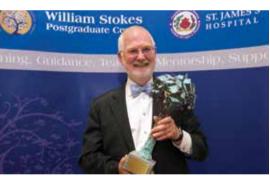


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18 3.1 Finance Department

Transaction Processing Units, including Accounts Payable/ Settlements, Accounts Receivable and Payroll. Technical Expertise Units; Compliance, SAP Support, and Procurement. The Decision Support Unit; Clinical Funding Unit and Management Accounts.

22 3.2 Human Resources

HR Business Teams, Centre for Learning & Development, Workforce Information, Occupational Health, Medical Workforce Unit, Employee Relations, and Superannuation.

26 3.3 Nursing Services

Nursing Administration, Breast Care Practice, End-of-Life-Care, Nursing Practice Development Unit

30 3.5 Informatics Directorate

Information Management Systems and Medical Chart Coding (HIPE), Clinical Photography and Medical Physics & Bioengineering (MPBe).

34 3.6 Facilities Management

Catering, Housekeeping, Laundry, Security, Portering, Tele-communications, Environmental, Chaplaincy, Fire Safety Services, Organisational Health and Safety, Medical Records Management, Technical Services.

38 3.7 Capital Projects

4 CLINICAL DIRECTORATE REPORTS

42 4.1 HOPe Directorate

Haematology, Medical Oncology including Cancer Genetics, Palliative Care, Psychological Medicine and Radiation Oncology. The National Centre for Adult Bone Marrow Transplantation and the National Coagulation Centre.

46 4.2 MedEl Directorate

The Mercer's Institute for Successful Ageing Unit, Stroke Service, Bone Health and Osteoporosis, Unit, Falls and Blackout Unit, Local Asset Mapping Project, The Irish Longitudinal Study, on Ageing, Dementia Services Information and Development Centre.

50 4.3 Medicine and Emergency Directorate (MED)

Acute Floor (Accident & Emergency), Nurse Education, Clinical Placement, Advanced Nurse Practitioner Clinical Activity, Education Activity, Professional Development Activity and Representation, Emergency Department Activity, Cardiology, Dermatology, Endocrinology/ Diabetic Day Centre (DDC), Genito-Urinary Medicine and Infectious Diseases (GUIDe) Clinic, Hepatology Centre, Respiratory Medicine and the Respiratory Assessment Unit, Rheumatology, Neurology, Neurophysiology, Ophthalmology, Gastroenterology and Endoscopy Unit, Clinical Immunology, Nephrology and Dialysis.

54 4.4 Surgery, Anaesthesia and Critical Care Directorate (SACC)

Anaesthesia and Pre-assessment, Breast Care, Cardiothoracic Surgery, Critical Care, Upper and Lower Gastrointestinal Surgery to include General Surgery, Gynaecology, Oral and Maxillofacial Surgery, Orthodontics, Prosthodontics and Cleft ambulatory care, Orthopaedics, Otolaryngology, Plastics, Reconstructive and Burn Surgery, Acute and Chronic Pain Management, Vascular Surgery and Urology and The Hospital Sterile Unit.

58 4.5 LabMed Directorate

Biochemistry (including Point of Care Testing), Cancer Molecular Diagnostics, Haematology (incorporating Coagulation and Cryobiology, Histopathology (incorporating Cytopathology), Immunology, The Irish Mycobacteria Reference Laboratory (IMRL) Microbiology (incorporating Virology and Infection Prevention and Control), The National MRSA Reference Laboratory (NMRSARL), Phlebotomy and Transfusion Medicine (incorporating Haemovigilance).

62 4.6 DiagIm Directorate

Imaging services include CT, MRI, ultrasound, breast imaging, nuclear medicine, PET/CT, interventional radiology and general X-ray. A radiographic service is also provided to the Cardiac Cath Lab, Endovascular Suite, Endoscopy, DXA and Theatres.

5 CLINICAL SUPPORT SERVICES

66 5.1 SCOPe

Speech and Language Therapy, Medical Social Work, Clinical Nutrition, Occupational Therapy, Physiotherapy, Pharmacy Department, Clinical Pharmacy Service, Dispensary and Distribution Services, Aseptic/ Compounding Services, National Medicines Information Centre (NMIC), Centre for Advances.

70 5.2 Pharmacy

Pharmacy Department, Clinical Pharmacy Service, Dispensary and Distribution Service.

74 5.3 National Medicines Information Centre (NMIC)

78 5.4 Education

Regional Oncology Programme Office

82 5.5 General Support Services

Bone Marrow for Leukaemia Trust (BMLT) St. James's Hospital Foundation

92 5.6 Research & Development Hub

Clinical Research Facility

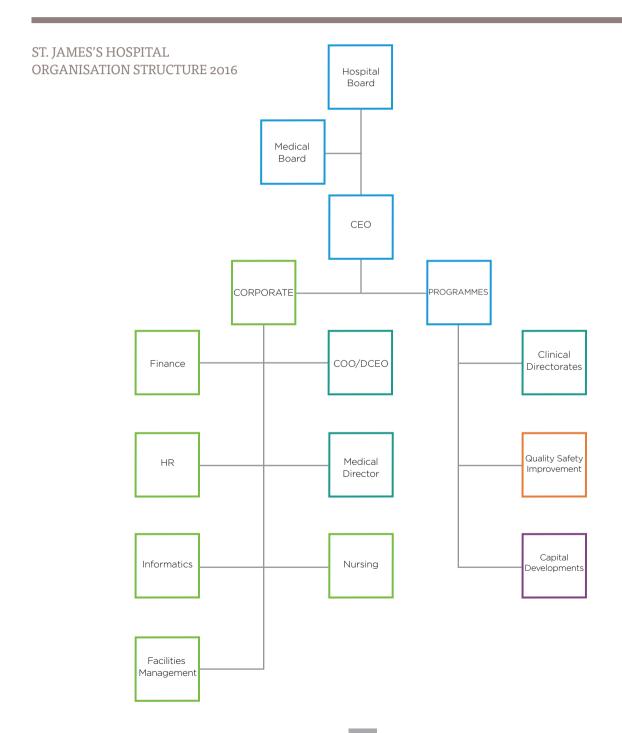
6 PROGRAMME DIVISION REPORTS

96 6.1 Quality and Safety Improvement Directorate (QSID)

7 PUBLICATIONS

100 7.1 Publications

Corporate Structure





David Ceannt, Liam Cosgrave, Cathal MacSwiney Brugha 1916 commemoration celebrations

Board Members 2016

Mr. P Donnelly (Chairman)

Prof. C. Normand

Mr. B Murray

Prof. V. Timonen

Dr. E. O'Higgins

Dr. K. Harkin

Mr. M. Keane

Mr. M. Gleeson

Mr. M. Collins

Cllr. P. Smyth

EMG Membership 2016

Mr. Lorcan Birthistle, CEO

Ms. Ann Dalton, Deputy CEO/COO

Prof. Patrick Plunkett, Medical Director (Jan - Sept)

Prof. Louise Barnes, Medical Director (from Dec)

Mr. Paul Gallagher, Director of Nursing

Mr. Simon Moores. Director of Finance

Mr. Vincent Callan, Director of Facilities

Mr. Niall McElwee, Director of Capital Project

Prof. Neil O'Hare, Director of Informatics

Mr. Gerry Heffernan, Acting Director of HR (Jan - March)

Mr. Hugh Duggan, Director of HR (from April)

Dr. Una Geary, Director of Quality, Safety & Improvement

Dr. Finbarr O'Connell, Clinical Director, MED

Dr. Jeanne Moriarty, Clinical Director, SACC

Dr. Conal Cunningham, Clinical Director, MedEl

Dr. Niall Sheehy, Clinical Director, DiagIm

Dr. Brian O'Connell, Clinical Director, LabMed

Dr. Eibhlin Conneally, Clinical Director HOPE



Consultant Medical Staffing

Consultant Medical Staffin	19		
Dr Mark Abrahams	Anaesthetics	Dr Elaine Greene	General Adult Psychiatry
Dr Ellen O'Sullivan	Anaesthetics	Prof Michael Gill	General Adult Psychiatry
Dr Nikolay Nikolov	Anaesthetics	Dr Aidan Corvin	General Adult Psychiatry
Dr Thomas Schnittger	Anaesthetics	Dr. Grainne Flynn	General Adult Psychiatry
Dr Noreen Dowd	Anaesthetics	Dr. Paul Scully	General Adult Psychiatry
Dr Niall Hughes	Anaesthetics	Dr Joseph Browne	General/Acute Medicine
Dr Peter Vaughan	Anaesthetics	Dr Declan Byrne	General/Acute Medicine
Dr Fionnuala Lyons	Anaesthetics	Dr Deirdre O'Riordan	General/Acute Medicine
Dr Terry Tan	Anaesthetics	Dr Jennifer Kieran	General/Acute Medicine
Dr Catherine O'Malley	Anaesthetics	Dr Nadim Akasheh	General/Acute Medicine
Dr Jenny Porter	Anaesthetics	Dr Rachael Kidney	General/Acute Medicine
Dr Grainne McDermott	Anaesthetics	Dr Terence Boyle	General/Breast Surgery
Dr Carmel Wall	Anaesthetics	Ms. Elizabeth Connolly	General/Breast Surgery
Dr Niall Fanning	Anaesthetics	Mr Brian Mehigan	General/Breast Surgery
Dr Michael Carey	Anaesthetics	Mr Dhafir Alazawi	General/Breast Surgery
Dr Deirdre McCoy	Anaesthetics	Mr John Larkin	General/Colorectal Surgery
Dr. Mark Halligan	Anaesthetics	Mr Paul McCormick	General/Colorectal Surgery
Dr. Rebecca Fanning	Anaesthetics	Prof John Reynolds	General/Upper GI Surgery
Dr Alan Broderick	Anaesthetics	Mr. Ravi Narayanasamy	General/Upper GI Surgery
Dr Thomas Ryan	Anaesthetics & Intensive Care	Prof Fiona Mulcahy	Genito-Urinary Medicine
Dr Jeanne Moriarty	Anaesthetics & Intensive Care	Dr Fiona Lyons	Genito-Urinary Medicine
Dr Carl Fagan	Anaesthetics & Intensive Care	Dr Thomas D'Arcy	Gynaecology & Obstetrics
Dr Elizabeth Connolly	Anaesthetics & Intensive Care	Dr Hugh O'Connor	Gynaecology & Obstetrics
Dr Daniel Collins	Anaesthetics & Intensive Care	Ms. Mary Anglim	Gynaecology & Obstetrics
Dr Ignacio Martin-Loeches	Anaesthetics & Intensive Care	Mr. Feras Abu Saadeh	Gynaecology & Obstetrics
Dr Enda O'Connor	Anaesthetics & Intensive Care	Mr. Waseem Kamran	Gynaecology & Obstetrics
Dr Joseph Fitzgerald	Anaesthetics/Pain Medicine	Ms. Noreen Gleeson	Gynaecology & Obstetrics
Dr Ross Murphy	Cardiology	Mr. Hugh O'Connor	Gynaecology & Obstetrics
Dr Jerome-Brendan Foley	Cardiology	Mr. Tom D'Arcy	Gynaecology & Obstetrics
Dr Peter Crean	Cardiology	Dr Catherine Flynn	Haematology
Dr Caroline Daly	Cardiology	Dr Patrick Hayden	Haematology
Dr Andrew Maree	Cardiology	Dr Eibhlin Conneally	Haematology
Dr John Cosgrave	Cardiology	Dr Elizabeth Vandenberge	Haematology
Dr Stephen O'Connor	Cardiology	Dr Christopher Larry Baco	n Haematology
Mr Vincent Young	Cardiothoracic Surgery	Dr Emma Tuohy	Haematology
Mr Michael Tolan	Cardiothoracic Surgery	Prof Paul Browne	Haematology
Mr Ronan Ryan	Cardiothoracic Surgery	Dr Barry White	Haematology/Coagulation
Dr Sarah Early	Cardiothoracic Surgery	Dr Niamh O'Connell	Haematology/Coagulation
Dr Vivion Crowley	Chemical Pathology		llHaematology/Coagulation
Dr Bairbre Wynne	Dermatology	Dr Kevin Ryan	Haematology/Coagulation
Prof Louise Barnes	Dermatology	Dr Stephen Finn	Histopathology
Dr Rupert Barry	Dermatology	Dr Richard Flavin	Histopathology
Dr Patrick Ormond	Dermatology	Dr Mairin McMenamin	Histopathology
Prof Alan Irvine	Dermatology	Dr Siobhan Nicholson	Histopathology
Dr. Rosemarie Watson	Dermatology	Dr Barbara Dunne	Histopathology
Dr Geraldine McMahon	Emergency Medicine	Dr Cian Muldoon	Histopathology
Prof Patrick Plunkett	Emergency Medicine	Dr Ciaran O'Riain	Histopathology
Dr Paul Staunton	Emergency Medicine	Dr Ciara Ryan	Histopathology
Dr Una Geary	Emergency Medicine	Dr Aoife Maguire	Histopathology
Dr Darragh Shields	Emergency Medicine	Dr Niamh Leonard	Histopathology
Dr Una Kennedy	Emergency Medicine	Dr Esther O'Regan	Histopathology
Dr Marie Louise Healy	Endocrinology & Diabetes Mellitus	Prof John O'Leary	Histopathology
Dr Niamh Phelan	Endocrinology & Diabetes Mellitus	Dr Colette Adida	Histopathology
Prof Nasir Mahmud	Gastroenterology	Dr. Mary Toner	Histopathology
Dr Susan McKiernan	Gastroenterology	Dr Niall Conlon	Immunology
Prof Suzanne Norris Dr David Kevans	Gastroenterology	Dr Concepta Merry	Infectious Diseases Infectious Diseases
Dr David Kevans Dr Finbar MacCarthy	Gastroenterology Gastroenterology	Dr Susan Clarke Prof Colm Bergin	Infectious Diseases
Prof Dermot O'Toole	Gastroenterology	Dr Ann Marie O'Dwyer	Liaison Psychiatry
LIOI DOLLIOT O TOOLE	Castrocritcrology	DI AIII Marie O Dwyel	Liaison i sychilati y

Dr John M Cooney	Liaison Psychiatry
Dr Tara Kingston	Liaison Psychiatry
_	
Dr Rosaleen Lannon	Medicine for the Elderly
Dr Conal Cunningham	Medicine for the Elderly
Dr David Robinson	Medicine for the Elderly
	-
Dr Miriam Casey	Medicine for the Elderly
Dr Kevin McCarroll	Medicine for the Elderly
Prof Rose Anne Kenny	Medicine for the Elderly
Prof Joseph Harbison	Medicine for the Elderly
	3
Dr Rosaleen Lannon	Medicine for the Elderly
Dr Breida Boyle	Microbiology
Dr Brian O'Connell	Microbiology
Dr Brendan Crowlev	Microbiology
	03
Dr Eleanor McNamara	Microbiology
Prof. Thomas Rogers	Microbiology
Dr George Mellotte	Nephrology
Dr Brenda Griffin	Nephrology
Dr Janice Redmond	
	Neurology
Dr Colin Doherty	Neurology
Dr Siobhan Hutchinson	Neurology
Dr David Bradley	Neurology
•	Neuropathology
Dr Francesca Brett	
Dr Yvonne Langan	Neurophysiology
Dr Michael John Kennedy	Oncology
Dr Sinead Cuffe	Oncology
Dr Dearbhaile O'Donnell	Oncology
Dr Cliona Grant	
	Oncology
Dr Crothur Fergal Kelleher	Oncology
Dr David Gallagher	Oncology/Genetics
Dr Aoife Doyle	Ophthalmology
Dr Martin O'Connor	Ophthalmology
Mr Padraig O'Ceallaigh	Oral & Maxillofacial Surgery
Prof Leo Stassen	Oral & Maxillofacial Surgery
Mr Conor Barry	Oral & Maxillofacial Surgery
Mr Gerard Kearns	Oral & Maxillofacial Surgery
Dr Eamonn McKiernan	Orthodontics
Dr Aisling O'Mahony	Orthodontics
Mr Thomas McCarthy	Orthopaedic Surgery
Mr John McKenna	Orthopaedic Surgery
Mr Niall Hogan	Orthopaedic Surgery
Ms. Catherine Bossut	Orthopaedic Surgery
Prof Conrad Timon	Otolaryngology
Mr Brendan Conlon	Otolaryngology
Mr John Kinsella	Otolaryngology
Mr Paul Lennon	Otolaryngology
Mr. Brendan Fennessy	Otolaryngology
Prof Martina Hennessy	Pharmacology & Therapeutics
Prof Michael Gerard Barry	Pharmacology & Therapeutics
Mr David Orr	Plastic & Reconstructive Surgery
Dr Patricia Eadie	Plastic & Reconstructive Surgery
Mr Eamon Beausang	Plastic & Reconstructive Surgery
9	
Mr David O'Donovan	Plastic & Reconstructive Surgery
Ms. Claragh Healy	Plastic & Reconstructive Surgery
Mr Odhran Shelley	Plastic & Reconstructive Surgery
Ms. Ann McKenna	Plastic & Reconstructive Surgery
Prof Brian Lawlor	Psychiatry of Old Age
Drof Charles Cillbans	Padiation Opening

Radiation Oncology

Radiation Oncology

Radiation Oncology

Prof Charles Gillham Dr. Moya Cunningham

Dr. Sinead Brennan

Dr. Pierre Thieron Radiation Oncology Dr. Catriona O'Sullivan Radiation Oncology Dr. Nazmi El Beltagi Radiation Oncology Dr. Osama Salib Radiation Oncology Dr Michael Guiney Radiology Dr Ronan McDermott Radiology Dr Niall McEniff Radiology Radiology Dr Ciaran Johnston Dr Graham Wilson Radiology Dr Grainne Govender Radiology Dr James Meaney Radiology Dr Susannah Harte Radiology Dr Niall Sheehy Radiology Dr Mary Keogan Radiology Dr Sylvia O'Keeffe Radiology Dr Mark Ryan Radiology Radiology Dr Peter Beddy Dr Ian Brennan Radiology Dr Finbarr O'Connell Respiratory Medicine Respiratory Medicine Prof Joseph Keane Dr Rory A O'Donnell Respiratory Medicine Dr Ruairi Fahy Respiratory Medicine Dr Anne Marie McLaughlin Respiratory Medicine Rheumatology Dr Finbar O'Shea Prof Gaye Cunnane Rheumatology Dr Michele Doran Rheumatology Prof Thomas Lynch Urology Mr TED McDermott Urology Mr Prakash Madhavan Vascular Surgery Mr Sean O'Neill Vascular Surgery Mr Adrian O'Callaghan Vascular Surgery Ms. Zenia Martin Vascular Surgery

Legal and Banking 2016

Auditors

Comptroller and Auditor General, Dublin Castle, Dublin 1

Bankers

Bank of Ireland, 85 James's Street, Dublin 2

Legal Advisors

A&L Goodbody Solicitors, International Financial Services Centre North Wall Quay, Dublin 1.

Insurance Brokers

AON Ireland, Metropolitan Building, James Joyce Street, Dublin 1



Report from Patient Representative Group

Introduction

The St. James's Hospital, Patient Representative Group (PRG) was formed in March 2016 following the reconfiguration of the long existing Patient Advocacy Group, in response to national and international best practice. Monthly meetings are held in the Hospital and engagement with Hospital staff is welcomed. The Representatives serve as an advisory resource to staff of the hospital and help the staff to see the hospital from the patient perspective. Representatives bring their perspectives to quality improvement projects, service developments, information leaflets, new facilities, refurbishments, policy and educational programme development.

Key performance indicators

Theme 1, person centred care and support, in the National Standards for Safer Better Healthcare states that by considering service users' needs and preferences in the planning, design and delivery of care and support services, better service-user satisfaction can be achieved. This, in turn, can lead to improved outcomes for service users including better health and wellbeing. The Patient Representative Group is one of a number of measures facilitated by the Patient Experience Office to enable patient and family feedback and partnership.

Performance Highlights

In its first year the group recruited ten members comprising of patients, carers and family members who volunteered

to be representatives for a two year term. The group participated in eleven monthly meetings, three focus groups and engaged with thirty services and departments from within the Hospital, HSE and HIQA. Individual members have represented the group and St. James's Hospital by participating in the 'Mystery Shopper' wayfinding experience, HSE multi-faith focus group, HIQA National Patient Experience Survey review meeting, patient information material, survey advisory panel and end of life steering group. The first year ended with a workshop to reflect on matters of importance raised over the course of the year and developing the group's annual report which was disseminated to Senior Hospital Managers, the Board of Management and frontline staff.

2017 objectives

Looking to the future and 2017 the group want to continue to participate in surveys, meetings, and engagement with additional members of the Hospital staff and departments. The PRG is interested in increasing its involvement in the Hospital by being contributing to governance groups and committees within the Hospital.

With increased awareness of the group there will naturally be more increasing demands also. To meet this challenge and maximise the full potential of the group they have identified the need to recruit new members in 2017.

Conclusion

The PRG were successful in providing a perspective that the Health Care Professional may not have had. The PRG's recommendations informed the actions taken by the staff who met them. Staff members overwhelmingly reported that they found their engagement with the PRG very beneficial. This has led to a growing awareness amongst staff about the PRG and the value of engagement with them. By partnering with the Hospital the PRG have actively contributed to positive change. As the group flourishes, there is exciting potential for growth and strengthening the culture of quality, safety and person centeredness.

The Hospital acknowledges and is very appreciative of the contribution that each member of the PRG has made.





Patient Representative Group Left-Right: Ms. Lora Ruth Wogu; Mrs. Pamela O'Reilly; Mr Pat Rooney; Mr Peter Hartnett, Ms. Roseanna Farrell; Mr. Richard Costello and Ms. Vivienne Duffy.

Performance Highlights

2016 ACTIVITY



23,281ACUTE WARD



50,249 DAY CASES

	2016 Activity		2016 Projected activity			
Period Jan - Dec 2016	Acute Ward In- patient Discharges	Day Cases	In-patient Discharges	Daycases	% In-pts Variance	% Daycases Variance
Cardiology	2869	1977	1971	2425	46%	-18%
Dermatology	20	2353	34	1900	-41%	24%
Emergency Dept	1					
ENT	423	344	690	280	-39%	23%
General Surgery	2799	4267	2220	3632	26%	17%
GUIDE	385	6256	276	2555	39%	145%
Gynaecology	815	434	681	238	20%	82%
Haematology	1112	5829	676	4545	64%	28%
Maxillo Facial	948	499	885	121	7%	312%
Medicine	6316	11012	5798	8004	9%	38%
Medicine for the Elderly	1557	2369	1023	1606	52%	48%
Oncology	1097	9805	729	7925	50%	24%
Orthopaedics	1018	520	1320	211	-23%	146%
Plastic Surgery	1096	2248	1899	2854	-42%	-21%
Radiotherapy	162	5				
Rheumatology	720	1	492		46%	
Psychiatry	5	7				
Cardio-Thoracic Surgery	956	33	860		11%	
Urology	569	1611	501	879	14%	83%
Vascular Surgery	413	679	581	100	-29%	579%
Total Acute Activity	23281	50249	20636	37275	13%	35%

ACTIVITY and PROJECTECD Levels for 2016



Period Jan - Dec 2016	2016 Non Acute Ward In-patient Discharges	
ENT	1	
Medicine for the Elderly	848	
Medicine	22	
Oncology	1	
Psychiatry	422	
Rheumatology	2	
Total Non Acute Activity	1296	



OUT-PATIENT ACTIVITY VARIANCE

33%

88%

NEW

RETURN

		Out-Patient Activity		Variance		
	А	ctual	Pro	pjected	%	%
	New	Return	New	Return	New	Return
Attendances	67034	218783	50356	116395	33%	88%

Note 1: Medicine Inpatients includes Respiratory/Endocrine/Gastroenterology/Neurology/Nephrology/Immunology/Pain Management/General Medical patients.

Note 2: Medicine Daycases includes Respiratory/Gastroenterology/Neurology/Nephrology/Pain Therapy/Anaesthesiology/General Medicine

Note 3: Oncology Daycases includes Clinical(Medical) Genetics

Note 4: Outpatient Consultant and Nurse Led Activity

Finance Directorate

Introduction

The St. James's Hospital Finance Directorate is a contemporary Finance function that incorporates three main divisions. These are the Transaction Processing Units, including Accounts Payable/ Settlements, Accounts Receivable and Payroll. The Technical Expertise Units comprising of the Compliance Unit, SAP Support Unit and the Procurement Unit. Finally the Decision Support Unit which includes the Clinical Funding Unit and the Management Accounts Unit



Simon MooresDirector of Finance

The Finance Directorate operates over two main sites. The Transaction Processing Units, the Compliance Unit and SAP Support Unit are based off site at the Brickfield Campus with the remaining units based on site within St. James's Hospital.

The Transaction Processing Units have significant experience and expertise in all transactions that are processed. The Payroll Unit processes payroll, every fortnight, for over

4,000 employees and have extremely efficient controls and processes in place most of which are either electronic or online. The Accounts Payable/Settlements Unit processes all invoices and again is predominantly receiving invoices electronically and allowing them to be directly uploaded without human intervention. Finally the Accounts Receivable Unit invoices and collects over €100m in revenue.

The technical expertise based within the Finance Directorate is second to none. The SAP Support Unit ensures the financial integrity of the SAP system, provides invaluable project management expertise and continually strives to ensure the SAP environment evolves with the Hospitals requirements. The Compliance Unit ensures that robust controls and processes are in place for all areas of transaction processing and manages the Hospital's balance sheet. Finally

the Procurement Unit provides procurement expertise, assists Directorates in identifying value for money initiatives through market engagement, provides oversight of the National Factor Blood budget and ensures the Hospital is compliant with all procurement legislation.

The Decision Support Unit has been a national leader in its ability to deliver information to end users. With the change in funding model during 2016 from a block grant to being reimbursed on the basis of hospital activity, grouped by patient diagnosis according to Diagnosis Related Groups (DRG) for inpatient and day case attendances, the focus of the department has also had to shift.

The Clinical Funding Unit has developed expertise in Patient Level Costing and the new funding model (ABF) with a real focus on Patient Level data that drives accurate costing and ensuring clinical activity is coded correctly which in turn drives the revenue.

The Management Accounts team, within the Decision Support Unit, encompasses several Business Partners who are providing the Directorates with a significant amount of financial expertise and guidance in service developments, efficiency developments and cost containment initiatives.



Pay	€m
Management / Administration	25,375
Medical / Dental I (NCHDs)	27,241
Medical / Dental II (Consultants)	31,545
Nursing	84,061
Paramedical	35,440
Catering & Housekeeping / Support Services / Porters	32,619
Maintenance / Technical	3,773
Pensions & Gratuities	17,090
Total	257,144

Non Pay	
Direct Patient Care	108,106
Support Services	51,623
Financial and Administrative	22,981
	182,710
Total Gross Expenditure	439,854
Income	86,101
Exchequer Funding	340,544
Total Funding	426,645
In year Deficit	13,209

Annual report - Data

Performance highlights

Key highlights include the work undertaken by the Compliance Unit during 2016. The team provided oversight and had financial responsibility of two major capital projects, namely the completion of the MISA development and the decanting associated with the National Paediatric Hospital, totalling approximately €100 million. The discipline and expertise shown on financially managing both projects was extraordinary, considering the speed at which both projects moved.

Another highlight was the start of an exciting project called "Scan 4 Surgery" within Theatre. The project allows for the scanning of consumables per patient and achieves three core functions – reorders consumables used, captures data for safety/traceability and provides patient level cost per item consumed. The project is a true collaboration between clinical (theatre) and non-clinical (finance and logistics) areas. The expertise from the Sap

Support Unit and Decision Support Unit has been critical to the success of the project. The Scan 4 Surgery project has also leveraged off the electronic data capture and ICT infrastructure already developed by the Sap Support Unit and will provide a scalable platform to allow the Hospital to understand the true cost of its patients at the patient level.

The final key highlight was the financial performance of the Hospital. The Financial Statements for the reporting period 1st of January, 2016 to 31st of December, 2016 resulted in a deficit of €13,209m. The Hospital gross expenditure was €439,854m while the income and exchequer funding amounted to €426.645m. The opening surplus of €18,006m carried forward into 2016 now stands at €4,797m. The €13,209m deficit arose due to the Hospital making significant investments in key projects. The majority of the deficit was due to the decanting associated with the National Paediatric Hospital and that project also allowed for other key strategic investment

decisions, like refurbishing several ward areas and buying key pieces of equipment.

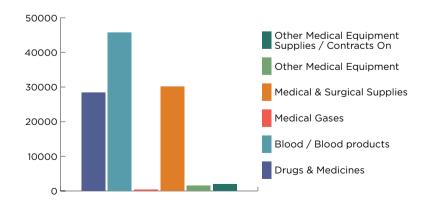
2017 objectives

Doing more with less is the biggest financial challenge that the Hospital has had to face. Going into 2017 this is still the case. Inflationary cost pressure, payroll pressure as the various agreements are rolled back and the volume of patients attending the Hospital on both an emergency and elective basis pose the biggest financial challenge the Hospital faces in 2017.

Yet, in spite of this, exciting opportunities still remain for 2017; the continuous improvement of day to day operations and projects the Finance Directorate will undertake will hopefully add real value to the Hospital and indirectly for the patients that we serve. Further developing our skill in Patient level costing and the analytical platform to share the key financial information will be focused on during 2017. Also, embedding and constantly promoting

Direct Patient Care	
Drugs & Medicines	28,331
Blood / Blood products	45,692
Medical Gases	410
Medical & Surgical Supplies	30,169
Other Medical Equipment	1,500
Other Medical Equipment Supplies / Contracts On	2,004
	108,106







Human Resources Directorate

Introduction

The Human Resources Directorate, (HRD), function within St. James's Hospital has evolved significantly from that of administrative 'doer' to strategic facilitator. It now plays a central role in helping shape the organisation through key organisational changes and development plans thereby ensuring the hospital successfully meets local and national key performance indicators in accordance with its mission, vision and values.



Ken Hardy, Director

Gerry Heffernan, Deputy Director

Key Performance Indicators

The primary external and internal performance indicators for the HRD include:-

- Compliance with the Pay Bill Management and Control Framework and requirement for the hospital to work within the funded pay envelope
- Management of absenteeism in accordance with a national/HSE target of 3.5%
- Reduction in the cost and reliance on agency staff and overtime
- Implementation of the European Working Time Directive, (EWTD), for non-Consultant Hospital Doctors
- Mandatory Training Compliance

Performance Highlights

2016 proved to be a busy year across all the divisions within the Directorate and, similar to 2015, much of the focus was concentrated on recruitment activity which increased in line with a 14% increase in vacancies approved for filling. A turnover rate of 10.4% for both nursing and allied health professional grades contributed largely to this activity and was to have service implications across all HR specialist divisions. The following is an outline of performance highlights:-

- In order to fully support and underpin the hospital's learning and organisation development strategy the Centre for Learning and Development launched a new online learning platform, 'LearnPath'.
- Spring 2016 marked the re-launch of 'In Touch' by our Communications Team. The magazine, later renamed 'SJH Times', is now a regular and much anticipated quarterly publication directed towards enhancing staff engagement.
- A number of additional Contact Support Persons were selected and trained to provide advice and support for staff under the Dignity at Work Policy. This is a key role in helping and empowering employees in making informed decisions in relation to workplace issues which come within the scope of the policy.
- The hospital achieved a 100% rate of compliance for four of the five key EWTD performance indicators. A 74% full EWTD compliance rate was achieved.
- Following an extensive tendering process, a preferred supplier was identified for the purpose of developing an electronic time and attendance /e-rostering solution for workforce management.
- Our Occupational Health Department successfully coordinated fit testing of respiratory masks for 1074 staff: the only hospital in Ireland delivering this training. The number of staff members vaccinated against influenza continued



An effective communications framework is an essential requirement for any contemporary organisation and is particularly relevant to a busy academic teaching hospital such as St James's. The establishment of a local specialist communications function is a welcome development in this regard.

to rise in comparison with previous years to 43%.

Objectives 2017

Much of Directorate activity in 2017 will continue to focus on achieving objectives which are aligned to both HSE and local performance indicators. In particular, there will be an emphasis on:-

- Recruitment, engagement and retention strategies
- Reduction in agency reliance and associated spend
- Progressing project plans for the introduction of an electronic Workforce Management System (WFS)
- Ensuring compliance with the legislative requirements arising from amendments to The National Vetting Bureau (Children and Vulnerable Persons) Acts 2012-2016
- Phased implementation of EWTD

compliance

Achieving mandatory training targets

Conclusion

2016 represented a particularly challenging year for the Directorate as a consequence of nurse recruitment and retention difficulties which required participation in a successful targeted international recruitment campaign in collaboration with the Dublin Academic Teaching Hospitals. This initiative, coupled with the September's intake of nurse graduates, has alleviated a number of staffing pressures and augers well for 2017.

In January, 2016 we welcomed the appointment of a new Communications Manager. An effective communications framework is an essential requirement for any contemporary organisation and is particularly relevant to a busy

academic teaching hospital such as St James's. The establishment of a local specialist communications function is a welcome development in this regard.

Amendments to The National Vetting Bureau (Children and Vulnerable Persons) Acts 2012-2016, which came into effect on 29th April, 2016, provides for the retrospective vetting of 2,276 hospital employees whose appointment predated implementation of the hospital's Garda Clearance policy. A phased implementation plan has been developed and will continue to operate throughout next year with a view to ensuring that vetting disclosures are made by no later than 31st December, 2017.

After a period of ten years in office, Ken Hardy retired from the post of Director of Human Resources in April 2016.









<u>3.3</u>

Nursing Practice Development Unit (NPDU)

Introduction

Nursing Administration and the Nursing Practice Development Unit (NPDU) oversee, co-ordinate and support all matters relating to professional nursing practice throughout the hospital. This includes recruitment and retention of nursing and Health Care Assistant (HCA) staff; nursing practice development initiatives and projects; co-ordinating networks of communication for nursing developments and the promotion of nursing audit and the development of clinical nursing research.



Paul Gallagher
Director of Nursing

Much of the practice development work is done through various committees and working groups set up by members of the NPDU Team and this is done in partnership with a number of nursing staff from the clinical areas and other members of the interdisciplinary team. The development and implementation of policies, protocols, guidelines (PPGs) is overseen by both the Nursing Practice Development Coordinator (NPDC) and Facilitator. The Clinical Placement Coordinators, Student Allocations Officer and the NPDC are responsible for co-ordinating the practice components of the BSc nursing undergraduate degree programme. Clinical support for nursing staff at ward level is provided by the Clinical Support Nurses. Audit and research advice, support and expertise are provided to both NPDU and clinical staff by the Nursing Quality Co-ordinator.

The NPDU team also comprises two Tissue Viability Nurse Specialists and project leads for the following initiatives: Falls Management; Productive Ward and the Pressure Ulcer to Zero campaign.

The End of Life Co-ordinator also provides an important support function for all hospital staff.

Key performance indicators

The Key Performance Indicators are as follows:

- The number of nursing staff that have been recruited on a monthly basis
- 2. The number of nursing staff that leave the organisation on a monthly basis
- The number of overseas nursing recruits that have successfully completed the adaptation programme.
- 4. Clinical areas implementing the new pressure area care bundle and displaying the number of days they remain free of hospital acquired pressure ulcers.
- 5. PPGs reviewed and written by the Nursing Practice Development team
- 6. Wards that have introduced the Productive Ward initiative
- 7. Nursing students who have successfully completed their four year nursing degree programme.
- 8. Number of staff educated in falls prevention and management
- 9. Number of staff educated in matters relating to End of Life Care
- 10. Attendees and courses coordinated by the NPDU
- Staff trained and deemed competent to carry out venepuncture, cannulation and administration of first dose of IV medication.



The Skills Project was introduced in two areas (Anne Young and Abraham Colles Wards) and demonstrated how to optimise, expand and integrate the role of the HCA into the clinical team while simultaneously facilitating nursing staff to expand their scope of professional practice.

Performance highlights

- The Nursing Strategy (2016 2018) was developed by the Nursing Executive in Q1, 2016
- The Productive Ward initiative was introduced to two wards in 2016 (Edward Halloran Bennett & Anne Young Wards). Arising from this initiative is the re-organisation of the Kan Ban system which has been rolled out to 15 wards and has achieved significant savings for the organisation.
- The Skills Project was introduced in two areas (Anne Young and Abraham Colles Wards) and demonstrated how to optimise, expand and integrate the role of the HCA into the clinical team while simultaneously facilitating nursing staff to expand their scope of professional practice.
- The phased introduction of venepuncture, cannulation and first dose administration of IV medication by nursing staff in 2016.
- Nursing Metrics: The Quarterly Nursing Metrics initiative continued throughout 2016; measuring adherence to nursing standards and was extended to include MDA

- management and storage/security of all medication.
- Policies Procedures and Guidelines (PPGS): In 2016, the two principle PPGs arising from the NPDU were a complete revision and implementation of the Medication Management Protocol (SJH:007); also the introduction for the first time of a multidisciplinary Hydration Policy.
- In 2016, 56 internship students successfully completed the Undergraduate BSc in Nursing in SJH. From this group 50, have taken up staff nurses positions in the hosptial.
- In 2016, 86 nursing staff from overseas were recruited and adapted in S.IH
- Key Education and Training by the NPDU included below in Table 1

2017 Objectives

The key objectives are as follows*:

- To continue to implement the strategic objectives that have been identified in the Nursing Strategy (2016 - 2017) including the following:
- I. To co-ordinate a nursing and HCA

- retention survey
- II. To finalise SJH nursing staff retention strategy
- III. To roll out the Pressure Ulcer to Zero Campaign (HSE) to all clinical areas.
- IV. Focus on improving quarterly nursing metrics results
- V. Development of nursing documentation on EPR
- VI. Introduce Nurse Led Discharge (inpatients and out patients)
- To continue education and awareness in falls prevention and management.
- 3. Enhanced engagement with Trinity College Dublin as follows:
- Devising the new curriculum for the undergraduate programme commencing 2018
- II. Further development of clinical nursing research
- 4. To contribute (with QSID) to the roll out of the Sepsis Proforma in SJH (HSF).
- *The above does not reflect the full list of key objectives.

Conclusion

On behalf of the Nursing Executive, I, Paul Gallagher, Director of Nursing,would like to sincerely

IV Study Day	8 Study days
Tissue Viability Course (3 day Programme)	1 Programme
Medical- Surgical Course (5 day Programme)	2 Programmes
Co-ordination of ALERT Course for Internship Students'	58 students
Falls Education and Awareness *	All clinical areas
Nurses Link Programme *	1 Programme
Rotation Programme for newly qualified nurses*	14 participants

Table 1. *New Programmes introduced in 2016



Informatics Directorate

Introduction

The Informatics Directorate led by the Director of Informatics, Professor Neil O' Hare, constitutes a number of areas that all have a strong focus on the use and quality of technology, innovation and information in the care and treatment of patients, as well as supporting the corporate needs of the hospital. These areas involved include:

- Information Management Systems and Medical Chart Coding (Mr. Finian Lynam Dept Manager)
- Clinical Photography (Mr. Anthony Edwards Senior Clinical Photographer)
- Medical Physics & Bioengineering (Dr. Geraldine O'Reilly Chief Physicist)



Professor Neil O' HareDirector of Informatics

The Department of Medical Physics and Bioengineering (MPBE) supports the application of technology in the provision of care at the Hospital. It provides scientific/engineering consultancy services and healthcare technology management services to clinical facilities and users of technology. The department's remit includes management of imaging systems, life support, physiological monitoring, lasers, endoscopic systems and surgical technology.

The mission of the IMS department is to provide an innovative and resilient framework of Information Services to support all aspects of the hospital's business. This includes the implementation and configuration of clinical and corporate IT systems, as well as supporting the underlying technology. The department also delivers a data management and business intelligence function for all directorates.

The clinical photography department provides a range of clinical, non-clinical photography and design services for St. James's Hospital.

Performance Highlights for 2016

The following highlights some examples of the achievements and initiatives during 2016 spanning all three functions within the directorate:

- Work started on the design and configuration of the National Laboratory Information System (MedLIS) project.
 St. James's are the first site planned to go live with the system.
- The hospital also commenced a major development in its Electronic Patient Record (EPR) with significant funding approved by the HSE. This project aims to capture of all Nursing and Physician documentation electronically into the EPR, as well as the implementation of electronic prescribing of medications.
- Both the IMS and MPBE departments were heavily involved in the various hospital "decants" as part of the movement of services to facilitate the New Children's Hospital. This included both departments moving their own locations into a combined facility. Garden Hill House had housed the MPBE Department for more than three decades. The building dated back to the early 19th century and had a rich history which was remembered



The "keeping the lights on" service was even more challenging this year, particularly for the team looking after an aging medical devices fleet, with a large cohort of key equipment being outdated.

- and celebrated during the 1916 commemorations.
- Continuation of the PC replacement programme, removing over 500 old XP machines.
- In 2016, we had 820,000 individual visitors to the hospital's website – a 7% increase on 2015.
- Following the commencement of the use of social media platforms in 2015, these continue to be an effective way of communicating with the Public.
- Clinical Photography's growth in recent years (see chart below)
- Toward the end of 2016, the clinical photography department introduced a new Dermatascopic imaging service to supplement the imaging of pigmented lesions;
- In conjunction with SJH
 Procurement, MPBE progressed the
 replacement and commissioning of
 electromedical equipment, using

- the HSE equipment replacement allocation of €1.2m;
- For the second year running MPBE implemented 'SJH Design Week', in collaboration with QSID. The week sees design and engineering students from NCAD and TCD take up design challenges conceived by staff from across the hospital.
- MPBE provided the Bioinstrumentation module for students on NCAD's Medical Device Design M.Sc.

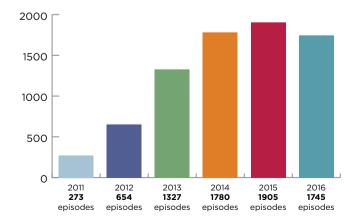
Dr. Tim Foran graduated with a Ph.D. from TCD on 'Measurement of variability in gait with applications in older adult Informatics Directorate

Objectives for 2017

The following identify the main objectives for 2017 across all functions in the directorate:

 Go-live of the National Laboratory Information System (MedLIS);

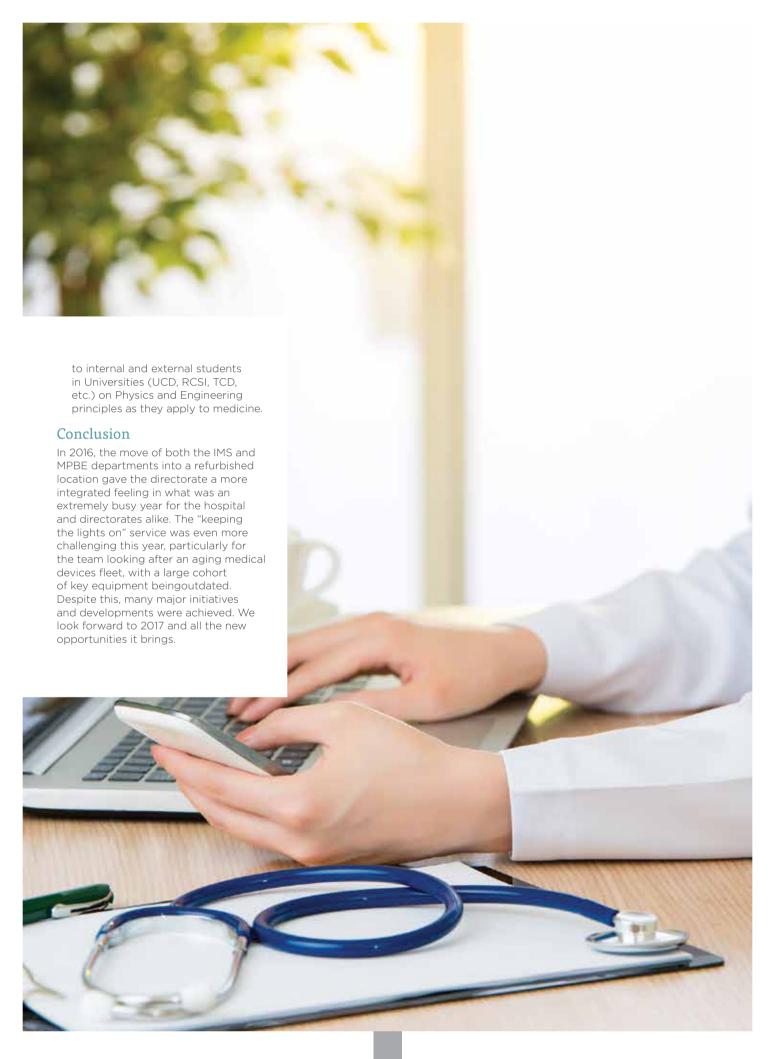
- Replacement of remaining XP machines across the campus;
- Upgrading of the full IT network infrastructure across the campus, including extending the coverage of the Wi-Fi network;
- Provision of management information to key users in a more directorate focused way and on a mobile platform;
- Provision a comprehensive photographic triage of patients with pigmented lesions;
- Continuation of the delivery of Radiation Protection Advisory (RPA) services by MPBE to 16 external HSE hospitals and 90 HSE dental practices through its External Services group.
- Ongoing support to over €70m capital equipment (medical devices & IT systems);
- Continuation in providing a range of education and training functions





PHOTOGRAPHY EPISODES IN 2016

Clinical Photography's growth in recent years



Facilities Management

Introduction

The Facilities Management, (FM), Directorate provides a full range of support services in an integrated manner that both enhance the patients experience and supports the hospitals clinical staff in treating our patients.

The FM Directorate comprises the following disciplines:

- Patient Hygiene Services
 - Housekeeping & Cleaning,
 - > Waste Management & Sharps,
 - > Linen
 - > Laundry & Scrub Suits,
 - Gardening & Grounds,
 - > Pest Control
 - Miscellaneous hygiene services
- Concourse
- · Chaplaincy
- Catering
- Portering
- Telecommunications
- Facilities Management Administration
- · Security & Car Parking
- Logistics
- Fire Safety Services
- Medical Records Management
- TSD/FM Engineering
- Support Services Contracts
- · Sustainability and Mobility

New CCTV Cameras Installed	
New Access Controlled Doors	
New Fully Integrated Intruder Detection Systems	

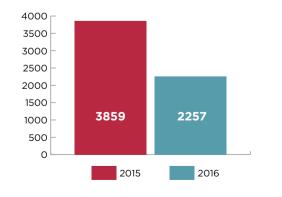
Security Department



Vincent Callan
Director of Facilities Management

Key performance indicators

- Security
 - Private Security Services ACT 2004
 - CCTV I.S. EN 50132 CCTV Certification
 - Access Control EN 50133
 - Intruder Alarm I.S. EN 50131-1:2006 European Standard for Alarm systems - Intrusion and hold-up systems
 - Garda Clearance Certificate as required by the Pharmaceutical Society of Ireland

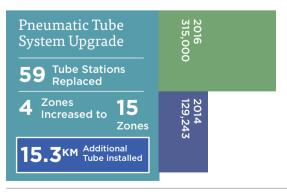


Security Related Incidents



- Fire Compliance
 - IS 3218 Servicing and Maintenance of Fire Alarm Systems
 - > Ensuring all building renovations are compliant with their Fire Safety Certification
 - Pre-Fire planning documentation in partnership with Dublin Fire Brigade
- Patient Hygiene Compliance
- National Standard for Better And Safer Healthcare (2012)
- Monthly ward assessments with pass mark over 90%
- Weekly unannounced ward assessments with pass mark over 90%
- DGSA(Dangerous Goods Safety Authority)
 - ADR European Agreement concerning the International Carriage of Dangerous Goods by Road, 2015.
 - European Communities (Carriage of Dangerous Goods by Road and Use of Transportable Pressure Equipment) Regulations

Tube Traffic Journeys



FM Engineering
Plan preventative maintenance

Patient Hygiene Services

- 2016 scores were consistent with 2015
- Manager Linen Service Award to
- Introduction of ECAT, a new electronic system for local assessments, increases speed and accuracy- check what ECAT stands for. Streamlines, auto email notifications, less paperwork.





RIALTO WARD (MISA)
WON GOLD AT THE IRISH
ACCOMMODATION SERVICE
INSTITUTE ANNUAL AWARDS

- 2011, S.I. 349 of 2011 and associated amendments.
- Waste Management Act 1996 and associated Regulations.
- Segregation, Packaging and Storage Guidelines for Healthcare Risk Waste, 4th Edition 2010.
- Safety, Health and Welfare at Work (Chemical Agent)
 Regulations, 2001, S.I. 619 of 2001.
- National Register to Transport Chemotherapy Products as per National Safety Policy
- National Standard for the Prevention and Control of Healthcare Associated Infection
- Collaborating with GS1 to introduce global standards relating to product identification, locations, staff and personnel
- Catering
 - All food preparation facilities and food preparation compliant with IS 340:2007 "Hygience in Catering Sector"
 - Only utilising suppliers who have BRC A+ accreditation
 - Catering department subject to patient satisfaction surveys, hygiene audits and microbiologist testing
 - HACCP management system for safety and quality

- Environmental services department must be compliant with the Government Environmental Department
- All current and relevant building regulations

Performance highlights

Special Projects

- Scan for Surgery Initiated
- EDI Provider Swap over completed
- ECAT Ward Assesment trial completed

2017 objectives

Security

- Developing more integrated security and care plan package
- Designing an integrated Security Monitoring Facility
- Developing a CCTV replacement strategy
- Campus security Risk Assessment

Concourse and Portering

- · CPR Training For all Portering Staff
- Concourse Renovation Project
- IT Request System for Portering Services

Fire Services

 Achieve 100% Fire Safety training compliance

- Implemented a new fire safety register
- Confirming fire safety compliance of new buildings and renovations

Catering

- Develop a new patient menu in collaboration with clinical nutritionists and speech and language team
- Reversing the main meal so it occurs in the evening following positive testing
- Food waste reduction
- Introduction of new technology to assist catering staff

Environment Services

- Waste separation at source waste receptacles to be introduced
- Focus on waste management at ward level
- Improved focus on training and education

Patient Hygiene Services

- Upskilling all supervisors to Cleaning Supervisory Skills Certificate
- 3 New Team leader rolls
- Further development of the Ecat auditing program and technology
- Update of cleaning specification matrix.

Catering





SPECIAL DIET MEALS

OVER

100,000

STAFF MEALS



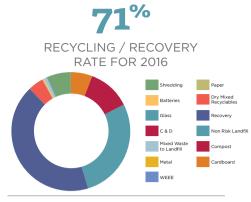
Sustainability and Mobility



BIKE TO WORK PURCHASES (€168,000) 50 SHEFFIELD BIKE STANDS INSTALLED



750 TAXSAVER TICKETS
ISSUED (€556,000)



St. James's Hospital Recycling 2016

Telecommunications

 Update and recommissioning of emergency phone network

Medical Records

- ISO 9001 Certification to be progressed
- Electronic scanning of outgoing charts to begin

Special Projects

- Continued roll out of RFID
- Continued roll out of GSI projects including Scan4Surgery to remaining theatre rooms
- Expansion of EDI with top suppliers

 Developing go live project plan for ECAT weekly ward assessments

Sustainability

- EU Life Programme proposal St.
 James Hospital to partner with 6
 other hospital across the EU to
 reduce food waste in the healthcare
 sector.
- Green Healthcare Programme
- > Reducing healthcare risk waste.
- Reducing food waste.
- Water consumption reduction.
- > Food waste surveys

Conclusion

2016 was the year of the Decant. This was the overarching term for the Programme of works that were undertaken to free up the site for the New Children's Hospital.

It brought unprecedented activity across multi disciplines, particularly for the FM Directorate who were central to all aspects of the Decant Project.

Thanks to teams and staff who had to move



Decant Activity



137
MOVES
COMPLETED



1,200

Special Projects

- · Scan for Surgery Initiated
- EDI Provider Swap over completed
- ECAT Ward Assesment trial completed



Logistics

Total Receipt Value Goods & Services	€166,385,721.15
Stock Receipt Value	€10,548,001.46
Consignment Issue Value	€6,141,764.67
Stock Issue Value	€16,640,392.11
Stock Product Lines Managed	7400
Stock Vendors	122
Stock P/O's	5782
Stock Orders Processed	39303

LIVE PRECIOUS SAMPLE TRACKING

• MAIN THEATRE
• DAY SURGERY THEATRE

Precious samples tracked in real time - alarm signals if delayed.

3.7

Capital Project Office

Introduction

The Capital Projects Office delivers the St. James's Hospital Boards' strategic capital development plan. This includes management of major capital projects and major equipment replacement in collaboration with the procurement and design teams for the purpose of ensuring compliance with statutory building requirements. Two of the key developments undertaken include Mercers Institute for Successful Ageing (MISA) and the St. James's Hospital Decant Programme.



Niall McElwee Director of Capital Projects

The Capital Project Office assists hospital directorates and departments in preparation of business cases seeking capital grant funding from the Health Services Executive. This facilitates new development programmes commence on the campus.

Key Performance Indicators

One of the key developments in 2016 was the requirement for St James's Hospital to undertake preparatory to enable site clearance for the new National Paediatric Hospital. As a consequence, successful design and delivery of a Hospital Decant Programme was one of the key performance measure for the Capital Projects Office.

Within this process, the hospital formally released 12 acres of land within the existing campus to the Health Services Executive through a Deed of Transfer. This acreage was in turn transferred under licence from the HSE to the National Paediatric Hospital Development Board, (NPHDB).

To facilitate the above, a Decant Strategy was developed for the purpose of outlining the relocation plans and logistics requirement. Within the Decant process itself, a range of patient services were re-located within existing and new capital infrastructure. High risk projects were identified early in the strategy, including the relocation of the Pharmacy Aseptic Compounding Unit, relocation of the main IT servers and back-up infrastructure, main patient catering facilities and the Aspergillious Prevention Works to protect wards from dust spores arising from the demolition works.

During the early part of 2016, several reviews of the Decant Strategy took place and communication sessions with each clinical and support service teams took place. These communication sessions defined the design brief for each of the projects and ensured that directorate and services management teams and their staff had input and shared ownership in developing final solutions which ensured a seamless and risk free transition with minimum disruption to patient's clinics and procedures. Over 200 meetings took place during the period October to March 2016. This was a major undertaking involving every service of the hospital is some form or another.

The recently restructured Capital Projects Office engage two new project managers to assist in this programme of decant in late 2015 and it was clear that further resources would be required as the programme moved to implementation phases.



President of Ireland, Uachtaráin na hÉireann, Michael D. Higgins, officially opened Mercer's Institute for Successful Ageing (MISA) at St. James's Hospital on 7th of December. 2016.

Due to strict timelines fast track building methods had to be considered and assessed which required continuous engagement with Dublin City Council for the purpose of securing planning and statutory approvals.

The scale and scope of the programme required an ongoing evaluation with due consideration given to working within approved budget and timeline parameters. These evaluations required exploration of alternative methods of construction to improve on the programme period without compromising the quality and safety of hospital services.

The Decant Strategy budget costs were agreed between the key funding partners: the SJH Board, HSE Estates and the NPHDB. The total budget of €42m was allocated for capital projects and support services. The implementation of these works commenced with the procurement of contractors and contracts awarded following the receipt of the statutory approvals.

All in all, the Capital Projects Office successfully led and managed this substantive change project in 2016. Most importantly, there was no disruption to patient services during this process. Staff, across the hospital, also demonstrated considerable flexibility during this time, which was greatly appreciated by the Capital Projects Office.

Performance Highlights

Below is a summary of key performance highlights:-

- 1. Hospital Decant Strategy
- 15 Ward Relocations
- 13 services relocated off site, 14 building contracts
- 1200+ staff relocated,
- · 43 projects,
- 900+ patients transferred,
- 137 departmental moves

- · Ward and Theatre upgrade works
- 2. Mercers Institute for Successful Ageing (MISA)
- The President/ Uachtaráin na h-Eireann, Mr Michael D. Higgins, officially opened Mercer's Institute for Successful Ageing (MISA) on 7th of December, 2016. MISA is Ireland's first dedicated centre for successful ageing and the largest of its kind in Europe.
- Launch of The Cancer Institute The new Cancer Institute will set a new standard for cancer care nationally, integrating medicine and science in cancer prevention, treatment and survivorship. Based on similar leading international models, it will be located in one designated facility at St. James's Hospital.
- NPH Decant Programme 90% Complete.
- Planning Permission awarded for NCH, An Bord Pleanála granted St. James's Hospital planning permission for the New Children's Hospital in April 2016.
- BAM awarded contract for NCH BAM has been awarded a buildonly contract for the new children's hospital project at St. James's Hospital Campus site.

2017 objectives

Capital Projects proposed for 2017 include:

- Endoscopy Decontamination Unit Upgrade
- Jonathan Swift Anti-ligature Project
- Breast Mammography / Chest waiting room alteration
- CT (3rd) Radiology Equipment & Associated Works
- Coronary Care Toilet/Shower including Telemetry Observation Room
- Design & Dignity Family Room
- ED Zone 3 & Transition Unit Refurbishment & Upgrades

Other projects currently on hold or in tender process include;

- QSID Relocation to Admissions
- Admissions Upgrade Works
- HIPE & Coding relocation to CEO
 Building
- Epilepsy / Neurology Upgrade (OPD)
- HODC (Shell) Fit-out & Refurbishment
- CPL Laboratory project with TCD
- Control Room (Security) refurbishment
- Occupational Therapy Refurbishment / Replacement
- Breast Care Visiting Sisters room refurbishment
- Reception OPD refurbishment
- Genetics Art Grant / Concourse Sculpture
- Replacement CT Equipment
- Cat Lab Replacement and expansion
- Diagnostic replacement equipment

Developments in 2016/2017

The successful completion of these major projects is testimony to the work and dedication of all staff across the hospital who were either directly or indirectly affected.

As projects were completed and handed over, the directorate bid farewell to staff members who had been seconded from other areas within the hospital:

- Deirdre Doyle who was seconded from ICU, returned to her post in ICU. Deirdre demonstrated great expertise and value during the decant programmeas chief enduser co-ordinator in managing and maintaining the patient services during each relocation.
- Michelle Greene's secondment from Finance ended and she attained promotion to the Compliance Section. Michelle greatlyassisted with the Capital Projects account and contracts for each of the multiple vendors during the early stages of the Decant programme.



4.1

HOPe Directorate

Introduction

The HOPe Directorate encompasses the specialties of Haematology, Medical Oncology including Cancer Genetics, Palliative Care, Psychological Medicine and Radiation Oncology. The Haematology Department incorporates national specialities as follows: National Centre for Adult Bone Marrow Transplantation and the National Coagulation Centre.

The Directorate provides integrated care with St. Luke's Radiation Oncology Network and the Cancer Clinical Trials Programme and is supported by the Bone Marrow for Leukaemia Trust, the Irish Cancer Society and the Daffodil Centre.



Dr. Eibhlin Conneally Clinical Director

Ms. Jacqueline Robinson Operations Manager

Ms. Margaret Codd Nurse Manager

Key performance indicators

The HOPe Directorate aims to provide best care for patients, based on patient experience, safety, clinical excellence and innovation.

Hospital Key Performance Is measured as follows:

Pillar	KPI
Patient flow	DNA, (Did Not Attend) rate
Access	Out-patient Department wait time Time to triage by specialty/consultant
Patient safety	Medication safety events Adverse events

- The total number of patients who received a new parenteral systemic therapy in the day ward setting.
- The total number of patients who received a new parenteral systemic therapy in the day ward setting within 15 working days of the date of the finalised treatment plan.

Cancer Genetics provide quarterly reports to the HSE detailing:

- · Wait times for predictive and diagnostic testing.
- The number and type of laboratory tests completed.

Palliative Care compile a monthly report to the HSE detailing:

- In-patient and out-patient activity.
- · Patient outcomes.
- Wait times for in-patient and out-patient consults.

In addition to the above, the National Adult Haematopoietic Stem Cell Transplant Unit submits detailed data on each transplant patient to the European Society of Blood and Bone Marrow Transplantation (EBMT).

As the National Adult
Haematopoietic Stem
Cell Transplant Unit,
the service carried out
95 autologous and
83 allogeneic stem

cell transplants

this year.



Thanks to funding from Trinity Med Day, the bi-annual Remembrance Service took place in April and November which was jointly organised by the Medical Social Work and Palliative Care Teams. Some 163 family members, representing 76 patients who died in St. James's Hospital, attended the service. Mr. Christy Conneally's thoughtful and droll reflections on bereavement were very well received.

Performance highlights

There are eight cancer multidisciplinary team, (MDT), cancer conferences held weekly to establish consensus diagnosis and treatment plans for all cancer patients. The following provides a summary outline of the number and type of cancer cases discussed from 2010-2016 inclusive:-

National Coagulation Centre:

- In 2016, the National Coagulation Centre, (NCC), was re-located to a new premises located on the 3rd Floor of the Haematology and Hepatology, (H&H), building. This has improved patients' accessibility to the H&H Assessment Unit, enhanced staff workflow and overall coordination of services between NCC and H&H Assessment Unit.
- The NCC was selected to lead the National Haemophilia 'Lighthouse Project' by e-Health Ireland. The aim of this project is to demonstrate the full benefits associated with the deployment of an advanced e-health solution and provide generic learning that can be deployed to services within the Irish Health System.

Cancer Genetics:

 The NCCP are actively supporting the growth of the Cancer Genetics service under Professor David Gallagher's leadership.

Haematology:

As the National Adult

Haematopoietic Stem Cell Transplant Unit, the service carried out 95 autologous and 83 allogeneic stem cell transplants this year.

Palliative Care:

 Thanks to funding from Trinity Med Day, the bi-annual Remembrance Service took place in April and November which was jointly organised by the Medical Social Work and Palliative Care Teams. Some 163 family members, representing 76 patients who died in St. James's Hospital, attended the service. Mr. Christy Conneally's thoughtful and droll reflections on bereavement were very well received.

Medical Oncology:

 Catherine O Brien, (Lead Cancer Nurse), launched the e-Smart study in the hospital. This is a European nursing study monitoring chemotherapy toxicities and patient quality of life during treatment.
 This project has been funded by a European grant.

Radiation Oncology:

The national stereotactic ablative body radiotherapy (SABR) programme saw a 34% increase in patient numbers in 2016. Work is underway on developing a protocol for the more high-risk and centrally located tumours which will be implemented in 2017.

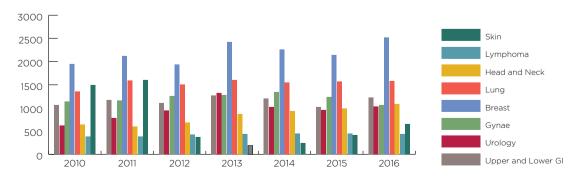
- Total body irradiation continued with a 33% increase in patient numbers.
- Several new techniques for treating breast cancer were introduced within the department. In May, the deep inspiration breath-hold technique which aims to reduce the heart and lung doses received from breast treatment was used to treat 53 patients The service was awarded a Certificate of Compliance with the Novalis Standard for Stereotactic Radiosurgery (SRS) and Stereotactic Ablative Body Radiotherapy (SABR) programmes.

Cancer Clinical Trials:

In 2016, 19 new trials opened and recruited 165 patients in total. 55 patients were recruited to oncology/ haematology clinical trials and 110 patients were recruited to translational research / QOL studies/ Non-interventional studies. Trials continue to be conducted with many major pharmaceutical companies and international co-operative groups in the areas of breast cancer, head & neck cancer, oesophageal cancer, lung cancer, colorectal cancer, ovarian cancer, melanoma, lymphoma and chronic myeloid leukaemia.

Psychological Medicine:

 Continued to support the intern placement within the psychological medicine service in 2016 and facilitated GP registrar placements.



The number and type of cancer cases discussed from 2010-2016

- Referrals for cancer genetics patients have continued to increase.
- Development of new service for the sickle cell cohort is on-going.

Objectives for 2017

Joint Accreditation Committee-ISCT & EBMT (JACIE)

A haematology data manager and a clinical quality manager will be appointed to lead on JACIE accreditation for the haematology service

Medical Oncology Clinical Information System (MOCIS)

 St. James's Hospital to be included in phase one implementation of a National Medical Oncology Clinical Information System starting in the summer of 2017.

Cancer Institute:

 Planning for the proposed Cancer Institute is ongoing. It is a joint initiative between Trinity College Dublin and St James's Hospital. The new facility will set a new standard for cancer care nationally, integrating medicine and science in cancer prevention, treatment and survivorship.

Haematology:

- Expand in-patient /outpatient capacity for Stem Cell Transplantation.
- Establish dedicated ambulatory care space for the Haemoglobinopathies service.

Haematology Oncology Day Centre:

 Expand capacity of Day Centre with reconfiguration of waiting areas and creation of new consulting rooms.

Medical Oncology:

- Translational Medical Oncologist due to start in summer 2017. This will be a joint appointment between St James's Hospital and Trinity College Dublin
- Establish shared care service with the Midlands Regional Hospital, ullamore. Two new Medical Oncologists are planned for 2017.

Summary

Activity increased in all areas of the service in 2016. There has been no commensurate increase in staffing or capacity which represents an ongoing challenge for the Directorate. We eagerly await the publication of the 3rd Cancer Strategy chaired by Professor John Kennedy which may address these issues.

In 2016, a re-organisation of our inpatient services took place with the reconfiguration of Patrick Kavanagh and Water Stevenson Wards into a new 43 bedded in-patient unit named in honour of our late colleague Professor Donal Hollywood. This has led to considerable efficiencies and improved experience for our patients. The unit is very busy from an acuity/turnover perspective and staffing remains an ongoing challenge.

We would like to acknowledge the following;

We are grateful to Irene Moran who worked with us as acting Operations Manager (April 2016 - January 2017).

An additional CNS, Amy Nolan, joined the Cancer Genetics service, while Cristin Leavy was appointed as Cancer Genetics Service Manager in November.

Margaret Codd our former ADON resigned in September 2016 to take a post with the HSE. Jennifer Kerlin was appointed as a replacement.

Julie Benson was appointed CNM II in the National Coagulation Centre.

Dr. David Gallagher was appointed Professor in Cancer Genetics.

In our Palliative Care team, Rory Wilkinson became a candidate ANP with a focus on ambulatory care and avoidance of admission, and Ms. Ciara Monaghan and Ms. Colette Cleary joined the CNS team. Dr. Fergal Kelleher, Consultant Oncologist, also joined the service in a shared appointment with Tallaght hospital. His specialist interest is malignant melanoma





4.2

MedEl Directorate

Mercer's Institute for Successful Ageing

Introduction

Medicine for the Elderly, (MedEl), forms a distinct directorate within the management structure of St. James's Hospital, providing a very comprehensive range of clinical services for elderly patients. The aim of the directorate is to provide optimum patient care with maximum efficiency and effective use of resources.



Dr Conal Cunningham Clinical Director

Professor Rose Anne Kenny Director of MISA

Ms. Carol Murphy Operations Manager

Ms. Josephine Donlon
Assistant Director of Nursing

The Mercer's Institute for Successful Ageing (MISA) was opened in 2016 and provides 'state of the art' health care for older people through innovative practice models that allow easy and rapid access to specialist multidisciplinary assessment and treatment. MISA has forged, and maintains, strong links with community services. The institute provides quality clinical care that informs and is informed by latest research findings. It is a hub for world breaking research in ageing. Using evidence based best practice, the service model embraces innovation and novel technologies, and has built within it a strong research and evaluation process. It also functions as a support for teaching and education of health professionals and community outreach. Additionally, by breaking down the barriers between primary and secondary care, the institute permits the seamless integration of hospital and community services for older patients. The institute promotes and highlights the creativity of older people to enable expression through art, sculpture, poetry, literature, music and drama.

Key Performances Indicators

The MedEl Directorate continues to measure key performance indicators which are tracked within four broad categories:

- Hospital wide indicators
- Nursing metrics
- Speciality-specific indicators
- Operational performance indicators

Performance highlights

In 2016, the new MISA facility was opened, which was the culmination of over thirty years of planning. The construction of the new building was enabled thanks to the generosity and support of Atlantic Philanthropies, together with matching funding from the Department of Health and the Health Services Executive.

MISA has 116 beds; four wards each consisting of 29 beds, 20 single rooms in each ward, and three, three bedded rooms. It also has state-of- the-art units in Bone Health, Falls and Syncope, Memory, Neurovascular and General Medical services for the older person. All of these units are extremely busy and serve not only the local population, but act as a secondary referral centre for patients from other hospital clinics in Ireland.

MISA significantly upgraded its research resources and facilities in Medical Physics and Bioengineering, Memory, Bone Health, Falls and Syncope, as well as transferring a large proportion of the The Irish Longitudinal Study on Ageing, (TILDA), Research Centre to MISA from the Trinity Campus.

The opening ceremony for the new institute was performed by President Michael D. Higgins on the 7th of December, 2016. The President spoke of the opportunities as well as the challenges of ensuring that elderly citizens enjoy active and fulfilled lives; "In a world where we can expect to see more and more people leading significantly longer lives, innovative



"TILDA is unique amongst longitudinal studies in the scope of measures collected which includes a health assessment component. It represents a critical source of evidence to better understand ageing in Ireland over a sustained period of time and across a number of domains."

and creative thought around the ageing process will become increasingly important."

In 2016, the 10th Anniversary of TILDA was also celebrated. Then Minister of State for Mental Health and Older People, Ms Helen Mc Entee, opened the conference held in September to mark the occasion and commented; "TILDA is unique amongst longitudinal studies in the scope of measures collected which includes a health assessment component. It represents a critical source of evidence to better understand ageing in Ireland over a sustained period of time and across a number of domains."

Objectives for 2017

Clinical Developments: Frailty Intervention Therapy Team

The MedEL Directorate presented a proposal to introduce a Frail Intervention Therapy Team which was supported by hospital management and funding agreed by the HSE. The programme will see the development of a liaison service, where prior to a decision about admission or discharge

being made, a Comprehensive Geriatric Assessment targeted at frail older people will be conducted within one to two hours of them presenting at the Emergency Department (ED). It is planned that this service will also review the medical charts of older patients admitted or discharged from the ED out of hours for frailty criteria, and these patients will then be contacted to assess if further Medicine for the Elderly input is warranted.

The key objective of this initiative is to improve the Patient Experience Times (PET) for patients over 70 attending ED and avoidance of unnecessary admissions.

Research Development

National and international research will continue to develop and progress in 2017 in the field of Memory, Bone Health, Falls and Syncope and Neurovascular

TILDA will continue to the next wave of the study providing evidence to inform public policy on health and wellbeing across a wide range of other areas such as pension and retirement, social inclusion, crime, housing and transport. Introduce and develop Training and Education Programmes

The Training and Educational Pillar within the Institute aims to promote a more innovative approach to training and education in ageing, by making it interdisciplinary in focus, integrating the training of different health care professionals, augmenting their own single discipline experience, which will ultimately result in better patient centered care for the older person. A Training and Education Coordinator will be appointed in early 2017 to begin the development, scheduling and promotion of MISA training and education programmes.

Creative Life Programmes

The Creative Life Pillar within the Institute will promote and highlight the creativity of older people to enable expression through such activities such as art, sculpturing, poetry, literature, music and drama, allowing for the experience of the positive aspects of creativity in ageing and how it can also help adaptation to disability and ill-health.

Awards

Professor Rose Anne Kenny received the 'Speaker of the Year' accolade for her presentation 'Highlights from the Irish Longitudinal Study on Ageing' and was awarded the Marie Harte Cardiology Medal at the 12th Annual Connolly Hospital Research Symposium in May 2016.

Ciara Rice Clinical Nurse Specialist in FASU was presented with an award for 'Excellence in Cardiovascular Care', at the Euro Heart Care conference in April 2016



Professor JB Walsh received a 'Life Time Achievement' Award by the Irish Osteoporosis Society of Ireland for his contribution to Bone Health and Research (Photograph L-R Professor Moira O'Brien presenting the Life Time Achievement Award to Professor J. Bernard Walsh)



Professor Davis Coakley was presented with Presidential Medal awarded by the Irish Gerontological Society (Photograph L-R Ms. Mo Flynn President of the IGS, Professor Davis Coakley) The Creative Life Pillar hopes to act as a model of how creativity and the arts can contribute to successful ageing throughout Ireland and will have strong interactions with the Clinical, Research and Training and Education Pillars to enhance and support creative and healthy ageing.

The Institute will appoint a Creative Life Co-ordinator early next year who will be tasked with initiating and developing creative life programmes.

Conclusion

The new MISA building has made a huge positive contribution to raising the morale not only of the Department of Medicine for the Elderly, but of the entire hospital in setting a new standard of excellence in construction and provision of patient care facilities.

MedEL would like to express its sincere thanks for the support of all the previous Chairmen of the St. James's Hospital Board and Corporate Management team. A special thanks also to the staff of the MedEl Directorate and the wider hospital for their support and commitment to MISA.

The Dementia Services Information and Development Centre (DSIDC)

The Dementia Services Information and Development Centre (DSIDC) is a national centre dedicated to promoting best practice in all aspects of dementia care. Its services are threefold; education, research and information dissemination

DSIDC's mission is to improve the quality of life and care for all those affected by dementia. This is done through research, education and training, and through collaboration with other professional groups.

The collective mission of DSIDC is to reduce the impact Alzheimer's disease and other dementias have on individual, families, the community and society at large. These collaborations are both national and international, reflecting the effective synergy between the centre's academic, research, policy and service development pillars.

The DSIDC aspire to make Ireland one of the best places in the world for people to live well with dementia



and to die with dignity, cared for by a well-educated workforce. The DSIDC website has been carefully designed to cover a broad range of dementia related topics, aiming to keep the public and professionals up-skilled with the latest thinking on best practice in dementia care.

Key Performance Indicators

During 2016, the DSIDC relocated to Mercers Institute for Successful Ageing (MISA) and established its new Education Centre on the 6th floor. This learning and educational facility is well resourced with books, reports, training manuals and online access to medical and social science journals.

Key highlights of 2016 include the publication of; 'The Brain - from the Fantastic to the Forgetful', a training manual for teachers, accompanied by a workbook for school children which can be integrated into Junior Cycle subjects including SPHE, Civic Social and Political Education (CSPE) and Science and Wellbeing. The manual teaches secondary school students about positive ageing, brain health and dementia.

Other highlights include; co-hosting of the 6th Memory Clinic conference; participation at national and international conferences; collaboration with DemPath in relation to making two Emergency Department bays dementia friendly; designing and implementing short staff education sessions; participation in the Dementia Elevator Roadshow; and interviews on national radio

The DSIDC is represented on a number of national committees including the Department of Health committee for the implementation and evaluation of the National Dementia Strategy. During 2016, staff from the centre conducted a number of design consultancies which enabled many organisations to enhance the living experience of their clients living with dementia by improving their environment.

Conclusion

DSIDC's education services continue to be in high demand with staff from the centre providing education to healthcare professionals nationwide and on site.

Its information and consultancy service demonstrate the increased interest in the needs of people with dementia. DSIDC staff respond to many queries from health care professionals, specifically around quality of life interventions for nursing homes. Queries from the public relate to what they should do if they are worried about their memory or the memory of a relative.

The DSIDC website, Facebook and Twitter accounts continue to be a valuable information source for both health service professionals and the general public. These platforms offer users a forum to seek out assistance, information and advice on any dementia related enquiry they may have

4.3

Medical and Emergency Directorate (MED)

Introduction

The Medical and Emergency Directorate (MED) comprises all Internal Medicine specialties. Organised into four administrative pillars, (Acute Floor, Inpatient Care, Day Procedures & Ambulatory Care), our mission is to provide best care for all patients based on safety, clinical excellence and the patient experience. The agreed management process is a clinically-led cycle for continuous improvement.



Dr. Finbarr O'Connell, Clinical Director

Paula Corby
Operations Manager

Our aims focus on optimal acute and ambulatory care for all patients in the following specialties -

- Emergency Medicine
- · Acute and Internal Medicine
- Cardiology
- Dermatology
- Endocrinology
- Endoscopy, Gastroenterology and Hepatology
- Clinical Immunology
- GU Medicine and Infectious Diseases
- Ophthalmology
- Nephrology
- Neurology and Clinical Neurophysiology
- Respiratory Medicine and the Respiratory Assessment Unit
- Rheumatology

Key performance Indicators

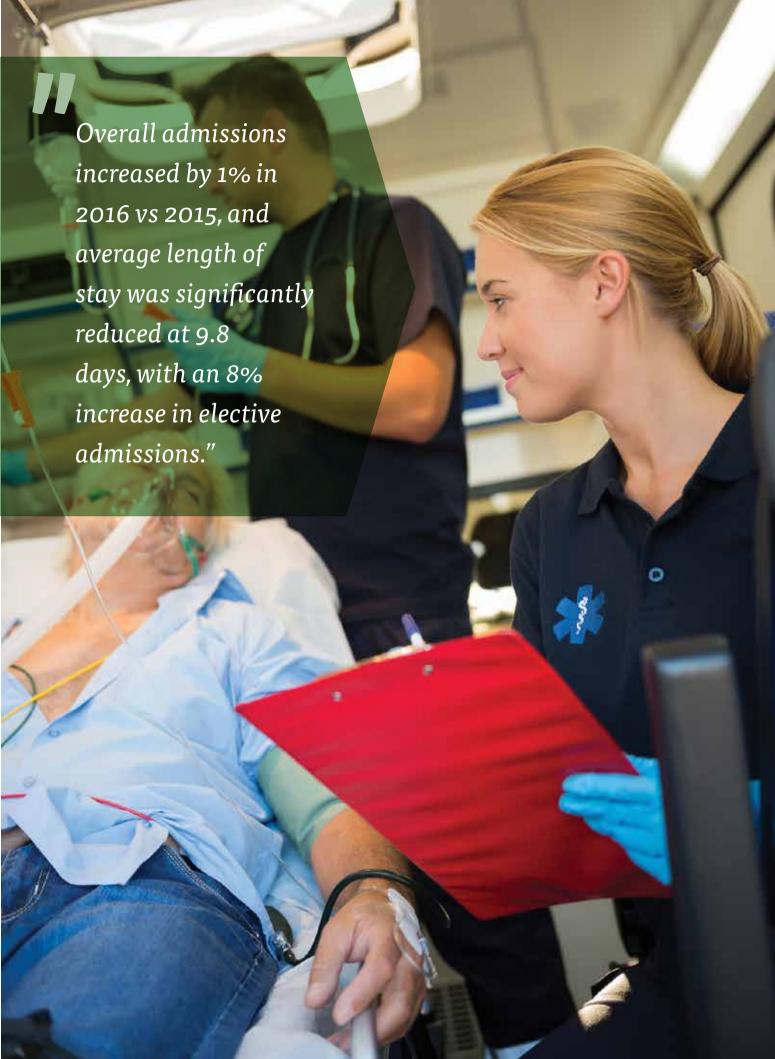
Within each of the MED Directorate specialties, key

metrics are agreed for the specialty as a whole, and for major patient pathways within the specialty, aligned to key metrics for the hospital, the HSE, NCCP, and the National Clinical Programmes. Data is reviewed at specialty operations meetings to identify variation from expected. Patient pathway optimisation projects have begun in most specialties. Reports are provided daily, weekly, monthly, quarterly and yearly related to the specific KPI reporting requirement. Metrics are available to view on the hospital dashboard.

Performance Highlights

Many MED specialties were involved in the decant process to facilitate the development of the National Children's Hospital, in particular Hepatology, Rheumatology, Cardiology and Respiratory Medicine. All of the staff involved deserve a huge vote of thanks for the hard work involved in maintaining services while completing the decant programme. We also





"TILDA is unique amongst longitudinal studies in the scope of measures collected which includes a health assessment component. It represents a critical source of evidence to better understand ageing in Ireland over a sustained period of time and across a number of domains."

acknowledge the benefits of specialties coming closer together because of decant.

Most inpatient activity in MED is driven by acute admissions via the Emergency Department, (ED), which increased by 2% in 2016 versus 2015. St James's performed very well on HSE 'TrolleyGar' which is a daily measure of the number of patients in acute hospitals awaiting admission to an inpatient bed.

Longer Patient Experience Times (PET) than ideal reflect challenges around patient flow with ever-increasing activity, but also work-up of patients on the acute floor for potential same-day discharge. Overall admissions increased by 1% in 2016 vs 2015, and average length of stay was significantly reduced at 9.8 days, with an 8% increase in elective admissions.

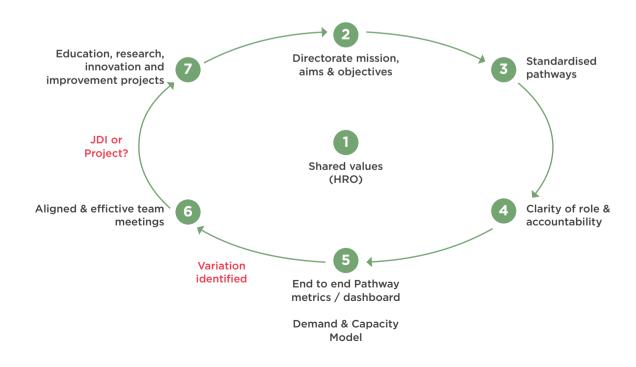
Significant progress has been made in

the process of transforming the acute medical on-call process to a patient-centred model. This has involved an increase in specialty flow of patients at admission, particularly to Geriatrics and Respiratory Medicine, and a new distributive model of on-take implemented by our acute general physicians to enable flow of patients to multiple teams each morning on a more frequent basis. These initiatives provided a net benefit during the first year of 18,000 bed days returned to the system.

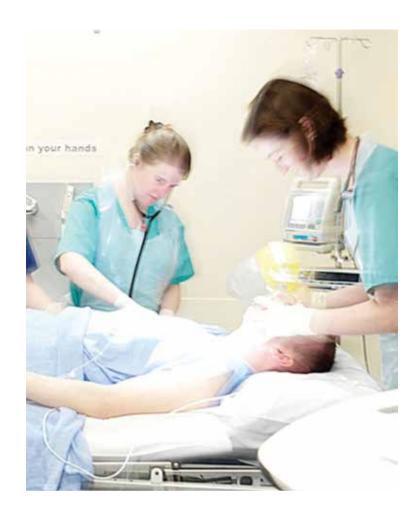
Cardiology activity continued to increase, particularly around the Percutaneous Coronary Intervention (PCI). Percutaneous trans-aortic valve implantation (TAVI) activity also continued to increase on foot of additional Consultant manpower. A detailed cardiac strategy for the next 10 years was also finalised in 2016.

Dermatology services showed steady increases in referrals for outpatient services and MOHs day surgery. Access times were maintained within KPI guidelines, despite significant activity growth.

2016 was a very challenging year for the Endoscopy service with much of the Endoscopy equipment reaching end of life in the same 12 month period with associated replacement funding challenges. The procurement process for replacing the Endoscopy Washroom commenced in Oct 2016, alongside an endoscope replacement process. Hepatology nursing staff participated on National and International Advisory Boards as Nurse Consultants expert in the area of Hepatitis C and advised on the projected treatment strategies involved in forward planning and implementation of national strategies. In Rheumatology Medicine, nursing staff developed a patient diary to assist



KPI's		
Quality & Safety	Serious safety events	
	Medications safety events	
	Mortality rates	
	Readmission rates	
	Clinical outcomes	
	Satisfaction surveys	
Access	Wait times to OPD	
	Triage times	
	New: return ratios	
	Kiosk utilisation rates	
Flow	Waiting times ED - PET& age	
	Did not wait rates - ED	
	Trolley rates (TrolleyGar)	
	DNA rates	
	Capacity utilisation rates	
	Inpatient LOS	
	Delayed discharges	
Team	Staffing levels	
	Absenteeism rates	
Resources &	Expenditure v budget	
waste	Cost containment measures	
	Income collection	



Key performance Indicators

patients to self-manage their arthritis. It was developed as a useful tool for patients to document symptoms as well as medications and hospital/GP visits. In November, at the Irish Healthcare Awards, the 'Best Nursing Project of the Year, was awarded to 'MiKidney App'; an app designed to help empower chronic kidney disease patients to self-manage their disease. The app was designed and driven by Nuala Doyle, Clinical Nurse Manager.

Objectives 2017

We aim to continue to meet the challenges of providing safe, excellent, person-centred care for all patients attending MED specialties in 2017. Works will be carried out to refurbish Zone 3 in the ED and to facilitate the opening of a Medical Ambulatory Care Suite. We hope to increase capacity for dialysis and telemetry, and to resolve issues around fluoroscopy, scope stock and decontamination in endoscopy.

A proposal will be developed for

expansion of the respiratory sleep service aligned with the narcolepsy service and with improved neurophysiology testing. Separate proposals will be developed for new consultant posts in various overstretched specialties.

We hope to continue to gain momentum with the agreed model for the directorate and to optimise further pathways for the benefit of our patients. We will work with our colleagues in other directorates and with the hospital executive towards bed designation and begin long-term planning required for co-location of the National Children's Hospital at St James's.

Conclusion

It is increasingly challenging to continue to provide best care for patients with steady increase in activity across all specialties, increased acuity and complexity, and increased frailty among an increasingly ageing population, while funding and staff levels have not meaningfully increased in any way to compensate for the severe cutbacks implemented between 2008 and 2015. Against this backdrop, frontline staff deserve huge credit for providing exemplary care, frequently way above and beyond contractual duties, supported by a very dedicated administrative staff and executive team.

2016 saw the departure of Professor Plunkett, after a 28 year-long career within the hospital with the final two years served as Medical Director of St. James's Hospital. His departure culminated with the presentation of the William Stokes award by the Minister for Health, Simon Harris, for his enormous contribution to the field of Emergency Medicine. Professor Plunkett's contribution to the development of the Emergency Department from a small department with one consultant to where it is today has been immense.

Surgery Anaesthesia and Critical Care Directorate, (SACC)

The Surgery Anaesthesia and Critical Care Directorate, (SACC), provides a range of services and specialties at a local, regional and national level. SACC's mission is to provide safe, timely and personal care to all patients.



Dr. Jeanne Moriarty Clinical Director

Suzanne Corcoran Operations Manager

Services provided are Anaesthesia and Pre-assessment, Breast Care, Cardiothoracic Surgery, Critical Care, Upper and Lower Gastrointestinal Surgery to include General Surgery, Gynaecology, Oral and Maxillofacial Surgery, Orthodontics, Prosthodontics and Cleft ambulatory care, Orthopaedics, Otolaryngology, Plastics, Reconstructive and Burn Surgery, Acute and Chronic Pain Management, Vascular Surgery and Urology. SACC is also responsible for the hospital Sterile Supplies Unit.

The core management team consists of: a Clinical Director, Operations Manager, four Assistant Directors of Nursing and three Directorate Service Managers. Monthly Specialty Operations meetings are held with the Specialty Lead Clinicians to review activity and Key Performance Indicators, (KPI's), and to plan strategic service developments.

Key performance Indicators

In addition to the internal performance indicators related to clinical activity and outcomes, the Directorate supports delivery of national key performance indicators most notably in relation to patient waiting times. 2016 was an extremely challenging year for surgery, due to significant reductions in theatre capacity due to rolling closures as a consequence of nursing shortages. This impacted to varying degrees on wait times for all surgery. A targeted overseas recruitment initiative in the Philippines and India proved successful. Whilst there is a lead in time due to adaptation needs, it is anticipated that theatre capacity will be restored to normal levels in early 2017.

The Directorate also reports to the National Cancer Control Programme (NCCP) for Rapid Access Prostate and Rapid Access Breast services.

Performance Highlights

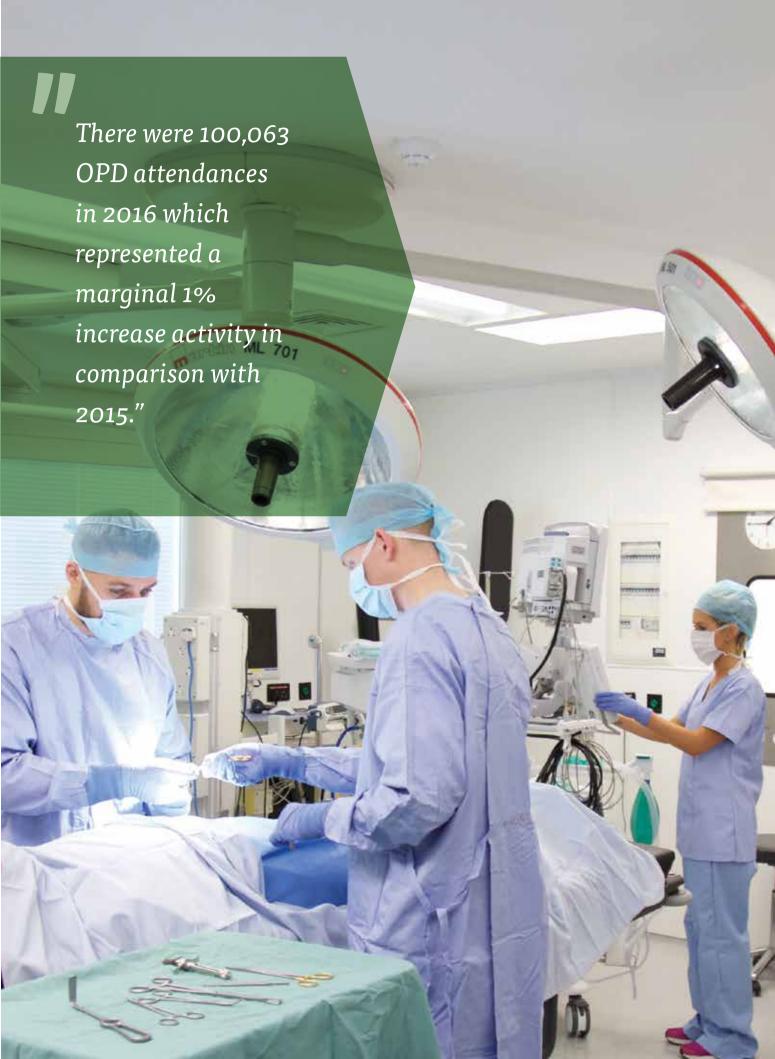
The Productive Ward Programme was piloted successfully on Bennett's Ward, led by Mr Tony Galvin and will be rolled out across the hospital.

The in-patient Anaesthesia Pre-assessment Clinic commenced in February 2016, increasing in July to three Consultants providing clinics every week.



Performance Highlights

- Key Metrics



OPD Activity 2016	Consultant Led			Nurse Led			
ERHA_SPEC_DESC	New	Return	Total	New	Return	Total	Grand Overall Total Cons & Nurse
ANAESTHETICS	1484	21	1505	1416	66	1482	2987
CARDIO-THORACIC SURGERY	685	1589	2274	214	275	489	2763
GENERAL SURGERY	7424	10353	17777	4654	8311	12965	30742
GYNAECOLOGY	1035	3902	4937	0	0	0	4937
MAXILLO FACIAL	2378	10553	12931	0	0	0	12931
ORTHOPAEDICS	3656	8381	12037	538	2115	2653	14690
OTOLARYNGOLOGY	1298	2998	4296	0	0	0	4296
PAIN RELIEF	714	920	1634	42	36	78	1712
PLASTIC SURGERY	2836	5447	8283	22	3435	3457	11740
UROLOGY	586	2170	2756	1736	315	2051	4807
VASCULAR SURGERY	1543	4415	5958	26	2474	2500	8458
Total	23639	50749	74388	8648	17027	25675	100063

OPD Activity

The Urology Service acquired a Holmium laser for the treatment of renal stones in September 2016. This reduces both operative time and length of stay and facilitates treatment of complex stones.

There were 100,063 OPD attendances in 2016 which represented a marginal 1% increase activity in comparison with 2015. Within this activity, new patient attendances at consultant clinics decreased by 8.75% with nurse led clinical new patient attendances increasing by 52.5%.

Day Surgery activity reduced from 11,504 cases in 2015 as a consequence of bed pressures arising from emergency admissions during the first half of 2016 which represented a 15.5% decrease in day surgery activity.

Admissions to the General Intensive Care Unit, (ICU), and Keith Shaw ICU increased by 16% and 9% respectively in comparison with 2015 rates whilst admissions to the High Dependency Unit, (HDU) decreased by 42%.

Admissions to the surgical wards showed a slight decrease, (1.3%), from 2015 levels.

With the appointment of Ms Allison Reynolds as Trauma Co-ordinator, St. James's Hospital joined the national Multiple Trauma Audit, which submits to the Trauma Audit Research Network (TARN) in the UK.

Objectives 2017

The primary objectives for the Directorate throughout 2017 will be to maximise existing theatre capacity,

secure urgent equipment replacement in theatres and extend the roll-out of preoperative assessment and Day of Surgery Admission, (DOSA). It will also continue the planning for a shared Central Decontamination Unit.

Allied to the above, the Directorate has prioritised the following resources and service requirements for next year:-

- Additional theatre capacity externally for low acuity and Day Case surgery.
- Funding for additional Consultant posts in Anaesthesia, Pain Medicine, Gynaecological Oncology, Upper GI Surgery, Oral & Maxillofacial Surgery and Prosthodontic Surgery.
- Funding for enhanced SCOPE services for the Head and Neck and GI Cancer programmes.

Day case Discharges	Elective	Emergency Department	OPD	Transfer	Total
Orthopaedics	519	0	1	0	520
Surgery	4263	10	2	0	4275
Anaesthesiology	807	15	2	0	824
Plastics	392	11	70	2	475
Maxillo Facial	439	1	1	1	442
Urology	1613	1	1	0	1615
Vascular	677	2	2	0	681
E.N.T.	344	0	0	0	344
Gynaecology	429	4	2	0	435
Thoracic Surg	32	0	1	0	33
Pain Management	313	2	2	0	317
Grand Total	9828	46	84	3	9961

Day Surgical Activity



Conclusion

2016 has been a challenging year for the Directorate in the context of nursing recruitment and retention difficulties and the impact on service continuity particularly in the Operating Theatres. This has coincided with a period of intensive planning for the re-location of a number of specialty services and administrative offices as part of the Hospital Decant Programme. As we approach 2017, we look forward with optimism to plans to increase nursing staff levels through targeted recruitment initiatives. The decanting of services to new office and clinical facilities by the end of Quarter 1, 2017 will also significantly improve working environments for patients and staff.

ICU Department Total Admissions 2016					
Month	General ICU	HDU	KSICU		
Jan	79	27	32		
Feb	63	28	37		
Mar	67	32	49		
Apr	80	45	46		
May	102	11	40		
June	85	0	42		
July	79	0	41		
Aug	87	10	41		
Sep	83	19	40		
Oct	84	8	47		
Nov	82	22	45		
Dec	81	19	33		
Total	972	221	493		

NON ACUTE ACUTE **Grand Total Inpatient Discharges 2016** Wards Wards CARDIO-THORACIC SURGERY 0 956 956 **GENERAL SURGERY** 0 2799 2799 GYNAECOLOGY 0 815 815 MAXILLO FACIAL 948 948 ORTHOPAEDICS 1018 1018 OTOLARYNGOLOGY 423 424 PAIN MANAGEMENT 16 16 PLASTIC SURGERY 1095 1095 UROLOGY 569 569 VASCULAR SURGERY 0 413 413 9052 Total 9053

Inpatient Activity / SACC Ward Areas

Number of Procedures carried out in the Main Operating Theatres 2016						
Year 2016	Total Elective Cases	Total Immediate /Emergency cases	Total Trauma Cases	Overall Total Per Month		
Jan'	497	135	37	669		
Feb'	539	116	43	698		
March	581	137	33	751		
April	549	125	55	729		
May	551	128	56	735		
June	494	125	49	668		
July	472	126	68	666		
August	472	139	63	674		
Sept'	552	110	59	721		
October	473	139	50	662		
Nov'	450	109	59	618		
Dec'	423	131	57	611		
Total	6053	1520	629	8202		

Activity Summary for Critical Care

Activity Summary for total surgical procedures

<u>4.5</u>

LabMed Directorate

Laboratory Medicine and Molecular Pathology Directorate (LabMed Directorate)

Introduction

The Laboratory Medicine (LabMed) Directorate is a fully accredited service and comprises the clinical laboratory disciplines of:

- Biochemistry (including Point of Care Testing)
- Cancer Molecular Diagnostics
- Haematology (incorporating Coagulation and Cryobiology)
- Histopathology (incorporating Cytopathology)
- Immunology
- The Irish Mycobacteria Reference Laboratory (IMRL)
- Microbiology (incorporating Virology and Infection Prevention and Control)
- The National MRSA Reference Laboratory (NMRSARL)
- Phlebotomy
- Transfusion Medicine (incorporating Haemovigilance).

LabMed is responsible for the overall management and development of the laboratory medicine and molecular pathology services in support of St. James's Hospital and general practitioners. It also provides routine supra-regional and national referral services to hospitals across the state underpinned by service level agreements. LabMed has two national reference laboratories- the Irish Mycobacteria Reference Laboratory (IMRL) and the National MRSA Reference Laboratory (NMRSARL).

All laboratory medicine services are accredited, with over 1,000 tests within the scope of accreditation. The laboratory disciplines, outlined below, were accredited to the updated international standard ISO 15189:2012 in 2014 for a five year period (2014-2019). There is an annual surveillance over two day period and in 2016 the laboratory directorate maintained the accreditation status The services accredited include:

- **Biochemistry** (including Point of Care Testing-POCT)
- Cancer Molecular Diagnostics



Dr. Brian O'Connell, Clinical Director

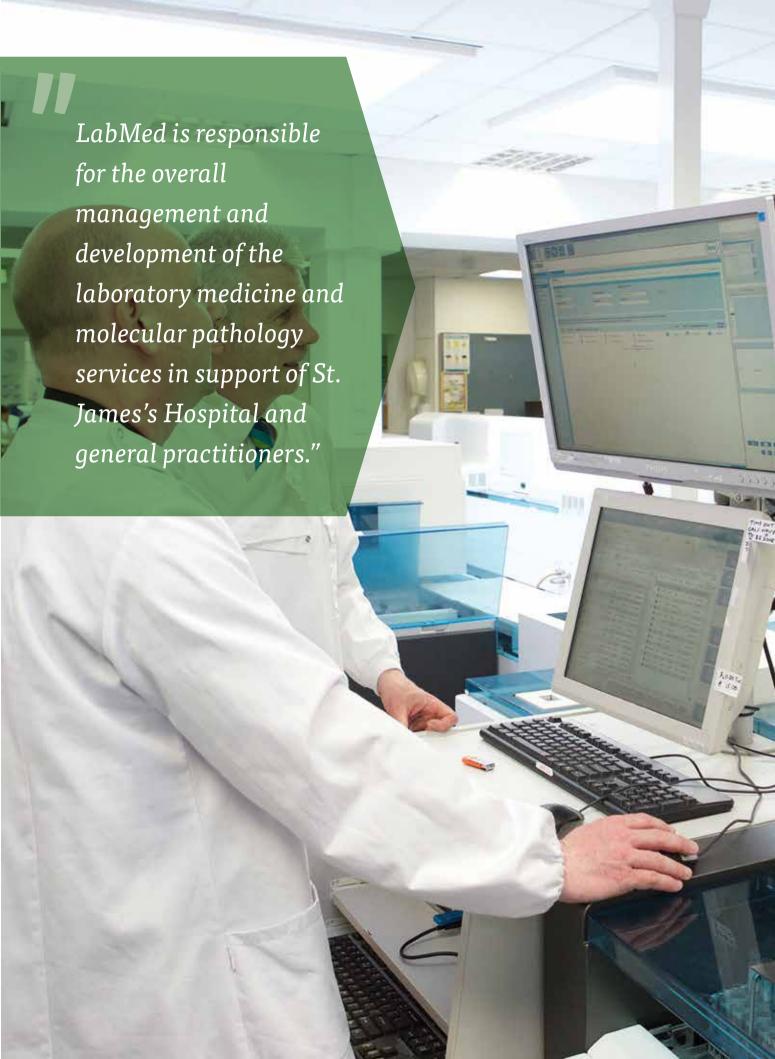
John Gibbons Laboratory Manager

- Haematology (including the Coagulation Laboratory of the National Centre for Hereditary Coagulation Disorders (NCHCD) and Phlebotomy
- Histopathology (incorporating Cytopathology)
- Immunology
- The Irish Mycobacteria Reference Laboratory (IMRL)
- Microbiology (including virology)
- The National MRSA Reference Laboratory (NMRSARL)

The Transfusion Medicine Department, incorporating Haemovigilance, is accredited to standards ISO 15189 and AML-BB (SI 360 of 2005) from the Irish National Accreditation Board (INAB) and retained its accreditation status in 2016.

License to operate as a Tissue Establishment:

St. James's Hospital Tissue Establishment incorporating the Cryobiology Laboratory has received their license to operate as a Tissue Establishment from the Irish Medicine Board (IMB) following inspection in accordance with EU



In 2016, the Cancer Molecular Diagnostic Laboratory experienced significant growth in molecular testing referrals from all over the country. This was in part due to year-on-year growth in sample numbers but also to the introduction of two new molecular tests in 2016 – CALR mutation testing for the diagnosis of myeloproliferative neoplasms and TP53 mutation testing (pilot programme) to aid in treatment selection for chronic lymphocytic leukaemia (CLL).

Directives 2004/23/EC; 2006/17/ EC and 2006/86/EC (SI 598 of 2007 and SI 158 of 2006). It has retained its license in 2016.

Key performance indicators (KPIs)

The laboratory is compliant with the following standards for all services:

- ISO 15189:2012 Medical Laboratories-Requirements for Quality and Competence
- 2. ISO 22870:2016 Point of Care Testing: Requirements for Quality and Competence
- 3. ISO 15189 and AML-BB (SI 360 of 2005) for Transfusion and Haemovigilance services
- 4. License issued by the HPRA under EU Directives 2004/23/EC; 2006/17/ EC and 2006/86/EC (SI 598 of 2007 and SI 158 of 2006) for the Cryobiology laboratory as part of the Tissue Establishment
- 5. Compliant with the National Clinical Programme for Pathology
- Support all national clinical programmes and particularly the National Cancer Control Programme

In addition to the many KPIs incorporated in the accreditation standards above, other KPIs include:

- Meeting agreed turnaround times for reporting the results of examinations, tests and investigations as outlined in our LabMed User Guide or by agreement with individual clinical services within the hospital
- Participating in multi-disciplinary team meetings within the hospital
- Provision of clinical advisory services

- for all laboratory services
- Engaging with clinical teams in the development of new diagnostic services in support of clinical diagnosis and treatment and clinical care pathways
- Development of predictive marker testing services for the National Cancer Control Programme
- Engaging with national projects that will enhance the quality in services provided nationally, such as, the National Medical Laboratory Information System Project, Laboratory Financial Management, Laboratory Modernisation projects
- Participating in pan hospital committees, such as, Antiobiotic Stewardship; Infection Prevention and Control; Hospital Transfusion Steering Group; Hospital POCT Steering Group; Chemical Safety; Water Safety and Waste Management.
- Engaging in a number of clinical trials, such as, the global trial for LOXO-101 Basket Study, looking for NTRK rearrangements for targeted therapy and iPROSPECT, which is the Irish programme for stratified prostate cancer treatment using Next Genaration Sequencing profiling for men with advanced prostate cancer.

Performance Highlights

National Coagulation Laboratory

The commissioning of the new National Coagulation Laboratory located annexed and integrated into the main Laboratory Medicine Building. The addition and commissioning of a new café and administration office was also part of this project. This was part of the

Decant programme for the National Children's Hospital (NCH) and was completed in October 2016.

Cancer Molecular Diagnostic Laboratory (CMD)

In 2016, the Cancer Molecular
 Diagnostic Laboratory experienced
 significant growth in molecular
 testing referrals from all over the
 country. This was in part due to year on-year growth in sample numbers
 but also to the introduction of two
 new molecular tests in 2016 - CALR
 mutation testing for the diagnosis
 of myeloproliferative neoplasms
 and TP53 mutation testing (pilot
 programme) to aid in treatment
 selection for chronic lymphocytic
 leukaemia (CLL).

Clinical Biochemistry and Haematology

- Reconfiguration of the Core Blood Sciences Laboratory from June to September 2016. This included a new C8100 pre-analytics with new line configuration which has chemistry and immunoassay availability on all 3 lines. Haematology introduced a new suite of Sysmex equipment and tracking system and an additional immunoassay system for baematinics.
- Second Mass Spectrometer installed in November 2016 for the provision of steroid hormone measurement and anti-fungal drugs and for method developments
- Introduced accredited faecal calprotectin test: Faecal calprotectin testing is recommended by NICE as an option to help doctors distinguish between inflammatory bowel

Tissue Establishment



St. James's Hospital Tissue Establishment incorporating the Cryobiology Laboratory has received their license to operate as a Tissue Establishment from the Irish Medicine Board (IMB)

diseases, such as, Crohn's disease and ulcerative colitis, and noninflammatory bowel diseases, such as, irritable bowel syndrome

 ICT Connectivity for 23 POCT Ketone meters across the hospital.

Clinical Immunology

- Refreshed equipment and ICT connectivity that will enhance the service in all Immunology modalities
- The introduction of new test modalities in 2016 has increased the expertise of scientists in the department and greatly enhanced the service to patients and clinicians with improved access to testing methods and quicker turn-around-times together with cost savings
- o Immunoblots for myositis (ISO15189 Accredited 2016).
- o Immunoblots for LKM in the diagnosis of autoimmune disorders
- o The use of transvected fixed cells for identification of antibodies to NMDA receptors these are currently validated in Immunology and have been in use since December 2016

Microbiology

- Qualitative Detection of Pneumococcal Urinary Antigen using the BinaxNOW® Streptococcus pneumoniae Antigen Card
- Introduction of VIDAS HIV Duo Ultra assay in Serology.
- Introduction of Rapidec Carba NP for detection of carbapenemase producing GNBs
- Providing a national laboratory AST service & participating in ECDC European Surveillance Network for Antimicrobial resistance in N. gonorrhoeae (EURO-GASP).
- Introduction of Liofilchem gradient MIC susceptibility testing for moulds
- Increased screening for Carbapenem-resistant Enterobacteriaceae (CRE) using both routine microbiology culture & susceptibility & rapid molecular assay using the GeneXpert. This includes weekly screening of critical care areas, and screening of admissions/transfers who have been in or attended other hospitals
- Introduction of second line susceptibility testing for M. tuberculosis isolates
- Introduction of 16S and ITS gene sequencing for identification of NTM
- Verification of NTM susceptibility testing
- Introduction of an in house AmpliSens Pneumocystis jirovecci assav
- Use of whole genome sequencing for the investigation of outbreaks caused by MRSA



Next year's (2017) Objectives

In 2017, The Laboratory will continue to enhance the services it provides with a particular focus on developments and availability of molecular tests to support early diagnosis and treatment options and continue to provide tests that are predictive markers of disease, particularly relating to cancer. In addition, the laboratory will continue to optimise efficiency in order to deal with the increased demand for tests.

The laboratory will review its facilities and infrastructure and plan to provide additional accommodation and facilities to support the expanding repertoire of services it provides. The desire to build a new campus laboratory is a major goal of the department but other options will also be considered.

Expanding facilities for Cancer Molecular Diagnostics and supporting its developments in support of cancer diagnosis, treatment and research is a key goal for 2017.

To continue to work with the HSE National Project Team for the implementation of the national MedLIS project. St. James's Hospital Laboratory department has been chosen as the first pilot site for implementation, which is likely to occur in Q1 2018.

To plan and agree a protocol for the replacement and upgrading of analytical and support equipment in the laboratory department that is essential to its core functions of delivering

a quality and safe service and that supports its ongoing developments in support of optimal patient care.

Conclusion

There has been significant growth in patient tests requests throughout 2016. The largest growth has been in the more complex tests, such as, molecular tests in cancer and infectious diseases and also those utilising Flow Cytometry and Tandem Mass Spectometry.

The laboratory retained it accreditation status following surveillance by the Irish National Accreditation Board.

The relocation and integration of the National Coagulation Laboratory into the existing Laboratory Medicine building was very successful. As part of this development, a new laboratory restaurant and administration facility was provided.

There was a significant refresh of analytical equipment in biochemistry and haematology in 2016 as part of a managed service programme.

Challenges:

The three key challenges are:

- The expansion and modernisation of the laboratory medicine infrastructure to meet the needs of the expanding services provided and of those required to be developed
- Replacing and updating the laboratory based analytical and informatics equipment to facilitate the provision of a modern quality based service, benchmarked to internationally best practice standards
- 3. Employing additional scientific staff to support the developments in molecular diagnostics that are key to optimal patient care.

4.6

The DiagIm Directorate

Introduction

The DiagIm Directorate provides a diagnostic imaging service to the patients and clinicians of St. James's Hospital. Imaging services provided include CT, MRI, ultrasound, breast imaging, nuclear medicine, PET/CT, interventional radiology and general X-ray. A service is also provided to GP's in the catchment area as well as tertiary care to hospitals outside the catchment area. A radiographic service is also provided to the Cardiac Cath Lab, Endovascular Suite, Endoscopy, DXA and Theatres. The provision of education and training is a key function of the Directorate. A training programme for specialist radiology registrars is delivered in addition to on-going clinical training of undergraduate and postgraduate radiography students.



Dr Niall Sheehy *Clinical Director*

Suzanne Dennan Radiographic Services Manager

Key performance indicators

The demand for diagnostic imaging services has seen an exponential growth in activity over recent years. The Directorate aims to provide timely patient access to all diagnostic imaging services provided.

National access KPI's for breast imaging (mammography and breast ultrasound) are defined in The 'Quality Assurance Standards for Symptomatic Breast Disease Services in Ireland', HIQA (2007). All breast imaging requests for new patients should be carried out within 12 weeks of attendance at the specialist breast clinic.

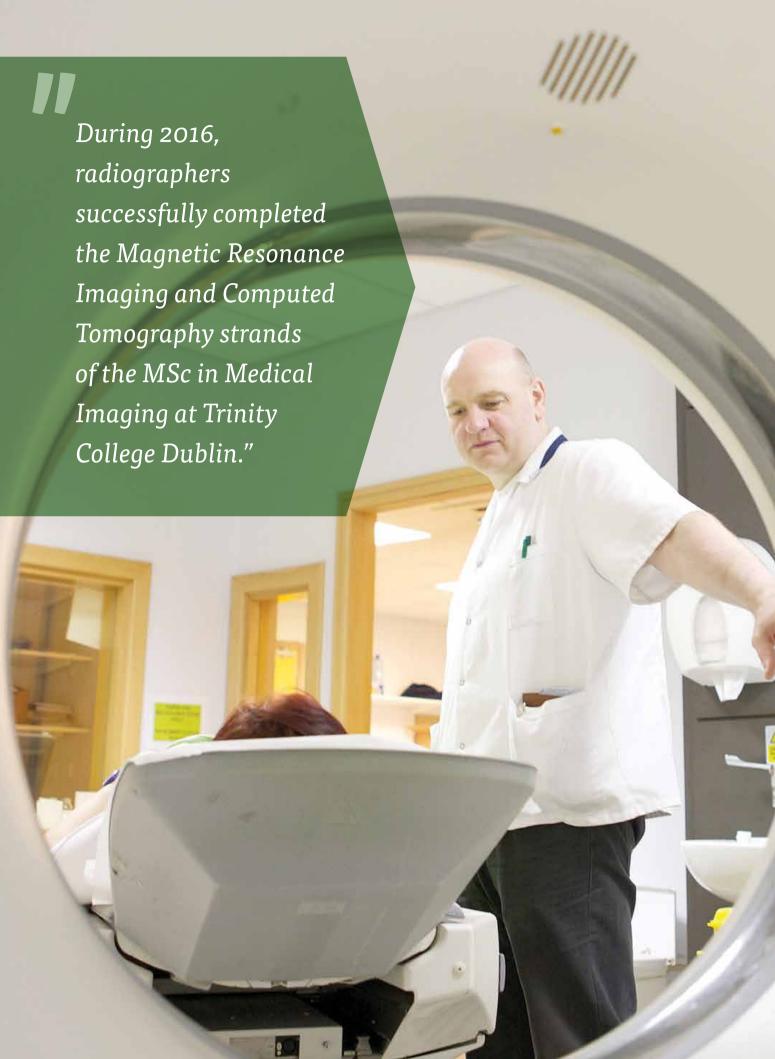
Performance highlights

There was a continued focus on improving our wait times for all procedures in 2016. The overall activity of the department was unchanged with an increase in CT and ultrasound.

In 2016, radiology nurses successfully completed

Imaging Modality	2015	2016	Variance
General Radiology + Max Fax	116,610	114,415	-2%
G.I. (including IVP)	1,081	997	-8%
Mammography	7,468	7,462	0%
Ultrasound	20,583	22,054	7%
C.T.	32,622	34,695	6%
Interventional Radiology: Therapeutic	3,208	3,236	1%
Interventional Radiology: Diagnostic	408	299	-27%
Nuclear Medicine	5,667	5,444	-4%
M.R.I	12,339	12,342	0%
PET/CT *	3,249	3,287	1%
TOTALS	203,235	204,231	0%

Comparable Activity Analysis by Modalities



In recent years, the demand for routine breast imaging (mammography and ultrasound) has also risen significantly. A business case for the installation of additional breast imaging equipment and reconfiguration of the existing breast unit has been submitted and is awaiting approval.

specialist training in PCA (patient controlled analgesia) pump administration. Nurses can now provide immediate pain management via the PCA pump post procedure in the Interventional Radiology (IR) suite. The demand for Peripherally Inserted Central Catheter (PICC) line insertion procedures in IR has increased annually. Training in PICC line insertions was completed by a radiographer and a nurse enabling these staff members to support the delivery of the PICC line service and improve patient access.

During 2016, radiographers successfully completed the Magnetic Resonance Imaging and Computed Tomography strands of the MSc in Medical Imaging at Trinity College Dublin. In 2016, the second class of radiographers from the joint one year honours degree course in diagnostic radiography at Trinity College Dublin and Singapore

Institute of Technology graduated. The Directorate facilitated the clinical placements of students during the overseas immersion programme in Dublin.

The St. James's Radiographers' Education Group also facilitated the following skills courses:

- Red dot with comments course for radiographers
- Radiation protection for Non-Radiology Medical Practitioners and Hospital Personnel
- IV skills training for radiographers

Emerging Challenges / Themes For 2017

Expansion of CT services

The demand for CT services continues to increase per annum. A business case for the installation of an additional CT scanner in the Emergency Department has been submitted to the HSE. The provision of a third CT scanner will create additional CT scan capacity to meet this increasing demand and reduce the waiting times for CT. Other opportunities to create additional capacity in CT will be explored during 2017

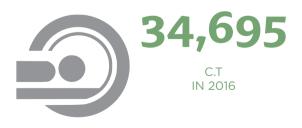
Breast imaging expansion

In recent years, the demand for routine breast imaging (mammography and ultrasound) has also risen significantly. A business case for the installation of additional breast imaging equipment and reconfiguration of the existing breast unit has been submitted and is awaiting approval.

Conclusion

In 2016, the Directorate focused on improving access to diagnostic imaging services. In response to the increasing demand for key imaging services,







<u>5.1</u>

SCOPe Directorate

Introduction

The SCOPe Directorate comprises the five Health and Social Care Professions which includes Speech and Language Therapy, Medical Social Work, Clinical Nutrition, Occupational Therapy and Physiotherapy. SCOPe provides a multidisciplinary client centred holistic inpatient and outpatient service to enhance client independence and quality of life in keeping with best practice. Currently there are 179.79 whole time equivalent Health & Social Care Professionals, 10.45 Clerical/Administration grades and 10.70 wte Health Care Assistants.



Niamh Murphy Manager

Key performance indicators

- Total activity increased by 1%
- 2.8 overall sick leave for 2016
- Hand hygiene and Fire Mandatory Training compliance ≥ 93% during 2016

Performance highlights

- Departments went live with Electronic Health Record (EPR)
- SCOPe MedEL staff moved to the Therapy Floor of the new MISA Building.

- 11 staff completed the SCOPe Leadership Programme.
- An ICT Quality Improvement Group was established under the Microsystem Methodology.
- A Quality Improvement Group was established to standardise practices across SCOPe.
- SCOPe presented at a number of national conferences this year.
- · Open Day for Transition Year Students held.

Clinical Nutrition:

• Clinical Nutrition was actively involved in the HIQA unannounced inspection of nutrition and hydration care.

In 2016 Health & Social Care Professions provided a service to:

2016	New patient contacts	Return patient contacts	Totals patient contacts
Inpatients	25,098	108,240	133,338
Outpatients/outreach	13,127	29,177	42,304
Totals	38,225	137,417	175,642



Occupational Therapy, (OT), and Physiotherapy facilitated Bobath Neurodevelopmental Rehabilitation training for staff.

Neurology OT delivered "Lee Silverman Voice Technique (LSVT) – Big Movement" rehabilitation sessions to Parkinson's disease service users with excellent results.

- A follow up clinical trial investigating the effects of prolonged EPAenriched enteral nutrition was completed with write-up in progress.
- A joint dietitian and consultant surgeon malabsorption clinic continued in 2016.
- A pilot project of the Nutrition Care Process Model was rolled out and expanded.
- The first adult ketogenic service dietetic service in Ireland was established in St. James's Hospital on a temporary basis initially.
- The senior renal dietitian, with the renal multidisciplinary team, developed an app "MiKidney" for chronic kidney disease patients. This was piloted in 2016 and received an Irish Healthcare award.
- An evaluation of patient empathy using the validated tool CARE was undertaken.
- Department strategy, mission and vision were developed.
- Change management groups were established to explore internal quality improvements.

Medical Social Work:

- Children's Lives Include Moments of Bravery (Climb) programme established for children affected by Cancer
- MSW Policy on Homelessness
- Social Work contributed to planning for Family room in Mortuary which opened in November 2016.

Occupational Therapy (OT):

- OT received a large stock of adaptive and specialised equipment from community colleagues via the "Winter Initiative" to facilitate discharge in CHO 7.
- The OT department was the beneficiary of the Foundation Golf Classic raising essential funds to improve departmental accommodation for out-patients.
- A new service for head injuries was established in the Emergency Department.
- OT collaborated with MDT colleagues to complete an audit of 2016 interdisciplinary referrals.
- OT was involved in a pan-hospital audit and needs assessment of seating available at ward level.
- An Occupational Therapist's article on "Fatigue and Activity Management Education for Individuals with Systemic Lupus Erythematosus" was accepted for publication in the "Occupational Therapy International" journal.
- OT introduced the "Functional Independence Measure" as a team based outcome measure on Handel ward in MISA and delivered accredited training to hospital staff and external organisations.
- Occupational Therapy and Physiotherapy facilitated Bobath Neurodevelopmental Rehabilitation training for staff.
- Neurology OT delivered "Lee Silverman Voice Technique (LSVT)

- Big Movement" rehabilitation sessions to Parkinson's disease service users with excellent results.
- Bi-annual presentations of quality improvement and development projects commenced.

Physiotherapy:

- 7 day acute stroke assessment service commenced in May 2016
- New equipment for Multiple Sclerosis /outpatient service-users was acquired from the proceeds of first St James' Hospital Foundation Charity Cycle in May 2016.
- Physiotherapy was chosen as a minor beneficiary for Trinity Med Day 2016
- The Mikidney app won an award at the Irish Healthcare Awards – senior physiotherapist member of the award-winning team.
- Physiotherapy 2016 service-user newsletter posted on SJH intranet and internet sites.

Speech & Language Therapy (SLT):

- Swallow screening was successfully rolled out in Hyper Acute Stroke Unit (HASU).
- Head and Neck Oncology senior staff completed Psych Oncology and tracheostomy training
- Critical Care -Education sessions for SLTs and multi-disciplinary team staffing.
- Communication boards for patients received using donations from the patient comfort fund.





- A cross site initiative for Cleft Lip and Palate commenced between SJH and Crumlin Hospital developing multidisciplinary care pathways for 22Q11 deletion syndrome.
- Clinical Specialist Therapists in Radiation Oncology developed a protocol for assessing dysphagia and voice in patients with lung cancer who are receiving radiotherapy.
- Practice tutor completed a remote "e-observation tutorial" with SLT students from University of Limerick.

2017 Objectives

- OT, physiotherapy and social worker to commence as part of MedEL Frailty Team on 1st April 2017; initially for six months
- To continue providing care to specialities currently under resourced and to seek additional resources for such specialities with increase in demand and complexity.
- To retain and recruit experienced staff to provide safe care to the highest standard.
- To continue the standardisation of relevant processes across all SCOPe Departments.
- To continue the quality improvement initiative theme using the microsystems methodology.
- To develop relevant reports and enhance existing reports from the electronic patient record data.
- Improve communication with patients, colleagues within the hospital and external agencies through improved use of website and social media.

- To keep encouraging staff to engage in continuous learning and grow leaders and managers within SCOPe
- To improve accommodation for OT, Social Work and Clinical Nutrition.
- To seek additional non-pay budget for essential patient equipment and old equipment requiring replacement.

Clinical Nutrition

- Identify and avail of opportunities to ensure all patients have access to high quality nutrition care in line with national nutrition and hydration standards.
- Challenges to meet emerging needs of young adults transitioning from paediatric services requiring specialist dietetic services.
- Ongoing increase in demands from growth in activity and complexity of patients with cancer presenting to surgical and medical specialities including an increasing cohort of patients discharged on home parenteral nutrition, requiring intensive dietetic input.

Medical Social Worker

- Recruitment challenges due to end of HSE embargo and new Social Work posts available.
- National safeguarding policy and practice development
- · Assisted capacity legislation

Occupational Therapy

- Re-housing or upgrading required urgently
- · Insufficient non-pay budget.

Physiotherapy

- Decant ongoing & time-consuming o Interim decant of outpatient services February 2017
- Final permanent move to Hospital 4 ground floor planned for April/May 2017.

Speech & Language

- Continue to provide service under staffing pressures in SACC Directorate, particularly in Head/ Neck Oncology speciality - increase in referrals without any additional staffing.
- Increase in referrals across HOPe, MED and Medel Directorates, with no additional staffing.

Conclusion

- Paula Markey took up the Medical Social Work Manager's Post
- Brid Wilson took up Physiotherapy Manager In-charge 111 post (0.5wte)
- Occupational Therapist post in Neurology out-patients made permanent
- Two permanent Physiotherapy clinical specialist upgrades occurred from existing senior posts in Acute Stroke and Multiple Sclerosis - the first of their kind nationally.
- Deirdre Gilchriest was seconded to IMS to replace Marie Byrne on a temporary basis for nine months
- Senior SLT upgraded to Clinical Specialist in Head and Neck Oncology.



Gail Melanophy Director of Pharmacy Services

5.2

Pharmacy

Introduction

The Pharmacy Department aims to work as an integral part of the multi-disciplinary team to provide a pharmacy service that optimises patient outcomes through the safe, judicious, clinically effective, appropriate and cost effective use of medicines

We source and procure, clinically review, dispense and distribute medicines and selected non-medicinal products within the hospital. A full suite of pharmaceutical services are provided to the hospital and its patients. These services include Pharmacy Procurement, Medicines Management, Clinical Pharmacy Services including specialist HOPe and GUIDe Clinical Pharmacy Services and Aseptic Compounding Unit services (ACU). We also supply pharmaceutical services, both products and staff, to St. Luke's Hospital, Rathgar. Both pharmacies are registered with the Pharmaceutical Society of Ireland, under the Pharmacy Act requirements of 2007.

Activity in 2016 continued to grow and pharmacy services adapted to same. The challenge and focus of 2016 was to successfully complete the Pharmacy decant whilst maintaining standards, minimising impact on patients and ensuring continuity of pharmacy services within the hospital.

Key performance indicators

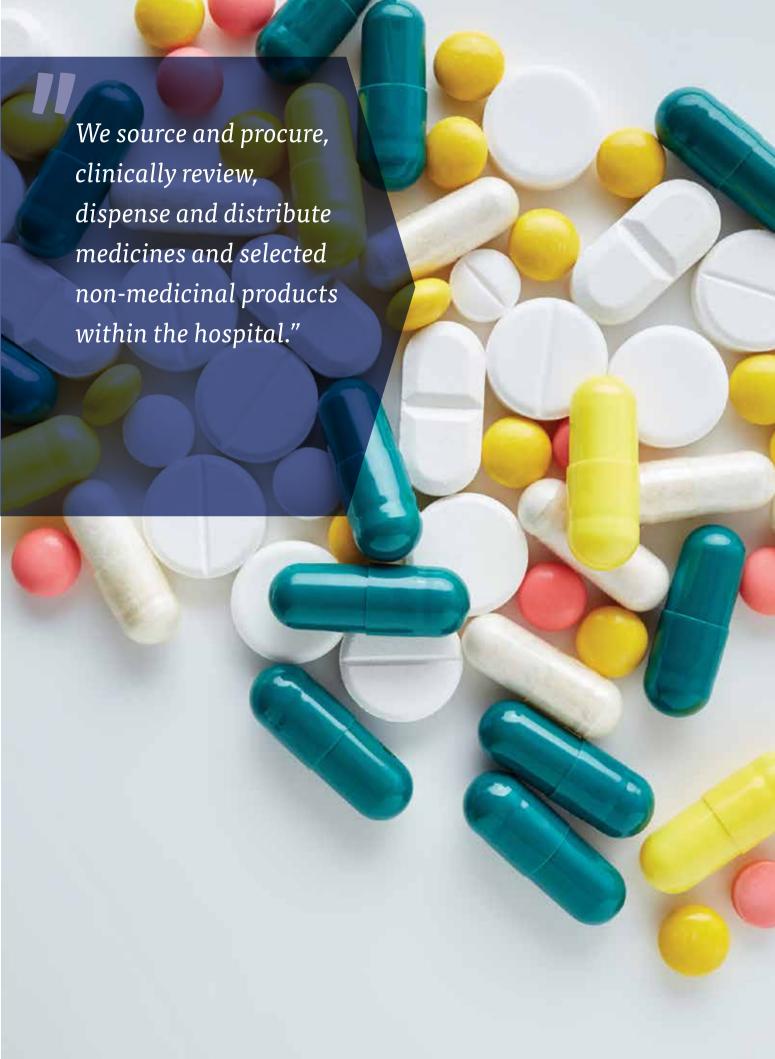
In 2016, the Pharmacy Department continued to adhere to regulations as defined by the Pharmacy Regulator and HIQA. Work also commenced on the development of internal key performance indicators for the Department. This process will extend into 2017.

Performance Highlights

The major achievement of 2016 was the successful decant of the Pharmacy Department from Hospital 7 to the main hospital. This has resulted in a new aseptic compounding unit being built, commissioned and validated.

Other performance highlights included:-

 In conjunction with the HOPe Directorate, dose banding for cytotoxic drugs was introduced on a pilot basis and successfully extended to a broad range of cytotoxic medicines.



The major achievement of 2016 was the successful decant of the Pharmacy Department from Hospital 7 to the main hospital. This has resulted in a new aseptic compounding unit being built, commissioned and validated.

- The department achieved its aim of automation with the addition of robots. Work practices have changed with a reduction in manual handling of products and greater stock control, resulting in a more contemporaneous and efficient medicines management service.
- The department was augmented by the addition of a senior pharmacist in procurement. The post holder acts as a lead for all aspects of Pharmacy procurement and works closely with the hospital procurement team to ensure correct procedures and value for money.
- The department worked alongside nursing, IT and others to secure funding for the Hospital EPMAR project. Consequently in 2016 three pharmacists joined the department and commenced work on this project.

Objectives for 2017

In 2017, the Pharmacy Department aims to build on the progress achieved in 2016 by;

- Reviewing and expanding work process changes with the introduction of robotics, with the aim of further improving efficiencies within the medicines management process.
- Continuing its work on the EPMAR project with Pharmacy leading on the drug catalogue and work flows.
- Commencing development work on the national MOCIS project.
- Expanding their procurement activity, increase its expertise, and by harnessing greater value for money.
- Demonstrate the quality and cost effectiveness of its clinical pharmacy service through relevant KPIs and research.

Conclusion

The Pharmacy Department faced a year of great challenges in 2016. The department met these challenges, maintained its core activity, while also managing to expand services. In 2017, the department will build on these achievements. A significant body of work will also be undertaken by the department towards the hospital implementation of EPMAR and MOCIS.

3 PHARMACISTS



The department worked alongside nursing, IT and others to secure funding for the Hospital EPMAR project. Consequently in 2016 three pharmacists joined the department and commenced work on this project.

CYTOTOXIC DRUGS



In conjunction with the HOPe Directorate, dose banding for cytotoxic drugs was introduced on a pilot basis and successfully extended to a broad range of cytotoxic medicines.



<u>5.3</u>

National Medicines Information Centre (NMIC)

Introduction

The National Medicines Information Centre (NMIC) provides independent, evidence-based information and advice to healthcare professionals throughout Ireland. The aim of the NMIC service is to promote the safe, effective and efficient use of medicines through information provision, mainly by means of a clinical enquiry answering service (CEAS) and proactive information provision through our publications; Therapeutics Today and the NMIC therapeutics bulletins. Our team of pharmacists and doctors are trained in information retrieval and analysis and use a range of information sources including specialist texts, information databases and primary journals. Both NMIC publications are available on our website (www. nmic.ie) and are distributed nationally to healthcare professionals. The NMIC also has an educational role in promoting safe and effective use of medicines. This is demonstrated through our involvement in teaching to medical and pharmacy undergraduate and postgraduate students, GP trainees, NCHDs, GPs etc.



Professor Michael Barry Director

Key performance indicators (KPIs)

- Over 77% of enquiries to our CEAS originated in primary care.
- Nearly 96% of enquiries to our CEAS were patientcentred.
- 95% of enquiries to our CEAS were answered within the specified time.
- Six NMIC therapeutics bulletins were published on the following topics- Gout, Onychomycosis, Critical Review, Chronic Urticaria, Herbal Medicines and Attention Deficit Hyperactivity Disorder.
- Twelve Therapeutics Today newsletters were published.
- Two Prescribing Skills workshops were delivered to RCPI trainees as part of their basic specialist training programme.
- Therapeutics training sessions were delivered to GP trainees and to final year UCD medical students as part of their GP training.

Performance highlights

A monthly user survey to obtain enquirers' opinions of the NMIC service was undertaken on a sample of enquiries received by our CEAS. A response rate of nearly 70% was achieved. Some findings in 2016 were as follows:

- 96% of respondents said that the information provided by the NMIC answered their clinical enquiry.
- 98% of respondents were confident in the information provided
- All respondents said that they would use the NMIC CEAS again.

In 2016, the NMIC provided an external review process for educational material for pharmacists developed by the IPU Academy.

Continued collaboration with, and support to, organisations



The aim of the NMIC service is to promote the safe, effective and efficient use of medicines through information provision, mainly by means of a clinical enquiry answering service (CEAS) and proactive information provision through our publications; Therapeutics Today and the NMIC therapeutics bulletins.

such as the RCPI, Department of Health, HPRA, HSE and ICGP.

Ongoing contribution to the work of the Pharmacy & Therapeutics, Medication Safety, and New Drugs committees in SJH.

In June 2016, the NMIC relocated to Hospital 1, Middle Floor.

Next year's (2017) objectives

- To continue to provide a high quality service that remains patient-focused and responsive to the needs of our users.
- To explore in more depth how users of our CEAS utilise the information provided by the NMIC.
- To continue progressing medical education (CME), and accreditation for NMIC publications.

Conclusion

2016 has been a busy and productive year. The NMIC continued to provide information support to healthcare professionals to assist them in the management of patients with increasingly complex pharmaceutical needs

12NEWSLETTERS



Twelve Therapeutics Today newsletters were published. **2**WORKSHOPS



Two Prescribing Skills workshops were delivered to RCPI trainees as part of their basic specialist training programme.



<u>5.4</u>

Regional Oncology Programme Office

Introduction

The Regional Oncology Programme Office's (ROPO), main remit is the improvement and development of cancer services throughout the Region through health communications, health promotion, health education, service improvement and advocacy under the leadership of the Regional Director, Cancer Services.

It is used as a resource to enable and mobilise efforts in cancer care services among the institutions in the area of communications, health education, service improvement and advocacy. Aiding in the management educational initiatives, expansion of the cancer audit information system, it functions as a focal point for building strong collaborative relationships with Regional and National bodies.



Professor John Reynolds Regional Oncology Programme Director

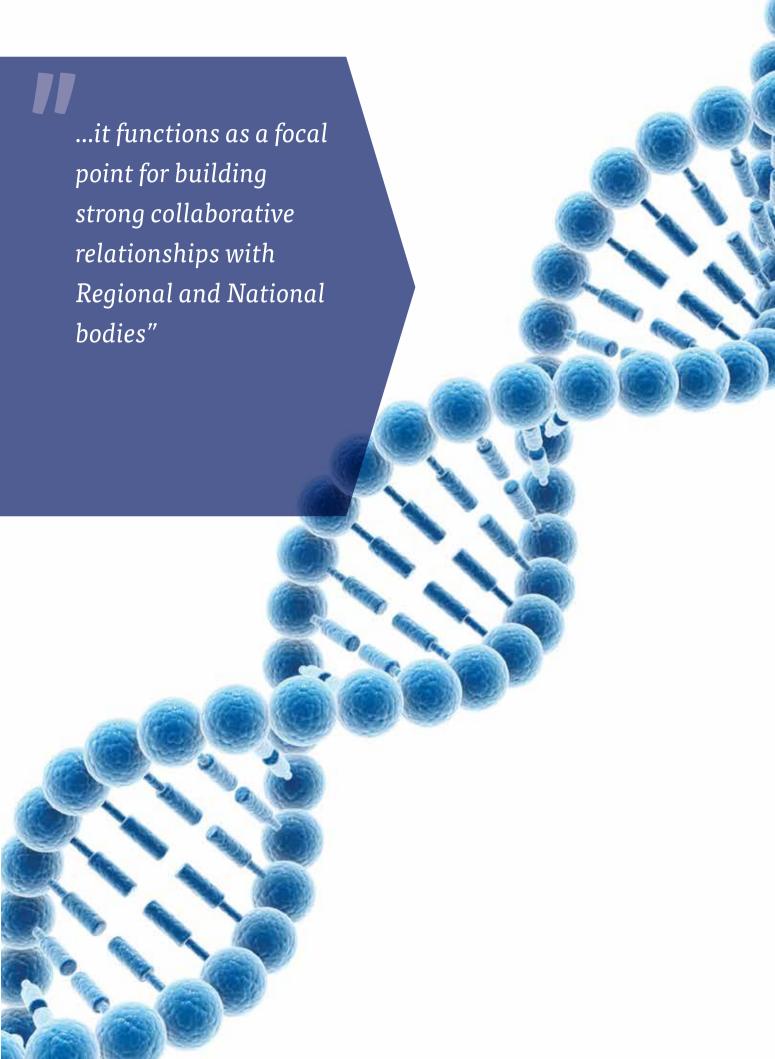
Ms. Hilary Craig Regional Oncology Programme Manager

Ms. Suzanne Rowley Cancer Audit Manager

Key Performance Indicators

- Cancer Audit Programme (CAP) is responsible for the provision of comprehensive Key Performance Indicators (KPI's) for the National Cancer Control Programme in many cancers services including breast, lung, prostate, oesopagogastric, rectal, gynaecological and melanoma. The KPI programme allows SJH to evaluate the quality of our cancer service, compare our performance against other cancer centres and ensure a culture of continuous quality improvement in the delivery of cancer care.
- The CAP also provide information for internal and external audit, accreditation and facilitate cancer site research,

- interfacing with translational and clinical cancer research.
- To commence the process to secure European Accreditation as a designated Cancer Centre with the Organisation of European Cancer Institutes (OCEI).
- To support the pilot development of a biobank for breast cancer. No national registry or biobank of breast cancer 'family-risk' patients currently exists in Ireland. The absence of a national registry for these individuals means that the prevalence of BRCA mutations in the Irish population is unknown. As such this project will effectively plan all aspects of the national breast cancer family risk registry and biobank.



The Cancer Institute at St. James's Hospital is being created because there is a need to better define the cancer function and all its elements, clinical, education/training, and research, and to address real gaps in existing structures.

Performance Highlights 2016

- Establishment of a National Breast Cancer Family-Risk Registry and Biobank with the Breast Care Department.
- Development of the Cancer Genetic webpage on the Cancer Institute's website with the Genetics Department.
- Development of a Prostate Social Prescribing Project with the Department of Medical Physics and Medel Directorate.
- Developing evidence based patient information leaflet with the Gynaecology Oncology Department.
- Cancer Audit Programme is piloting the upgrade of their current IT system within the Breast Care Unit. Using the new web based system; data can be captured in real time by clinicians through a user friendly interface increasing the accuracy and availability of data.

2017

The Programme Office will continue to work and support the accreditation process for European Accreditation for designation as a cancer centre with the Organisation of European Cancer Institutes (OECI). This is an important step in realising the vision of a St. James's Cancer Institute which will set a new standard for cancer care nationally, integrating medicine and science in cancer prevention, treatment and survivorship.

Conclusion

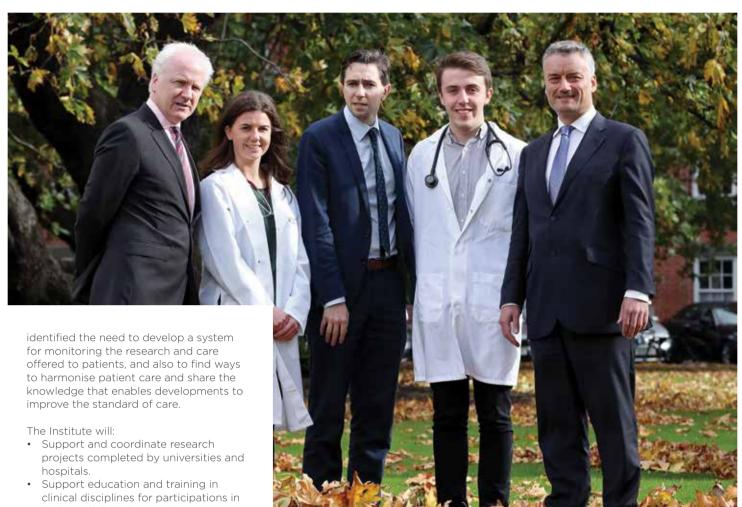
The Cancer Institute at St. James's Hospital is being created because there is a need to better define the cancer function and all its elements, clinical, education/training, and research, and to address real gaps in existing structures. The Cancer Institute will coordinate cancer research at St. James's Hospital which conducts and supports research, training, health information.

dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer and the continuing care of cancer patients and their families.

The Regional Office already has created the cancer website, for the Cancer Institute, ensuring patients and their families have the most up to date information from the teams around the cancer sites on treatment and research.

That was the first step, now we are supporting Trinity College Dublin with the accreditation process to secure designation as a cancer centre with the Organisation of European Cancer Institutes (OECI). It is intended to apply for the first step of the OECI accreditation process in 2017.

The Organisation of European Cancer Institutes (OECI) is a body dedicated to improving research collaboration among Europe's cancer centres. They



- basic and clinical research.
- Support projects in cancer control.



<u>5.5</u>

The Bone Marrow for Leukaemia Trust

Introduction

The Bone Marrow for Leukaemia Trust (BMLT) is a registered charity which supports all aspects of Bone Marrow Transplantation for leukaemia and related diseases in the National Transplant Unit in St. James's Hospital. The BMLT supports; research through the John Durkan Leukaemia Research Laboratories; patient care with direct financial grants to patients in need; accommodation for patients and their families in seven fully furnished apartments in the Chocolate Factory which is located close to St. James's Hospital. The apartments are provided gratis and are serviced by the Hilton Hotel; and Specialised nursing and medical education. The BMLT does not receive any government support and all its activities are supported by voluntary donations.



The late Professor, lan Temperley

Professor Shaun McCann, Hon. FTCD, Chair

Performance highlights

The highlight of the year was the presentation of a cheque for €250,000 (the first of three) to the Provost of Trinity College Dublin to support the appointment of an Assistant Professor of Leukaemia Research to be carried out in the John Durkan Research laboratories in St James's Hospital. The Provost, Dr Patrick Prendergast, thanked the BMLT by hosting a dinner in his house at No. 1 TCD. Dr Tony McElligott was subsequently appointed to the new research chair and was welcomed by the BMLT board members at the annual BMLT dinner.

The BMLT was however greatly saddened by the death of its initiator and first chairman, Professor Ian Temperley, on 20th February 2016. Professor Temperley, together with the late Eugene Murray, founded the BMLT in 1980 to initiate and support all aspects of transplantation in St. James's Hospital. When he was Professor of Haematology, Ian was responsible for the treatment of childhood leukaemia, initially in the National Children's Hospital in Harcourt Street, development of treatment for haemophiliac patients, initially in the Meath Hospital, and the establishment of a clinical and

laboratory haematology service in St. James's Hospital. He was a superb chairman of the BMLT and was enthusiastic in supporting all the fundraising efforts of the BMLT. Although he had stepped down as chairman in May 2009, he maintained a great interest in all aspects of the BMLT and transplant activity in the hospital. He will be greatly missed and the BMLT extends sincere condolences to his wife, Joyce, and all his family.

John Drumgoole, an initial member of the BMLT died on 15th March 2016. John was an active member of the BMLT and took part in many fundraising events. The BMLT extends condolences to his wife and family.

As always, the BMLT is very grateful to all its supporters who engaged in fundraising activities throughout 2016 and to the efforts of Ms Kathryn Johnson and Maureen Sheridan in particular. The annual walk took place in Malta with twenty walkers taking part. The event was organised by Kathryn Johnson and was a very important fundraising event for BMLT. The BMLT was saddened to hear of the death of Seosamh O'Luana who had been a great supporter



BMLT pictured with the Provost of TCD Dr Patrick Prendergast.

and took part in 20 successive walks. Seosamh went on his first walk 1995. The BMLT expresses sincere condolences to his family.

Fundraising continues to be challenging but the transplant program in St.

James's Hospital continues to grow. The BMLT will continue to fundraise and explore new avenues as it now is considered to be an intrinsic part of the transplant activity in the hospital.

The BMLT is putting is currently

updating its constitution, is in compliance with the requirements of the Charities Regulator, and is bringing governance up to best practice standards.

5.5

St. James's Hospital Foundation

Our Organisation

St. James's Hospital Foundation is a company limited by guarantee which is independent of St. James's Hospital and is governed by a voluntary board. Prof. Tom Mitchell who continues to support our endeavours was made a founding patron during the year.



Professor J Meaney Chairman



Fiachra O'Riordan Chief Executive

Our Mission

To raise funds, promote awareness and support St. James's Hospital in improving the healthcare and wellbeing of its patients.

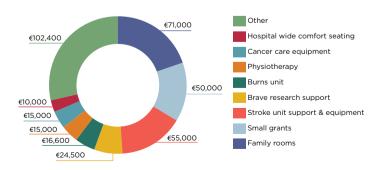
The role of the Foundation is to facilitate and attract private donations to support the work of St. James's Hospital. Donations to the Foundation are used to enhance facilities, support innovation and research, provide education and training for hospital employees and elevate the standard of care for all patients.

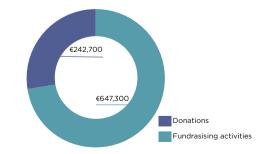
The Foundation also manages research funds on behalf

of researchers at St. James's Hospital. It is committed to creating an environment in which education and research in the health sciences and allied areas flourish to enhance patient care.

Performance highlights

- Joanne McMahon awarded UTV Pride of Ireland's 'Fundraiser of the Year'. She raised an incredible €210,000 for the National Burns Unit
- Our 8th annual Liberties Fun Run, supported by Kathryn Thomas and David Norris, achieved €75,000; proceeds were contributed to refurbish changing areas and facilities at the Guide Clinic.



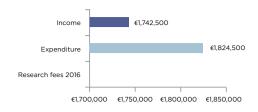


2016 Expenditure €359,500

2016 Income Fundraising activities/donations €890,000



We are strengthening our focus on women's health with BRAVE 'Challenging the Future of Family Breast Cancer', was launched in September with patient support. We are also working with Gynaecological cancer team to secure funding for precision surgical equipment.



Research Fees 2016

- Our inaugural Wicklow Mountains Cycle took place in May with €27,000 raised in aid of Physiotherapy.
- In June, our Women's Mini Marathon team raised over €20,000 for various causes in the hospital.
- In 2016, we focused on a number of key appeal areas including:
- Target Lung Cancer boosted by the support of our ambassador Neven Maguire
- We are strengthening our focus on women's health with BRAVE 'Challenging the Future of Family Breast Cancer', which was launched in September with patient support. We are also working with the Gynaecological cancer team to secure funding for precision surgical equipment.
- Finally, we are pursuing funding of €1.4m for a CT scanner as part of our overall Head and Heart programme, working collectively with consultants from cardiology, radiology, stroke

and ageing.

Supporting St. James's Hospital

The Foundation supported a range of projects through donations, including:

Family Rooms

Over €70,000 was contributed to the final phase of the construction of the Family Rooms project, providing space to enable families to meet privately with doctors and nurses to discuss private matters in relation to patient welfare.

Small Grants

The Foundation aims to enhance the facilities, education and environment at the hospital and, through its small grants competition which is open to all members of St. James's Hospital staff, awards funding for improvements and innovations within the hospital. €50,000 was awarded in this year, primarily for items of equipment and initiatives to improve the lives of patients and benefit staff in their work. These ranged from specialist, comfort

seating to rehabilitation and clinical equipment and devices to assist in the prevention of falls/slips/injuries to patients classified 'at risk'.

Burns Unit

€16,500 was contributed to rehabilitation equipment which included a bath hoist, an upper and lower limb active and passive trainer and humidifier.

Physiotherapy Department

The Foundation, through the proceeds from its inaugural Cycle Challenge, funded state of the art rehabilitation equipment (totalling €15,000).

Hospital-wide comfort seating initiative

The Foundation contributed €10,000 towards an initiative to provide height adjustable, orthopaedic bedside chairs at ward level. The new seating will meet a range of specific patient needs, providing support and comfort.









5.6

Research and Development Hub

Introduction

The Research and Development Hub (R&D Hub) is a joint venture between SJH and the Wellcome - HRB Clinical Research Facility (CRF). It provides research oversight and support, and entered its second year of operation in 2016. The objectives are to: promote research across the SJH campus; reduce research related risk, by putting processes in place to promote best practice, and put in place a system to approve and monitor all research activity.



Dr. Declan O' Hanlon Programme Manager

Professor Michael Gill Joint Chair

Ann Dalton
Joint Chair

The core staff includes Dr. Declan O'Hanlon (Programme Manager) and Anna Burdzanowska (Executive Officer). A research Steering Group is in place that is jointly chaired by Ms. Ann Dalton (SJH DCEO/COO) and Prof. Michael Gill (Professor of Psychiatry and CRF Director), and includes a number of directors/managers, and Principal Investigators. The output of the group is supported by the work of an Operations Group. The operational elements include the processing of online research application approval submissions by review groups, including the CRF, Legal Office, Nursing Research Access Committee, and DCEO/COO. Other activities include the provision of support in a "sign-posting" capacity, and developing strategic plans for increased research activity and governance.

Key performance indicators

The Steering Group meets each month. Subgroups review fully completed research applications, with clinical audits reviewed weekly, clinical research studies and clinical trials reviewed fortnightly, and Nursing Research Access Committee submissions reviewed on a monthly basis. In 2016, 51% of studies required ethics. The research types included Clinical Audit (37%), Clinical Research Studies (22%), Clinical Trials (17%), and Quality Improvement Research (9%).

There are numerous third party regulations and best practice guidelines, that the R&D Hub takes into account including EU/national legislation, Good Clinical Practice Guidelines, the HPRA, Ethics Committees, HIQA, the Data Protection Commission, and the State Claims Agency.

Performance highlights

A new online research application approval system was built in-house, piloted from January to May 2016 and launched in June 2016, simplifying and streamlining the numerous previously existing processes. The system includes an accompanying Guidance Document, defining research related terminology, describing different research types, and outlining ethics and data protection requirements. A backend database allows progression through the approval pathway to be monitored, as well as the generation of information and statistics. The number of research submissions rose from 124 in 2015 to 180 in 2016, representing a 40% increase in the volume of research captured.

A three year research strategy was developed during Q3 and Q4 of 2016; the "St. James's Hospital Research Governance and Support Strategy 2017–2019". The main focus areas include; research support, research approval,



There is an increasing volume of research being captured, and greater visibility is providing more information to assist with further strategic planning, and can be used to showcase research capabilities.

financial governance, communication /promotion, and cross-institutional collaboration. The document sets out a Research Mission "to support and increase the output, oversight, visibility and utilisation of high-impact, high-quality research that is of value to both SJH staff and patients", and a vision, "to leverage the hospital's scale, creating an environment where research is valued, and to establish robust governance structures and processes to support safe, quality assured, innovative research".

2017 Objectives

There are research related regulatory changes expected in 2017, regarding EU regulation of clinical trials and medical devices. There will also be an addendum to the Guideline for

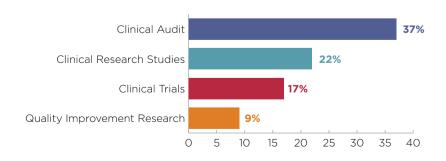
Good Clinical Practice. The hospital's three year research strategy will be completed, signed-off and adopted. The first working group is to be established and will focus on research related financial governance, stating with a micro-costing exercise of clinical trials.

A poster presentation submission will be made to the UK CRF Network's Annual Conference in Glasgow in July 2017, with a paper entitled; "Establishment of an Irish Hospital R&I Office, and an Online Research Application System".

The R&D Hub will be renamed the Research and Innovation (R&I) Office in 2017, to be more inclusive.

Conclusion

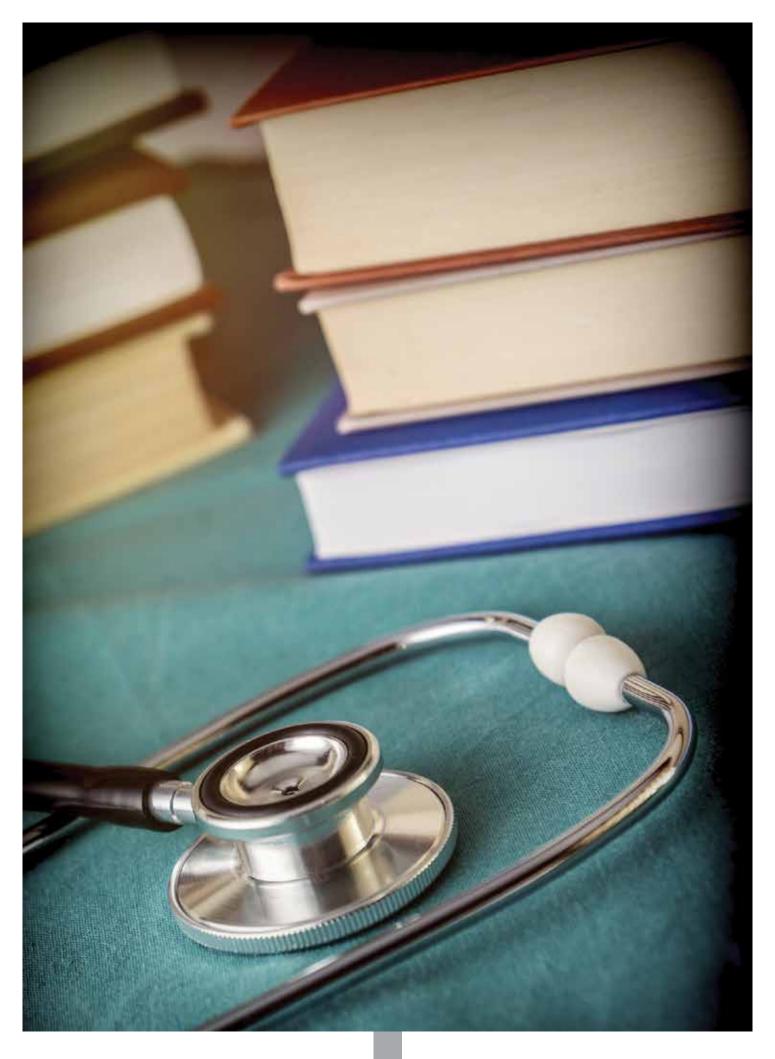
The R&D Hub will continue to transition towards a Research and Innovation (R&I) Office, building on the outputs since 2015. For any type of study to take place in the hospital, an online research application form must be filled out. There is an increasing volume of research being captured, and greater visibility is providing more information to assist with further strategic planning, and can be used to showcase research capabilities. Further work will be done to deliver on the three year research governance and support strategy, to support research activity on campus, and to translate guidelines on best practice into policy.



Research types

ONLINE RESEARCH APPLICATION APPROVAL SYSTEM





<u>5.6</u>

Wellcome – HRB Clinical Research Facility

Introduction

The Wellcome – HRB Clinical Research Facility (CRF) at St. James's Hospital supports Trinity College and St. James's Hospital based investigators in conducting clinical research with patients of the hospital. This is accomplished by providing access to purpose built facilities, equipment and specialist services that enable high quality clinical research to take place.

The CRF is funded by the Wellcome Trust and the Health Research Board and is jointly governed by the hospital and TCD. The facility is a clinical area of approximately 1,300M2 and includes clinical assessment rooms, an exercise physiology room, an electrophysiology suite, isolation rooms, a six-bed day ward, a dispensary and aseptic compounding suite and a sample processing laboratory. Services provided by the CRF include advice on the preparation of protocols and funding applications, contract negotiations, pharmacy and nursing research, regulatory affairs advice and sample processing.



Professor Michael Gill Clinical Director

The CRF is open to a wide range of research, which includes experimental medicine and early phase clinical trials, Phase III clinical trials, studies involving exercise physiology/physiotherapy and electrophysiology studies. It also collaborates with the Centre for Advanced Medical Imaging by supporting studies involving their 3T MRI and ultrasound machine. The CRF is used by a wide range of the hospital's health professions including nurses, physiotherapists, clinical nutrition, psychology and bioengineeering.

Key performance indicators

The CRF is an integral part of the hospital and is subject to the policies and procedures in place for other areas of the hospital. The CRF is focused on clinical research, which includes trials of investigational medicinal products and medical devices regulated by the Irish Health Products Regulatory Authority (HPRA). The activity of the CRF is governed by EU and national clinical trial legislation and the

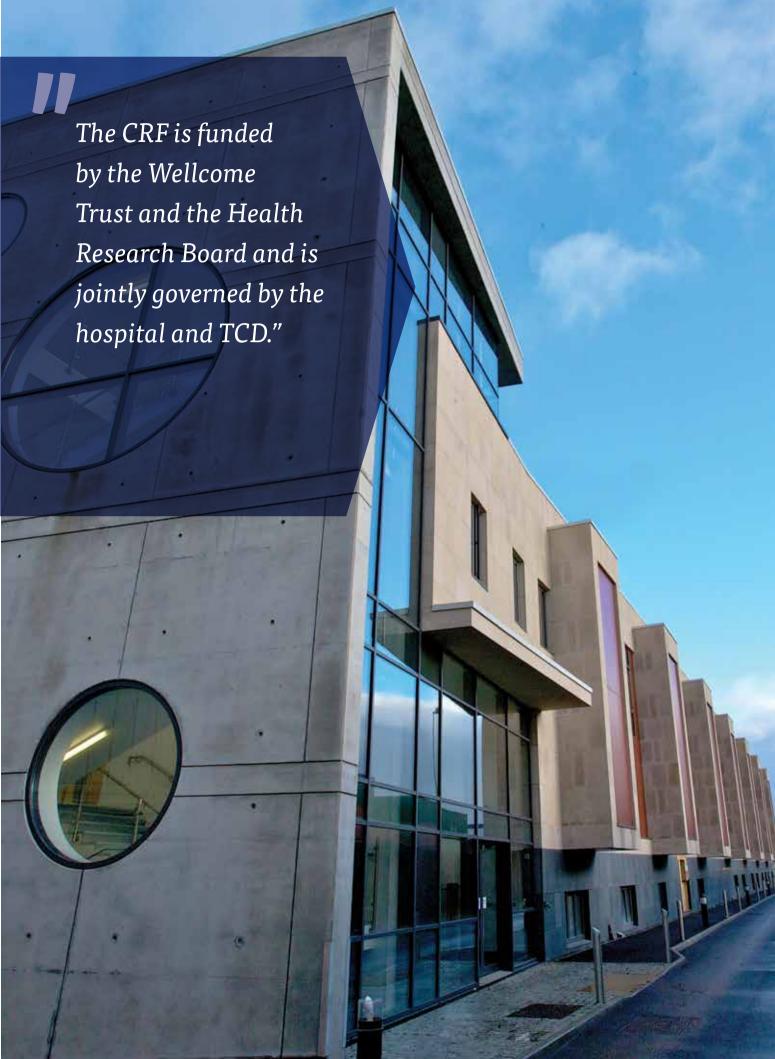
CRF is always prepared for inspections from HPRA.

The CRF has agreed a set of KPIs with the HRB and in 2016, the CRF met or exceeded the majority of these targets.

Performance highlights

During 2016, the CRF experienced growth in activity as evidenced by an increase in the:

- Number of applications for CRF support with clinical studies - 39
- Number of studies becoming active in 2016 19
- Number of St. James's specialties/sub-specialties using the CRF - 36
- Number of study participant visits in 2016 4,279
- Support provided to investigators making grant applications - 34.



The CRF is open to a wide range of research, which includes experimental medicine and early phase clinical trials, Phase III clinical trials, studies involving exercise physiology/physiotherapy and electrophysiology studies.

Notable studies completed during the year include a study of a medical device used for treating Tinnitus, led by Mr Brendan Conlon; an HRB funded study examining gut hormones and appetite in Oesophageal Cancer patients led by Professor John Reynolds and an EU funded Phase 1 vaccine trial led by Professor Colm Bergin.

During 2016, study income allowed the CRF to increase its complement of research nursing staff and take on a full time laboratory technician for sample processing. The CRF also established a research nursing position dedicated to Public and Patient Engagement and Involvement (PPE/I) in clinical research. In December the CRF opened its new dispensary area and now all investigational medicinal products used by investigators in the hospital are stored and dispensed from within the CRF.

2017 Objectives

In 2017, the CRF will continue expanding its levels of activity, and together with the hospital's Research and Innovation Office, will focus on streamlining the administration of clinical research for investigators based at St. James's Hospital. The hospital is the largest hospital in the country with a large potential for clinical research. Key challenges include:

- The recruitment and retention of research active clinician scientists with protected time for clinical research
- Ensuring the full value the benefits of clinical research for the health service are recognised
- Using the CRF as a way of attracting and retaining hospital staff.

Conclusion

In 2016, we truly saw the CRF become an embedded part of the hospital. An increasing number of hospital staff are recognising the opportunity for clinical research that the CRF provides for them. At the same time the CRF is providing a critical linkage between the clinicians in the hospital and the translational scientists based in the nearby Trinity Translational Medicine Institute

The CRF exemplifies what it means for the hospital to be at the heart of an academic medical centre and this will enable ongoing improvements in the care provided to patients and their families.

4,279

STUDY PARTICIPANT VISITS



19

STUDIES BECOMING
ACTIVE IN 2016





6.1

Quality and Safety Improvement (QSI) Directorate

Introduction

The Quality and Safety Improvement (QSI) Directorate exists to help front-line and supporting services provide patient care that is safe, high-quality and person-centred.

The QSI team's work includes patient safety and risk management, quality assurance, supporting effective governance, promoting person-centred care, responding to patient and family feedback on behalf of the hospital and helping staff develop and apply quality improvement knowledge and skills.



Dr. Una Kennedy, Director

QSID aims to support and enable all services in the Hospital in the effective implementation of the National Standards for Safer Better Healthcare (2012) and other national standards and guidelines relevant to their area.

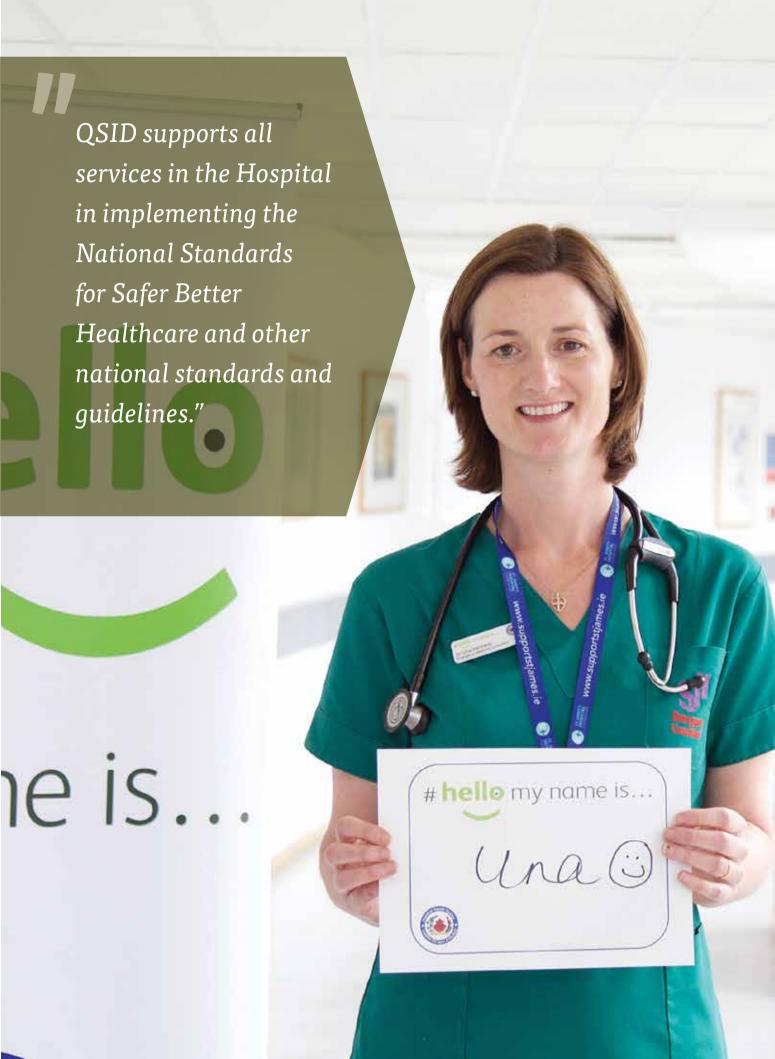
Performance highlights

Patient Safety and Risk Management

Staff engagement in safety event reporting remained the foundation of safety management in the Hospital. Safety events were investigated through systems analysis and learning was shared from the clinical front-line to the Hospital Board and externally with the HSE and the State Claims Agency. Members of the directorate team implemented a new electronic platform to support patient safety and risk management and upgrade the complaints management system. The Safety Managers worked closely with patients, families and staff in reviewing safety events and identifying areas for improvement. The Team's work included:

- Responding to staff reports of safety risks, concerns and events;
- Triggering Safety Notices to prompt urgent notification and action in response to serious risks
- Supporting effective safety governance through the Hospital's Safety Committee
- Training staff in risk management, providing safety workshops, contributing to induction and leadership programmes and post-graduate courses.
- Coordinating the Hospital's Safety Alert management in response to product re-calls
- Contributing to the work of external safety and risk management groups

The Hospital's Medication Safety Programme continued under the governance of the Hospital's Medication Safety Committee and its work included medication safety reporting and incident reviews, quality and safety improvement initiatives and clinical audit.



The Hospital's Medication Safety Programme continued under the governance of the Hospital's Medication Safety Committee and its work included medication safety reporting and incident reviews, quality and safety improvement initiatives and clinical audit.

Quality Assurance

The Directorate supported HIQA's unannounced thematic inspection against the National Standards for Safer Better Healthcare in the area of Nutrition and Hydration in October 2016 and a range of other external accreditation visits and inspections. The Directorate completed a review of the Hospital's Quality and Safety Governance committees to enhance the impact of the committees' work on the quality and safety of patient care. The Hospital participated in the following national clinical audits: the National Audit of Hospital Mortality; Major Trauma Audit and the National Registry of Hip Fractures.

Person-Centred Care Person-centred care involves supporting therapeutic relationships between care providers, patients and other people who are significant to them in their lives, to deliver healthcare through an approach that is underpinned by the values of respect for people, the individual's right to self-determination, mutual respect

and understanding. The Directorate's work in this area involved:

- Supporting the Patient
 Representative Group, which met
 eight times during the year,
- Enhancing Patient Information and Surveys through the work of a dedicated advisory group
- Convening an Accessibility Services Group to improve way-finding in the Hospital campus
- Responding to Patient Feedback including comments, compliments, complaints and concerns
- Supporting the Safetynet Pathway Partnership to improve the outcomes and experiences of homeless people.

In June 2016, the Hospital introduced the #hellomynameis campaign which encourages staff to introduce themselves to patients, families and colleagues. Approximately 3,500 staff requested #hellomynameis badges within six months, demonstrating their commitment to improving patients' and families' experiences of care.

Quality Improvement

St. James's Hospital partnered with the Dartmouth Institute Microsystem Academy, New Hampshire, USA to deliver a quality improvement coach training programme, to build frontline improvement capability in the organisation. Twenty-two coaches were trained and eleven teams participated in the first wave of the programme.

2017 objectives

The QSID will be focusing on the following objectives:

- Supporting front-line staff in providing the safest possible patient care
- Enhancing risk management processes and organisational governance for patient safety and quality of care
- Sharing learning from clinical audit
- Increasing coach and team participation in the quality improvement programme
- Using patient feedback to improve patient and family experiences of

3,500BADGES



Approximately 3,500 staff requested #hellomynameis badges within six months, demonstrating their commitment to improving patients' and families' experiences of care.



7.1

Publications

Nursing Practice Development Unit (NPDU)

Galvin A (2016)

The best thing that has happened to nursing in years- changing shift handover practice in an acute surgical ward' 1st Prize Poster Presentation: at the 17th Annual Healthcare Interdisciplinary Research Conference (HIRC2016). Trinity College Dublin.10th November 2016.

Galvin A. and Waterhouse B. (2016)

'The Productive Ward Journey'. Oral Presentation on the Productive Ward at the NMPDU Conference (South Dublin, Kildare and Wicklow Conference in September 2016.

Kelly G. and O'Brien V. (2016)

Participants Evaluation of Blended Learning approach in relation to CVAD Programme" Poster Presentation: at the 9th Annual Multi-Disciplinary Research, Clinical Audit & Quality Improvement Seminar in May 2016.

Mahon L., Galvin T., Chacko E and Nugent O. (2016)

'Back To Acute Care Programme: Evaluation'. Poster presentation: at the Innovation Inspiring and Sharing Excellence in Nursing and Midwifery Practice Conference on 15th September 2016.

O'Grady J., Roche M., Brady AM, Prizeman G. (2016)

'Evaluation of the adoption of a quality improvement innovation in a large teaching hospital'. Oral presentation: 35th Annual International Nursing and Midwifery Research & Education

Conference, Royal College of Surgeons Ireland (Thursday 3rd March 2016

O'Grady J., Roche M., Brady AM, Prizeman G. (2016)

'Past, present & future: using patients experience and expectations to plan care in a large academic teaching hospital': Oral presentation at the 17th Annual Healthcare Interdisciplinary Research Conference (HIRC2016). Trinity College Dublin. 10th November 2016

O'Grady, J (2016)

'Demonstrating improvement in Quality Standards through continuous audit'. Inaugural National Office of Clinical Audit Conference (NOCA) - Poster presentation (Dublin 18th May 2016)

Roche M., O'Grady J., Brady AM, Prizeman G. (2016)

'Patients' Perceptions and Expectations of Nursing Care in a Large Dublin Academic Teaching Hospital'. Poster presentation: at the 8th Annual Multidisciplinary Research, Clinical Audit & Quality Improvement Seminar SJH (May 2016)

Roche M., O'Grady J., Brady AM, Prizeman G. (2016)

'Patients' Perceptions and Expectations of Nursing Care in a Large Dublin Academic Teaching Hospital'. Poster presentation: at the 35th Annual International Nursing and Midwifery Research & Education Conference, Royal College of Surgeons Ireland (Thursday 3rd March 2016)

O'Grady J., Roche M., Brady AM, Prizeman G. (2016)

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Validation that Care, Commitment & Compassion are Important Values in Nursing Care: Patients' Perceptions and Expectations'. Poster presentation: Reaffirming the values of nursing and midwifery conference (Farmleigh, 3rd June 2016)

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C Finucane, MDL O'Connell, O Donoghue, K Richardson, GM Savva, R Kenny (2017).

Impaired blood pressure stabilization, but not initial orthostatic hypotension is a risk factor for unexplained falls and injurious falls. Journal of American Geriatrics Society, Jan, 2017.

C Finucane, GM Savva, R Kenny (2017).

Repeatability of orthostatic blood pressure responses. Clinical Autonomic Research, Jan 2017.

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Should Carotid Sinus Massage be Guided by Ultrasound? Age and Ageing, 2016.

DJ Ryan, RA Kenny, C Finucane, JF Meaney, DR Collins, S Walsh.

Abnormal orthostatic blood pressure control among subjects with lacunar infarction European Stroke Journal, 2016

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Social deprivation and the rate of emergency medical admission for older persons., QJM: monthly journal of the Association of Physicians, 2016Journal Article, 2016 DOI

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O. Ciraj-Bjelac, E. Carinou, P. Ferrari, M. Gingaume, M. Sans Merce, U. O'Connor. Occupational Exposure of the Eye Lens

in Interventional Procedures: How to Assess and Manage Radiation Dose. J Am Coll Radiol 2016; Nov;13(11): 1347-1353.

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N O'Hare,

The Changing role of the CIO, HISI Annual Conference, Dublin, Nov 2016

S Mohamed, D R Wall, B Q Huang, M Greenwood, A Irvine, M-T Kechadi, N O'Hare, A-M. Tobin,

Analysis of 10 years of phototherapy data from one centre and its implications, S Mohamed, Irish Association of Dermatologists, Antrim, Oct 2016

N O'Hare

The Health Information and Patient Safety Bill - Views and Thoughts, eHealth CCIO Conference, Dublin, March 2016

M Sybring, H Nolan, CW Fan, C O'Dwyer, RA Kenny, C Finucane Innovating A Novel Test For Vasovagal Syncope In Older Adults Using The Active Stand. Age And Ageing 45, 37-37. Presented at Irish Gerontological Society Annual Scientific Meeting, 30th Sept – 1st Oct 2016, Killarney, Ireland.

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L Fitzgibbon, C Finucane, I Brar, G Heckman, R Hughson.

Translating New Technology Into Clinical Practice: Should A Direct Measure Of Cerebral Perfusion Be Used In Syncope And Falls Assessment? Age And Ageing 45, 37-37. Presented at Irish Gerontological Society Annual Scientific Meeting, 30th Sept - 1st Oct 2016, Killarney, Ireland.

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Baroreflex Sensitivity And Arterial Stiffness Influence Orthostatic Blood Pressure Responses In Older Adults: Insights From The Irish Longitudinal Study On Ageing. Age and Ageing 45 (suppl 1), i11-i11.

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D Robinson, G Boyle, C Soraghan, J Feighan.

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Geomapping HIV Outcomes. 9th Annual Scientific Meeting, Infectious Diseases Society of Ireland, 12th - 14th May 2016, Dublin, Ireland.

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N O'Shea, E Foley, G Hughes, N Ni Rathaille, C Mullenl, Í O' Shaughnessy, S Part, C Soraghan, A Waugh.

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Novel insights into the clinical phenotype and pathophysiology underlying Low VWF Levels: The Low Von Willebrand Factor in Ireland Cohort (LoVIC) Study

58th American Society of Haematology Meeting (ASH) December 2016, Blood 2016:128; 873

Noon T, Doyle M, Byrne M, White B, K Ryan, O'Donnell J, O'Connell N

Introduction of a Standardised Heat Inactivated Nijmegen - Bethesda Assay (NBA) for the detection and quantification of FVIII Inhibitors International Society for Thrombosis and Haemostasis (ISTH) Scientific and Standardisation Committee Meeting, May, 2016

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Pancreatic panniculitis preceding acute pancreatitis and subsequent detection of an intraductal papillary mucinous neoplasm: A case report. JAAD Case Rep.2(3):pp 244-6.

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Lennon P, Deady S, Healy ML, Toner M, Kinsella J, Timon CI, O'Neill JP.

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In Pursuit of Synergy: an Investigation of the PI3K/mTOR/MEK Co-Targeted Inhibition Strategy in NSCLC.
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80P XRCC6BP1: A key DNA repair gene in platinum-resistant NSCLC.

Barr MP, Foley E, He Y, Young V, Ryan R, Nicholson S, Leonard N, O'Byrne K, Cuffe S, Finn S. J Thorac Oncol. 2016 Apr;11(4 Suppl):S89.

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Barr MP, MacDonagh L, Gray SG, Reidy M, Sui JS, Nicholson S, Leonard N, O'Byrne K, Cuffe S, Finn S. J Thorac Oncol.

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An unsual cause of bilateral pigmentation on the upper back.

Keating C, Flynn A, Leonard N, Crotty P, Tobin AM, Connolly M.

Clin Exp Dermatol. 2016 Oct;41(7):831-3.

Contributor to WHO Classification of Head and Neck Tumours - published January 2017

Toner M

Oral Presentations

Oral presentation at Lymphoma Forum of Ireland

Title: Campath - Friend or Foe?

Authors: O'Hare K. Waldron C., (Presenters) D O'Brien D., F Quinn, R Flavin, E Vandenberghe Departments of Haematology, Histopathology and Molecular Diagnostics, SJH.

Primary care surgical association Sept 24th 2016. Invited speaker: 'Dermatopathology. What you give is what you get'.

McMenamin M

Invited speaker at SIOP International

Society for Paediatric Oncology Annual Congress Dublin Oct 2016

Toner M

Presentation NIFTP meeting, Faculty of Pathology Dublin October 2016 **Toner M**

Would Fallopian Tube Tissue Be Left Behind? Quantitation of Tubal-Type Epithelium within Ovary at Time of Risk Reducing Salpingo-Oophorectomy -Implications for Ovary Conserving Strategies

Sarah Mahon, Julie McFadden, Noreen Gleeson, Ciaran Ó Riain

Presentation at 105th annual Meeting of United States and Canadian Academy of Pathology, Seattle, USA, March 2016; Modern Pathology February 2016 Volume 29 Supplement S2; 296A

POSTER PRESENTATIONS

The Prevalence & characterisation of Staphylococcus aureus isolates recovered from inmates in an Irish prison.

Sinead Saab, Medical Scientist

Molecular Characterisation of Emergent G11.4 Sydney 2012 Norovirus between 2012-2014 in an Irish Tertiary Hospital.

Nicholas Fennelly, Medical Scientist

First insights into Irish Mycobacterium chimaera isolates,

Simone Monks

Verification study of TREKTM Sensititre plates for antimicrobial susceptibility testing of non-tuberculosis mycobacterium in the IMRL,

Auveen Griffin, Medical Scientist

Data for Mycobacteria Isolates from the IMRL,

Emma Roycroft, Specialist Scientist

Detection Methods for Carapenem Resistant Enterobacteriaciae (CRE), Gillian Garvey, Medical Scientist

'Augmenting Public Health TB Surveillance with Whole Genome Sequencing: the IMRL Experience' -Public Health Winter Scientific Meeting - RCPI, Kildare Street, Dublin

December 2015, and American Society of Microbiology Microbe 2016, Boston, Massachusetts, USA, June 2016 'Evaluation of online webtools for the prediction of drug resistance and genotyping in Mycobacterium tuberculosis Complex in Ireland, a low prevalence country, from a User's perspective' - European Society of Mycobacteriology Congress, Catania, Sicily - July 2016

First Insights into Irish Mycobacterium chimaera isolates- European Society of Mycobacteriology Congress, Catania, Sicily - July 2016

International Society for Laboratory Haematology (ISLH) (Milan) "ICSH Review of New ESR Technology" on behalf of the Working Group of the ICSH

McCafferty, R.

International Council for Standardization in Haematology (ISCH) (Switzerland) "ICSH Guideline for Internal Quality Control Policy for Cell Counters" McCafferty, R.

Biomedica 2016 "Latent Neutrophillia - what does it matter?"

O Neill, L.

Haematology Association of Ireland (HAI) meeting 2016 (Athlone):

"Development of a Next Generation Sequencing approach to simultaneously detect the common Myeloproliferative Neoplasm-associated mutations in JAK2, CALR, and MPL"

Frawley T.

The regulation of STAT3 and its role in the adhesion and migration of chronic Lymphocytic leukaemia cells.

S Brophy 1, F Quinn2, D O' Brien 3, P Browne 1,3, E Vandenberghe3, AM McElligott1

The John Durkan Leukaemia Laboratory, Cancer Molecular Diagnostics Laboratory, Department of Haematology. St. James's Hospital Dublin

Optimisation of Euroflow small sample screening tube for screening CSF samples for diagnosis of CNS involvement by lymphoma.

G Crowe, D O'Brien, S Liptrot, B Fitzpatrick.

Dublin Institute of Technology, Dublin.

Department of Haematology . St. James's Hospital Dublin

Turning The Heat Up A Notch In Biclonal Lymphoproliferative Disorders Helen Fogarty1,2, A Dowling1,2, D O'Brien2, CL Bacon2, P Thornton3, B Hennessy4, H O'Leary5, G Crotty6, R Henderson6, J Nolan5, E Vandenberghe1,2, F Quinn1 1

Department of Cancer Molecular Diagnostics, St. James's Hospital and Trinity College, Dublin, 2Department of Haematology, St James Hospital and Trinity College, Dublin

Minimal Residual Disease (Mrd) Status In Fcr-Treated Cll Patients At The End Of Treatment Influences Progression Free Survival (Pfs): Results Of The Ctrial-le (Icorg) 07-01/ Cll Ireland Study With Mutational Analysis Providing Additional Insight

Niamh Appleby1, F Quinn2, D O'Brien3, L Smyth1, J Kelly4, I Parker5, K Scott5, M Cahill6, G Crotty7, H Enright8, B Hennessy9, A Hodgson10, M Leahy11, H O'Leary11, M O'Dwyer12, A Hayat12, E Vandenberghe1

IHaematology, St James's University Hospital, Dublin 8, 2Cancer Molecular Diagnostics, St James's University Hospital, Dublin 8, 3Immunophenotyping, St James's University Hospital, Dublin 8, 4National Centre for Medical Genetics, Our Ladys Childrens Hospital Crumlin, Dublin 12

Extracting Useful Clinical Drug
Resistance Data from the Genome
of Mycobacterium tuberculosis: Next
Generation Sequencing (NGS) for
the Diagnostic Laboratory'-Irish Next
Generation Sequencing Conference,
Trinity Centre for Biomedical Science
- June 2016, and the Irish Molecular
Diagnostics Network Conference, Hilton
Hotel, Golden Lane, Dublin 8 - October
2016

Augmenting Public Health TB Surveillance with Genotyping: the IMRL experience' - Infection and Immunity Translational Research Group Research Day, Queen's University, Belfast - Jan 2016

First Insights into Irish Mycobacterium chimaera isolates-Pan Celtic Dublin, October 2016

'Augmenting Public Health TB Surveillance with Whole Genome Sequencing: the IMRL Experience'
- Public Health Winter Scientific
Meeting - RCPI, Kildare Street, Dublin,
December 2015, and American Society
of Microbiology Microbe 2016, Boston,
Massachusetts, USA, June 2016

'Evaluation of online webtools for the prediction of drug resistance and genotyping in Mycobacterium tuberculosis Complex in Ireland, a low prevalence country, from a User's perspective' - European Society of Mycobacteriology Congress, Catania, Sicily - July 2016

First Insights into Irish Mycobacterium chimaera isolates- European Society of Mycobacteriology Congress, Catania, Sicily - July 2016

'Mining the Whole Genome of TB: HICF collaboration study IMRL results to date' - Pan Celtic Dublin 2016, Davenport Hotel, Dublin - October 2016

"Verification study of TREK Sensititre" plates for antimicrobial susceptibility testing of non-tuberculous mycobacteria in the Irish Mycobacteria Reference Laboratory"- Pan Celtic Dublin 2016, Davenport Hotel, Dublin - October 2016

Appleby N, Quinn F, O'Brien D, Smyth L, Parker I, Scott K, Cahill M, Crotty G, Enright H, Hennessy B, Hodgson A, Leahy M, O'Leary H, O'Dwyer M, Hayat A & Vandenberghe E (2016)

Minimal residual disease (MRD) status in FCR-treated CLL patients at the end of treatment influences progression free survival (PFS): results of the CTRIAL (ICORG) 07-01/CLL Ireland study with mutational analysis providing additional insight. Haematology Association of Ireland, Oral presentation.

Appleby N, Quinn FM, O'Brien DA, Smyth L, Kelly J, Parker I, Scott K, Cahill MR, Crotty G, Enright H, Hennessy B, Hodgson A, Leahy M, O'Leary H, O'Dwyer ME, Hayat A & Vandenberghe EA (2016)

Minimal residual disease (MRD) status in FCR-treated CLL patients at the end of treatment influences progression free survival (PFS): results of the Ctrial-IE (ICORG) 07-01/CLL Ireland Study, with mutational analysis providing additional insight. American Society for Hematology, P3237.

Armstrong C, Appleby N, Ni

Chonghaile M, Lee G, Haslam K, Flynn CM & Conneally E (2016)

Clinical outcomes in a cohort of high risk myeloid malignancies treated with reduced intensity conditioned (FLAMSA-Bu) allogeneic stem cell transplant. Haematology Association of Ireland, Oral presentation.

Brophy S, Quinn FM, O'Brien D, Browne P, Vandenberghe E & McElligott AM (2016)

The regulation of STAT3 and its role in the adhesion and migration of chronic lymphocytic leukaemia cells. American Society for Hematology, P4347.

Fogarty H, Dowling A, O'Brien D, Bacon CL, Thornton P, Hennessy B, O'Leary H, Crotty G, Henderson R, Nolan J, Vandenberghe E & Quinn F (2016)

Turning the heat up a NOTCH in biclonal lymphoproliferative disorders. Haematology Association of Ireland, Oral presentation.

Frawley T, O'Brien C, Percy M, Conneally E, Vandenberghe E, Langabeer S & Haslam K (2016)

Development of a next-generation sequencing approach to simultaneously detect the common myeloproliferative neoplasms-associated mutations in JAK2, CALR and MPL. Haematology Association of Ireland, Oral presentation.

Haslam K (2016)

Utility of targeted next generation sequencing to identify clonal somatic mutations in patients with myelodysplastic syndromes. Haematology Association of Ireland, Oral presentation.

Haslam K, Appleby N, Armstrong C, Kelly J, Langabeer S & Conneally E (2016)

Impact of somatic mutations on clinical outcomes following FLAMSA-Bu conditioning and allogeneic stem cell transplantation (allo-SCT) in patients with poor-risk myeloid malignancies.

American Society for Hematology, P2277.

AWARDS

ASM Student and Postdoctoral Travel Award – July 2016, presented by the American Society for Microbiology for attendance at ASM Microbe 2016 European Society of Mycobacteriology Travel Grant Award – June 2016, to attend the 37th ESM Annual Congress 2016

Translational Research Projects

PhD study on "Molecular epidemiology and drug resistance in Mycobacterium tuberculosis in Ireland" - Emma Roycroft

- Epidemiological types of M. tuberculosis in Ireland
- WGS will be used to investigate resistance mutations among MDR-TB cases & clusters of M. tuberculosis isolates

MSc study on NTM isolates identified at the IMRL - Siobhan Crilly

- RGM & SGM
- Susceptibility testing/ MIC distribution
- Re-identification in some cases
- · Resistance mutation detection

SCOPe Directorate

Awards

Clinical Nutrition Department Gorham A, Brady A, Seery O, McEniff N, Healy LA. (2016)

'The cost saving effect of advanced dietetic practice in an acute setting'. 1st Prize: At the Irish Nutrition and Dietetic Institute Research symposium.

Fanning M, Doyle SL, McHugh A, Heneghan H, Moore J, O'Farrell C, Brennan M, Ravi N, Reynolds JV. (2016)

'A new systematic approach to investigate Symptoms of Malabsorption Post Oesophagectomy and Gastrectomy'.

2nd Prize: At the Irish Nutrition and Dietetic Institute Research symposium Brennan L and Renal Services Department, (2016) "MiKidney smartphone App' at the Irish Medical Times 2016 Irish Healthcare awards. 1st Prize Nursing Project of the Year

McMorrow, A. M., Connaughton, R. M., McGillicuddy, Healy F. C., Roche M.L., Lithander, F. E., & Roche, H. M. (2015).

'Anti-inflammatory dietary intervention selectively improves insulin sensitivity in metabolically unhealthy overweight and obese adolescents' 1st Prize rSPEN Poster Prize Winner, Dublin, April 2015.

Oral presentations international

conference - Clinical Nutrition Department

Healy LA, Doyle S, Fanning M, McHugh A, Ravi N, Reynolds J (2016)

'Benefit of Increased Perioperative
Nutrition Support Post
Oesophagectomy'. European Society
of enteral and parenteral nutrition
congress on clinical nutrition and
metabolism, Copenhagen.
Fanning M, Donohoe C, Cournane C,
Cooke J, Sheehy N, Ravi N, Reynolds
JV (2016) 'Bile Acid Malabsorption
post Oesophagectomy and
Gastrectomy'. The Association of Upper
Gastrointestinal Surgeons of Great
Britain and Ireland 19th Annual Meeting.
Leeds

O'Sullivan E, McAdam A, O'Sullivan M, Ryan R, Young (2016)

'Nutritional status of pre-operative early stage lung cancer patients and dietary intake assessment post-operatively'. In: Society of Cardiothoracic Surgeons, Birmingham

Posters - Clinical Nutrition Department:

McMorrow, A. M., O'Reilly, M. E., Connaughton, R. M., Carolan, E., O'Shea, D., Lithander, F. E. & Roche, H. M. (2016).

Weight status and dietary fat modulate high density lipoprotein particle function in adolescents: results from a cross-sectional analysis and a randomised, placebo-controlled, crossover trial. The Proceedings of the Nutrition Society, 75(OCE3). Nutrition Society Summer Meeting, Dublin, July 2016. Selected as the Highlight in Molecular Nutrition at the Nutrition Society Annual Meeting 2016

Publications

McMorrow, A. M., O'Reilly, M., Connaughton, R. M., Carolan, E., O'Shea, D., Lithander, F. E., & Roche, H. M. (2016).

'Obesity and dietary fat modulate HDL function in adolescents: results from a cross-sectional analysis and a randomized, placebo-controlled, crossover trial'. The FASEB Journal, 30(1 Supplement), 130-6. American Society for Nutrition Annual Meeting at Experimental Biology, San Diego, April 2016. Shortlisted for the Emerging Leaders in Nutrition Science by the American Society for Nutrition

L Dooley, N Flanagan, J Harbison, LA Healy, (2016).

'Dietetic Intervention in Acute Stroke Patients'. INDI research conference January 2016 & European Stroke Organisation Conference, Barcelona May 2016

Byrne M, Dowds J, Dunlevy F, Gilchriest D, Higgins A, Ni Rathaille N, O'Riordan R, Reilly P (2016)

'Electronic documentation for Health and Social Care Professionals: The patient perspective'. The Health Informatics Society of Ireland, Dublin.

Byrne M, Dowds J, Dunlevy F, Gilchriest D, Higgins A, Ni Rathaille N, O'Riordan R, Reilly P (2016)

'Electronic documentation for Health and Social Care Professionals: The staff perspective'. The Health Informatics Society of Ireland, Dublin.

O'Connell C, Fanning M, Ravi N, Reynolds JV (2016)

'Achalasia in Pregnancy-A Case Series'. 24th Sylvester O'Halloran Surgical Scientific Symposium.

Martin M, Dunlevy F, Murphy N, Healy L and Shanahan P (2016)

'An Evaluation of patient empathy within the allied health profession in an acute hospital using the consultation and relational empathy measure'. The Nutrition Society conference, Dublin.

Honohan C, Dunlevy F, Robinson D and Healy L (2016)

'Nutrition intervention reduces malnutrition risk in community living older persons'. British Association for Parenteral and Enteral Nutrition, Brighton.

O'Sullivan E, McAdam A, O'Sullivan M, Ryan R, Young (2016)

'Nutritional status of pre-operative early stage lung cancer patients and dietary intake assessment post-operatively'.
British Association for Parenteral and Enteral Nutrition, Brighton.

L. A. Healy, S. Doyle , E. Ni Buchalla, S. Cushen, T. Murphy, A. Ryan, N. Ravi , J. V. Reynolds.

Double Blinded, Placebo Controlled Eicosapentaenoic Acid (EPA) Enriched enteral Nutrition in the Surgical Treatment of Oesophageal Cancer Patients'. European Society of enteral and parenteral nutrition congress on clinical nutrition and metabolism, Copenhagen.

Dunlevy F, Tadesse W, Daly, Kinsley, Turner M (2016)

'Dietary Structured Group Education is Effective and Efficient in Treating Gestational diabetes Mellitus' European Society of enteral and parenteral nutrition congress on clinical nutrition and metabolism, Copenhagen.

Healy L, Doyle S, Fanning M, Mc Hugh A, Ravi N, Reynolds J (2016)

'Benefits of Increased Perioperative Nutrition Support Post Oesophagectomy'. Sir Peter Fryer surgical conference, Galway

O'Connell C, Fanning M, Ravi N, Reynolds JV (2016)

'Achalasia in Pregnancy-A Case Series'. 24th Sylvester O'Halloran Surgical Scientific Symposium.

Honohan C, Dunlevy F, Healy LA (2016)

Robinson D 'Improvements in nutritional outcomes associated with a low volume, high energy, and protein supplement in free living older persons'. INDI research Symposium, Dublin

A Gorham, S Brady, O Seery, N McEniff, LA Healy (2016)

'The cost saving effect of advanced dietetic practice in an acute setting'. INDI research Symposium, Dublin

Joy R, Hassan H, Conroy B, Soh J, Monaghan M, Doyle S, Robinson D (2016)

'Sarcopenia status and outcomes in a day hospital population'.

Dunlevy F, Tadesse W, Nazir SF, Doherty H, Daly S, Turner MJ, Kinsley B (2016)

'Multidisciplinary group education for the treatment of gestational diabetes mellitus'. Society for Maternal-Fetal Medicine. Atlanta

McMorrow, A. M., Connaughton, R. M., McGillicuddy, F. C., Healy, M. L., Roche, E. F., Lithander, F. E., & Roche, H. M.

'Anti-inflammatory dietary intervention selectively improves insulin sensitivity in metabolically unhealthy overweight and obese adolescents'. The FASEB Journal,

29(1 Supplement), LB233. American Society for Nutrition Annual Meeting at Experimental Biology, Boston, April 2015

Shellard, A. C., Naumovski, N., Connaughton, R., McMorrow, A. M., Richardson, A., Roche, H. M., & Lithander, F. E. (2016).

'Factors that influence health related quality of life in over-weight and obese adolescents'. Journal of Nutrition & Intermediary Metabolism, 4, 18. Australian Nutrition Society Summer Meeting, June 2016

O'Reilly, M., Dillon, E., Finucane, O., McMorrow, A., Murphy, A., Lyons, C., ... & McGillicuddy, F. C. (2015).

'HDL proteomic quality, and not efflux capacity, reflects differential modulation of reverse cholesterol transport by saturated and monounsaturated fat diets'. Atherosclerosis, 241(1), e3. European Atherosclerosis Society Annual Meeting, Barcelona, April 2015

Moynagh N, Jones E, Dunlevy F, Robinson D, Healy LA (2016)

'Breaking the midnight fast results of staff survey' Sir peter Fryer surgical conference, Galway Publications - Clinical Nutrition Department

Seery S, Jakeman P. (2016)

'A metered intake of milk following exercise and thermal dehydration restores whole-body net fluid balance better than a carbohydrate-electrolyte solution or water in healthy young men'. British Journal of Nutrition. Sep;116(6):1013-21. doi: 10.1017/S0007114516002907.

Mullaney, L., Brennan, A., Cawley, S., O'Higgins, A. C., McCartney, D. and Turner, M. J. (2016),

'Relationship between fasting plasma glucose levels and maternal food group and macronutrient intakes in pregnancy'. Nutrition & Dietetics. doi: 10.1111/1747-0080.12278

McMorrow, A. M., Connaughton, R. M., Lithander, F. E., & Roche, H. M. (2015).

'Adipose tissue dysregulation and metabolic consequences in childhood and adolescent obesity: potential impact of dietary fat quality'.

Proceedings of the Nutrition Society, 74(01), 67-82.

Connaughton, R. M., McMorrow, A. M.,

McGillicuddy, F. C., Lithander, F. E., & Roche, H. M. (2016).

'Impact of anti-inflammatory nutrients on obesity-associated metabolic-inflammation from childhood through to adulthood'. Proceedings of the Nutrition Society, 75(02), 115-124.

O'Reilly, M., Dillon, E., Guo, W., Finucane, O., McMorrow, A., Murphy, A., ... & Gibney, E. (2016).

'High-Density Lipoprotein Proteomic Composition, and not Efflux Capacity, Reflects Differential Modulation of Reverse Cholesterol Transport by Saturated and Monounsaturated Fat Diets'. Circulation, 133(19), 1838-1850.

Cooke, A. A., Connaughton, R. M., Lyons, C. L., McMorrow, A. M., & Roche, H. M. (2016).

'Fatty acids and chronic low grade inflammation associated with obesity and the metabolic syndrome'. European journal of pharmacology.

Publications - Occupational Therapy

O'Riordan, R., Doran, Dr. M, Connolly, Dr. D.

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