGE INTERIM CARE UNIT

Ms Ciara Dowling (Clinical Nurse Manager)

General Introduction

The Mater Hospital and Community Medical Assisted Discharge (MAD) Project

Project Team: Prof Dermot Power, Dr Eamonn Brazil, Ciara Dowling CNM 2, Mary Roach community liaison nurse, Angela Kennedy ADN/PHN, Teresa Conlon ADN/PHN, nursing staff from community intervention team (CIT).

Over the last number of years, a series of schemes and services have been developed to meet the needs of a growing population of vulnerable older persons with acute and chronic healthcare difficulties. However, there has been little integration between the acute sector and community-based services. It is the government's aim to ensure a "new model of integrated care which treats patients at the lowest level of complexity that is safe, timely, efficient and as close to home as possible" (DOHC, 2012). The Mater Misericordiae University Hospital (MMUH) recognises the importance of supporting this model of care. The MMUH also recognises that recent developments in information technologies are subject to great attention destined to make a vital contribution to the care of the older person. In November 2012 the MMUH, in collaboration with community partners, began a project using remote patient monitoring and assessment called the MAD project (Medical Assisted Discharge).

The project aimed to develop a community-based virtual transitional care ward with joint clinical governance. It proposed to develop an admission-avoidance and early supported post-acute discharge programme recruiting patients at the front door via the emergency department and medical assessment unit and similarly recruiting patients at the back door of the hospital from the Syngie interim care unit. Referrals also came from the community partners which also aided in avoiding the emergency department.

Brief Summary of 2012 Activities

The patient profile was variable and included frail elderly patients, patients with varying and multiple chronic diseases, patients awaiting long term care placements, patients who were identified by multidisciplinary teams as being high risk discharges and frequent users of acute services.

The project resulted in a massive 441 hospital days saved over the three-month duration of the project which involved 13 patients. One patient was diverted from long term care and successfully discharged home. The project also resulted in a more seamless discharge from hospital to the community. There was a reduction in the length of stay, facilitation of early discharge home, high patient/family satisfaction and reported improved communication and collaboration between hospital and community staff

New Initiatives / Service Developments

So what is mad about MAD? Similar services using remote patient monitoring are in place internationally. However, in many cases these services rely on the patient to upload clinical data and on-call centres to send an alert to GPs. The MAD project differs as it utilises existing home care and community services, but layers on top, high tech electronic monitoring equipment and specialist consultant care directly into the patient's home. In general our target population would not themselves have managed to utilise the monitoring or IT equipment. By partnering with our CIT nurse colleagues, the reliability of the collected clinical data was greatly enhanced and a greater sense of trust and satisfaction by the patient and their family was fostered around the safety and reliability of the home discharge plan.

Our Community

HEALTH PROMOTION

Ms Ruth Buckley

General Introduction

The promotion of health and wellbeing is integrated across many departments and specialties within the hospital. Each discipline uses their knowledge and expertise to promote the health and wellbeing of their patients; educating and supporting patients in managing their condition, maximising their quality of life and preventing the need for readmission. Patients receive support at various stages of their care from admission through to discharge and at home.

Community partnerships are key in promoting health and wellbeing. We are fortunate to work in partnership with the Irish Cancer Society, through the presence of one of their Daffodil Centres onsite. The cancer information nurse, Fionnula Keane, along with the incredible volunteers provides information and advice on the prevention of and/or coping with cancer.

The flagship service within the health promotion department is the smoking cessation service. Our smoking cessation facilitator, Noeline White, provides intensive support to both our inpatients and outpatients. Patients access this support through self-referral or through referrals from staff. The implementation of our smoke free campus policy two years ago continues to have a positive influence on patients and staff; providing a healthy and safe environment for our patients, staff and visitors and promoting positive health behaviours. The service monitors its performance by its 3 and 12 month quit rates. Year-on-year the number of referrals to the service continues to grow.

Brief Summary of 2012 Activities

The smoking cessation service had a 5% increase on referrals from 2011. A trial programme of weekly drop in group sessions for patients preparing to quit or recently quit was held. This arrangement did not prove to be the most effective use of time as patients' evaluation was that they preferred one to one contact.

The 'Harps for Healing' programme continues to interact with patients on the wards. In January 2012, a brief tuition programme for staff and members of the local community was held to enable them to play the harp for relaxation and fun.

National health information days are held in the hospital as a means of creating awareness among patients, staff and visitors.

New Initiatives / Service Developments

In 2013, we plan to initiate another intensive quit smoking programme for staff. We also plan to trial a "Stop before you op programme" to encourage those requiring surgery to quit prior to surgery to improve post-operative outcomes. We will also collaborate in the submission of performance indicators from the smoking cessation service to a national database.

Our Community

QUALITY AND RISK MANAGEMENT

Ms Ruth Buckley (Quality) and Ms Catherine Holland (Risk Manager)

General Introduction

Providing quality care to patients requires a system that ensures the best healthcare outcomes, consistently across all disciplines. It requires courage, respect, teamwork and enthusiasm.

One of our top priorities continues to be making sure our patients receive safe and high quality care. There are many ways we can assure ourselves, our patients, and the various external organisations that monitor our performance that we are achieving this.

Meeting National Standards

2012 saw the introduction of a new vision for the quality of care provided to patients with the launch of the National Standards for Safer Better Healthcare. These standards have, more than ever, put the patient at the centre of healthcare delivery. They set the public and healthcare professionals' expectations for care and support and provide a roadmap for driving improvements in the care provided to our patients. As with all improvement processes, the hospital's initial focus has been to review our current practice against these national standards. We are reviewing our systems for access, effectiveness, safety, governance and efficiencies. With the ever increasing demands for services provision and the declining resources available, maximising the effectiveness and efficiencies within the system without compromising on the quality of service provided has been challenging. In embracing this challenge, a number of initiatives were introduced in 2012.

Brief Summary of 2012 Activities

Clinical Care Programmes

The adoption of national clinical care programmes has seen the hospital review its processes. The resulting engagement and collaboration between disciplines has improved the quality of care provided to our patients.

Open Disclosure

Effective communication with patients is central for the hospital and we sought to be a pilot site for Open Disclosure. The three stages involved; an initial patient safety culture survey among staff, general staff training and practical training on the principles of open disclosure, which was rolled out at the beginning of 2012. This project has led to greater communication with patients and willingness for staff to acknowledge and learn from adverse events.

Patient Feedback

Communication is a two-way process and we value patient feedback. It is paramount to improving the quality of care provided. Our robust patient feedback process was enhanced with the implementation of a customer feedback module using Q-Pulse. This has enabled compliments and complaints to be tracked against the eight principles from the National Healthcare Charter.

Lean Academy

The hospital recognised that the successful transfer of services to the new Whitty building required a new way of working, adopting the "Lean methodology" in reviewing current work practices and their transition to the new building has brought about a new way of thinking and approaching change, maximising efficiencies and reducing waste.

Performance and Governance

POSTGRADUATE MEDICAL EDUCATION

Dr Leo Lawler (Mater Dean)

We continued to grow and develop the postgraduate centre during 2012. The research endeavour across campus was represented at the NCHD research study day. Our educational links with primary care were reflected in the annual North Dublin GP study day which saw record attendance. The inaugural North Dublin Hospitals Group life cycle research day was launched and hosted in the Rotunda, representing collaboration of Temple Street, Cappagh, Rotunda and Mater hospitals. There were two highlights to the Contemporary Issues Study Day. The first eponymous Eoin O'Malley lecture was given by Professor Jim Black, vascular surgeon, Johns Hopkins and was followed by life skills and leadership lessons from all-Ireland winning manager Mr Jim McGuinness.

Weekly educational efforts in the centre continued with medical grand rounds, ED lectures, the intern lecture programme and evening oncology lectures among many other items. We also started 'cross pollination lectures' that sought to bring medicine and surgery lectures together. In response to NCHD needs we also initiated 'core curriculum' and examination preparation lecture topics. Many of the undergraduate UCD medical programme lectures were hosted on site as well as mock intern interviews. Furthermore the centre helped organize the hospital audit study days and launched the Sr Margherita NCHD prize for these efforts.

One of the big changes for 2012 was the organization of the NCHD committee which is a forum for dialogue and involvement of NCHDs in hospital management as well as education and practice. It has been very successful and through various subcommittees now works in many areas to effect change.

We also sought to give back to our community. In this regard we organized a Xmas Toy Appeal for SVP which was very successful. The wellbeing of NCHDs was forefront in our minds when we organized the Mater Charity ball in support of mental illness and suicide awareness. 10,000euro was raised for charity.

The first consultant photograph in 25 years brought the consultant body together in the Whitty building. We also used the new OPD to host the national medical membership scheme interviews.

GENERAL PRACTITIONER (GP) CONTINUING EDUCATION PROGRAMME

The postgraduate education programme for general practitioners continues to run successfully. Monthly meetings are held in the Fintan Gunne lecture theatre. The regular education sessions also provide a forum for collaboration between GPs and consultant staff in the hospital. The annual GP study day is the feature event of the annual education programme.

The North Inner City GP Training Programme which was established in 2010 admitted the 3rd cohort of trainees during 2012. This programme led by Dr Austin O'Carroll (north inner city GP), offers a four-year structured training programme in general practice with 12 GP training places annually. The programme staff are based in the Catherine McAuley Education & Research Centre.

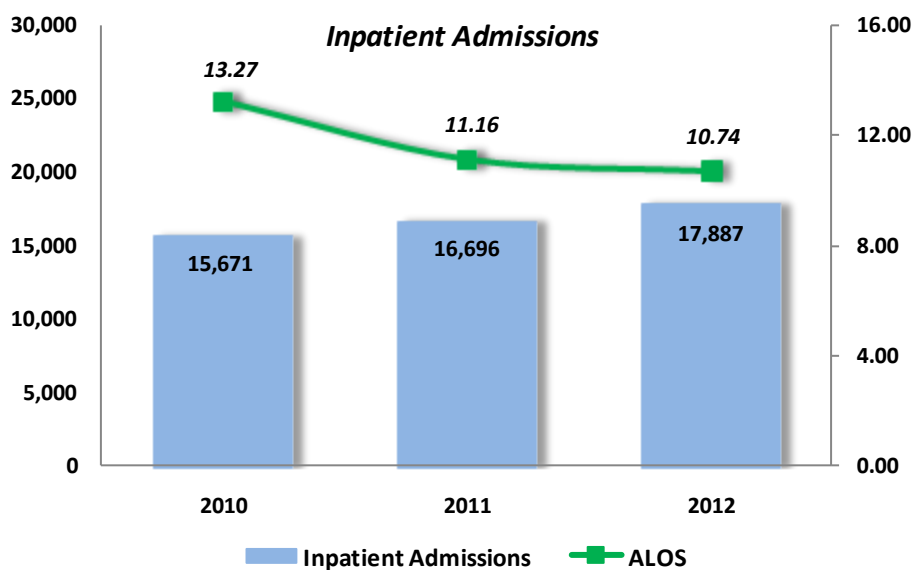
Performance and Governance

ACTIVITY

Activity-based targets for 2012 were set by the Department of Health and Children and the Health Service Executive through vehicles such as the special delivery unit (SDU) and clinical care programmes. Our aim was to achieve these targets within our budgetary allocation. However as our service is demand led, up to 80% of which is non-elective, this was challenging during 2012.

INPATIENTS

TARGET: 16,214 inpatient episodes during 2012

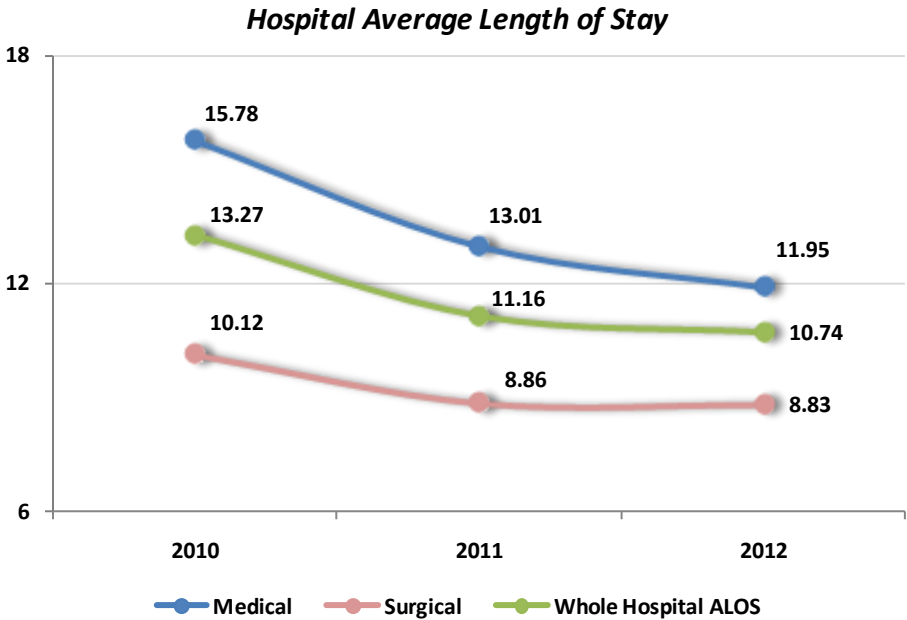


There were 17,887 inpatient admissions during 2012 exceeding the target by 10.3% (1673). There is in line with the gradual trend of increasing inpatient admissions in recent years. 83% of these episodes were non-elective. The primary source of admission for non-elective patients is via the emergency and outpatients' departments.

Performance and Governance

HOSPITAL AVERAGE LENGTH OF STAY

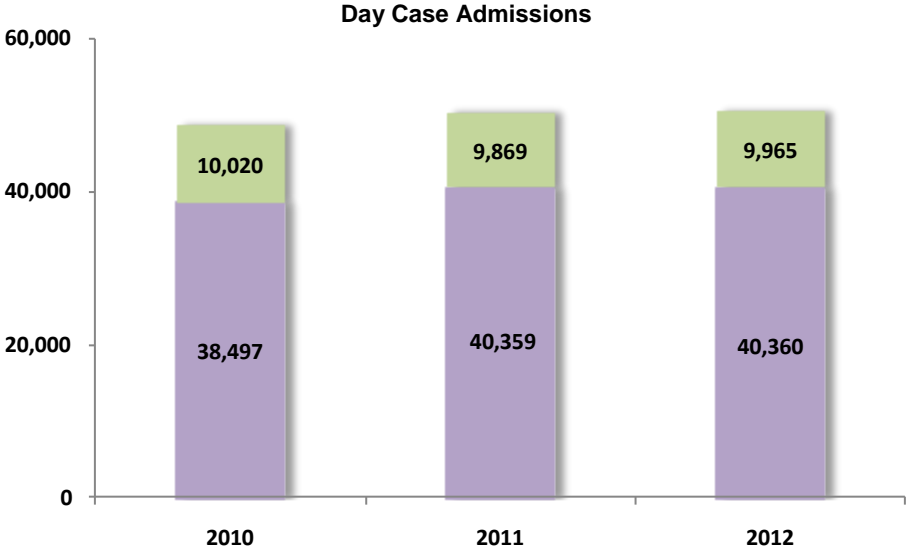
The whole hospital Average Length of Stay (ALOS) for inpatients during 2012 was 10.4 days. This is a significant reduction on the previous two years. Efficiencies in both medicine and surgery contributed to achieving this reduction in length of stay. The main contributing factor in surgery was an increase in day of procedure admission rate and in medicine, the introduction of the acute medicine programme. The national target for ALOS is 5.8 days.



Performance and Governance

DAY CASES

TARGET: 37,767 day case episodes during 2012 (excluding dialysis patients)

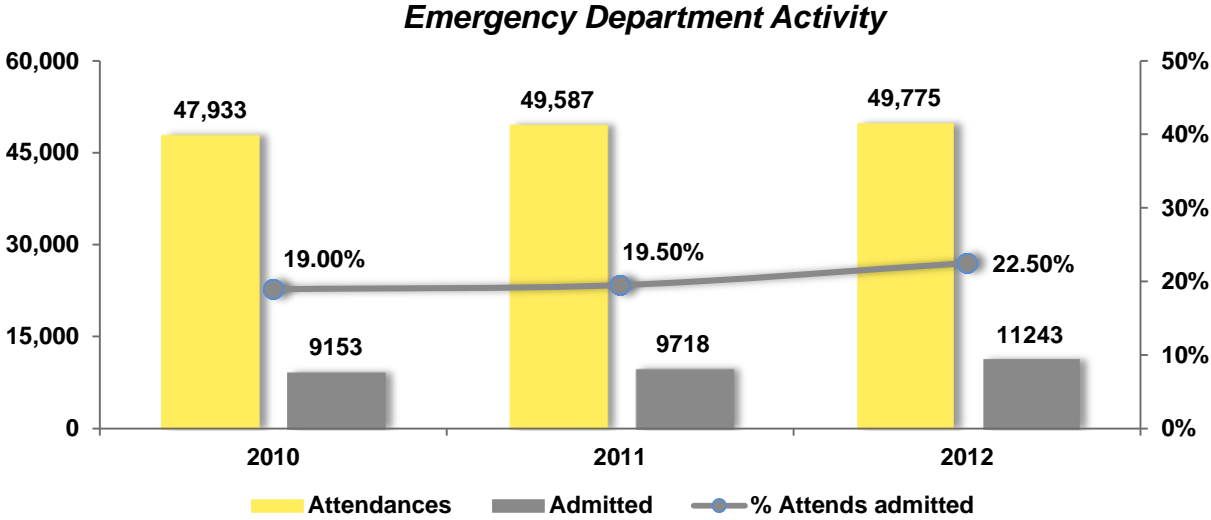


Excluding dialysis cases, there were 40,360 day case episodes during 2012. This was 6.9% (2,593) in excess of target. In addition, MMUH carried out 9,965 dialysis treatments. Trends in day case work have continued to rise as evidenced by the data for 2010 and 2011. Dialysis episodes for 2012 reflect the average for the three-year period. Day case episodes are expected to continue to increase in line with clinical care programmes, some of which advocate a significant change from inpatient to day care.

Performance and Governance

EMERGENCY DEPARTMENT

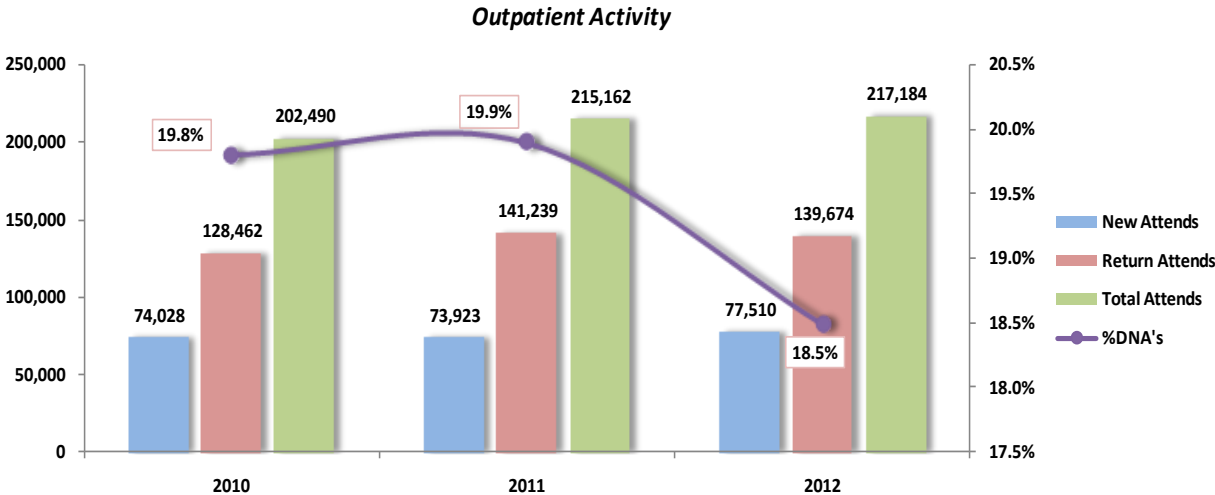
TARGET: 47,431 emergency presentations during 2012



49,775 patients presented to the Mater emergency department during 2012. This was an increase of 188 on 2011 and 5% above target set by HSE. Approximately 22% of presentations required admission. This is an increase of 18.7% on 2011 and was partly explained by the introduction of the acute medicine programme in August of 2012. ED admissions do not account for all emergency admissions. During 2012 there was an additional 3,710 emergency admissions, primarily from outpatient and day services.

OUTPATIENTS' DEPARTMENT

TARGET: No attendance target set for 2012



Performance and Governance

There were 217,184 outpatient attendances during 2012. This attendance rate continued a trend of increases over the previous two years. Of the attendances, 36% were new and 64% were return attendances. An additional 18.5% of patients did not attend. This was a reduction of 1.4%.

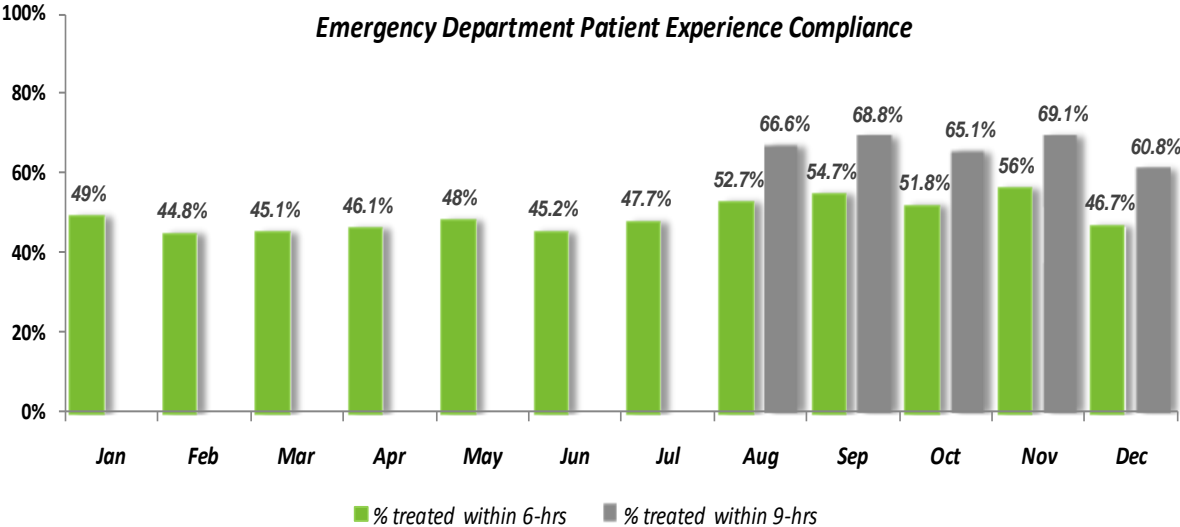
Quality Performance Measures

EMERGENCY DEPARTMENT PATIENT EXPERIENCE TIMES

TARGET: 95% of all patients attending ED to be discharged within 6 hours and 100% within 9 hours.

This performance measure was set by the SDU. Its objective is to improve the patient experience and generate efficiencies within service provision. In the earlier months of 2012 our performance with the 6-hour target was in the mid-40%. From August and following the implementation of the acute medicine programme, improvements were seen. The national average for this metric ranged between 58% and 67%.

Monitoring of the 9-hour target commenced in August of 2012 with 56% - 69% achieved monthly to year-end. The national average for the period ranged between 80% and 82%.



28-DAY MEDICAL RE-ADMISSION RATES

TARGET: Monthly target of 9.5% readmission rate

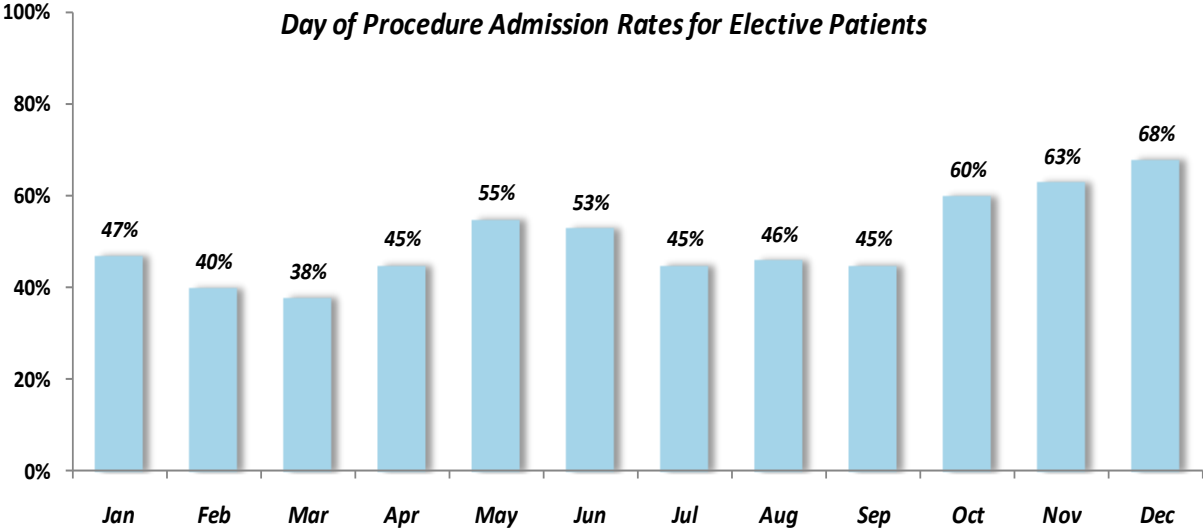
This target is set by the SDU and is individual to each hospital based on achieving a reduction of 9.6% on 2009 performance. It is monitored through the HSE performance tool COMPSTAT. An emergency medical readmission is recorded when a patient has an emergency re-admission to hospital within 28 days of a previous discharge. Reducing emergency re-admissions is a priority

Performance and Governance

for MMUH and maintaining it within the target is challenging, particularly given our casemix complexity and the demographics of our catchment population.

DAY OF PROCEDURE ADMISSION RATES FOR ELECTIVE PATIENTS

TARGET: 75% of all elective patients to be admitted on day of procedure



This national target was identified as one of our most challenging for 2012 and we anticipated reaching 66% by year-end. In the earlier part of 2012, our performance was well below expectations, starting at 47% and reducing to 38% by March. Contributing factors were increased demand for emergency services and increasing numbers of delayed discharges. Improved processes and implementation of the scheduled care ward during 2012 resulted in improvements by year-end. While we did not achieve the national target of 75%, we achieved our own target of 68% at year-end. The national average for this metric ranged between 44% and 56% during 2012.

Performance and Governance

FINANCIAL REPORTS

Balance Sheet

YEAR ENDED 31ST DECEMBER 2011		
BALANCE SHEET AT 31 ST DECEMBER 2011		
	2012	2011
	€'000	€'000
FIXED ASSETS		
Tangible Assets	21,349	15,999
Investments	-	-
	<u>21,349</u>	<u>15,999</u>
CURRENT ASSETS		
Debtors	34,265	46,122
Stocks	3,849	3,378
Cash at bank and in hand	41	-
	<u>38,155</u>	<u>49,500</u>
CREDITORS - Amounts falling due within one year		
Creditors	(45,147)	(38,956)
Bank Loans and Overdrafts	(9,657)	(11,106)
Finance Leases	-	(19)
	<u>(54,804)</u>	<u>(50,081)</u>
NET CURRENT LIABILITIES	<u>(16,649)</u>	<u>(581)</u>
TOTAL ASSETS LESS CURRENT LIABILITIES	<u>4,700</u>	<u>15,418</u>
CREDITORS - Amounts falling due after more than one year		
Bank Loans	-	(147)
CAPITAL GRANTS	<u>(21,349)</u>	<u>(15,999)</u>
NET LIABILITIES	<u>(16,649)</u>	<u>(728)</u>
CAPITAL AND RESERVES		
Share Capital	1	1
Capital Reserve	1,154	1,135
Deficit	(17,804)	(1,864)
SHAREHOLDER'S DEFICIT	<u>(16,649)</u>	<u>(728)</u>

Performance and Governance

STATEMENT OF FINANCIAL ACTIVITIES

STATEMENT OF FINANCIAL ACTIVITIES			
	2012		2011
	€'000		€'000
Incoming Resources			
Revenue Grants (net)	211,676		216,040
Other Income	44,161		41,603
	255,837		257,643
Resources Expended - Charitable Activities			
Payroll and Related Costs	(184,073)		(181,350)
Non Pay Costs	(82,765)		(73,471)
Depreciation	(4,915)		(2,785)
Total Resources Expended	(271,753)		(257,606)
Net (Outgoing)/Incoming Resources before interest	(15,916)		37
Interest Receivable and Similar Income	29		41
Interest Payable and Similar Charges	53		(76)
Net Incoming/(Outgoing) Resources	(15,940)		2

Performance and Governance

EXPENDITURE ANALYSIS

Expenditure Analysis			
Total Net Expenditure	2012		2011
	€'000		€'000
Payroll	184,073		181,350
NonPay	82,765		73,471
Income	(44,161)		(41,603)
	<u>222,677</u>		<u>213,218</u>
Payroll Cost Analysis			
Management / Administration	17,624		17,853
Medical	46,041		44,179
Nursing & Allied	71,383		71,058
Paramedical	23,972		22,708
Support Services	9,118		9,812
Maintenance	1,764		1,912
Pensions/Other	14,171		13,828
	<u>184,073</u>		<u>181,350</u>
NON-PAY			0
Direct Patient Care	45,952		44,984
Support Services:			
Clinical	9,786		9,091
Non Clinical	11,988		11,292
Administration	15,015		8,069
Bank Interest & Charges	24		35
	<u>82,765</u>		<u>73,471</u>
Income Analysis			
Other Payroll Deductions	19,858		19,867
Cafeteria Income	565		640
Patient Income	19,915		18,547
Sundry Income	3,823		2,549
	<u>44,161</u>		<u>41,603</u>

Strategic Direction

MATER CAMPUS HOSPITAL DEVELOPMENT

Mr Dara Carroll (MCO Projects for MCHD)

General Introduction

Phase One of the new hospital development, providing for the new outpatients' department, catering and technical services was fully opened to the public in June 2012. For the 220,000 outpatient attendees each year, the new outpatients' departments are now appropriately sized providing privacy, dignity and comfort with sufficient capacity to meet demand.

Following this, the first of the new wards opened at the end of November. The new St Vincent's haematology / oncology ward on level 7 is the first ward in the Mater hospital with 100% single room provision. These rooms are designed in line with SARI guidelines and provide enhanced facilities for infection control as well as increased patient comfort, dignity and privacy.

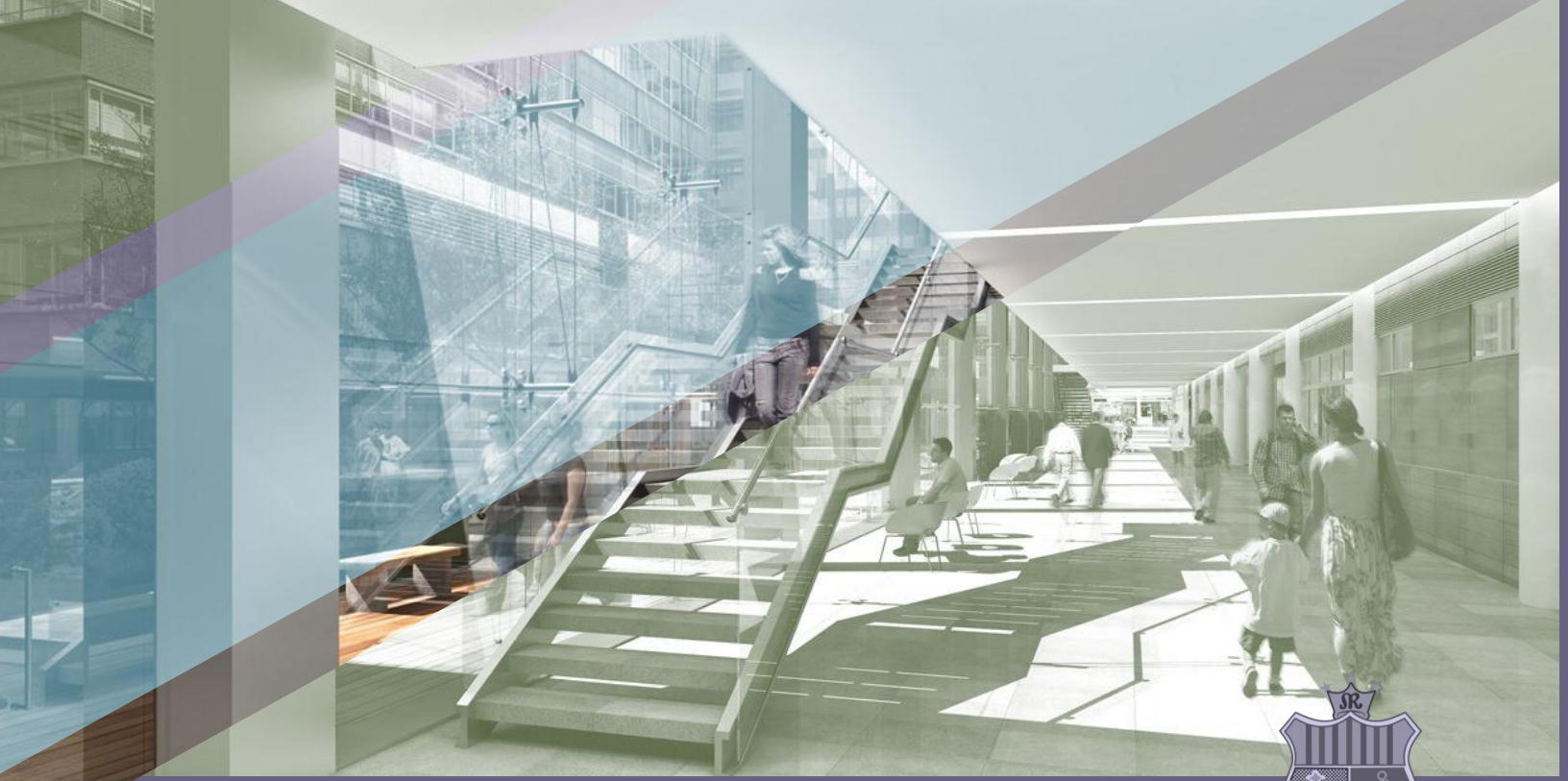
With the conclusion of the Railroad Procurement Agency (RPA) metro enabling works on site, the emergency department and 444-space basement car park will open at the end of January 2013. The opening of radiology, operating theatres, intensive care unit and the remaining eighty single ensuite rooms will follow this.

Brief Summary of 2012 Activities

- ❑ Opening of Outpatients' Department, Catering and Technical Services (June 2012)
- ❑ Opening of Level 7 Haematology Oncology Ward
- ❑ Completion of RPA Mater Metro Stop Enabling Works

New Initiatives / Service Developments

MCHD Ltd has been working with the Mater hospital on a countdown plan for staff, patients, visitors and hospital suppliers prior to handover. A 'Soft Landing' steering group is leading a series of initiatives to ensure the smooth transfer of patients, staff and assets to the new hospital. The move to the new hospital provides an exciting opportunity to look at a new systems model for the whole hospital, in accordance with wider HSE plans and objectives. The five Lean work streams are integrated discharge-planning, theatres and diagnostics, campus-wide issues, wards and ambulatory care. The first cohort of 'Green Belts' were awarded to staff that have successfully completed their Lean training by the end of the year.



Mater Misericordiae University Hospital • Eccles Street • Dublin 7

