

2016 ANNUAL REPORT



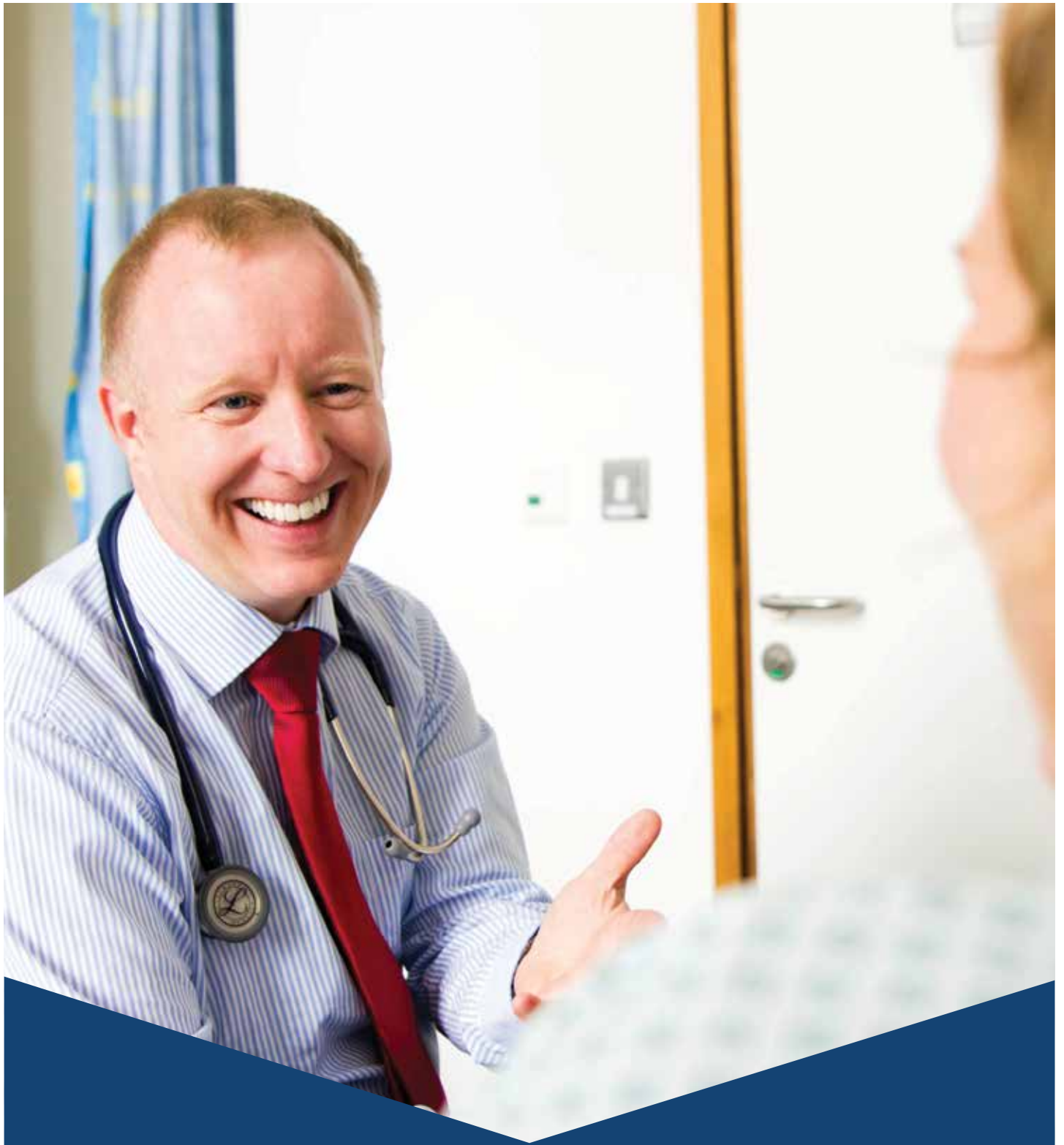
Mercy

UNIVERSITY | HOSPITAL

Compassion Excellence Justice Respect Team Spirit

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Vision, Mission & Values

VISION

The vision reflects the overall ambition of Mercy University Hospital and serves as the basis from which the Hospital's strategy is developed:

Our Vision:

- Mercy University Hospital is a centre of excellence for diagnostic, medical and surgical services in line with the changing needs of patients within the South / South West Hospital Group encompassing MUH's Mission and Values.
- Mercy University Hospital's staff are motivated and supported in reaching their full potential.
- Mercy University Hospital delivers service innovation through high standard education, training and research in an academic healthcare centre.
- Mercy University Hospital has the operational and financial capability to contribute to the future healthcare needs of the South/ South West Hospital Group

MISSION STATEMENT

In the spirit of the Sisters of Mercy we provide excellent patient services to maintain and improve the health and wellbeing of those we serve

Our Mission explained

The mission confirms Mercy University Hospital's commitment to ensuring that patients across the South/ South West Hospital Group receive the highest standard of care. In doing so we remain true to the founding principles of the Congregation of the Sisters of Mercy, which is the provision of healthcare services for all especially those who are most vulnerable and marginalised. The Hospital has adopted the protection and extension of the ethos of the Congregation of the Sisters of Mercy as a core objective and exercise conducted by staff identified the Mercy values as:

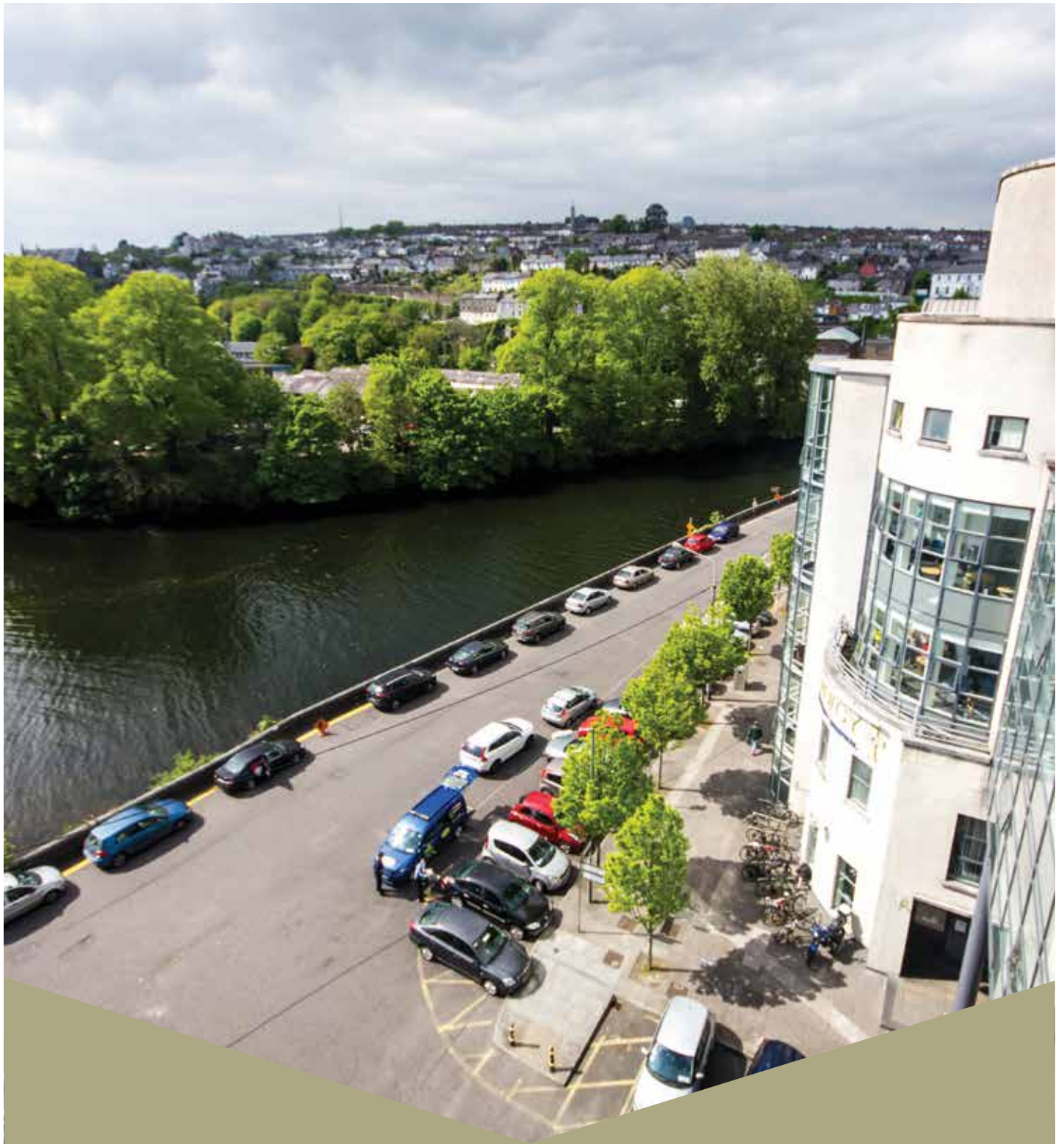
RESPECT - a recognition of the dignity of each person at all times

JUSTICE - honouring the rights and responsibilities of each person in light of the common good

COMPASSION - calling us to empathise with the other as we try to understand his/her suffering

EXCELLENCE - giving of our very best within the resources available to us

TEAM SPIRIT - working together to achieve our common purpose



About the Hospital

The Mercy University Hospital was founded in 1857 by the Sisters of Mercy and has expanded substantially since its opening. Mercy University Hospital is a public voluntary hospital and became a company limited by guarantee in 2003. The affairs of the company are managed by a Board of Directors who are responsible to a Trustee Company – Mercy Care South which was established in 2016. The hospital is a registered charity and operates as a not for profit entity. Mercy University Hospital employs approximately 1,200 staff and has an annual operating budget of circa €95m. MUH is a member of the South/ South West Hospital Group along with eight other hospitals in the region and is committed to ensuring that patients across the South/ South West Hospital Group receive the highest standard of care.

The Mercy University Hospital offers the following services:

MEDICAL

- 24/7 Emergency Medicine
- Anaesthetics
- Blood Bank
- Clinical Pharmacology
- General Medicine
- Cardiology & Coronary Care
- Diabetology
- Endocrinology
- Gastroenterology
- General Medicine
- Gerontology
- Haematology
- Hepatology
- HHT National Screening Centre
- Intensive Care
- Infectious Diseases
- Neurology
- Oncology
- Respiratory Medicine
- Ophthalmology
- Paediatrics (incl Paediatric Leukaemia)
- Pain Medicine
- Palliative Care
- Psychiatry
- Radiology and Imaging
- Rehabilitation Medicine
- Rheumatology
- Urgent Care Centre

SURGERY

- Colo-Rectal Surgery
- General Surgery
- Genito/Urinary Surgery/Services for Erectile Dysfunction
- Hepatobiliary Surgery
- Minimally Invasive Surgery
- Oesophageal Surgery
- Vascular Surgery

ALLIED HEALTH SERVICES

- Biochemistry
- Clinical Neurophysiology
- Clinical Nutrition
- Echocardiography and Holter Monitoring
- Endoscopy
- GI Therapeutics
- Haematology
- Microbiology
- Occupational Therapy
- Pastoral Care and Chaplaincy
- Pharmacy
- Phlebotomy
- Physiotherapy
- Pulmonary Function Unit
- Social Work Service
- Speech and Language Therapy

CONSULTANT MEDICAL STAFF

Dr	Ray	Barry	Paediatrics and Child Health
Dr	Adrian	Brady	Radiology
Mr	Ciaran	Brady	Urology
Dr	Gemma	Browne	Medicine/Nephrology
Dr.	Martin	Buckley	Gastroenterology
Dr	Siun	Burke	Anaesthesia
Dr	David	Curran	Respiratory Medicine
Dr	Cathy	Dewhurst	Radiology
Dr	John	Dowling	Anaesthesia
Dr	Frances	Enright	Paediatrics and Child Health
Dr	Anne	Fanning	Anaesthesia
Dr	Sinead	Fenton	Ophthalmology
Dr	Edward	Fitzgerald	Radiology
Dr	Anita	Griffith	Anaesthesia
Dr	Donal	Harney	Anaesthesia & Pain Medicine
Dr	Colm	Henry	Geriatric Medicine
Dr	Arthur	Jackson	Infectious Diseases
Dr	Clodagh	Keohane	Haematology
Professor	David	Kerins	Cardiology
Dr	Chris	Luke	Emergency Medicine
Dr	John	Mac Farlane	Rehabilitation Medicine
Dr	Peter	MacEneaney	Radiology
Professor	Michael	Maher	Radiology
Mr	Brian	Manning	Vascular Surgery
Dr	Jane	McCarthy	Gastroenterology
Mr.	Ger	McGreal	Vascular Surgery
Dr	Brian	McNamara	Neurophysiology
Dr	Sean	Minogue	Anaesthesia
Professor	William	Molloy	Geriatric Medicine
Dr	Adrian	Murphy	Emergency Medicine

Dr	Matthew	Murphy	Endocrinology
Mr	Thomas	Murphy	Oesophago-Gastric & General Surgery
Dr	Marie	Murphy	Palliative Medicine
Dr	Deirdre	O'Brien	Microbiology
Mr	Gavin	O'Brien	Vascular Surgery
Dr	Kieran	O'Connor	Geriatric Medicine
Dr	O.J.	O'Connor	Radiology
Professor	Terry	O'Connor	Respiratory Medicine
Dr	Donall	O'Croinin	Anaesthesia
Dr	Martin	O'Driscoll	Radiology
Dr	Olivia	O'Mahony	Paediatric Neurology
Professor	Seamus	O'Reilly	Oncology
Professor	Michéal	O'Riordain	Gastrointestinal & General Surgery
Mr	Criostóir	O'Súilleabháin	Upper GI & Hepatobiliary Pancreatic Surgery
Dr	Iomhar	O'Sullivan	Emergency Medicine
Mr	Adrian	O'Sullivan	General, Hepatobiliary & Pancreatic Surgery
Dr	Orna	O'Toole	Neurology
Dr	Mark	Phelan	Rheumatology
Dr	Derek	Power	Oncology
Dr	Deirdre	Rafferty	Paediatrics
Dr	Michael	Regan	Rheumatology
Dr	Clodagh	Ryan	Paediatric Haematology
Dr	Pat	Sparrow	Radiology
Dr	Marie	Staunton	Radiology
Mr.	Paul	Sweeney	Urology
Dr	Suzanne	Timmons	Geriatric Medicine
Professor	Carl	Vaughan	Cardiology
Dr	Jennifer	Whyte	Anaesthesia

LEGAL AND BANKING INFORMATION

COMPANY SECRETARY

L & P Financial Trustees Limited,
c/o Mercy Provincial Offices,
Bishop Street, Cork

REGISTERED OFFICE

Mercy Provincial Offices,
Bishop Street, Cork

REGISTERED NUMBER

353064

AUDITORS

Deloitte,
Chartered Accountants and
Statutory Audit Firm,
No. 6 Lapp's Quay, Cork

BANKERS

Bank of Ireland,
32 South Mall, Cork

SOLICITORS

Doyle Solicitors,
31 South Bank,
Crosses Green, Cork



Chairman's Report



CHAIRMAN'S REPORT

It gives me great pleasure to introduce the Annual Report for 2016 and to share the hospital's perspective of the year. 2016 was again a challenging year for the hospital however, the hospital continued to provide a high standard of care to its patients across all specialties and demand for its services continue to grow.

The care we deliver at Mercy is delivered through teamwork. I would like to pay tribute to the hospital's management team led by Ms Sandra Daly and all the staff who continue to care for our patients on a daily basis. The world of business survives on the commitment and dedication of passionate staff such as our hospital is privileged to have. I would like to extend thanks and appreciation to everyone for this commitment. I would also like to extend a warm 'mercy welcome' to the newest member of the executive team, Ms Oonagh van Laren who took up post as HR Director in July.

2016 was a significant year in the history of Mercy University Hospital with the establishment of Mercy Care South. This new trustee company structure allows for the appointment of lay people to act as trustees working alongside the Sisters of Mercy. This development is in line with the hospital's policy of good governance and is a logical continuation of the policy initiated in 2003 when the Sisters put in place a board of directors, of mainly independent lay people, to run the hospital. There is no change to the role of the board and the executive who continue to have responsibility for operational, policy and strategic matters. I would like to wish its Chairman, Mr Tim McCarthy and his fellow trustees all the best in this endeavour. I would also like extend my appreciation to Sr Miriam Kerrisk and the Provincial Leadership Team of the Southern Province for their continuing support of the board and management throughout 2016.

In 2017, the primary focus of the Board will be on securing the necessary capital development for the hospital to meet its urgent infrastructural deficits and the increasing demand for emergency and elective services. This is particularly salient in the current environment given the findings of the HIQA (National Standards for the Prevention and Control of Healthcare Associated Infections (NSPCHCAI) Monitoring Report published in October. In partnership with our colleagues in the South/ South West Hospital Group, the hospital will continue to consolidate and build upon its strategy to be recognised as a leading provider of elective surgical services; ambulatory medical services; and diagnostic services in partnership with other providers and agencies and, building on a long tradition of teaching and research, to do so as part of a group wide academic medical centre.

In line with the hospital's clinical strategy, Mercy University Hospital is committed to being an exemplar model of 'one hospital on multiple sites' and this is evidenced through the governance of off-site MUH services on St Mary's Health Campus including the Mercy Urgent Care Centre. This objective was further strengthened during the year with the opening of St Francis Transitional Care Unit (18 beds) on St Mary's Health Campus in September. The idea of transitional care is relatively new in Ireland but the concept is used in other countries to improve patient discharge experience and reduce readmissions. This unit has been instrumental in enabling the hospital balance its emergency and elective activity more effectively and we thank the South/ South West Hospital Group for its support of this important initiative.



I would like to publicly place on record our appreciation for the valuable work and financial assistance in supporting the hospital by all those in the Mercy University Hospital Foundation and to their Chairman, Mr Jerry Flynn and CEO, Mr Mícheál Sheridan and all of their staff and volunteers.

I wish to thank the staff of HSE and in particular the Chair and CEO of the South/ South West Hospital Group for their continued support in entrusting significant areas of service provision to the hospital in 2016.

Finally, I would like to thank my board colleagues for their commitment, insights and work at both board and committee level, in guiding and governing Mercy during this period of considerable change, all of which is done on a voluntary basis.

Mr Michael A O'Sullivan
Chairman



Board of Directors

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REPORT

ROLE AND STRUCTURE

The governance of the hospital is devolved to a non- executive Board who are appointed by Mercy Care South. The primary role of the Board of Directors is to set the organisation's strategic aims, having regard to the financial and human resources available to Mercy University Hospital to meet its objectives, and to conduct oversight of management performance whilst upholding the values of the hospital. It does so within a framework of prudent and effective controls which enables risk to be assessed, mitigated, and managed. The Board of Directors is also responsible for overseeing Mercy University Hospital's corporate governance framework.

The Board comprises of up to twelve non-executive Directors and currently there are eleven members. The term of office for each Director is three years and a Director may be appointed for two further terms of three years. Directors are nominated and appointed annually at the Annual General Meeting (AGM) and typically remain in office for a six year period. The term of office of the Board Chairperson is set by Mercy Care South.

Board membership is based on skills, experience, knowledge and independence supported by the recommendations of the Nominations Committee. Directors are expected to have the requisite corporate governance competencies such as an appropriate range of skills, experience and expertise in the governance of Corporate entities, a good understanding of, and competence to deal with, current and emerging issues relating to ethos and mission of Mercy University Hospital and an ability to effectively conduct oversight of the performance of management and exercise independent judgement.

A number of committees of the Board were established in accordance with the hospital's Articles of Association and company law generally, in order to delegate the consideration of certain issues and functions in more detail. Each committee has responsibility to formulate policy and conduct oversight of its mandate as defined by its terms of reference approved by the Board of Directors. No decision or recommendation of any committees is deemed valid until approved by the Board of Directors as a whole. The following committees are in place with defined terms of reference: Audit & Governance, Clinical Ethics, Clinical Oversight, Finance, Human Resources and Nominations.

The Directors of Mercy University Hospital give their time voluntarily to the hospital and do not receive any remuneration for their role.

DIRECTORS - 2016



Mr Michael O'Sullivan



Prof Colin Bradley



Mr Mortimer Kelleher



Sr Veronica Mangan
*Retired in September



Ms Margaret Lane



Ms Irene O'Donovan



Dr Michelle Dillon



Mr Neil O'Carroll



Mr John Buttimer



Mr Joe O'Shea



Professor Mary Horgan



Mr Maurice O'Connor

Mr. Michael O'Sullivan – Chairman

Michael is a Civil Engineer, Chartered Management Accountant and holds an MBA from UCC. He is also a member of the Institute of Directors in Ireland. With significant experience at Executive Director level in a variety of Finance, Regulation and Business Planning roles, he is presently the non executive Director of a number of companies and trusts and provides consultancy advice to clients in the Utilities sector. Michael was formerly the Group Commercial Director of Bord Gais Eireann.

Prof. Colin Bradley – Vice Chairman

Colin graduated from Trinity College Dublin with degrees in Medicine and Physiology. In 1997 he was appointed as the first professor of general practice in UCC Medical School. He also works part-time as a GP in the medical practice of Dr Paul McDonald in Cobh. He was formerly a senior lecturer in general practice in the University of Birmingham and a lecturer in general practice in the University of Manchester. His doctoral research thesis was on decision making of GPs about prescribing medicines and this has remained a major theme in his research. His department also has a major research interest in the primary care aspects of chronic diseases particularly diabetes mellitus. Colin is chair of the Clinical Oversight Committee.

Mr. Mortimer Kelleher

Mortimer is a BCL graduate of the National University of Ireland and practises as a Solicitor in Cork City in the firm of Barry Turnbull & Co. In 2008/2009 he served as President of the Southern Law Association and has been a Council member of the Law Society of Ireland serving on its Regulation of Practice Committee. In recent years he has become a CEDR- accredited Mediator and a member of the Law Society of England and Wales. Mortimer also holds a Diploma in Property Tax from the Law Society.

Sr. Veronica Mangan

Sr. Veronica entered the Sisters of Mercy in Dungarvan with a dream of working on the Mission in Nigeria. Following her initial religious formation she trained as general nurse in Mercy Hospital Cork and midwife in Our Lady of Lourdes Drogheda before leaving to work in an outstation clinic in Nigeria. Having worked there for two and a half years, Sr. Veronica then returned to Ireland and retrained as an addiction counsellor and worked in Aiseiri Addiction Centre for adults before setting up the Aislinn Adolescent Addiction Treatment Centre in Ballyragget. Aware that our lives are mapped out for us, Sr. Veronica answered a new call some years ago and since then has served as a member of the Mercy Provincial Leadership Team in the Southern Province. Sr Veronica is chair of the Nominations Committee.

Ms. Margaret Lane

Margaret is Group HR Director for Ervia. An accountant by profession Margaret has been a member of the MUH board since 2008 and is the chair of the HR Committee.

Ms. Irene O'Donovan

Irene is a Partner with O'Flynn Exhams, where her primary focus is Corporate/Commercial Law, with particular expertise in advising energy and natural resource companies on mergers, acquisitions and disposals, joint ventures, stock exchange listings, financings and regulatory affairs. Irene is a graduate of UCC and is chair of the Clinical Ethics Committee.

Dr. Michelle Dillon

Michelle is a UCC graduate, who qualified from medicine in 1994 and followed a career in General Practice. She has been working as a GP in Bishopstown since 1999.

Mr. Neil O'Carroll

Neil has over 40 years' experience in the oil industry and as a lead executive was responsible for managing the Irish business of Phillips 66 Ireland Limited, encompassing the commercial business of Whitegate Refinery and Bantry Bay storage terminal, until his recent retirement. He holds a degree in Chemical Engineering from UCD and is a Fellow of the Institute of Engineers in Ireland. Neil also holds a Diploma in Corporate Management and Direction from UCC. Since his retirement, Neil has joined the non-executive Board of Cork Business Innovation Centre and was appointed Chairman of the Board of Fota Wildlife Park in 2015. Neil chairs the Finance Committee.

Cllr. John Buttmer

John Buttmer is a Senior Clinical Psychologist with COPE Foundation. He has served on the Diploma Management Committee of the Psychological Society of Ireland (PSI) as well as holding various positions with the PSI Learning Disability Special Interest Group. John is a Director of the Bishopstown Community Association and has an interest in developing community advocacy and inclusion. In addition John is a Director of the Togher Family Centre. John is an elected member of Cork City Council and is a member of the Regional Health Forum. John served as Lord Mayor of Cork 2012-2013.

Mr. Joe O'Shea

Joe is a Chartered Accountant and worked for 37 years with PricewaterhouseCoopers(PwC) until his retirement from the firm in 2012. He became a partner in PwC in 1990 and was Managing Partner of the firm's Cork office from 1995 to 2012. Joe is currently a part time lecturer in Accountancy and Auditing at UCC and is a director of a number of voluntary organizations and private companies. Joe chairs the Audit Committee

Prof. Mary Horgan

Mary is the Dean of the School of Medicine at University College Cork. A specialist in infectious diseases, she is a graduate of University College Dublin (UCD) and undertook her specialist training at Washington University School of Medicine in St Louis, US. She assumes her three-year role as Dean having been overseeing the Graduate Entry Programme, which saw its first graduates in 2012.

Mr Maurice O'Connor

Maurice joined the Mercy University Hospital Board of Directors in July 2015. Maurice worked for 42 years in the Financial Services sector and recently retired from Permanent TSB. His early career was spent in Branch banking and Credit. He was a member of the Bank's Executive Committee for 12 years where he held the position of General Manager IT with responsibility for the delivery of technology services. Maurice is a graduate of University College Cork and holds an MBA along with banking and financial qualifications. He is also a member of the Institute of Directors in Ireland.

ATTENDANCE AT BOARD MEETINGS - 2016

Name	No. of Meetings Qualified to Attend in 2016	No. of Meetings Attended in 2016
Michael A O’Sullivan (Chair)	11	10
Professor Colin Bradley (Vice Chair)	11	9
Mr John Buttimer	11	7
Dr Michele Dillon	11	9
Professor Mary Horgan	11	7
Mr Mortimer Kelleher	11	7
Ms Margaret Lane	11	7
Sr Veronica Mangan *	6	4
Mr Neil O’Carroll	11	10
Mr Maurice O’Connor	11	9
Ms Irene O’Donovan	11	8
Mr Joe O’Shea	11	10

* Sr Veronica Mangan resigned from the Board in mid 2016



REPORTS OF THE BOARD COMMITTEES

Audit & Governance

PURPOSE

The Audit and Governance Committee (“the Committee”) is responsible for monitoring the integrity of the company’s financial statements and assisting the Board in fulfilling its corporate governance obligations. The Committee serves as a focal point between the Board members, Company Secretary, Legal advisors, External auditors and Mercy University Hospital Management in relation to governance matters. The overall objectives are to ensure, as far as possible, compliance with good corporate governance practice and related guidelines from government, HSE, HIQA and other relevant bodies.

The Committee discharges its responsibilities through:

- (a) consideration of financial accounting policies, review of significant accounting estimates and complex areas of judgement; and provision of support to the Board in ensuring that strong financial controls are in place within the organisation and
- (b) provision of independent reviews of the company’s governance, legal and regulatory responsibilities to ensure that adequate policies and procedures are in place throughout the organisation.

The Committee engages with the external auditors in connection with the annual audit process and reviews with them the findings of the annual audit. On an annual basis the Committee evaluates the performance of the external auditors and the effectiveness of the external audit process.

MEMBERSHIP

Joe O’Shea (Chair)

Margaret Lane

Maurice O’Connor

Michael O’Sullivan (Governance only)

Irene O’Donovan

MEETINGS

The Committee met formally on five occasions during 2016 as well as on a number of ad hoc occasions to deal with specific matters. The following were the main issues addressed:

- Consideration of significant accounting estimates and judgements affecting the annual financial statements.
- Consideration of external audit plans
- Discussions with the external auditors concerning matters identified by the external audit process including financial statement disclosures.
- Developed recommendations for the Board in connection with the approval of the annual financial statements.
- Oversaw the tender process undertaken in April 2016 in respect of the appointment of external auditors.
- Board recommendation on the appointment of the external auditors and related remuneration arrangements.
- Findings from internal audit activities.
- Completed reviews of the effectiveness of financial controls and governance arrangements.
- Completed reviews required to facilitate the completion of the Directors’ compliance statement to be included in the 2016 financial statements.
- Consideration of matters relating to Data protection and Cyber Security.
- Review of Annual Compliance Statement for submission to HSE

Joe O’Shea, Chairman

Clinical Ethics

PURPOSE

The Clinical Ethics Committee (“the Committee”) is to assist the Board in fulfilling its responsibilities by ensuring the development of policies to be observed by Mercy University Hospital with respect to clinical ethics to ensure the availability of assistance and Guidelines for the staff involved in patient care.

The Committee is to serve as a focal point for communication between other Board Members and Mercy University Hospital Management and Staff in relation to issues which may arise as regards clinical ethics and any other matters the Board deems necessary.

MEMBERSHIP

Sr. Veronica Mangan
Prof. Colin Buckley
Irene O'Donovan (Chair)

MEETINGS

The Clinical Ethics Committee had 4 meetings during 2016; the following were the main issues dealt with:

- Education and awareness; this included initiation in the Hospital of a staff training and awareness programme
- Dr Louise Campbell, a clinical ethicist, agreed to tailor a programme in clinical ethics for the Hospital
- Monitoring of implementation of the Open Disclosure Policy
- Review of ongoing implementation of the National Consent Policy
- Monitoring and review of developments in Assisted decision making having regard to applicable legislation
- Ongoing review of policy documentation
- Referral Panel or structure to address clinical issues arising

Irene O'Donovan, Chairman

Clinical Oversight

PURPOSE

The Clinical Oversight Committee (“the Committee”) is responsible for assisting the Board in fulfilling its responsibilities by providing an independent review of the Clinical Structure and Function within the Mercy University Hospital, by satisfying itself as to the effectiveness of Mercy University Hospital’s internal and external clinical controls and ensuring that the proper clinical policies and procedures are in place.

MEMBERSHIP

Professor Colin Bradley (Chair)
Professor Mary Horgan
Dr Michelle Dillon
Mr John Buttimer

MEETINGS

The committee met twice in 2016. Matters considered by the committee included:-

- Development of the Transitional Care Unit (St Francis Ward)
- Clinical Governance of the Emergency Department including the Liaison Psychiatry Service
- Cross city services e.g. neurology, general surgery
- NCCP Policy
- Clinical KPIs
- HIQA Inspections and subsequent reports
- Strategic development of clinical services e.g. vascular surgery, gastroenterology
- Policy development including admitting privileges to MUH
- Paediatric Services – particularly in the context of the opening of the out-patient/ day unit at CUH
- Liaison psychiatry service
- Impact of water leak on service delivery and contingency arrangements
- Decontamination Strategy

In addition the committee undertook regular review of the hospital’s risk register and complaints analysis. The committee also received the Annual Report of the Department of Quality and Risk Management and the Chair attended meetings of the Clinical Governance Committee. Several of the above matters were also progressed by the Chair in liaison with the hospital executive, between meetings.

Colin P Bradley, Chairman

Finance

PURPOSE

The Finance Committee (“the Committee”) function is to assist the Board in fulfilling its obligations by providing an independent review of the principal financial matters impacting the company through the provision of appropriate policies and procedure and effective oversight throughout Mercy University Hospital.

The Committee considers matters relating to the annual operating and capital budgets for the hospital, monitoring spend, evaluating financial risks and seeks to ensure that appropriate financial and procurement policies are in place and operating effectively.

MEMBERSHIP

Neil O’Carroll (Chair)
Joe O’Shea
Michael O’Sullivan
Maurice O’Connor

MEETINGS

The Committee held four meetings in the course of 2016.

The main issues addressed were as follows:

- Budget for 2016
- HSE Allocation 2016
- Financial projections for the year and financial challenges arising from same
- Cost Containment efforts within the hospital
- Review of capital projects and capital grants
- Review of stock management processes within the hospital
- Review and approval of plans relating to the outsourcing of decontamination of theatre instrumentation

Neil O’Carroll, Chairman

Human Resources

PURPOSE

The Human Resources (HR) Committee is to assist the Board of Governors in fulfilling its responsibilities by advising the Board on the effective implementation and application of sound human resources policies and procedures that are aligned to the Mercy University Hospital's Values, Vision and Mission. The committee will guide the review of the annual objectives for the CEO and lead the annual evaluation thereof and will carry out any related initiatives as may be necessary or desirable to enhance Board performance including but not limited to Board Learning and Development.

MEMBERSHIP

Margaret Lane (Chair)
Michael O'Sullivan
Mortimer Kelleher
Maurice O'Connor

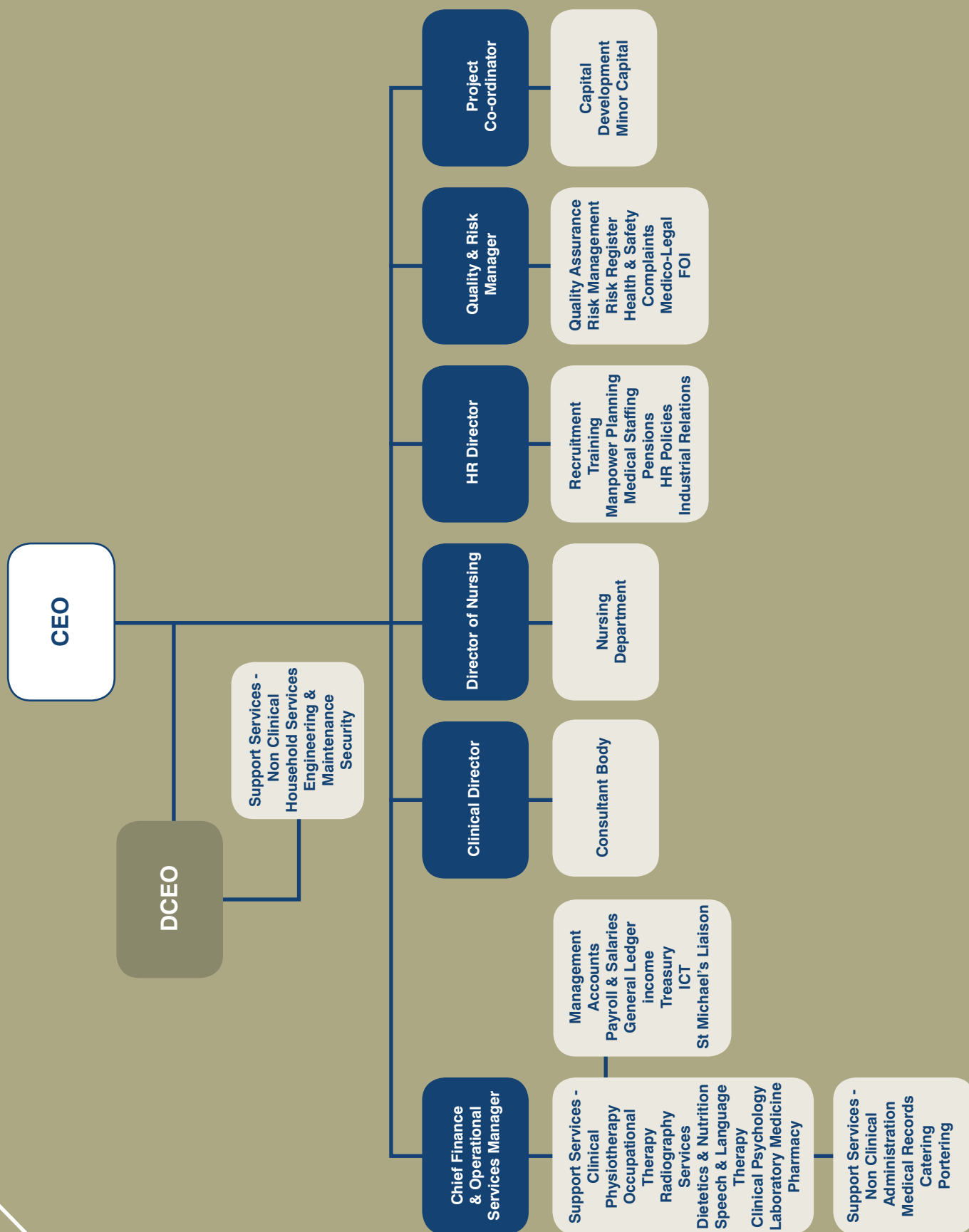
MEETINGS

The Governance Committee held two meetings during 2016. The following were the main issues dealt with:

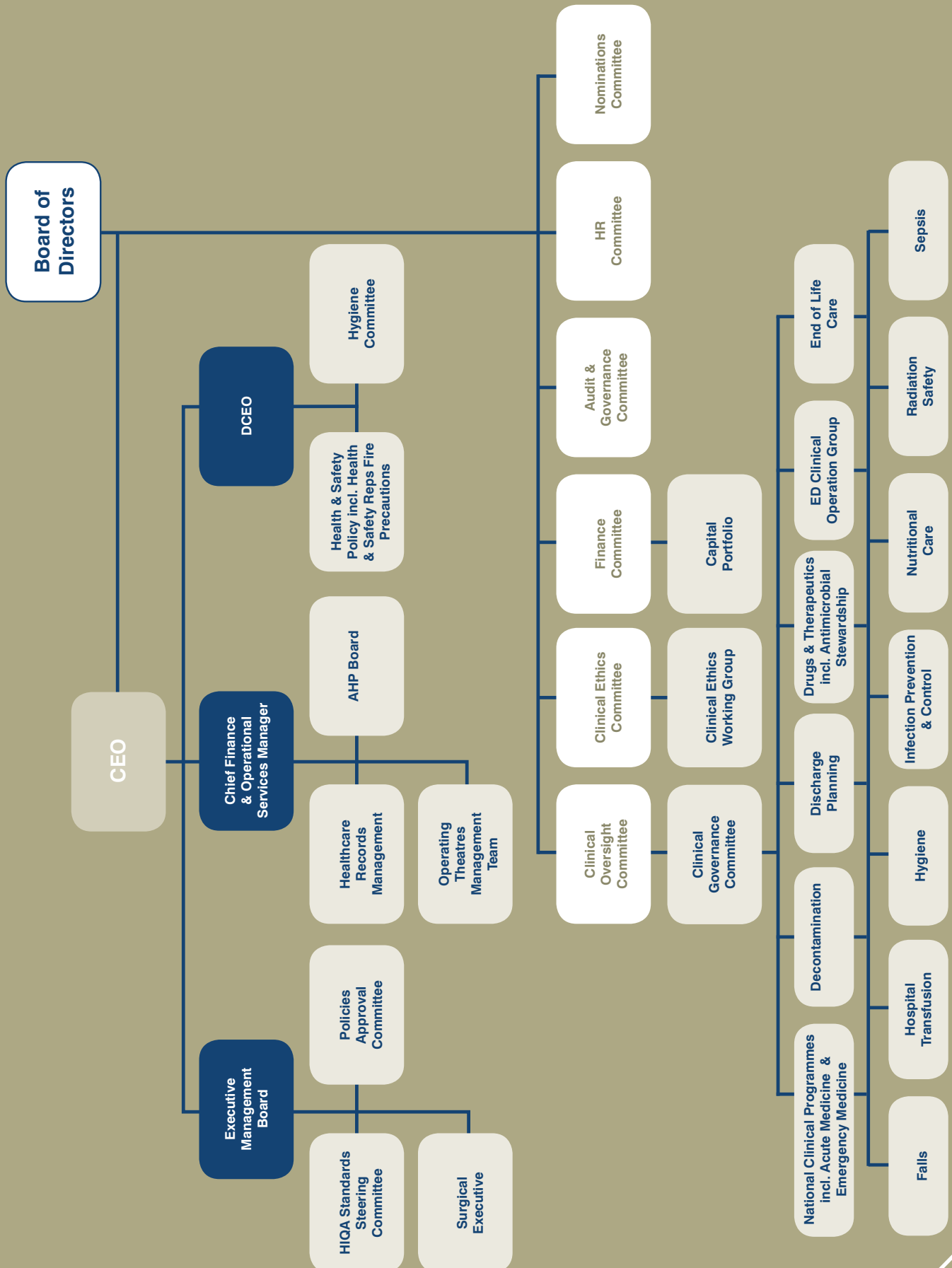
- Setting the annual performance targets for the CEO and reviewing the CEO's performance
- Compliance assurance in respect of HSE circulars on HR matters including pay bill management
- HR Departmental Review and progress on strategic initiatives
- Policy Development including structured overtime for Consultants
- Review of HR risk register
- Legal and IR/ER matters

Margaret Lane, Chairman

Management Structure



Committee Structure





Profile of Executive Management Team

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Ms Sandra Daly

Chief Executive Officer

Sandra Daly began her career in healthcare as a radiographer and worked in the Blackrock Clinic and HSE hospitals, primarily Cork University Hospital (CUH). In 2003 Sandra made the transition to healthcare management within the CUH group and undertook a Masters of Business Administration in Health Services Management in the Michael Smurfit Graduate School of Business.

Sandra then moved to the HSE, where she held a number of positions including General Manager in the Network Manager/ Cork Area Manager's Office, HSE South. Sandra took up her current post as the Chief Executive Officer of Mercy University Hospital in January 2012.



Mr Jim Corbett

Deputy Chief Executive Officer

Jim Corbett, Deputy Chief Executive Officer and is the de facto Chief Operating Officer for Mercy University Hospital and deputises for the CEO in her absence. He came to Mercy University Hospital in 2002 after a successful career in the NHS and private sector in the UK. Jim is the senior operational manager of the hospital concentrating upon the development and monitoring of the hospital's Strategy and operational performance and in particular upon preparedness and resilience responses together with household, maintenance, security, hygiene and fire prevention functions.



Mr Maurice Spillane

Chief Finance and Operational Services Manager

Mr Maurice Spillane joined Mercy University Hospital as Chief Finance Officer, taking on a new role which included managing the Finance, Procurement and ICT departments in August 2011. This role was expanded in 2014 to encompass responsibility for a number of operational services within the hospital.

Prior to this, Maurice spent 23 years working for Logitech. Logitech, which is a publicly quoted company, has 7,000 employees worldwide and is a leader in the design, manufacture and marketing of computer accessories and video conferencing solutions. Maurice joined Logitech as Financial Controller of its Irish operation in 1988. He spent a number of years in Switzerland as European Controller. He assumed the role of General Manager of Logitech's Irish subsidiary in 1996 and held that position until joining Mercy University Hospital.



Professor David Kerins, M.D., FAHA, FACC, FASE, FESC

Clinical Director

David Kerins, received a BSc in Physiology in 1981, and an MB, BAO, BCh from University College Cork in 1984. He completed sequential fellowships in Clinical Pharmacology and in Clinical Cardiology at Vanderbilt University, Nashville TN.



During his Fellowship in Clinical Pharmacology he was awarded a Merck Sharp and Dohme International Fellowship in Clinical Pharmacology. Upon completion of fellowship training he was appointed to the faculty of Vanderbilt University Medical Centre where he was ultimately appointed as an Associate Professor of Medicine and Chief of the Cardiology Section at Nashville VA. He was appointed as Professor of Therapeutics at University College Cork and Consultant Physician at Mercy University Hospital in 2006, and served as Dean of the Medical School, UCC from 2007-2010. He was appointed as Clinical Director at Mercy University Hospital in 2012. He was awarded a Diploma in Leadership in Quality and Healthcare in 2013.

David has research interests in anti-platelet and anti-thrombotic therapy, vascular biology with a particular focus on the renin-angiotensin and fibrinolytic pathways, and non-invasive cardiac imaging. He has completed advanced training in non-invasive cardiac imaging, with a particular focus on Echocardiography, Cardiac MRI and Cardiac CT Imaging. David is a fellow of the American Heart Association, the American College of Cardiology, the European Society of Cardiology and the American Society of Echocardiography.

Ms Margaret McKiernan

Director of Nursing

RGN, Dip ICU/CCU, BSc, MSc, Doctoral student

Margaret has over twenty years of experience in the acute hospital setting in Ireland and the UK. This includes clinical and managerial nursing roles in intensive care and more recently as an assistant director of nursing with a focus on nursing practice development.



Margaret is committed to providing professional clinical nursing leadership to ensure the delivery of safe quality person centred care. She is the clinical lead for the implementation of the National Early Warning Score and Sepsis Guidelines in MUH. Margaret has a particular interest in end of life care in acute hospitals and is the chair of the end of life steering committee in MUH.

Ms Mary Deasy

Quality & Risk Manager

Mary Deasy is the Quality & Risk Manager at the MUH, with over 15 years experience in the area of Quality and Risk Management. She is a qualified RGN with post registration qualifications in Emergency Nursing and Trauma Care. Since qualifying in nursing she has attained additional qualifications in Quality & Risk Management from University College Dublin and Health & Safety & Welfare at Work HDip from University College Cork. She is currently undertaking an MSc at the Institute of Leadership at the RCSI. Operationally, Mary leads the healthcare governance and risk, quality and patient safety agenda across the organisation and manages its implementation.



Ms Oonagh van Laren

Human Resources Director

Prior to joining MUH Oonagh served as HR Director & Chief People Officer at Sláinte Healthcare, where she led the people strategy for Sláinte globally. Previously Oonagh spent almost 18 years with Canada Life where she served as HR Director supporting all the group's companies in Ireland including: Canada Life Ireland, Canada Life Europe, two Reinsurance businesses and Setanta Asset Management. Oonagh has also spent some time consulting in the software, manufacturing and professional services sectors. Oonagh holds an MSc in Business (Leadership & Management Practice) from UCD Michael Smurfit Graduate Business School, a BBS from University of Limerick, is a qualified Project Manager and a Fellow of the Chartered Institute of Personnel and Development.



Mr Shane O' Donnell

Project Engineer and Acting Head of Development

Shane joined MUH in 2013 as Project Engineer in Department of Development. Shane is currently acting as Head of Development in MUH which includes all Major Capital (>€500K) and Minor capital projects. Shane graduated from NUI Galway with an honours Bachelor of Civil Engineering and successfully completed a Masters in Project Management in University of Limerick. Prior to joining MUH Shane worked in the private construction sector for 16 years and was responsible for managing large scale industrial, commercial and healthcare projects.



Report from Chief Executive Officer

I am delighted to present the Annual Report for 2016. This report reflects our highlights, milestones and key challenges of 2016 in a continually evolving healthcare system.

There is no doubt that we work within a demanding system and these are challenging times for us all. Some of the challenges we face are not unique to our hospital but are reflected on a national scale. In particular, and across all disciplines, staffing resources have proved particularly testing. To address some of these challenges the hospital engaged in National and International recruitment campaigns, implemented adaptation programmes for candidate registered nurses and provided clinical facilitators to support newly employed registered nurses (approximately 74 nurses were recruited in 2016 excluding rostered nursing interns).

With respect to the capital infrastructure of MUH, one major challenge occurred when the hospital experienced a substantial water leak from the Sheares Street plant room during the early hours of Saturday, 5th March which caused extensive damage to the 2nd, 3rd and 4th floors of that block and lesser but still significant damage to the lower floors. The endoscopy suites and day wards were severely impacted with other departments including ICU and Radiology damaged to a lesser extent. The Endoscopy Unit (3rd and 4th Floors – Sheares Street Block) was recommissioned on 12th April 2016. I would like to commend all staff involved during these emergencies and in restoring the affected areas to full use as quickly as possible.

The hospital continued to implement the recommendations of its Estates Review which led to the profiling of the hospital's urgent capital requirements for the next three years. MUH faced the task of undertaking a significant body of work further to the publication of the HIQA Inspection & Report (National Standards for the Prevention and Control of Healthcare Associated Infections (NSPCHCAI) Monitoring Report. I am cognisant of the challenges this presented for members of staff in various areas. However, many of the issues raised have already been addressed and we expect further phases of the required works in Theatre to begin during 2017. It is expected that a number of additional infrastructural projects will also go live in 2017.

Balancing scheduled care with emergency/unscheduled pressures during the year proved to be quite demanding. The Special Delivery Unit oversaw the hospital's elective waiting lists with two specific target timeframes of June and December. This target was where no patient could remain on the hospital's public waiting list for a day case or inpatient procedure longer than 18 months. To meet this goal in June a number of patients were outsourced to other centres however a marginal number of cases were outside target in December due to the unscheduled work load coupled with an inability to outsource specialty specific cases. To put this into context, 32,884 cases were processed through the Bed Management Unit in 2016 (2,099 elective admissions, 161 elective readmissions, 22,560 day cases, and 8,064 emergency admissions). 2,582 extra bed days were utilised in 2016 to meet the demands for emergency admissions from the Emergency Department.

One of the key highlights of 2016 was the opening of the 18 bed St Francis Transitional Care Unit on St Mary's Health Campus. This unit is a new and exciting addition to the supports and services available to our patients and its success can be measured by its 100% occupancy rate. The opening of this unit was a monumental task and reflected the Mercy value of Team Spirit in every sense.

The hospital was very much to the fore in focusing on Health & Staff Wellbeing throughout 2016 with the enabling of new programmes whilst enhancing existing ones. The focus on the wellbeing of staff was further endorsed when MUH hosted its first "Wellbeing Week" in November with numerous activities taking place. Over 250 staff attended various events throughout the week. This initiative was spearheaded by our new HR Director, Ms Oonagh van Laren, and an able team and it is fair to say that the feedback was overwhelmingly positive.

Work continued throughout the year on the Mission and Values programme, Mercy Week in particular, provided an opportunity for all staff of Mercy University Hospital to pause and reflect on the hospital's mission, ethos and values and what it means to be "Mercy". Mercy Week reminds us of the precious legacy of 159 years that is bestowed on us by the Sisters of Mercy and how we continue to fulfil their vision.

On a personal note, I was delighted that the newly formed Clinical Ethics Working Group was launched during Mercy Week together with a revised Staff Information Booklet. This is a very important resource for our staff in times when difficult clinical decisions may have to be made. Ethical or moral issues can arise for any member of staff at any time and I am grateful that this support is now in place.

The hospital continued its commitment to quality patient care during the year and a number of quality initiatives were implemented throughout the hospital. Within the Department of Nursing, Safety Huddles were instituted, along with delirium/dementia screening for patients >70yrs presenting to the Emergency Department with a focus on patient flow. A number of conferences and education and research days were also held.

The MUH Protected Disclosures Policy was developed by the Quality & Risk Management Department and approved by the Board of Governors in 2016, to give effect to the legislation on Protected Disclosures of Information as provided for in the Health Act 2004 (as amended by the Health Act 2007) and the Protected Disclosures Act 2014. This policy is aligned to the ethics and values of the MUH, and provides a mechanism to enable staff to voice concerns in a responsible and effective manner. This policy outlines what constitutes a protected disclosure and the process for making such a disclosure.

I would like to place on record my sincere thanks for the unstinting support of the Board of Directors and its Chairman, Mr Michael A O'Sullivan. I would also like to acknowledge the work of the Executive Management Board and their commitment to the hospital and our patients.

While we are proud of our significant achievements in this past year, we know we still have work to do in 2017 to stay ahead of the rapidly changing health care environment. However, 2017 promises to be an exciting year (not in the least because we will celebrate our 160th birthday) and we will continue our efforts to improve in order to provide the high quality health care our community deserves. I have real confidence in our strengths as an organisation and in the impact our work has on people's lives.

Ms Sandra Daly
Chief Executive Officer

Report from Clinical Director

Mercy University Hospital continues to deliver clinical care of the highest calibre. We provide a comprehensive range of services and continue to observe a considerable demand for patients requiring emergency medical, paediatric and surgical care. Together with other hospitals in the acute setting we experienced an impact on elective care in 2016. The commitment of MUH to its patients has kept the impact on patient care to the lowest possible level. In particular, I would like to express my appreciation of the nursing, surgical, medical, diagnostic, housekeeping, and ancillary services within Mercy University Hospital. Through an active management plan, Mercy University Hospital's staff have risen to the challenges of these extra numbers and have mitigated the risk in every possible sense. In 2016 we suffered the additional challenges posed by a flood that impacted the infrastructure of our Endoscopy, ICU and Radiology Departments. The response of a large team of professionals minimised the impact on patient care. We have also initiated renovation works in our Theatre complex. Noted improvements consequent on completion of these works will include improved infection control management, safer working environment, improved material supply and storage, improved data management and improved compliance.

The hospital established a model of transitional care based at the St. Mary's Campus site - St. Francis Unit. This 18 bedded unit was opened with the support of the HSE and with the clinical coordination by Drs. Kieran O'Connor and Dr Catherine O'Sullivan of the Care of the Elderly Department, MUH and Drs George O'Mahony, Nick Flynn and Professor Henry Smithson of the Holyhill Practice. As part of the model of care introduced with this Unit was a daily discharge planning meeting. This meeting is a wonderful example of the multidisciplinary care that is provided at MUH and is necessary to optimise inpatient care and in the planning for the return of the patient to their prior level of health.

Brief Summary of 2016 Clinical Director Activities

- Weekly NCHD Lead meetings – Clinical Director, Medical Manpower Manager, NCHD Lead
- Regular meetings between the Clinical Director and the Director of Nursing
- Chairing of the Clinical Governance Committee
- Membership of Executive Management Board
- Hospital Drugs and Therapeutics Committee
- Hospital-wide walk throughs including the Emergency Department

Relationship with University College Cork

MUH is a major teaching site of UCC. The 'Drawing Room' is the venue for our larger teaching events and was upgraded during 2016 with the aid of a grant from the Medical School of UCC coupled with a generous donation by Dr Liam Conroy (retired MUH Consultant Anaesthetist).

A further generous donation from Dr. Conroy in February 2016 resulted in the renovation of the Doctor's Rest Room into a bright, modern and comfortable facility for our Non-Consultant Hospital Doctors (NCHDs). The refurbishment was gifted in loving memory of Dr. Conroy's parents, Rose and Nicholas. The MUH Department of Development undertook the project in partnership with the MUH Foundation and with the assistance of Dr. Mortimer O'Connor (Lead NCHD) and the MUH Human Resources Department.

The academic activities/contributions of Dr. Terry O'Connor (Respiratory) and Mr. Micheal O'Riordain (Gastro-Intestinal) were recognised and acknowledged by UCC with their appointment to Clinical Professorships in Medicine and Surgery respectively.

We also congratulate Professor Mary Horgan, Member of the Board of Directors of MUH and Dean of the School of Medicine upon her appointment as President Designate of the Royal College of Physicians of Ireland.

Research

There is a large body of clinical research delivered at MUH. The research is reflective of the clinical interests of a broad range of clinicians in the hospital. By their engagement in research we are assured that our patients are offered treatment plans that are informed by best international practice. Over the past year the research has resulted in publication in the literature and in the delivery of undergraduate and postgraduate degrees. The Cork Clinical Research Facility is located within MUH and is under the governance of UCC. This location provides an embedding of the best principles of research informed health care and attracts interactions that maintain an environment for the delivery of innovative healthcare.

Professor David Kerins
Clinical Director



Department of Human Resources

2016 ANNUAL
REPORT

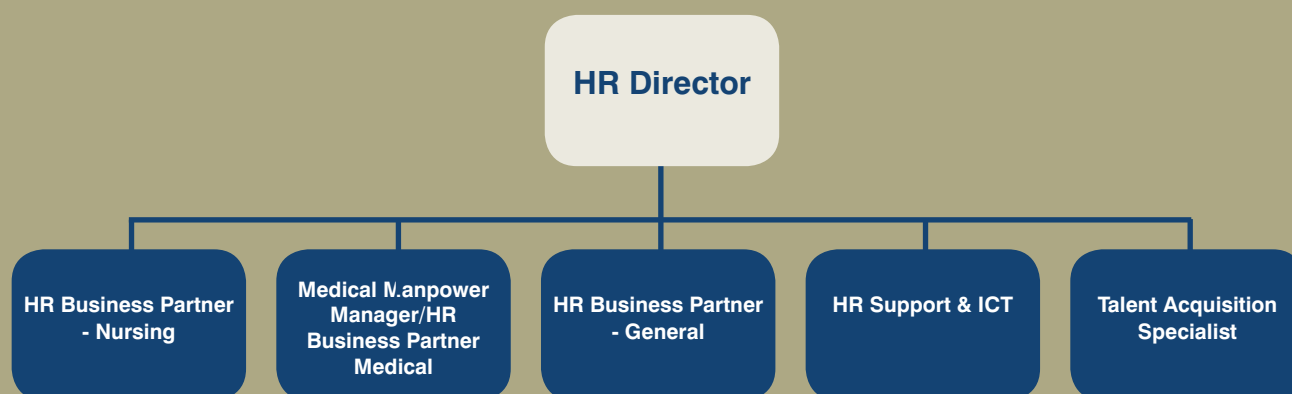
2016 was a transformational year for the HR Department in MUH with a number of changes in personnel. I was delighted to join MUH in July 2016 and take up the position of HR Director. With the support of the HR team we undertook a strategic review of the HR function, the output of this work guided our activities in the second half of 2016 and our plan for 2017.

In reviewing the HR function and identifying areas of development and growth we were cognisant that we need to support and align with many interests and stakeholders. Namely the overall strategic plans of MUH, align with our ethos and values, align with best practice Human Resource Management & Health Services People Strategy and most importantly support patient care.

The HR Department provides support in the following areas: Organisational Design, Talent Acquisition & Retention, Internal Communications, Performance, Reward, Learning & Development, Values & Employee Engagement, Employee Relations/IR, Pensions, Operational processing e.g. Maternity leave, Parental, Policy implementation and Wellbeing.

Organisational Design

In 2016 the HR Department was restructured to a business partner model with specialist roles underpinning this. On commencement I reviewed the current structure, key functions and organisation needs. It was clear that each department needed a single point of contact in HR. I also observed that recruitment activity took a significant amount of time so this needed to become a stand-alone role. HR Business Partners, HR Support & a Talent Acquisition Specialist have now been appointed as follows:



Two key roles were appointed to HR in quarter 4 2016 and join a well-established team. One of whom supports the entire HR Department and is the ICT expert. The Talent Acquisition Specialist is a dedicated recruitment expert who will focus entirely on sourcing candidates, online presence, branding and managing the entire recruitment process. These changes in HR lead to a more customer focused approach, improved communication and efficiencies.

Other Organisation Design activities supported in 2016 include the Departments of Development, Maintenance, Procurement and Chaplaincy. All procurement activities has been centralised in one function and we have appointed a new Chaplaincy Co-ordinator.

Talent Acquisition & Retention

As already mentioned a new role has been created which is entirely focused on recruitment. Over 362 people joined MUH in 2016. Large portions (200+) of these were Non Consultant Hospital Doctors (NCHD), many of whom rotate every few months as part of various training schemes.



A total of 74 Nurses were recruited by MUH, many of these as a direct result of our very successful international recruitment campaign. While we also lost a number of nurses, overall we had a net increase of 19 people. Many internal job opportunities were created resulting in career development and promotional prospects.

Other recruitment initiatives include more direct sourcing through Irish Jobs & LinkedIn, conducting exit interviews to analyse reasons for turnover and promoting all vacancies through the careers section of MUH. During 2017 we will see more work in this area.

Wellbeing & Employee Engagement

In November 2016 we ran the first Wellbeing Week in MUH. The week was named “# Wellbeing – The Mercy Way”. During the week in question we ran over 25 different initiatives, this offered lots of choice and something for everything. Popular events included ‘Free Fruit Pouch daily’ Taster Facial, Shiatsu, Kinesiology, Gait Analysis, Prostate Cancer Awareness and screening clinics for Diabetes & Blood Pressure Clinics. The feedback was excellent and more events are planned for 2017. MUH was chosen as a pilot site for NCHD Wellbeing, listening sessions and initiatives will be forthcoming from this in 2017.

Training and Development

An MSc in Healthcare Leadership was developed in conjunction with UCC, three employees are being sponsored in this inaugural programme that commenced in September 2016. Part of the study will involve MUH process improvements.

A training need was identified for people managers. A modular programme entitled “Managing People Skills” which aims to develop leadership competence has been developed and in early 2017 over 40 managers will undertake this developmental programme. Embedding the Mercy values of Excellence, Compassion, Team Spirit, Justice and Respect will be a key message in how we act as leaders and will be core to the programme.

Other

A number of other initiatives took place in 2016, namely:

- The HSE conducted a National Survey for Healthcare workers. MUH staff participated in the survey and results will be available in Q1 2017 and may drive some specific initiatives.
- Regularisation of acting and long standing arrangements have been completed
- Structured overtime contractual entitlements for Consultants have been implemented
- Risk Register for HR has been developed
- IR/ER environment actively managed
- Moved from paper based to electronic Garda vetting process
- Implemented a new ID badge system
- Supported the opening of the St. Francis Unit from a staffing perspective
- Occupational Health continue to manage all work related sick leave issues with over 2,100 visits supported in 2016. They also supported the roll out of the flu vaccine to almost 40% of employees which was an excellent result.

2016 has been an exciting and busy year for the HR and Occupational Health Departments; I would like to thank my colleagues for delivering on many initiatives that support the delivery of services in MUH. We have equally ambitious plans for 2017 where we plan to review our ICT strategy, Wellbeing agenda, Talent Acquisition & Induction and support the very important work of Mission and embedding the MUH values.



Department of Development

2016 ANNUAL
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The Development Department had a busy but productive 2016 with the completion of projects, the undertaking of new projects and dealing with the unexpected projects.

A Design Team was appointed for the Regional Centre of Gastroenterology Project. Following this appointment, User Group and Project Team meetings commenced and a Draft Stage 1 Report was developed and has been issued for its approval.

Refurbishment works were undertaken in the Doctor's Rest Room and Drawing Room, which are located on the Ground Floor and First Floor of our historic Mansion House building respectively. These works were carried out in conjunction and with the support of UCC, Mercy Foundation and Dr. Liam Conroy. We are now very pleased to provide a more comfortable place of rest for our Non Consultant Hospital Doctors (NCHDs) and improved modern facilities to cater for the many events/activities that it currently serves.

The months of March and April proved eventful. Further to a leak from the Sheares Street Block roof, emergency repair works were carried out to sections of Endoscopy, St.Oliver's Ward, Intensive Care Unit, 1st Floor accommodation and Ground Floor Radiology Department. Our aim was to carry out these repair works with as little disruptions as possible and we believe this was achieved due to the support and co-operation of our colleagues. We would again like to thank all departments and staff who assisted in facilitating these works.

The heating upgrade project on the Mansion House side of the campus was completed during 2016. The upgrade of this system will improve the security of heating supplies and improve the hospital's energy efficiency.

During the summer closures, refurbishment works were completed to in an Endoscopy Room 1, X-Ray Lift and a complete upgrade of X-Ray Room 3 along with new radiology equipment installation.



A number of service associated works were progressed during the year such as the LED Light Replacement project where almost 2,000 light fittings were replaced, Radiator Valve Replacements and hot water valve replacement works in sections of the Lee View Block.

There were also a number of surveys carried out on the mechanical and electrical services in various locations around the hospital and these reports will assist in streamlining any future works. Surveys of the Medical Air system commenced during the year and it is envisaged that a Business Case submission will be made to the HSE for funding approval in early 2017.

As part of Capital Equipment Replacement funding, certain identified items of equipment were replaced.

St Francis Unit, an 18 bed unit under the governance of MUH, located in Block 8 of St. Mary's Health Campus, Gurrabraher saw its first patient enter the unit in mid-September. It is great to see how the refurbishment and transformation of this block, is now providing a bright, modern and tranquil unit to further serve our patients.

Following an unannounced HIQA inspection in June 2016, Phase 1 refurbishment works to our Theatre Department were planned and commenced in the second half of the year. Works included in Phase 1 were to address the immediate low level issues highlighted during the HIQA visit along with other works that were identified on further review. These works were completed with minimum disruption to the Theatre service activity.

Upgrade works were also carried out during Phase 1, primarily to install a dedicated Sterile Store Room, Kan Ban storage room a new track and trace system. A portakabin was also installed in the service yard to facilitate the outsourcing of the decontamination of instruments service.

Phase 2 of the Theatre Upgrade proposal was also progressed in 2016 as follows:

Phase 2 focuses on improvements to the infrastructural deficits in relation to Theatre No.1, Theatre No.2 and adjacent spaces. It is primarily addressing the items in the HIQA report and also the provision of modern operating theatre facilities to maximise their function and to comply with best practice guidelines for surgical facilities.

1. Changes to the layout to improve patient flow and work flow processes
2. Upgrade of building fabric finishes of floors, walls and ceilings to achieve HBN compliance
3. Significant mechanical and electrical upgrades to comply with the current HTM standards for ventilation, medical gas, water and electrical services etc
4. The provision of modern, more suitable operating theatre equipment such as theatre pendants, electrical trunking, theatre lights and control panels.

A Design Team has been appointed to review the current facilities and develop new layouts for services and infrastructure. Each theatre will have its own dedicated scrub up area accessed from the clean corridor side and through into theatre. A shared sluice for the theatres is proposed and a dedicated cleaner's store, waste holding area is also proposed. It is proposed to install a fixed C-Arm unit in Theatre 2 to provide improved interventional imaging facilities and patient outcomes.

It is anticipated that subject to Business Case and funding approval from the HSE that Phase 2 works would commence in 2017.

The Department of Development endeavours to meet our objectives for the coming year while embracing the core values of the Mercy Ethos and play our role in making MUH a better place for patients and staff. We look forward to many new challenges in 2017.

Mr Shane O'Donnell
Acting Head of Development



Department of Nursing

I am delighted to present the Department of Nursing Report for 2016 and to share the achievements of nursing during this time.

At Mercy University Hospital, I have the privilege of working with a dedicated and talented nursing workforce. The dedication, compassion, commitment and thoughtfulness which they demonstrate on a daily basis is admirable. MUH nursing staff are exceptional people doing extraordinary things to ensure the best care for our patients. We are guided in the delivery of nursing care by our Mercy Values of compassion, respect, justice, excellence and team spirit.

The changing demands of the healthcare environment require the highest level of knowledge and clinical nursing practice expertise to ensure quality patient outcomes.

The Registered Nurse (RN):

- Provides individualised health care to patients, their families and the wider community
- Is the healthcare professional that spends the most amount of direct time with our patients providing around the clock clinical care and observation
- Gains access to someone's intimate world which is an enormous responsibility and privilege.
- Interacts and meets people at their most vulnerable, in times of pain, sadness, death and suffering
- Carries out clinical tasks and delivers this in a compassionate and clinically competent way



The Irish health service has seen many challenges in recent years and will continue to face these into the future. In addition, there are global challenges such as the shortage of nurses, an ageing nursing workforce and the need for optimisation of integrated working between nurses and other health and social care professionals.

Our strategic priorities in the Department of Nursing were developed in response to meeting the needs of the patients and families we serve and are informed by the Mission and Values that sustain Mercy University Hospital.

THESE STRATEGIC OBJECTIVES ARE:

1. **Patient Safety and Quality**
2. **Exemplary Professional Practice**
3. **Professional Learning and Development**
4. **Patient and Staff Experience/ Engagement**
5. **Effective Resource Management**

1. PATIENT SAFETY AND QUALITY

The quality of healthcare in Ireland is defined by the four quality domains set out in the Safer Better Healthcare Standards (HIQA, 2012). These are the delivery of person centred, effective safe and better health and wellbeing care. The framework for Improving Quality (Quality Improvement Division, 2016) influences and guides the Department of Nursing. We promote and support the use of quality improvement methodologies across a number of areas including nursing quality care metrics, end of bed handover, patient flow management, activity huddles, safety pauses, senior nurse clinical rounds, EWS audit and care bundles.

The Department of Nursing is committed to improving care and actively engaging with the wider multidisciplinary team to progress quality initiatives that will improve safety, promote reliability reduce variation and minimise risk to patients

2. EXEMPLARY PROFESSIONAL PRACTICE

Registered nurses are graded in their day to day practice by the Code of Professional Conduct (NMBI, 2014) which aims to support nurses in their ethical and clinical decision making as well as set standards for the regulation and monitoring of professional conduct. Our central tenet is the provision of excellent compassionate nursing care that is appropriate to individual patient needs. We are participating in a SSWHG project to standardise nursing documentation across all acute hospital sites. Underpinning our delivery of excellent care are the fundamentals of nursing which include, but are not limited, to nutrition, hydration, medication administration, hygiene and personal comfort, effective communication and spiritual care. Using quality care metrics provides us with a standardised system to track and benchmark the quality of our nursing care.

3. PROFESSIONAL LEARNING AND DEVELOPMENT

Nursing staff are supported to develop both professionally and personally. Word based and formal teaching programmes are provided in response to identified clinical needs. These include end of life care, basic and advanced cardiac life support, medication management, wound care, respiratory care and gastroenterology.

Clinical Leadership at all levels supports and fosters a culture of continual learning and improvement. The Department of Nursing is committed to building and support in clinical leadership through in house training and external programmes (e.g. LEO, RCSI, RCPI, RCN and Clinical Leadership with Portfolio). Our aim is to allow nurses to grow in confidence as clinical leaders and learn effective tools and techniques to enable influencing effectively.

4. PATIENT AND STAFF EXPERIENCE/ ENGAGEMENT

Engaging and involving patients demonstrates our commitment to person centred care. Nursing care is delivered in partnership with the patients and families we serve, supporting them to make informed choices and decisions about their care and treatment up to and including end of life (“Nothing about me without me”). Delivering outcomes that matter to patients requires us to acknowledge patients as partners in their care by asking them for feedback on their preferences and care received. This is achieved by creating environments at ward level when clinical nurse managers and nursing staff directly engage with patients.

Senior clinical rounds and nursing quality care metrics also allow us to capture data on the patient experience that we can use to improve the quality of care delivered. Learning also takes place from national initiatives such as the recent National Patient Experience Survey.

Positive staff engagement is critical to the achievement of a high quality standard of care. Engaging nursing staff in the processes that impact on their own professional development presents a challenge, with clinical staff at the bedside. We will continue to focus on this in 2017 supported by the HR Department. Demonstrating the organisational values and mainstreaming these through the Values in Action workshops is part of this process in supporting nursing staff.

5. EFFECTIVE RESOURCE MANAGEMENT

Effective and efficient use of workforce resources is undertaken to ensure the best possible health outcomes for our patients. Workforce, learning and management focuses on both recruitment and retention strategies, maintaining safe nursing staff levels is essential with the emphasis not being on available numbers of staff, rather on the right staff at the right time meeting the individual care needs of groups of patients.

This is in the context of a shortfall in nursing staff nationally and internationally, our workforce planning strategy is focused on continuing active recruitment at a national and international level and also on supporting new nurses to the organisation and ward staff in ensuring integration and appropriate skills acquisition. The taskforce pilot currently being undertaken by the HSE is welcomed in this regard.

Role expansion in the areas of specialist and advanced nursing practice will continue with a key focus on Gastroenterology and Care of the Older Adult Services. These roles are another mechanism for improving patient experience and developing professional nursing practice.

SENIOR NURSE CLINICAL ROUNDS

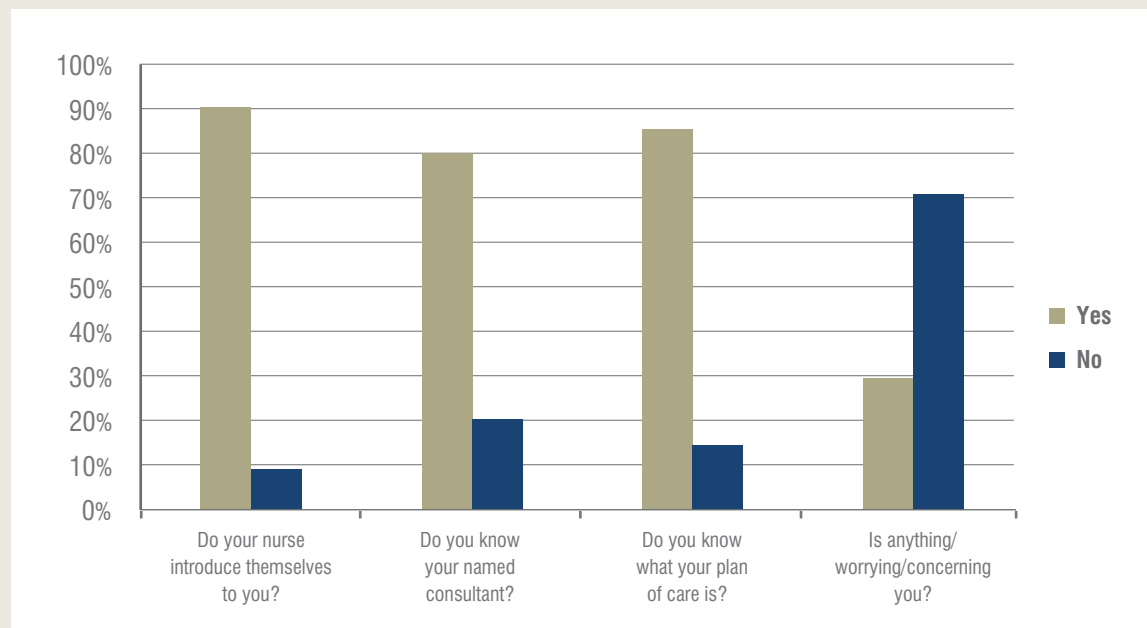
Nursing staff are professionally accountable and committed to the delivery of the highest standards of care for patients in MUH. The senior nurse clinical round is a support and assurance mechanism and aims to:

- Demonstrate the commitment of senior nurse manager's to quality and safety for patients, staff and the public
- Establish that patients are receiving high quality nursing care
- Increase staff engagement and develop a culture of open communication
- Support a proactive approach to minimizing risk and ensure timely feedback
- Improve and progress nursing practice through shared experience

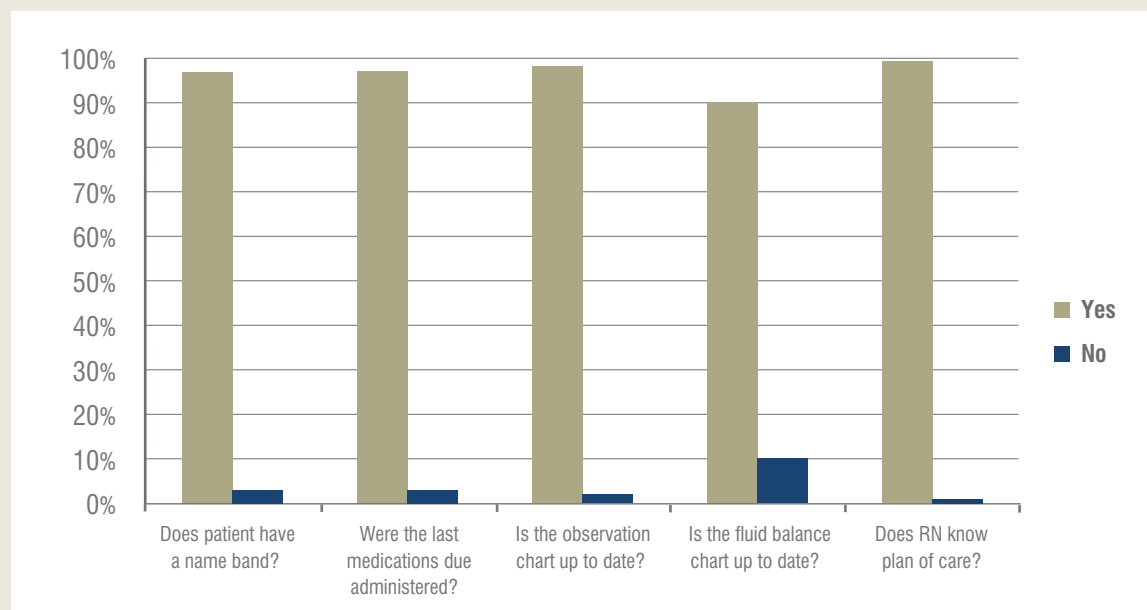


SENIOR NURSE MANAGER WEEKEND CLINICAL ROUNDS 2016 (N=299patients)

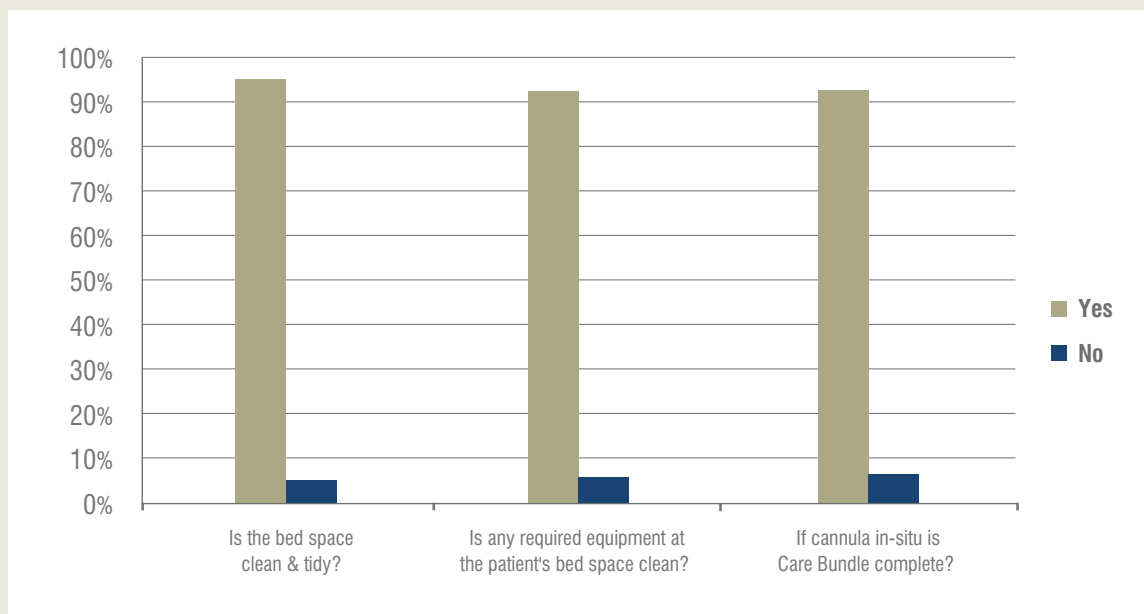
Evidence that Patients are Receiving Person Centred Quality Nursing Care



Minimising Patient Risk – End of Bed Documentation



Patient Environment



AUDIT OF NATIONAL EARLY WARNING SCORE SYSTEM (NEWS)

A systematic approach to identification and management of the deteriorating patient can improve patient outcomes, prevent death and reduce morbidity (NICE, 2010). Early warning scores have been developed to facilitate early detection of deterioration by categorising a patient's severity of illness and prompting nursing and other healthcare professionals to request a medical review at specific trigger points, utilising structured communication tools whilst following a definitive escalation plan.

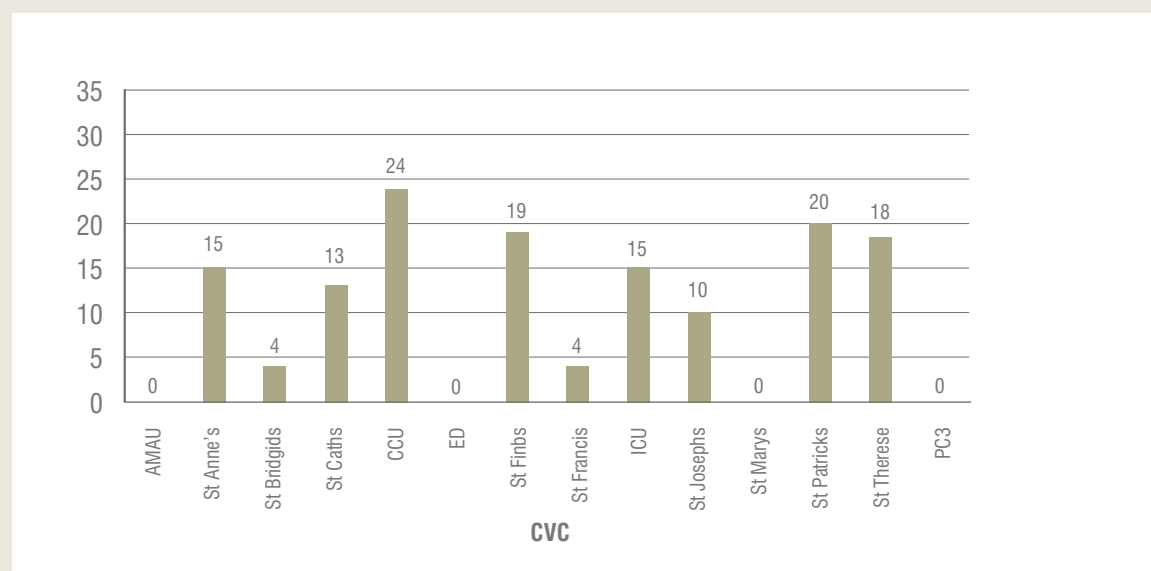
Clinical audit is recommended to support the continuous quality improvement process in relation to implementation of the national EWS system. Evaluation of new systems is necessary to establish their efficacy and determine what changes are required to optimise performance.

Care Bundles End of Year Audit Results 2016

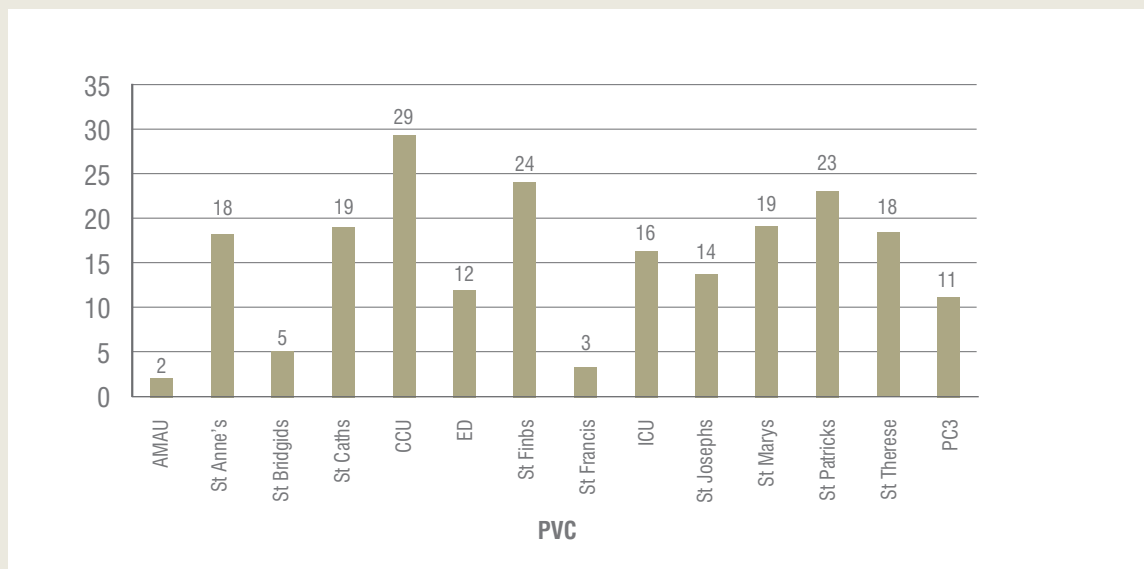
Clinical areas continue to implement and audit Care Bundles for the following invasive devices:

1. Peripheral intravenous Catheters (PV)
2. Central Venous Catheters (CVC)
3. Urethral Catheters (UC)
4. In addition at the beginning of 2015 the ICU department fully implemented

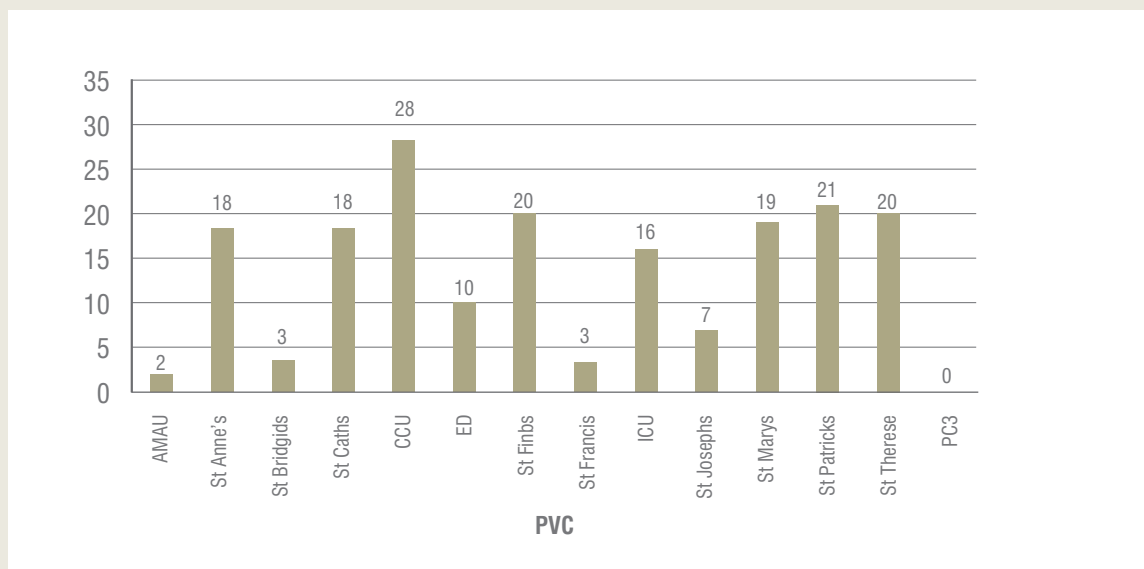
CVC Care Bundles Completed 2016



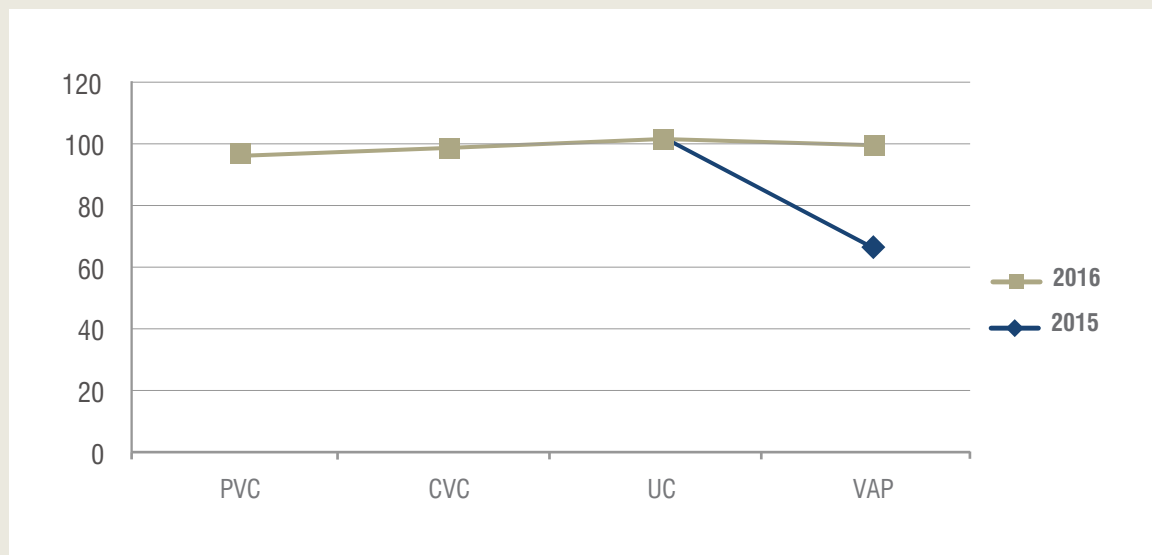
PCV Care Bundles Completed 2016



Urethral Catheter Care Bundles Completed 2016



Compliance with invasive devices Care Bundles



	2016		2015	
	Overall compliance	Range	Overall compliance	Range
PVC	93.6%	86-100%	95%	80-100%
CVC	97.8%	91-100%	100%	
Urethral Catheter	99%	97 -100%	99%	99-100%
VAP	100%		92%	67-100%

QUALITY INITIATIVES

Activity Review (Safety Huddle)

Studies have shown that implementing huddles in healthcare can improve a variety of outcomes. These typically short briefings are designed to give front line staff and hospital managers an opportunity to review activity and share plans for coordinated patient care across the organization.

The huddle function in MUH is framed around the National QID recommended Safety Pause and draws on international literature in relation to this. The implementation of a multidisciplinary daily safety huddle was a key achievement in 2015 and assisted us in daily planning of service needs during extended periods of escalation. This has been fully integrated into existing safety practices such as the senior nurse clinical rounds and the use of the safety pause.

The safety pause focuses on things everyone needs to know to maintain safety. In clinical areas, it is based on one question 'What patient safety issues do we need to be aware of today?' and results in immediate action e.g. redeployment / NPDU support team / medical support Four P's provide examples to prompt the discussion – Patients, Professionals, Processes and Patterns.

Delirium / Dementia Screening for patients > 70 years presenting to ED

The Cork IDEAS project promotes screening for dementia in the ED. This is important because dementia is under diagnosed but affects about 30% of older people admitted to the MUH.

Delirium / Dementia Screening is carried out on all patients > 70 years presenting to the Emergency Department. With this screening (4AT) informing care for the patient using a combined Dementia / Delirium Pathway.

Approved Advanced Nurse Practitioners 2016

Mercy University Hospital is committed to the continued expansion of the Gastroenterology Service within a purpose built Gastroenterology Unit. This is in keeping with the requirements of a dynamic regional centre which will be responsive to the growing and changing needs of the gastroenterology patient population of the South/South West Hospital Group. The inclusion of a Registered Advanced Nurse Practitioner for Inflammatory Bowel Disease (IBD) is an integral part of the multidisciplinary plan for inclusive and holistic management of patients with IBD.

The first ANP post in Inflammatory Bowel Disease nationally has been approved by the NMBI in MUH. The RANP will provide caseload management of patients presenting with an established diagnosis of IBD. This service will be delivered in collaboration with the Multidisciplinary Team (MDT) in accordance with best practice guidelines for IBD (ECCO 2014). A second Advanced Nurse Practitioner post (Nurse Endoscopist) has also been approved by the NMBI.

ADVANCED NURSE PRACTITIONER (Emergency Department)

Autonomy and Expertise in Clinical Practice

- Referral pathways developed for 'deferred care' and ANP management of 'Torus Fractures' in children
- Expanding CPA for medicinal prescribing to facilitate the management of more complex cases including lower limb DVT's and the management of neuropathic pain
- ANP are leading the falls agenda in ED MUH increasing staff awareness of risk stratification and referral pathways
- 'Complex Regional Pain Syndrome' (CRPS) patient information posters developed in collaboration with local CRPS committee a multidisciplinary group led by Anaesthetics / Pain Orthopaedic Consultants
- Expansion of scope of practice to include patients with query DVT and thrombophlebitis
- Developing access to clinical exposure of patients with spinal trauma – neck and back injury
- Direct referral to HSE smoking cessation officer

Professional and Clinical Leadership

- Involved in the mentorship of a student undertaking the Advanced Nurse Practitioner – emergency module NU6166 UCC. Provided approx 50% of the theoretical component of this programme
- Developed and provided formal study day targeting staff working in Regional LIU's and focused on promoting best practice in the care of ambulatory trauma patients. Initial study day focused on adult upper limb injuries.
- Clinical support to staff in ED on assessment and management of ambulatory and acute trauma
- Annual plastering workshop with quarterly updates
- Supervision of HDip nursing students, pre reg medical and nursing students
- Lectures to HDip nursing students in UCC

Patient Experience Times (Minutes) 2015

- Mean Time of Patient Triage to Time of Patient seen by ANP (Treating Clinician) = 19 minutes
- Mean Time of Patient seen by ANP (Treating Clinician) to Time of Completed Episode of Care (i.e Referral/ED departure time) = 78 minutes

2016

- Mean Time of Patient Triage to Patient seen by ANP (Treating Clinician) = 44.5 minutes (This increase in waiting times may be secondary to the increased complexity of cases being treated by the RANP ED MUH)
- Mean Time of Patient seen by ANP (Treating Clinician) to Time of Completed Episode of Care (i.e. Referral/ED department time) = 131.33minutes (increase means episode of care is again related to the increased complexity of cases treated by the RANP ED MUH)

Service Activity

- Total 2015 new attendances to MUH = 28,690
- Total new July-Dec 2015 = 14,549
- Total ANP new July-Dec 2015 = 1,094
- Total ANP reviews July-Dec 2015 = 273
- Total 2016 new attendee's to MUH = 29,873
- Number of new attendee's seen by ANP in 2016 = 2096 (7%)
- Number of reviews in 2016 = 498
- Total ANP new Jan-Dec 2016 = 2,096
- Total ANP reviews Jan-Dec 2016 = 498

Number of Paediatric Patients

- 6 months July – Dec = 348

Research and Audit

Ongoing audits of QIP's including:

- Audit of anti microbial prescribing and management of skin and soft tissue infectious in MUH ED
- Audit of nurse prescribing practice
- Presentations at IANMP and NEMP Conferences

Clinical Nurse Specialists

Clinical Nurse Specialist practice requires the application of specifically focused knowledge and skills to improve the quality of patient care. The Clinical Nurse Specialist has undertaken formal post registration education relevant to his/her area of specialist practice. The Clinical Nurse Specialist acts as a consultant in education and clinical practice to nursing colleagues and the wider multidisciplinary team

The core components of the CNS role are:

Clinical Focus, Patient Advocacy, Education and Training, Audit and Research, Consultancy.

Patient Flow

In September 2016, the Department commenced two initiatives to aid patient flow in the hospital. A total of 18 transitional care beds were opened in St. Francis Unit on St. Mary's Health Campus. Around the same time a daily discharge support meeting was launched in the hospital to assist and advise all teams on more timely discharges. The people in the hospital who help support discharge are present (discharge coordinators, bed managers, patient flow managers, geriatric medicine). Those present have knowledge of the system and supports for discharge. They will be able to advise team members on possible options to aid discharge. As well as knowing potential barriers (internal to hospital or external) to discharge, those attending should know what are the clinical criteria needed for discharge and when they expect the patient to be ready for discharge. The meeting also highlights some complex discharges that may require St. Francis Unit of St. Finbarr's Unit. Those at the meeting can also advise on the discharge supports available in the community or the potential of discharging home and readmitting electively for a procedure or a test. To date 175 patients have been transferred to the unit.

Finally, I would like to thank all the nursing staff whose commitment and creativity give me confidence that we will continue to improve our nursing services in 2017.

Margaret McKiernan
Director of Nursing



Department of Quality and Risk Management

2016 ANNUAL
REPORT

The Quality & Risk Management Department (QRMD) is a core element within Mercy University Hospital. Its role is to ensure that the hospital implements the highest standards in quality and patient care, is up to date with National and International standards including best practice, adheres to health and safety legislation, continually monitors risks to patients, staff and visitors and minimises same, and has in place the structures, systems and processes to properly manage adverse events, in line with the hospital's strategic objectives.

It is the policy of MUH to operate an integrated process for the management of risk and the maintenance of a Corporate Risk Register is a core element of this process. The Risk Register assists the MUH to establish a prioritised agenda for managing its risks. It provides the Management Team, Executive Management Board and Board of Directors with a high level overview of the organisation's risk status at a particular point in time and becomes a dynamic tool for the monitoring of actions to be taken to mitigate risk.

MUH has a robust incident reporting system in operation and all disciplines are actively involved in reporting incidents and near misses. In 2016 a total of 1,299 incidents were reported. Serious Reportable Events (SRE) are escalated and investigated in accordance with National Policy. There was a total of 6 SREs reported at MUH in 2016.

The QRMD completed a self assessment against all relevant recommendations outlined in reports produced by HIQA in 2016, and considered the hospital's position on draft guidelines and standards developed by HIQA in 2016, including:

-
- **HIQA Report of the Review of Nutrition and Hydration Care in Public Acute Hospitals (May 2016)**
 - **HIQA Report of the Review of Anti-microbial Stewardship in Public Hospitals (July 2016)**
 - **Monitoring Programme for Unannounced Inspections undertaken against the National Standards**
 - **For the Prevention and Control of Healthcare Associated Infections (7th June 2016 & 20th July 2016)**
 - **HIQA Draft National Standards for the Conduct of Safety Reviews of Patient Safety Incidents (September 2016)**
 - **HIQA International Review of the National Patient Experience Survey (October 2016).**
-

This builds on self assessments carried out in previous years and on the ongoing work in self assessing against the *Safer Better Healthcare Standards*.

MUH remains committed to **developing and embedding a culture of open disclosure** throughout 2016. Training was facilitated by in-house Trainers, who facilitated detailed programmes for 62 Managers in the organisation, as well as awareness sessions for 185 staff during 2016.

An **external audit** of the application and implementation of the **National Open Disclosure Policy** was carried out by the Office of the National Director for Quality Assurance and Verification on 22nd November 2016. The following outlines the findings of the audit:

“The audit team can provide reasonable assurance that MUH is compliant with the OD Policy. Governance Structures are effective and implementation of OD was achieved in line with local and national policy. Training records demonstrate that a large number of staff from diverse disciplines have been trained, although this includes a relatively small number of medical staff. Quality improvement and learning outcomes are evident. OD events were recorded in all cases reviewed and the SAR’s demonstrated that a robust process involving OD existed”.

One recommendation for improvement was identified in the audit, which is to commence a structured evaluation of the effectiveness of OD training programme locally. This will be completed in 2017, with the guidance of the HSE National Lead for OD, Ms Angela Tysall.

The Risk Manager is the Complaints Officer for MUH and the operational management of the complaints process is assigned to the QRMD. A total of 79 complaints (verbal and written) were received at MUH in 2016. The national performance target for complaints management in 2016, is based on the percentage of complaints investigated within the legislative timeframe of 30 working days. The national target is 75%. MUH achieved a compliance rate of >75%.

At MUH, we continually review key mortality indicators and develop new streams of work to improve clinical quality and reduce avoidable mortality, MUH continues to participate at a national level in the **National Audit of Hospital Mortality and the National Major Trauma Audit** through the National Office for Clinical Audit.

The QRMD administers the Freedom of Information function for MUH. In 2016, a total of 680 requests for records were processed under the FOI Act and Administrative Access Policy (breakdown Table 1).

Request Type	Request Number	Invalid Request	Total Requests
DP	14	0	14
ADMIN	525	19	544
FOI	116	6	122
TOTAL	655	25	680

Safety, health and welfare is a key function of the QRMD and is focused on providing for patient, staff and visitor safety. Throughout 2016 Health and Safety support for multidisciplinary colleagues was provided through the delivery of training, incident review/analysis, policy development and risk assessment of both work processes and the physical environment. The hospitals health and safety agenda was actively pursued organisation-wide by using the existing clinical governance structures in place and through representation on a wide range of hospital committees.

2017 will see a continued focus on risk identification, assessment and control as the means by which safety is secured for all of our stakeholders.

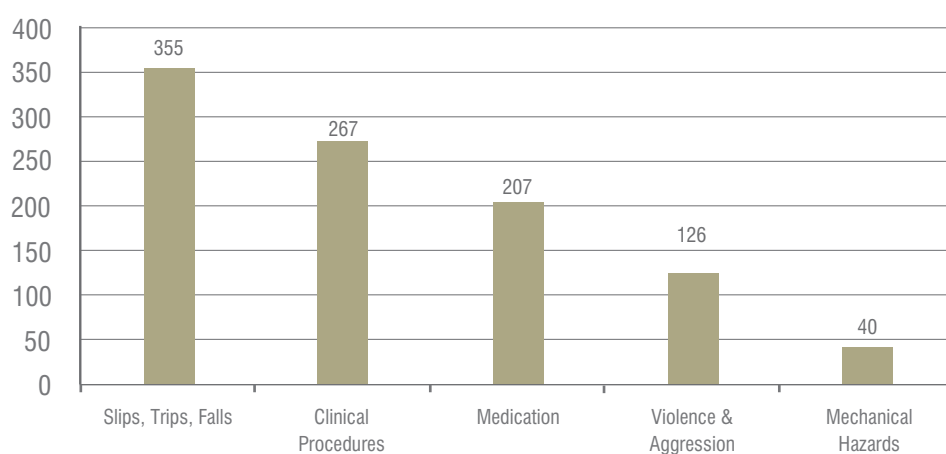
Mary Deasy
Quality & Risk Manager

KEY QUALITY PERFORMANCE INDICATORS

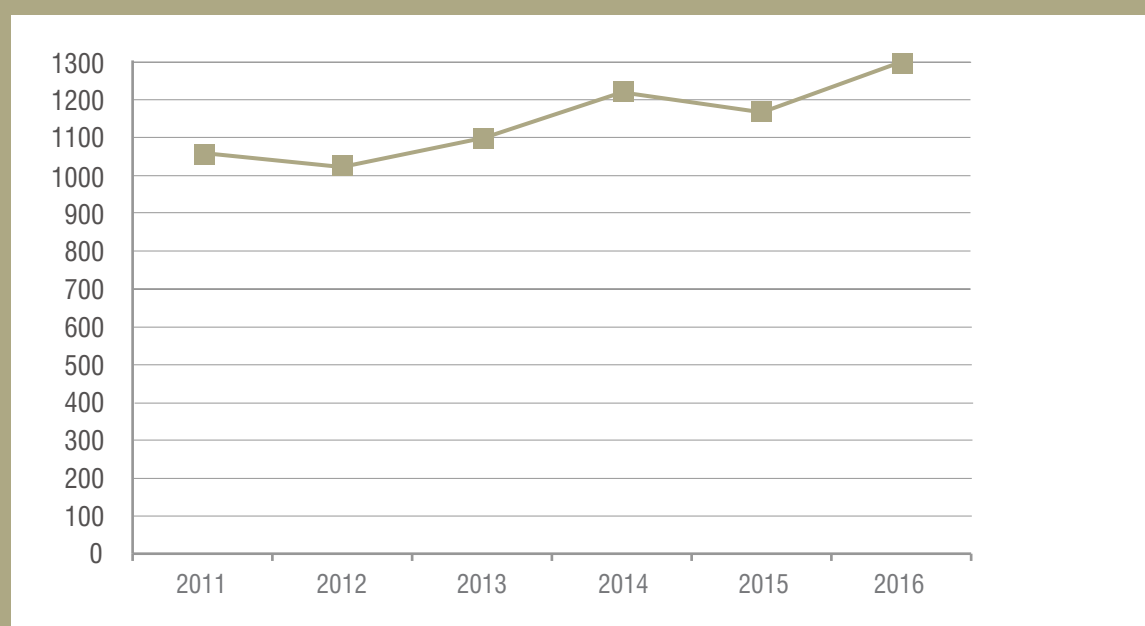
Complaint Categories 2016

2016	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Access	2	3	1	0	1	1	1	4	2	4	1	0
Dignity & Respect	4	5	2	2	4	6	1	8	5	5	5	2
Safe & Effective Care	4	4	5	0	3	3	2	4	4	4	3	2
Communication & Information	2	6	2	2	2	3	1	52	3	4	2	0
Participation	0	2	1	1	1	1	0	1	0	0	0	0
Privacy	2	1	2	0	0	0	0	1	0	0	0	0
Improving Health	0	0	0	0	0	0	0	1	0	0	0	0
Accountability	0	1	2	2	0	0	0	0	0	0	0	0
No. of Appeals received during Month	0	0	0	0	0	1	0	0	0	0	1	2

Top 5 Clinical Incidents reported to State Clinical Indemnity Scheme 2016



Reported Incidents 2016



Meticillin resistant *S aureus* (MRSA) report: MRSA 2012-2016 (Inpatient only)

Year	Cumulative total all IP cases managed for the period	Actual no of IP cases	Total number new IP cases to MUH	Total new IP MUH Hospital acquired cases	Total new IP cases all other sources /other HCF, community etc	Total new IP cases identified by other hospital alert
2012	1061	871	320	34 (11%)	195 (61%)	91 (21%)
2013	1116	807	328	18 (5%)	142 (43%)	168 (51%)
2014	1181	873	269	29 (11%)	124 (46%)	116 (43%)
2015	1007	750	237	24 (10%)	105 (44%)	108 (46%)
2016	1028	775 (37% isolated)	244	28 (11%)	126 (52%)	90 (37%)

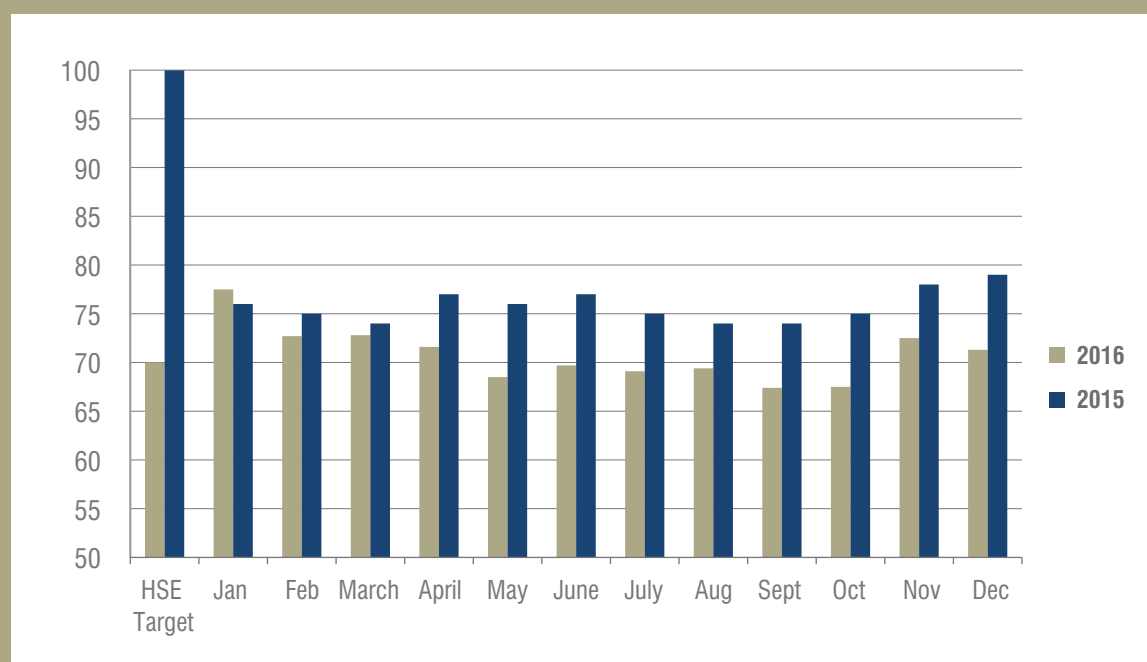
MUH *Clostridium difficile* (CDAD) report Quarter 1-4 2016

Year	Total number New positive C diff results *	Total number newly diagnosed cases	Total number cases reported to the HPSC	Total number MUH Hospital acquired	Total all other sources (Community/ other HCF) New
2011	50	46	46	38 (83%)	8
2012	20	20	20	14 (70%)	6
2013	26	19	20 (1 re -occurrence)	13 (68%)	6 (31%)
2014	18	16	18 (2 re -occurrence)	12 (75%)	4
2015	26	24	26 (8 re -occurrence)	18 (75%)	6
2016	20	17	17	7 (41%)	10

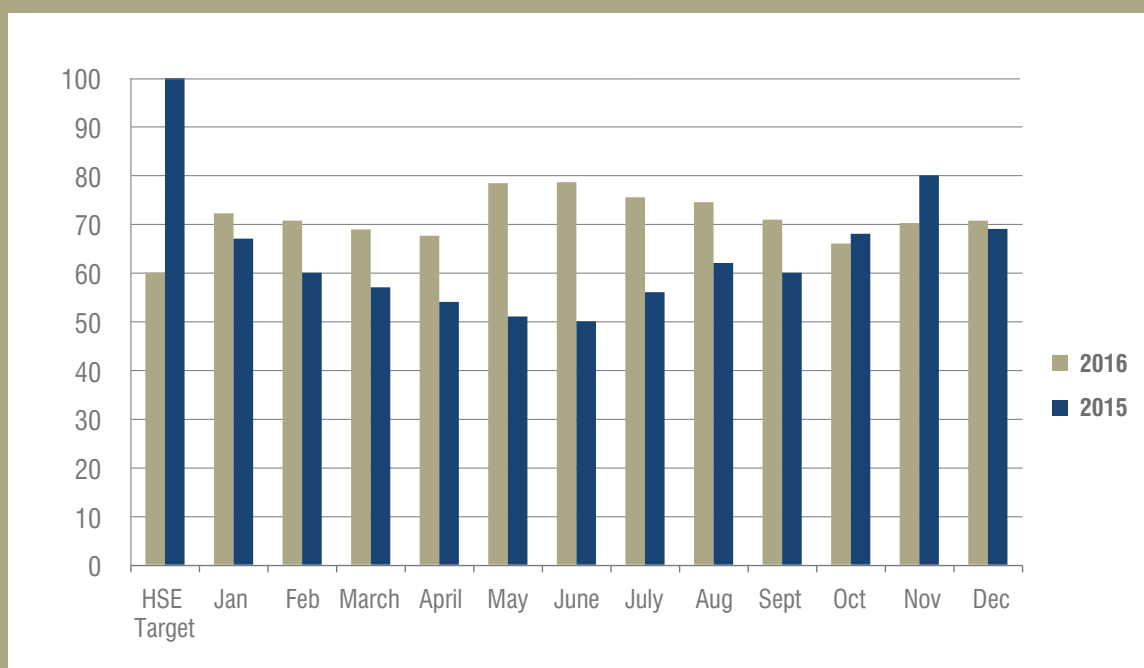
Patient Access & Activity Statistics

PATIENT ACCESS

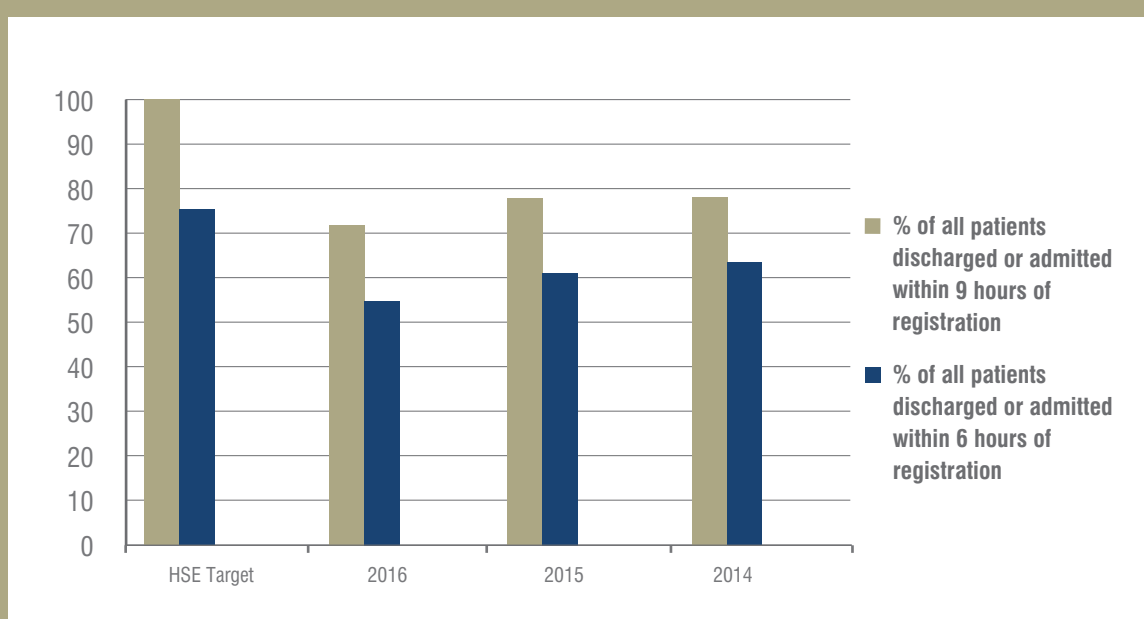
Waiting Times - % of adults waiting <8 months for an elective Inpatient & Daycase procedure



Waiting Times - % of children waiting <20 weeks for an elective Inpatient & Daycase procedure

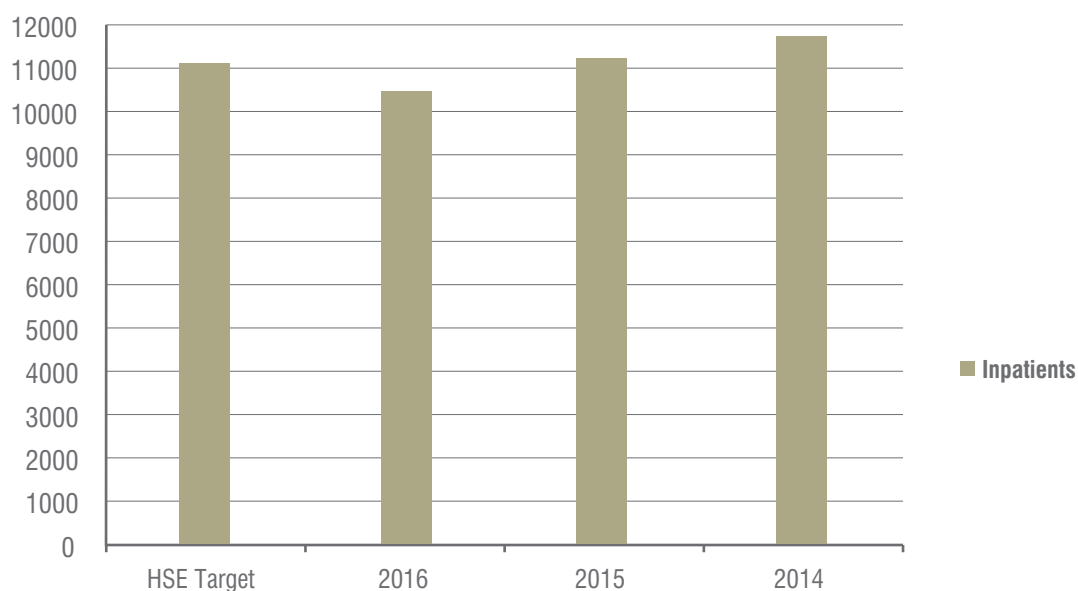


Patient Experience Times (PET) – Emergency Department

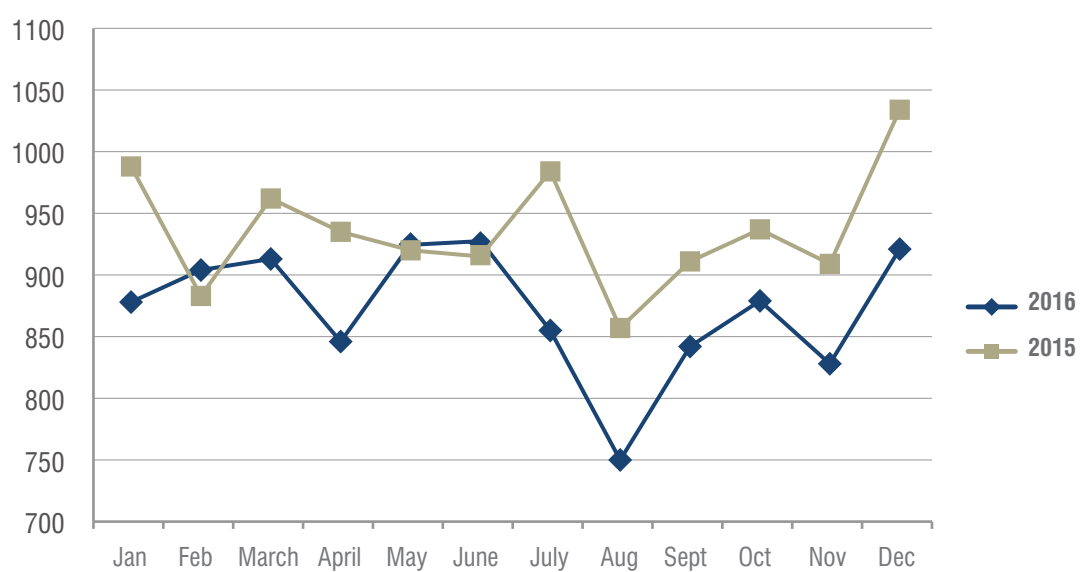


PATIENT ACTIVITY

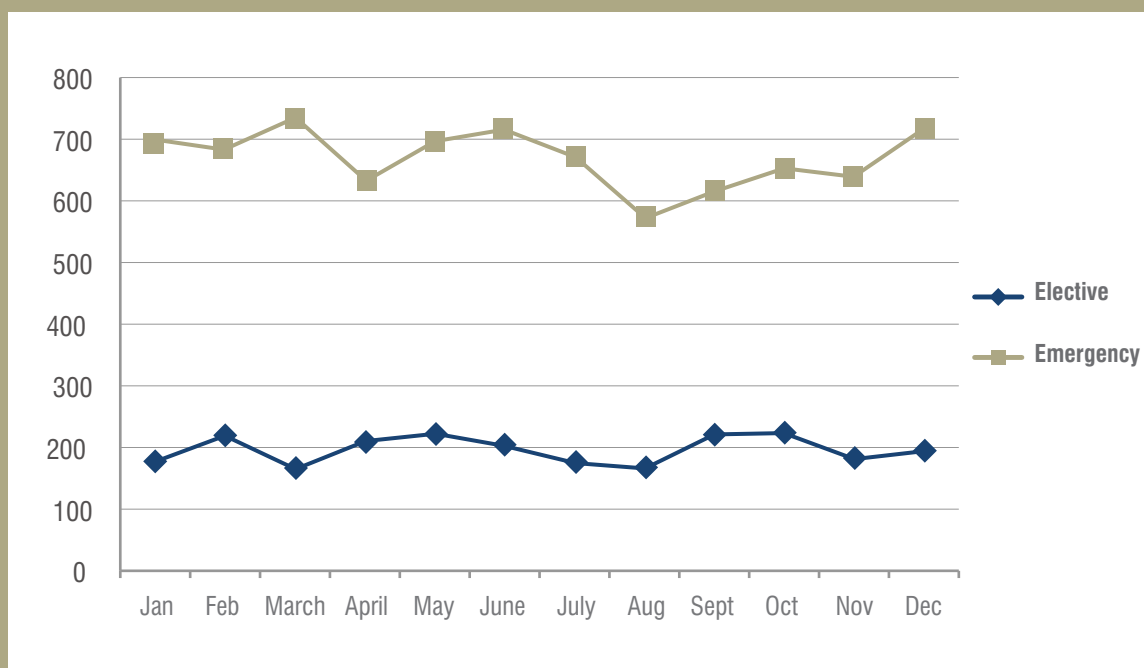
Inpatients



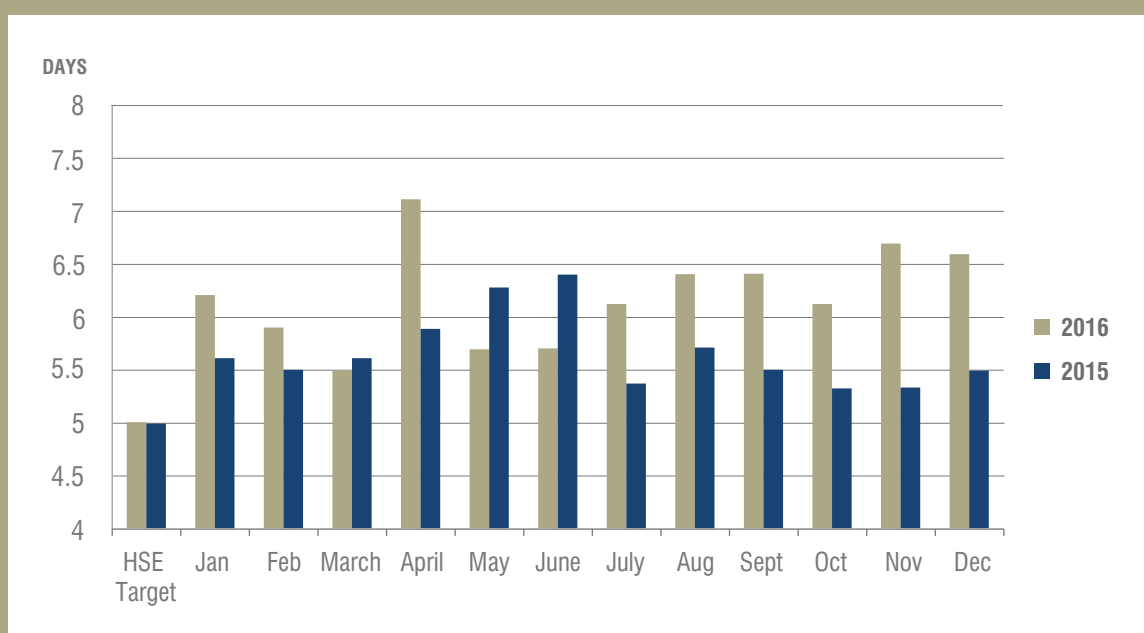
Inpatient Discharges



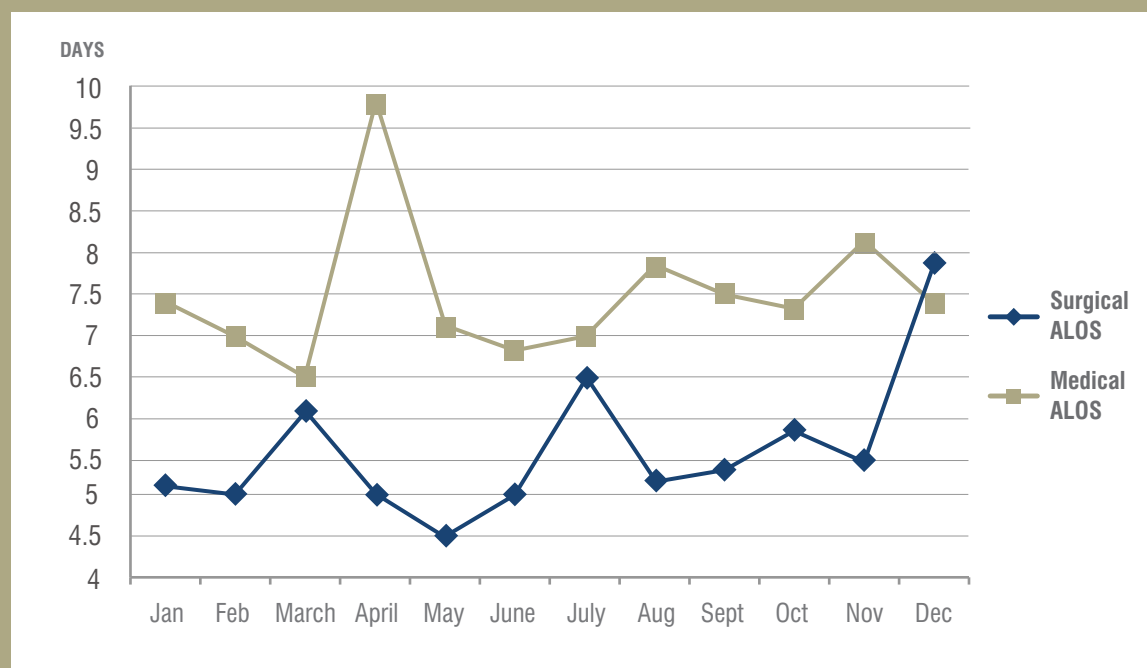
Breakdown of Admissions



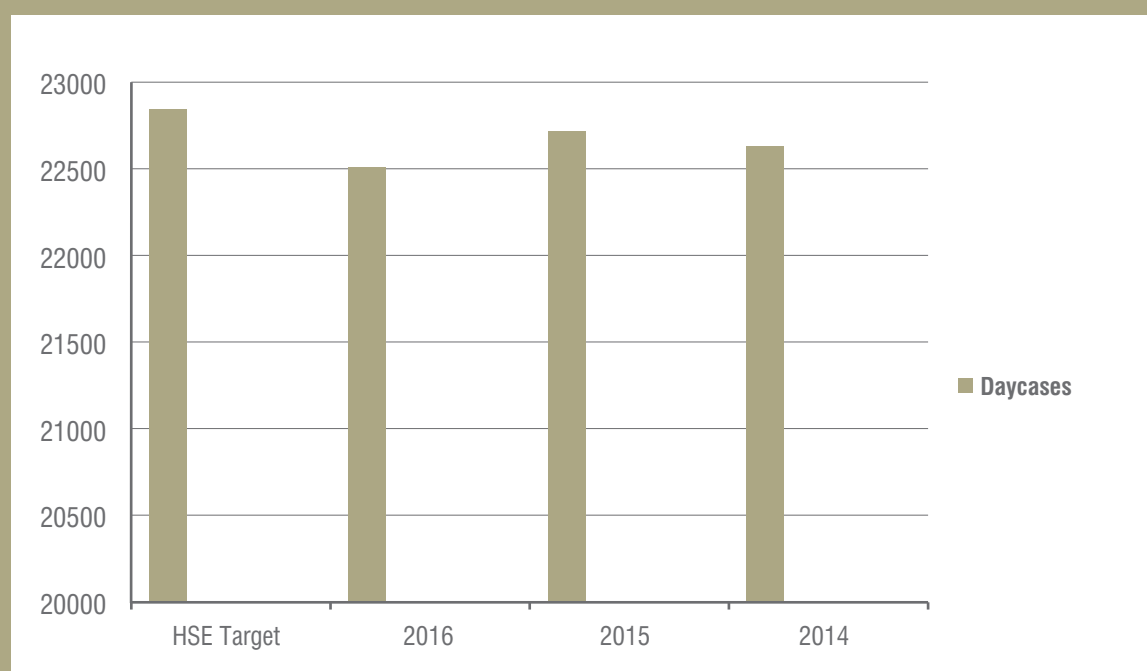
Overall Average Length of Stay



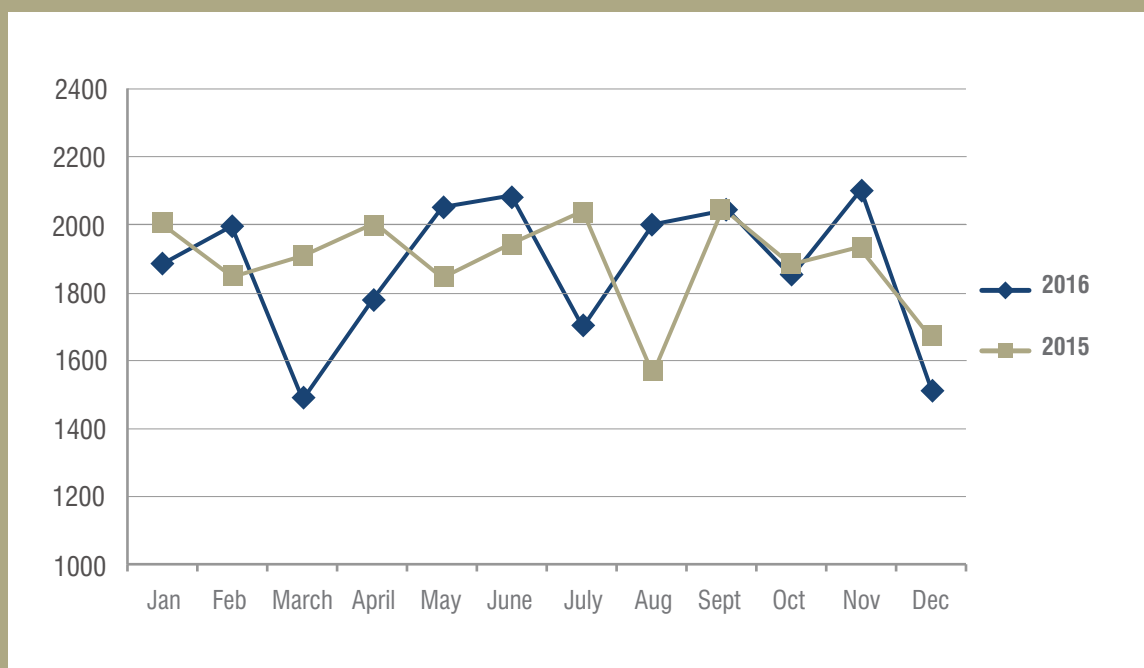
Breakdown of Average Length of Stay



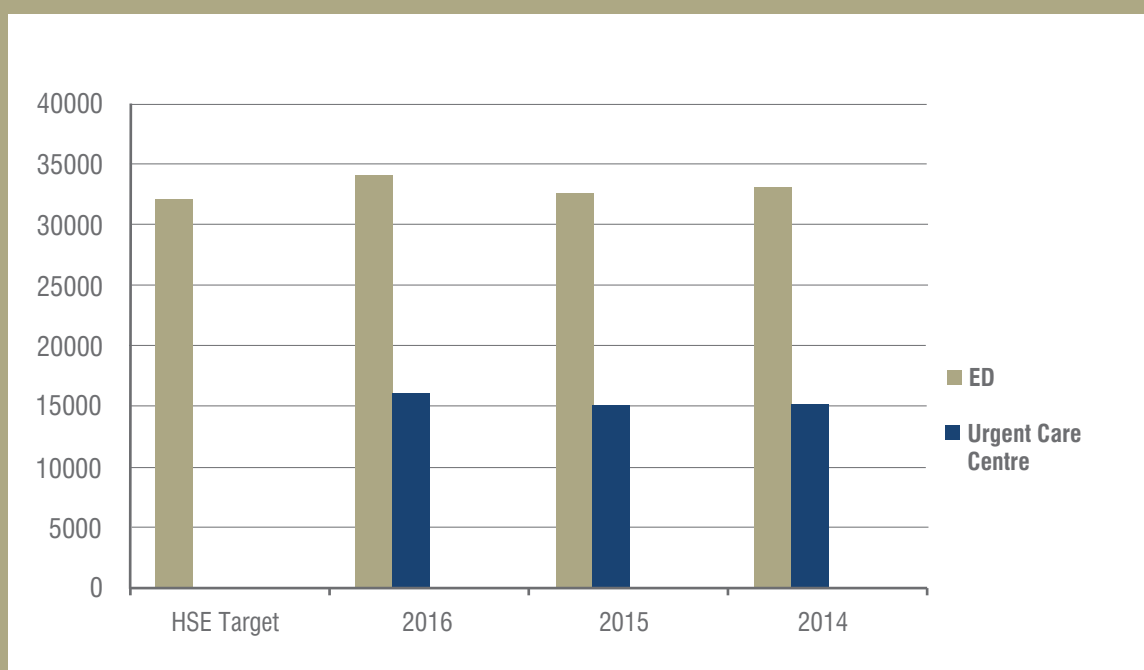
Daycases



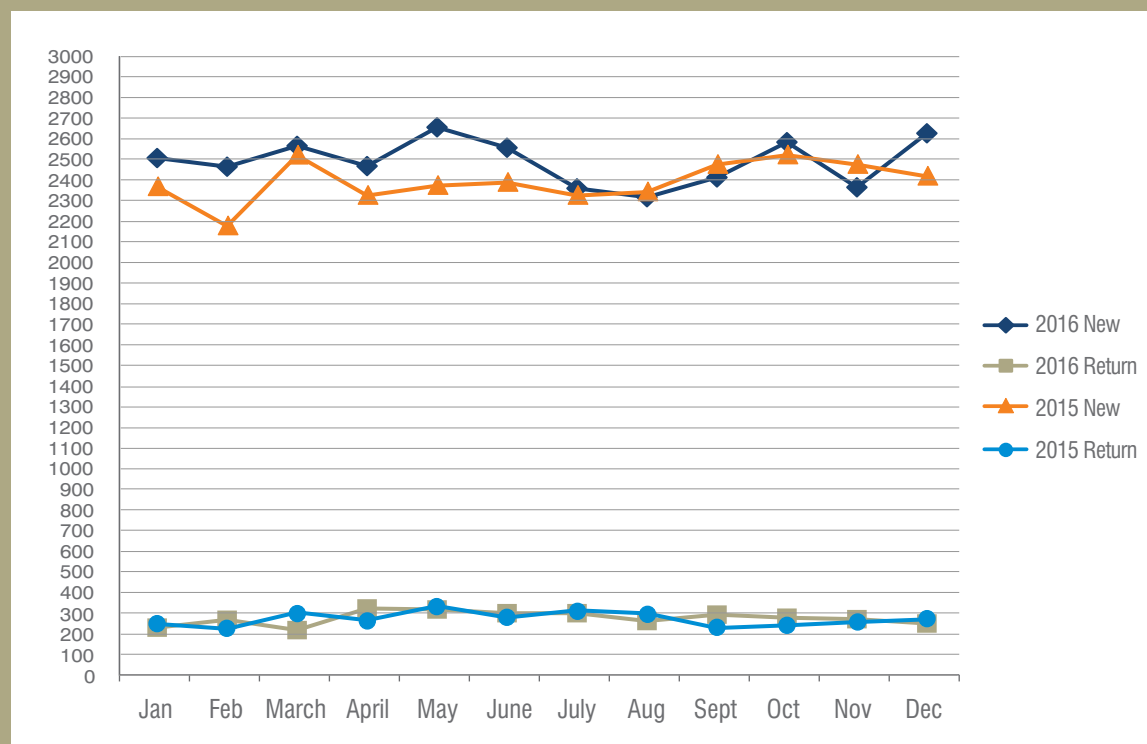
Daycases 2



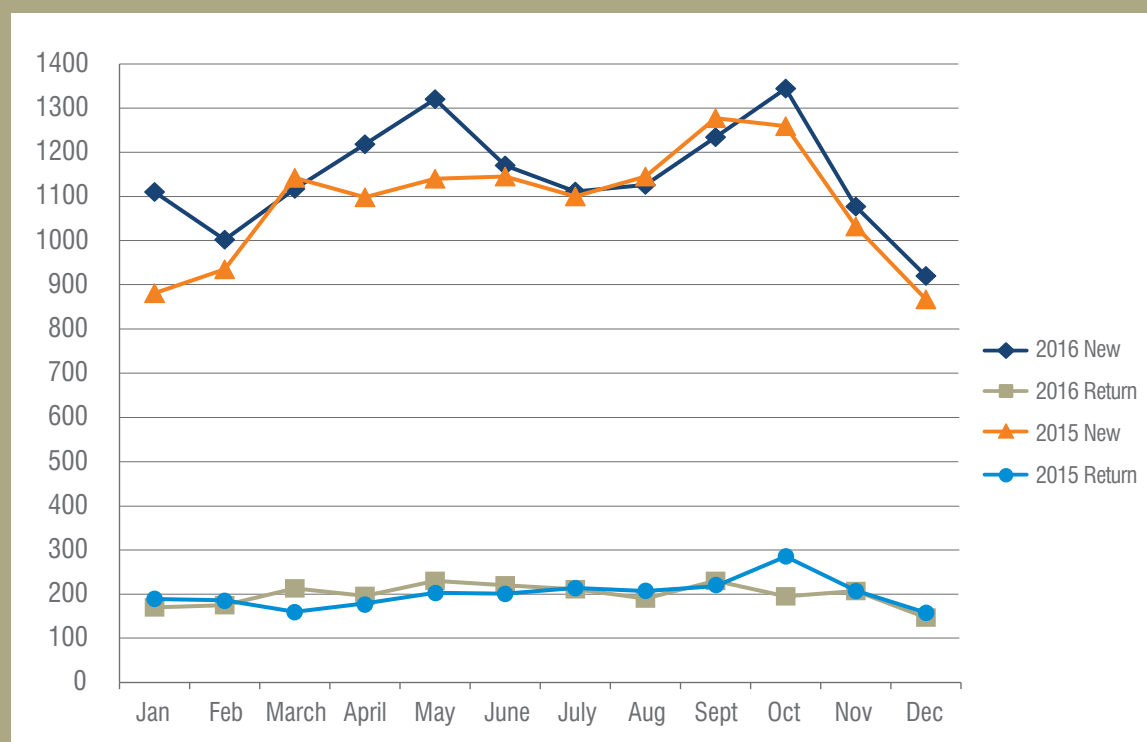
Emergency Department Attendances



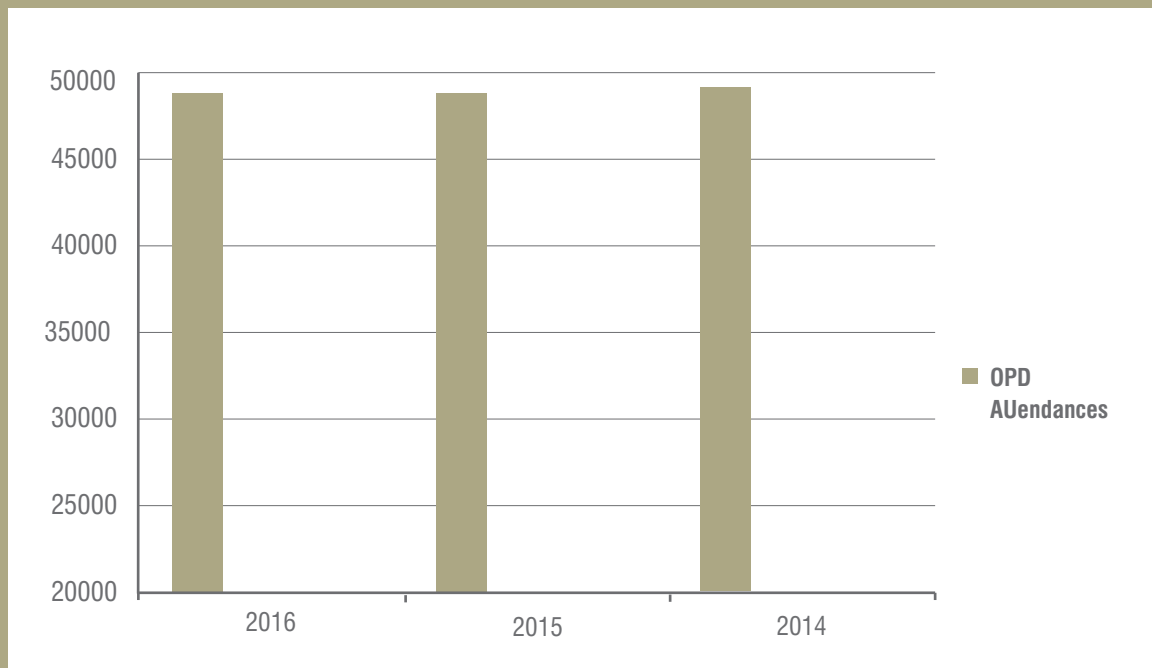
Breakdown of ED Attendances



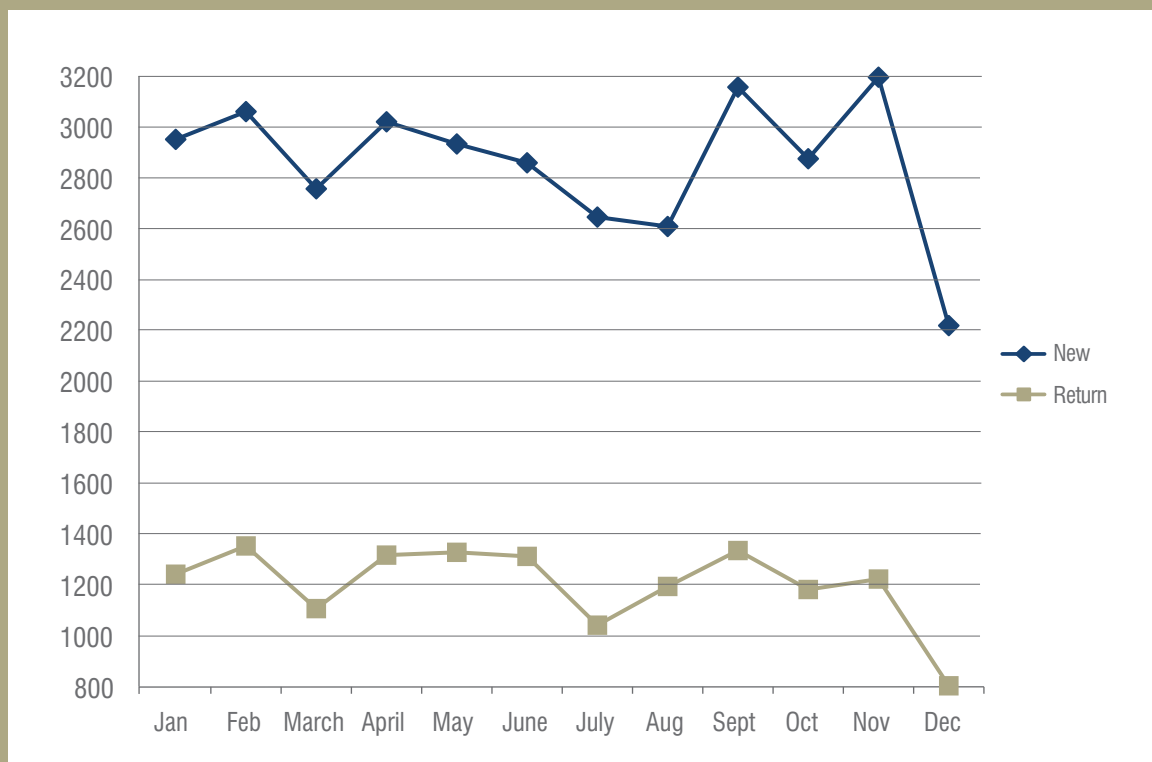
Breakdown of Urgent Care Centre Attendances



Out Patient Attendances



Breakdown of Out Patient Attendances



FOCUS ON POLAR (Prosthetic Orthotic Limb Absence Rehabilitation) Unit

The POLAR unit is a specialist regional service for delivery of complex specialised care for people with limb loss, or at risk of limb loss, as well as their family / carers to lessen the impacts of those impairments. The rehabilitation service promotes greater levels of functional independence, social participation, autonomy and integration. The unit operates in an interdisciplinary model of care that is outcome focused and delivered by a full therapy team-nurse, occupational therapist, physiotherapist and prosthetist- led by a Rehabilitation Medicine Consultant

Performance Highlights

	New patient	Review	Total Contacts
Prosthetic	44		
Orthotic	91		
Visits	278	2217	2495

2016 Patient Metrics

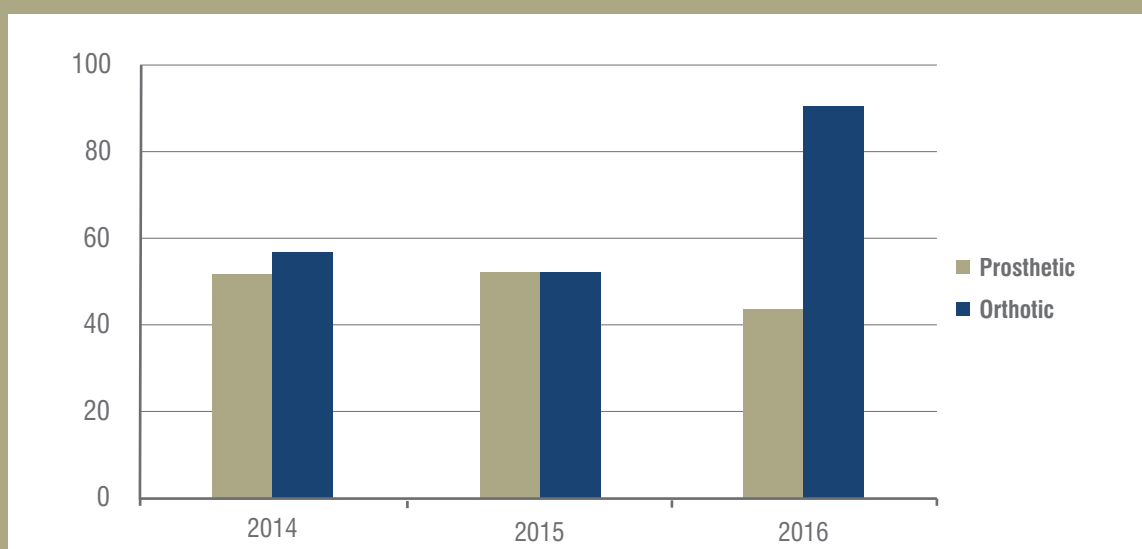


Figure 1: Total yearly referrals

Main Developments and Initiatives

In order to ensure timely sanctioning of prosthetic prescriptions the unit has modified the prescription form that is submitted to the HSE. The form now includes details of the assessment by the prosthetist, the occupational therapist and the physiotherapist. Patients are now benefitting from a more streamlined process as previously sanctions were often delayed pending a report from either the physiotherapist or the occupational therapist.

Monthly education sessions are offered to all patients of the unit. These are co-ordinated by the nurse and occupational therapist. The peer support provided at these events is invaluable especially for clients who are new to the service. A Christmas outing was organised to encourage increased social and cultural participation.

The Unit facilitates a module of the Older Persons Rehabilitation Masters programme run by the centre for Gerontology and Rehabilitation in UCC. A component of the amputee and prosthetic rehabilitation module is held in the POLAR unit whereby course participants are afforded the opportunity to observe the MDT treatment of both above and below knee amputees. This encourages awareness of the inter-disciplinary treatment model and patient centered treatment approach.

Emerging Challenges and Themes

In response to the unit assessing and treating patients from a wider demographic area and in keeping with the principles of integrated care, improving access to services and the primary care strategy; to bring patient care to the lowest complexity level possible and as close to home whilst maintaining quality and safety in service provision the unit plans to undertake outreach clinics in West Cork and Kerry in 2017. Consultation has begun to identify clinic sites.

Extracts from Financial Statements 2016

Summary of Financial Activities

	2016	2015
€	€000	€000
INCOME		
Patient Income	18592	18594
HSE Funding	72970	70661
Other Income	2600	3397
	94162	92652
EXPENDITURE		
Payroll and Related Costs	65933	63965
Non Payroll Costs	30032	28234
	95965	92349
OPERATING (DEFICIT) / SURPLUS	(1803)	303
Donated Assets	222	235
NET (DEFICIT)/SURPLUS FOR YEAR	(1581)	538

Balance Sheet at 31 December 2016

	2016 €000	2015 €000
TANGIBLE ASSETS	51934	52471
CURRENT ASSETS		
Stocks	2268	2067
Debtors	11406	12814
Cash	13	7
	13687	14888
CREDITORS	(16952)	(16925)
NET CURRENT LIABILITIES	(3265)	(2037)
TOTAL ASSETS LESS CURRENT LIABILITIES	48669	50434
CAPTITAL GRANTS	(40012)	(40196)
SHAREHOLDER'S FUNDS	8657	10238



Mission & Values Programme

“The Spirit of Union is the greatest blessing on a community”

Catherine McAuley

Since the formal articulation of the hospitals' core Values in 2013, and the dedication of MUH as a Values Led Organisation, the last number of years has seen the realisation of a significant body of work at Mercy University Hospital in respect of the development of the Mission and Values Programme and the embodiment of the hospital's Core Values amongst staff.

At present, the Mission & Values programme is under the remit of the CEO and the work related to same is facilitated by the Office of the CEO, via a Mission & Values Co-ordinator, Siobhán Kenny, who was appointed in April 2016. The Mission & Values Programme is continuously evolving and a series of projects mooted in 2016 will reach fruition in 2017.



THESE ARE SOME OF THE HIGHLIGHTS OF 2016

Enhancing the visible profile of the Mission and Values of Mercy University Hospital is an ongoing endeavour. This year, the focus centred on the Reception area, which is for many patients and visitors the main portal to the hospital and therefore an ideal place to clearly elicit the Mission Statement and Values of the hospital to ensure that everyone who crosses the hospital's threshold will know what our hospital and its staff stand for and abide by and that each and every person is cared for in "Mercy".

This visibility theme was continued throughout each of the Wards. Each Ward in MUH redefined and submitted their **Mission Statement** (in keeping with the hospital's Mission Statement).



The Hospital celebrates MERCY WEEK each September and a number of events took place in 2016.

Mercy Day Mass was celebrated on September 28th by Fr Damian O'Mahony. Mercy Day is special because of the involvement of so many members of Staff in making it happen and the willingness of all staff to be involved. The talents and gifts of the staff of MUH are much evident in Mercy Week as they actively participate in the celebrations.

Honouring Staff is integral to Mercy Week events.

A reception was held to honour staff for their long service to MUH with the presentation of the Long Service Pins for service of 20 and 30 year duration (pictured). Staff also received 10 year Pins directly from their line managers.

Last year saw the introduction of this formal mechanism of acknowledging and affirming the hospital's gratitude to staff for their many years of dedicated service.

CEO, Ms. Sandra Daly, acknowledged their achievement on the day- *"You have all witnessed considerable change during your time here and your mentorship and guidance particularly to new recruits and those new to Mercy is invaluable. It is through people like you that we protect our values."*



Mercy Stars

As always, Mercy Week culminates with the Mercy Stars awards ceremony hosted by the MUH Foundation in the Radisson Blu Hotel in Little Island. In tandem with honouring individuals and groups who give of their time and energy to raise much valued funds for the various services at MUH, it is also an occasion in which MUH acknowledges its own staff for those who go above and beyond.

The MUH recipients for 2016 were:

Clinical Team: **Hepatobiliary**

Ward Team: **Day Ward** (pictured)

Support Team: **Catering**

Hospital Team: **Admissions Office** (Ground Floor)



Lifetime Achievement

The Lifetime Achievement Award is always the most significant award as it is the only award to be decided directly by the Executive Management Board of Mercy University Hospital. This year, the Lifetime Achievement honour was bestowed upon Dr. Edward Fitzgerald, Consultant Radiologist for his dedicated service to MUH.

CEO, Sandra Daly making a special presentation to Dr. Edward Fitzgerald, in respect of his Mercy Stars Lifetime Achievement Award.



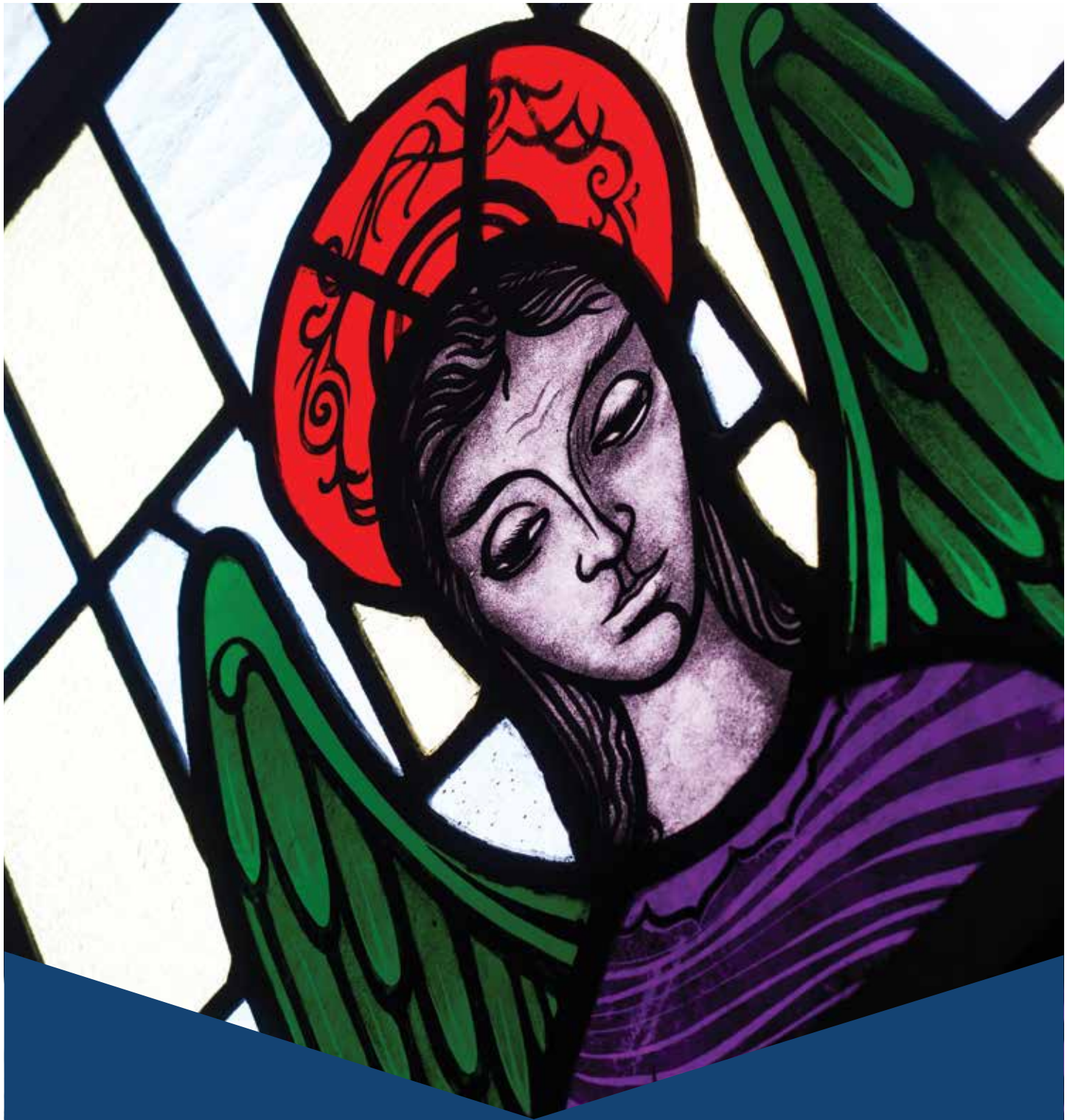
The Circle of Mercy

The Circle of Mercy extends beyond the walls of the hospital and throughout 2016 MUH continued to strengthen its relationships with those who find themselves on the margins of society due to homelessness, substance abuse, poverty and mental health issues. MUH participates in a multi agency approach to these issues and seeks means within its own services to alleviate challenges in this regard.

MUH also welcomed a number of Transitional Year Students during 2016, providing them with the insight and experience to enable their choices in future life.

During 2016, Mercy University Hospital sustained its ties with the greater Mercy family, engaging with Mercy Healthcare in St. Louis, Missouri and receiving invaluable knowledge and support. Their Mission Programme is highly evolved and MUH is delighted to learn from them. Likewise, Ms. Carmel Crawford, Mercy Ethos Co-ordinator (Australia & Papua New Guinea) took the time to meet and share some of their Mercy wisdom.

Siobhán Kenny
Mission & Values Co-ordinator



Mercy Events

2016 ANNUAL
REPORT

HIGHLIGHTS OF 2016

Staff Appointment

Director of Centre of Nurse Education

Ms. Ann Cummins was appointed as the new Director of the Centre of Nurse Education (CNE) at Mercy University Hospital.

Ann qualified as a Registered General Nurse in Mercy University Hospital (MUH), Cork and as a Registered Children's Nurse in the Hospital for Sick Children, Great Ormond Street, London. She has worked as a Staff Nurse, Clinical Nurse Manager I and II in Paediatrics, as a Lecturer Practitioner and Nurse Lecturer in the Catherine McAuley School of Nursing & Midwifery, University College Cork (UCC). In parallel with her busy role as a Clinical Placement Co-ordinator in MUH, Ann also retained her position as an invited Nurse Lecturer in the School of Nursing & Midwifery, UCC.

Ann replaced Ms Doreen Lynch who retired in June 2015.



Health Promotion & Environmental Awareness at Mercy University Hospital in 2016

Green Healthcare Programme

Mercy University Hospital hosted its first Green Healthcare Training and Awareness session in February 2016 and the session focused on:

- Food Waste Reduction
- Reducing food waste in Irish hospitals
- Recommendations from the Green Healthcare programme

The aim of the Green Healthcare Programme (GHCP) an initiative of the Irish Environmental Protection Agency (EPA) under the National Waste Prevention Programme (NWPP) is to prevent waste and reduce costs in Irish hospitals.

Healthy Ireland

Healthy Ireland is a government led initiative, for action, to improve the health and wellbeing of our country over the coming generation. As part of this initiative, the Catering Department at MUH introduced Calorie Posting, whereby calorie information is displayed on our products, to all customers at the “**point of choice**”. MUH formally launched its Calorie Posting Initiative on June 27th, 2016.



Health Promotion National Workplace Wellbeing Day

Mercy University Hospital took part in Ireland's second National Workplace Wellbeing Day on Friday, 8th April. MUH recognises its role in promoting employee health and supports physical and mental wellbeing. The special event on Friday, 8th April included the provision of information on a number of topics including Occupational Health and Employee Assistance Programme (EAP), Mindfulness and Mental Health, various physical activities and Smoking Cessation Programmes. Delicious and healthy breakfast options from the MUH Catering Department were served in the canteen to complement the day.



Wellbeing Week

The inaugural Staff Wellbeing Week at Mercy University Hospital – “#Wellbeing – The Mercy Way” took place during the week of November 14th to 18th, 2016. The structure and content of the week was based on ideas received from all staff, at listening sessions, resulting in an exciting and varied calendar of events being scheduled.

All activities were free and included: Facials, Kinesiology, Yoga & Meditation, Workout Classes, Gait analysis, Bra fitting education/Posture awareness, Prostate Cancer Awareness, Diabetes Screening, Blood Pressure Clinics and the launch of “Mercy on the Move”. A free fruit pouch was also available each day.

Buoyed by the success of this week, the Employee Wellbeing Committee were delighted to announce that they will run 2 Health & Wellbeing weeks per year – in April and October.



Opening of St. Francis Unit (Transitional Care Unit)

Mercy University Hospital (MUH) was delighted to announce the opening of St. Francis Transitional Care Unit (SFU) at the St Mary's Health Campus, Gurrabraher, on September 19th, 2016.

This Unit is designed to care for patients who no longer require active acute medical services in MUH but are not fully ready to discharge directly home. The unit provides transitional care between hospital and discharge home for patients. The idea of transitional care is relatively new in Ireland but the concept is used in other countries to improve patient discharge experience and reduce readmissions.



Care is provided on the unit by a dedicated team of nurses and healthcare attendants led by a Clinical Nurse Manager II. There are senior physiotherapy and senior occupational therapy available in the unit as part of the team. The medical model is a unique hybrid with the local Hollyhill General Practice providing day-to-day care supported by the Consultants in Geriatric Medicine in MUH.

Many patients are potentially suitable for SFU for various reasons. It is expected that the majority of patients will only require a short period of care in the unit. With the skilled multidisciplinary team (MDT) there is a great opportunity to enhance and optimise recovery after an acute illness or surgery. Functional decline often accompanies acute illness and occurs with increasing frequency in older patients. Such patients should be considered for SFU to enable recovery. The unit is ideal for patients to recover whilst awaiting a home care package is organised or equipment to be organised. Any patient with changed functional or social circumstances delaying discharge home should be considered potential for SFU.

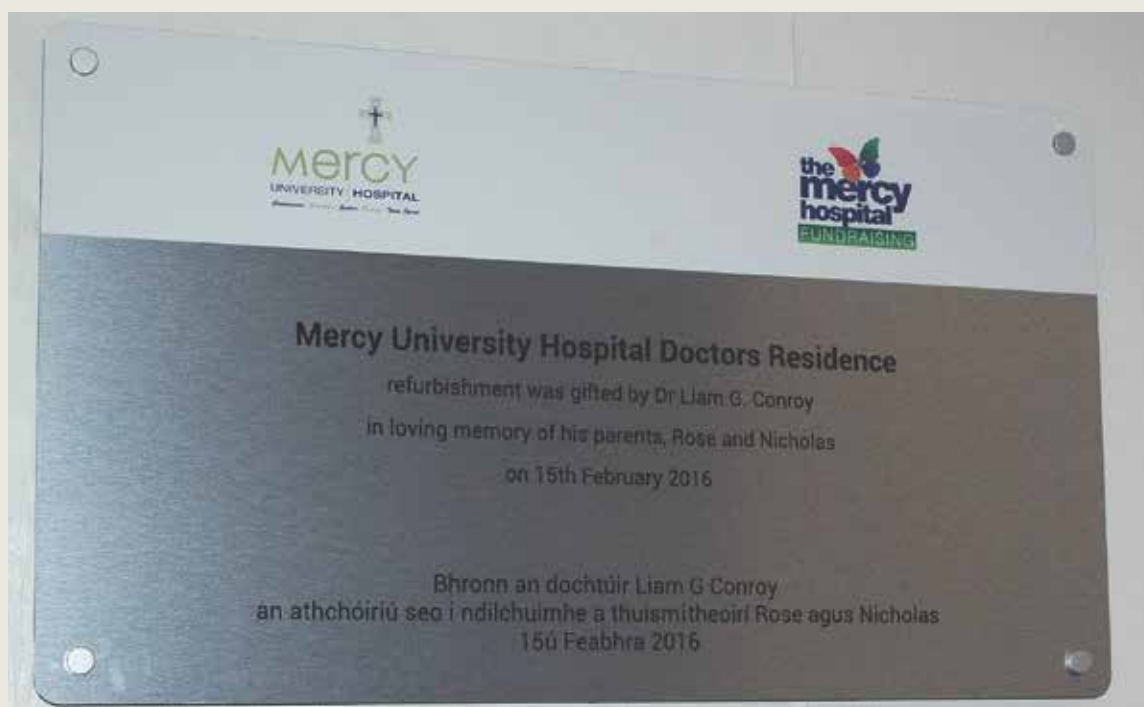
A daily discharge meeting at MUH support and assist the medical teams with organising patient discharge. Potential patients for SFU can be discussed at this meeting with bed management, discharge co-ordinators and consultant geriatricians. It is expected that at least one member of each team attends daily. SFU is a new and exciting addition to the supports and services available to patients in the MUH. By identifying and transferring the correct type of patients we will enhance patient care, improve patient flow through the hospital and free up acute hospital beds for those who require care. Mercy University Hospital is directly funded by the South/South West Hospitals Group to provide and manage the St Francis Unit and the hospital is privileged to provide this service for its patients.

Residence Refurbishment

In February 2016 the Doctor's Rest Room was renovated into a bright, modern and comfortable facility for our Non-Consultant Hospital Doctors (NCHDs). The funding to support this refurbishment was very generously donated by Dr. Liam Conroy, recently retired Anaesthetic Consultant, in loving memory of his parents, Rose and Nicholas. The Department of Development undertook the project in partnership with the MUH Foundation and with the assistance of Dr. Mortimer O'Connor (Lead NCHD) and the MUH Human Resources Department.



Some great improvements have been made to the aesthetics of the room with the flooring, kitchenette area, furniture and painting receiving a makeover. A dishwasher and coffee machine were also donated as part of the upgrade. The seating facilities have been improved immensely, with a modular seating option selected, thus offering far more available seating and a much greater use of the room space overall. New lockers are also included which allow the doctors to place their belongings in safe storage within the room.



Welcome to Mercy University Hospital

During the summer of 2016, MUH Theatre and Urology Staff were delighted to welcome a delegation of Sudanese Nurses to MUH. The Nurses who hail from Wad Medani/Khartoum participated in a hands-on perioperative care programme facilitated by the MUH Department of Nursing. The visit of these Sudanese nurses was arranged by MUH Consultant Urologist, Mr. Paul Sweeney who is a regular visitor to Sudan as part of his work with the Societe Internationale D'Urologie (SIU) which is a worldwide urological association that supports the establishment of urological programs in the developing world.



The children of St. Anne's ward savoured some of the Olympic spirit when Alex Wright paid them a visit before he set off on his journey to Rio. Together with Rob Heffernan and Brendan Boyce, Alex was one of three walkers who represented Ireland at the Summer Olympic Games in Rio. He competed in the 20k and 50k race walk. Alex is no stranger to MUH and has also helped the MUH Foundation with their 2016 Walk for Cancer launch so we were delighted to have the opportunity to cheer him on.



Recognition

National support for Sepsis/Infection Control Video

Congratulations to **Dr. Deirdre O'Brien, Consultant Microbiologist** (top) and **CNM2 Teresa Marshall (Sepsis Lead)** (bottom) who together with their respective Departments, created a video demonstrating the correct technique for taking blood cultures. The video was launched at the Sepsis/Infection Control Study Day on April 29th. Dr Vida Hamilton, National Clinical Lead (Sepsis Workstream), HSE, who was present at the video launch acknowledged the professionalism of the work and has sought to use it nationally to highlight this vital practice.



Taking blood cultures is an essential part of the “**give 3/take 3**” Sepsis Care Bundle. Unfortunately, poor technique leads to contamination of the specimens and false positive results - which in turn lead to needless work for the laboratory, nurses and medical staff and patients may end up on unnecessary antibiotics and increased lengths of stay as a result of this. MUH has noted a reduction in contamination rates due to the educational initiatives being undertaken (led by CNM2 Teresa Marshall – Sepsis Lead) and supported by the Microbiology Laboratory.

Excellence in Collaboration

A collaborative project between Mercy University Hospital and Cork University Hospital - “**Remembering with Love**” (Service of Remembrance for families who had experienced the death of a child) - was presented to the HSE Excellence Awards earlier this year. Unfortunately, an award proved elusive on this occasion but MUH were delighted to acknowledge this wonderful joint venture which brought so much comfort to bereaved parents.



Classes of 2016

Annual Award Ceremony: Non Consultant Hospital Doctors

The diligence and professionalism demonstrated by our Non Consultant Hospital Doctors (NCHDs) was recognised at the annual NCHD prize giving ceremony in July 2016. The prize giving is coupled with an annual farewell lunch which is now a key event on the MUH Social Calendar.

These awards reflect the NCHD's skills in medicine, teamwork and teaching. The recipients should be particularly proud of this achievement as these awards are nominated and voted for by their peers.



Annual Graduation Ceremony: Nursing

MUH wished the Class of 2016 every success for the future. Director of Nursing Margaret McKiernan, acknowledged their journey over the last four years and their contribution to MUH:

"Nursing is not an easy job, in fact it is more than a job as you all know now. It is easy to see the provision of care as a job, a series of tasks to be accomplished by the end of a shift. It is however much more than this. It is the ability to carry out these tasks and deliver care in a compassionate and clinically competent way".



Mercy University Hospital Foundation



The Foundation was established by the Congregation of the Sisters of Mercy as a separate company from the hospital to undertake fund raising activities for the benefit of the hospital. It is a company limited by guarantee and not having a share capital.

The Foundation is responsible for developing giving opportunities and encouraging charitable contributions from within the community towards the work being carried out in the Hospital. They are also responsible for ensuring that funds raised for the Mercy University Hospital are managed efficiently and allocated in a transparent manner in line with a donors wishes and in line with their Code of Ethics and Donor Bill of Rights.

By developing a close working relationship with the health care professionals and management within the Mercy University Hospital as well as donors and supporters the Foundation helps to provide life saving, life changing support.

Funds raised through the Mercy University Hospital Foundation are used to purchase state-of-the-art equipment, to enhance and develop services and to help Hospital staff in providing a world-class service in a world-class hospital for patients.

MISSION

Inspiring people to support advancements in research, diagnosis, treatments and care of patients at The Mercy University Hospital.

VISION

To respond to the changing needs of patients at The Mercy University Hospital through ethical, transparent and innovative fundraising.

BOARD MEMBERS 2016

The Board of the Mercy University Hospital Foundation is made up of members who are independent from the senior management or Board of Directors of the hospital. All members are independent of the hospital and the HSE.

Mr. Jerry Flynn (Chairperson)

Mr. Kevin Cummins

Sr. Elizabeth McGrath

Dr. Con Murphy

Ms. Edel Clancy

Ms. Anne Pettit

Ms. Yvonne Barry

Dr. John Cahill

Mr. Michael O'Brien

Sr. Coirle McCarthy

Mr. Will Roche



Dr. Derek Power, Consultant Medical Oncologist and Mr. Micheal Sheridan, CEO MUH Foundation with the organising committee of the annual 'Make Your Mark on Cancer' Walk which has raised over €200,000 to date for Cancer services at MUH.



Jimmy Losty, John Pius and the Irish Naval Service Fly Fishing Club organise the annual Doggie Keaney FlyFishing fundraiser. They have raised over €10,000 for Men's Health at the Mercy Hospital. They presented a cheque for €1,810 to Jerry Flynn, Chairperson of The Mercy Hospital Foundation Board, from their 2016 fundraiser.



Thank you to this fantastic group who left Cork for their **#Back2Back** Challenge and raised €9,272 for the Mercy Hospital. In just 26 hours, they travelled to all 26 counties (760 miles in total) and ran 2 miles in each – that's two marathons in a day! Well done to: Brenda, Veronica, Noreen, Joan, Geraldine, Liz, Moya, Gearóid, Aidan and Deirdre. A huge thank you to Paddywagon Tours for sponsoring the bus and for the wonderful bus drivers!



A huge thank you to **Eileen Murphy** and family, who organised the Banteer Family Fun Walk in memory of Eileen's husband, the late Pat Murphy. They raised a phenomenal €18,713 for the Intensive Care Unit at the Mercy. Pictured is Eileen Murphy, presenting a cheque to Micheál Sheridan, CEO, Mercy Hospital Foundation, Dr Jemma Brown, Dr John Dowling, Ester O'Riordan & Elaine Hanna, Mercy ICU.



Rory O'Sullivan, Active Leisure, presented a cheque for €7,065.27 to Erica Mulvihill, Cancer Nurse Specialist, and Micheál Sheridan, CEO, The Mercy Hospital Foundation. The money was raised at Active Leisure's Family Fun Day which was held at Ballincollig Rugby Club in April. Proceeds raised go towards the treatment of cancer at the Mercy University Hospital.

2016 ANNUAL REPORT



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Compassion Excellence Justice Respect Team Spirit