



Temple Street

CHILDREN'S UNIVERSITY HOSPITAL

Caring for Children since 1872



Caring for Children since 1872

Temple Street Children's University Hospital is an acute national paediatric hospital. Major specialities at Temple Street today include neonatal and paediatric surgery, neurology, neurosurgery, nephrology, orthopaedics, ENT and plastic surgery. The Hospital is also the national centre for paediatric ophthalmology, the National Paediatric Craniofacial Centre (NPCC), the national airway management centre, the national meningococcal laboratory, the National Centre for Inherited Metabolic Disorders (NCIMD) and the National Newborn Screening Centre (NNSC). Temple Street cares for up to 145,000 children per year which includes 49,000 children who present at the hospital's Emergency Department (ED). A staff of 95 Consultants and 1,400 other HSPC (Health and Social Care Professionals) and other staff deliver care.



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Chief Executive's Foreword



Dear colleague,

I am pleased to present our 2016 Annual Report to you, whereby we reflect on another year of intense activity in Temple Street. In 2016, we looked after 148,400 children and young people (under 16 years of age) as in-patients, out-patients and (ED) Emergency Department patients. In line with other years, 56,300 of these children and teenagers attended our ED and other more detailed activity data is contained within the Report. We also continued to focus on developing our key speciality areas which include neurology, neurosurgery, urology, nephrology and renal transplantation, craniofacial surgery, metabolic disorders and plastic surgery.


2016 was also another year full of milestones, campaigns and important events in Temple Street and these highlights are detailed in the Report but I would like to draw your special attention to a number of them.

In August 2016, we were delighted to welcome the newly appointed Minister for Health, Simon Harris to Temple Street where he joined us to celebrate the official opening of our newly extended and refurbished ED. This capital project resulted in the provision of a much needed second two-bay RATU (Rapid Assessment and Treatment Unit), two additional single treatment rooms and a very impressive new reception and waiting area.

We were also delighted to welcome 14 new Consultants to Temple Street during 2016 who are now working across a range of specialities including anaesthetics, dermatology, radiology, paediatric surgery, urology, orthopaedics, paediatric emergency medicine, respiratory medicine, ENT surgery, psychiatry, pathology, intensive care medicine and neonatology.

In June we held the annual ceremony to congratulate 27 students from the 2011 B.Sc. in Children's and General Nursing and 30 students from the 2014 Post-Registration Higher Diploma in Children's Nursing. In addition to welcoming some of these newly graduated nurses to the hospital staff, we were also delighted to close out on 2016 after filling all vacancies for theatre nurses and significantly reducing the number of nurse vacancies in our PICU. These were two areas of significant concern for us in terms of staffing during 2016.

In mid-October we launched the all-important Winter 2016/ Spring 2017 flu vaccination campaign with the aim of increasing uptake of the vaccination by staff from 47% achieved from the previous Winter 2015/ Spring 2016 campaign to 60%. During the campaign we continued to highlight to staff that this vital vaccine helps protect them and prevents the spread of flu to vulnerable patients and to their colleagues. Vulnerable patients rely on the immunity of those who care for them to keep them safe. Staff responded enthusiastically and by early December 2016, we were delighted to have achieved a 58% uptake after 873 Temple Street staff had received the flu vaccine. On 12th December 2016, we were really proud when the HSE reported that with regard to uptake, Temple Street was top of the league table of all 37 public hospitals that had embarked upon a flu vaccination campaign for their staff in Autumn 2016.



In a further effort to protect our patients, we launched the Bare Below the Elbows (BBE) campaign in May 2016 across all clinical areas in recognition of the WHO recommendation that long sleeves be avoided, as they are found to be contaminated with pathogens, and can hinder appropriate hand hygiene. Once again our staff responded enthusiastically to this important initiative and when the BBE Working Group carried out ad hoc audits at different stages of the initiative, compliance was at 94%. Furthermore in May 2016, we achieved a 93% compliance rate in the bi-annual national Hand Hygiene audits in our on-going endeavour to protect against HCAs (Healthcare Acquired Infections).

Naturally the Temple Street Board of Directors, Executive and members of the Corporate Management team were also focused on progress with regard the new children's hospital and the integration of our existing three hospitals. We remain acutely aware that this project represents the largest, most complex and significant capital investment project ever undertaken in healthcare in Ireland and will act as a catalyst that will enhance how acute health services are delivered which will result in better clinical outcomes for children and young people from across Ireland.

In partnership with our colleagues in the Children's Hospital Group (CHG), OLCHC and the NCH at Tallaght Hospital, Temple Street is committed to delivering a 'state of the art' children's hospital and network of services and to providing the right care, in the right location and by the right team.

On the financial front in Temple Street, proactive planning in 2016 for the efficient use of infrastructural, human and financial resources was critical to ensuring that activity targets, as agreed with the HSE, were materially attained despite the ever challenging financial environment. Temple Street worked closely with the HSE throughout the year in addressing these challenges. I would like to acknowledge the support received from them in this regard.

The Hospital returned a financial surplus of €17,000 for 2016, thereby reducing the cumulative deficit at financial year-end to €884,000. Further details are set out in the Financial Statements in Section 8 of this Report. The Board of Directors were satisfied with the performance of the company for the financial year.

In light of all these developments which I hope you will enjoy reading about in the Report, I would like to take this opportunity to especially thank our Chairman, Mr Sean Sheehan and my fellow members of the Board for their expertise and their loyalty to Temple Street. I would especially like to thank the Board for the unique contribution they continue to make to the development of acute paediatric services in a way that ensures that children and their families are at the heart of service provision. Finally I would like to acknowledge and pay tribute to all Temple Street staff, both clinical and non-clinical who give tirelessly of themselves, day after day, making long lasting difference to the lives of so many children and their families from across Ireland who are entrusted into our care.

Mona Baker
Chief Executive Officer

Chairman's Statement

Dear reader,

As Chairman of Temple Street's Board of Directors, I am pleased to present the Hospital's 2016 Annual Report, marking 145 years and a long and rich history of caring for sick children from across Ireland and as always I feel honoured to work alongside the other 13 highly expert and committed Board members.

In the CEO's Foreword to this Report and in the Report itself, I hope you will gain a good insight into the vibrant place that Temple Street is. As Mona Baker highlighted this is an extremely industrious hospital where 148,400 children were expertly cared for during 2016 in an environment where we continuously strive to provide the safest and most sustainable care.

In this regard I would like to allude to some other key service developments that were delivered on in 2016 and these include the following:

- During 2016, our Board was focused on the 'Board on Board with Quality of Clinical Care' project. This project is driving effective and active Board engagement to promote a decisive role in improving quality care in our high performing hospital. In practice this means that we are developing a set of evidence based, measurable improvement actions and trialling them with the aim of enhancing the role of the Board in overseeing and contributing to the improvement of the quality of patient care provided at the clinical frontline
- 2016 saw the commencement of a two storey extension to our OPD (Outpatients Department) which will house outpatient clinics for children with neurological, renal and urological disorders. Children with spina bifida will also be seen in this new OPD and the extension will offer a new x-ray facility
- In 2016, our Projects Department also delivered a completely refurbished Phlebotomy Department in the OPD following the relocation of 60 of our administrative teams to Temple Theatre
- By the end of 2016, the PEWS (Paediatric Early Warning System) was successfully rolled out to eight areas in the hospital whereby auditing is carried out by nursing staff at local level with monthly reports to the National PEWS Steering Committee



- In 2016, our ICT Department in partnership with **eir Business** launched free, secure WiFi in the public areas of the hospital including the OPD, ED and reception areas for the thousands of children and families who pass through Temple Street every year, allowing them to stay connected with their lives outside the hospital
- In mid-2016, our Operations Department embarked on a complete reorganisation of the Ophthalmology Department in a further effort to reduce waiting lists and in preparation for the retirement of Professor Michael O'Keeffe in mid-2017 and in that regard I would like to take this opportunity to thank Professor O'Keeffe for his outstanding dedication to the hospital and in particular to the development of the ophthalmology service over the last 30 years
- The primary remit of the CHG (Children's Hospital Group) is to integrate our three existing national children's hospitals into a single organisation before transitioning to the new children's hospital. During 2016 a vital building block in this integration process was the establishment of a CD (Clinical Directorate) model that spans the three hospitals. The CD model has been designed to support clinical input and leadership for service delivery and business decision-making processes and to allow clinicians and hospital managers across the three hospitals to work together to provide better patient care and more effective hospital planning. The current CD structure comprises three CD groupings based primarily on clinical compatibility and alignment

As I write this Chairman's Review, we are however mid-way through 2017 and we are therefore also pleased to report on two key initiatives that were launched in 2017. These include the launch of the Hello My Name is (HMNI) campaign in March 2017 to remind staff to go back to basics and introduce themselves to patients and families properly and then to be as clear as possible when giving patients and families information about their health. The overarching objective of this campaign is to say that we treat all people who walk through the door of Temple Street with dignity, respect and kindness. In July 2017, we launched the 'Joining the Dots' consultation process in partnership with the Ombudsman for Children's Office, the CHG and the other two national children's hospitals. Joining the Dots is an exciting, innovative opportunity to hear from children who are in hospital and invite them to have their say on what is working well, what is working less well and what changes could help to improve children and young people's experiences in hospital. As part of this consultation process parents and hospital staff are also being invited to take part giving their perspective on the treatment and care of children and young people in hospitals.



Patient safety remains top of the Board agenda and in this regard I would like to pay special thanks to our Governance, Quality and Patient Safety Committee which is a sub-committee of the Board, under the chairmanship of Dr. Michael Drumm. This Committee works closely with the Board in driving the delivery of the highest standard of quality care to patients underpinned by partnership and engagement between patients, their families and hospital staff and the implementation of a variety of voluntary and mandatory patient safety programmes. The work of this Committee is also instrumental in delivering some of the objectives of 'Board on Board with Quality of Clinical Care' projects as mentioned above.

In addition the Governance, Quality and Patient Safety Committee focuses on driving a culture of openness and accountability amongst staff so should an error occur, members of our staff can report that error and feel assured that there are confidential, robust and effective support structures in place through our Protected Disclosure Policy. We will then all endeavour to learn from the feedback and make whatever revisions are necessary to procedures, protocols, systems or services to prevent reoccurrences.

In line with the hospitals focus on education and training, during 2016, the HR Department continued to work with service providers internally and externally to support on-going development programmes and refresher training for staff. Staff availed of on-line management training programmes, specialist training skill courses, Master's degree and Diploma courses in addition to conference and workshop updates. We have also created learning and consultation opportunities for staff to support them and invite them to give ideas and advice as we transition our services, work practices and culture to a new working environment and organisational culture in the new children's hospital.

During 2016, our Research Department continued its role in embedding research as a core activity by providing the research community in the hospital with services including research updates, research training, notification of funding opportunities, grant writing assistance, grants management and research process management. The Department also continued to ensure that all research performed at the Hospital is of the highest possible standard and is utilised and disseminated in appropriate ways to have the maximum positive impact on children's health.

A key area of focus for the Board as already alluded to above is the development of the new children's hospital on the St James's Hospital campus and the paediatric OPD and urgent care centres, along the M50, at Tallaght Hospital on the south side of Dublin and Connolly Hospital on the north side of Dublin. On 28th April 2016, An Board Pleanála announced the decision to grant planning permission for these three entities, a decision which was warmly welcomed by families of sick children, the CEO's and staff of the three children's hospitals and the countries leading paediatric clinicians. In the words of the Minister for Health, Simon Harris 'Bringing the three children's hospitals under one roof for the first time on a campus shared with St James's so that children, young people, families and staff can avail of the facilities they need and deserve is a priority for me.' Temple Street is in full support and is confident

that the tri-location of three hospitals – the new children's hospital, St James Hospital and, in time, the relocated Coombe Women and Infants Hospital will create a campus of unrivalled clinical expertise to support highly specialist delivery, research, innovation and education.

As I close out on this Chairman's Statement for our 2016 Annual Report, I would like to acknowledge and thank Temple Street's 95 hospital Consultants across every speciality and our 110 junior doctors for their skilled hands and minds. I would also like to acknowledge and thank Temple Street's countless nurses and HSCPs for their ceaseless care and compassion. In addition I would like to thank our academic partners; the UCD School of Medicine and Medical Science, the Royal College of Surgeons of Ireland and the DCU School of Nursing and Human Sciences. We work very closely with these three institutions whereby we provide a training ground for medical and nursing students and these students greatly enhance our working environment as they learn from us and we learn from them.

I would also like to thank the hospital management, administration, support and ancillary staff for their dedication to families and parents. This combined expertise, commitment and positive collaborative effort is a true measure of our values and what we hold dear.

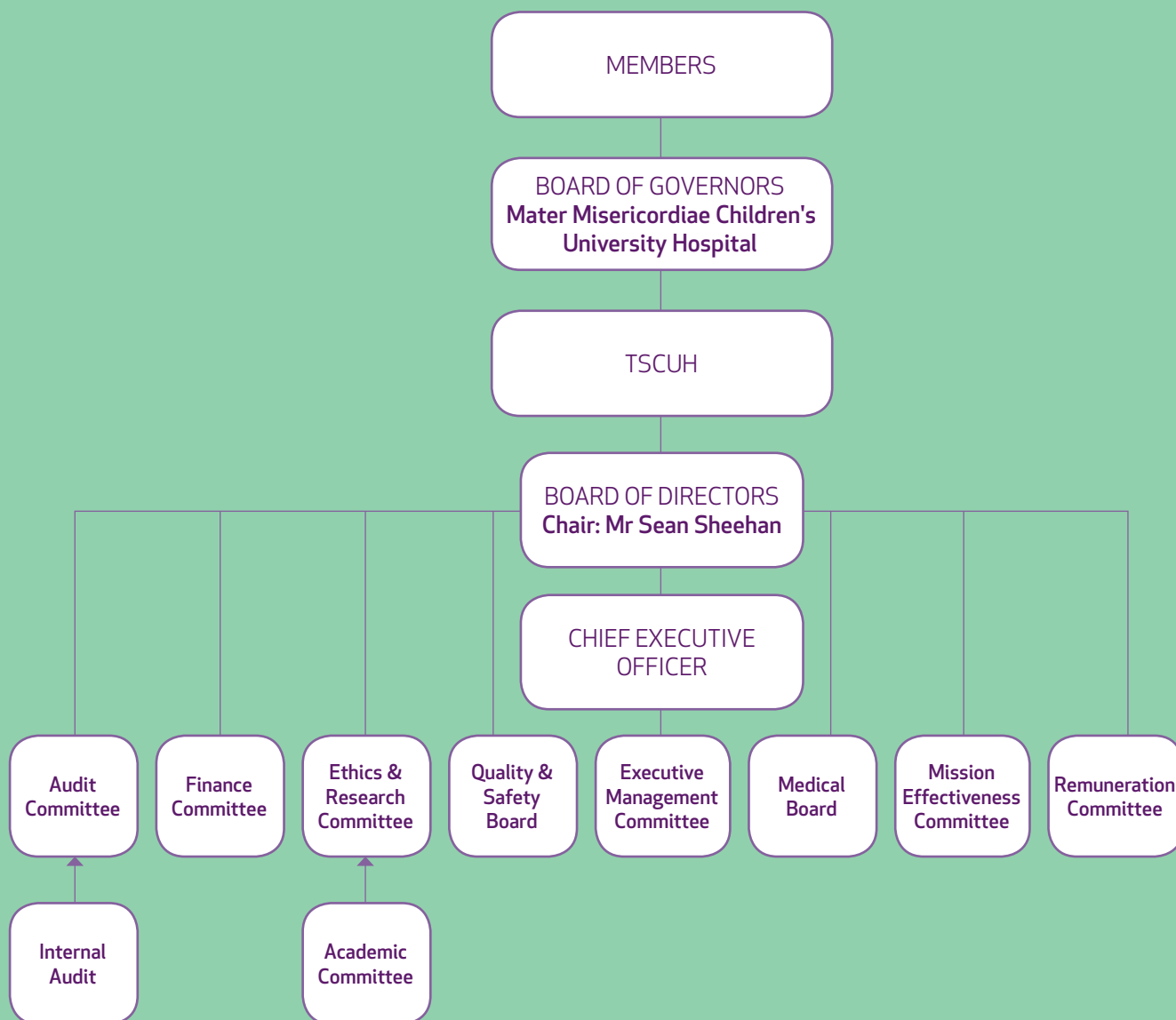
Our work is about making a difference to children's lives every day but in delivering our services, we owe a great debt to the thousands of Temple Street Foundation donors and supporters. The Temple Street Foundation which has been in existence since 2000 has ensured that we can continue to sustain and develop our services and facilities until we move to the new children's hospital. The extraordinary generosity shown by the Foundation's donors and support is a testament to the admiration they hold for the work we do. This is a responsibility we take very seriously and we hope that their trust is being rewarded through visible progress and improved outcomes for children.

Finally, I would like to thank the Sisters of Mercy for the invaluable and immensely positive impact they have had on Temple Street. Throughout the hundreds of years the hospital has been in existence, the Sisters have taught us how to care for the sick with compassion and professionalism, how to promote excellence, equity, quality and accountability in a friendly and caring environment and importantly how to strive to promote the highest quality of care for all.

So as we look back on 2016 and the rich 145 years before it, we enter the exciting era of the new children's hospital, with a renewed purpose, energy and determination, driven by our desire to remain a champion in transformation of paediatric care. We also must use our highly valued Statement of Strategic Intent as our guiding light through changeable waters. Temple Street has always been a pioneer in the development of children's healthcare and we will continue that pioneering role as we unite with our colleagues and friends across the paediatric care arena to prepare for the new hospital and the future of children's healthcare in Ireland.

Sean Sheehan
Chairman

TSCUH Governance Structures



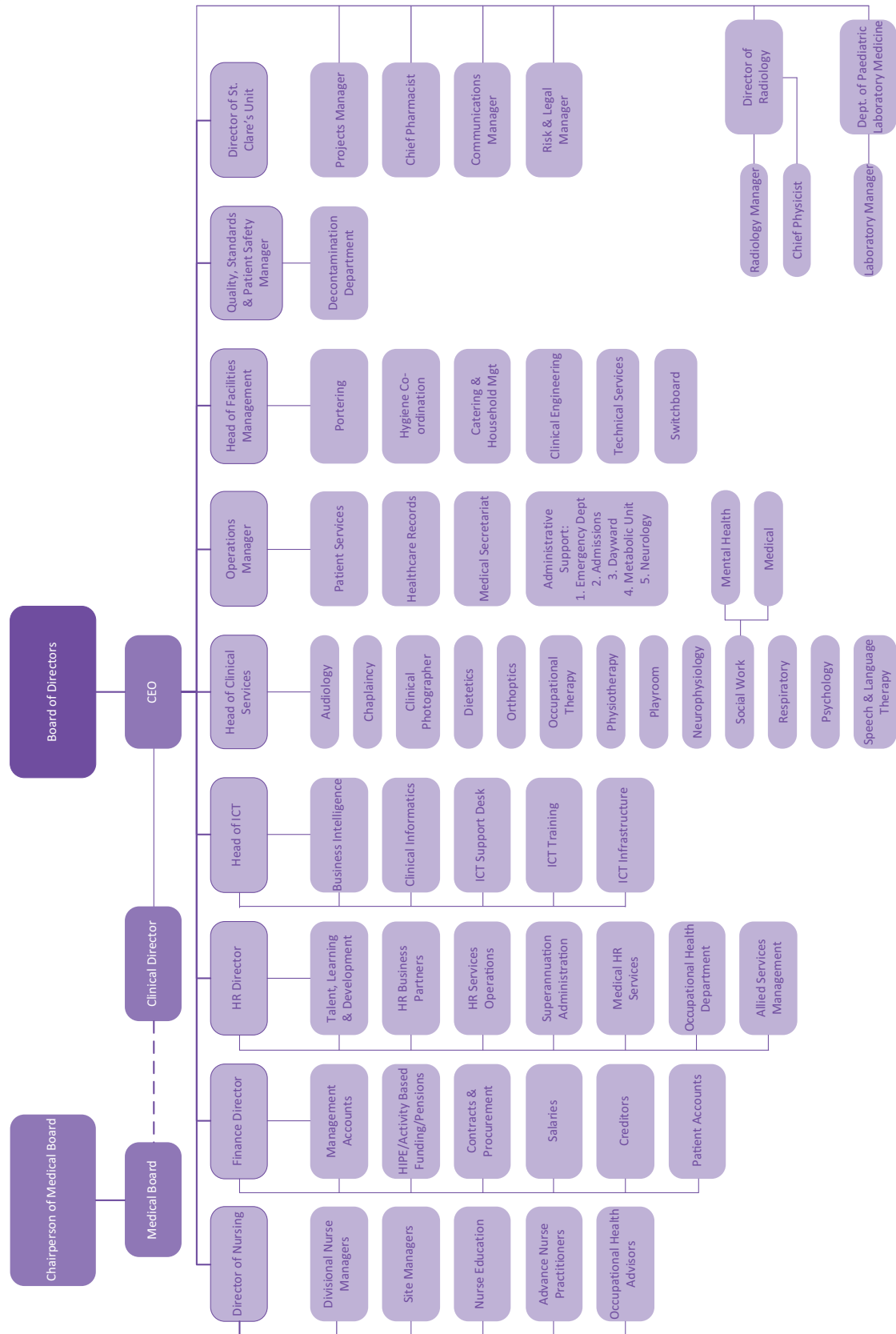
Quality & Safety Board:
previously known as Governance, Quality & Patient Safety Committee

Quality & Safety Executive:
previously known as Clinical Governance Committee

Quality & Safety Committee:
previously known as Quality & Risk Committee

Organisational structure is subject to change on an ongoing basis to reflect changing nature of healthcare delivery in TSCUH

Organisational Structure



Board of Directors



Sean Sheehan
Chairperson



Siobhan Brady
Deputy Chairperson



Mona Baker
Chief Executive



Grainne Bauer
Director of Nursing



Mr John Caird
Consultant Paediatric
Neurosurgeon and Chairman,
Medical Committee



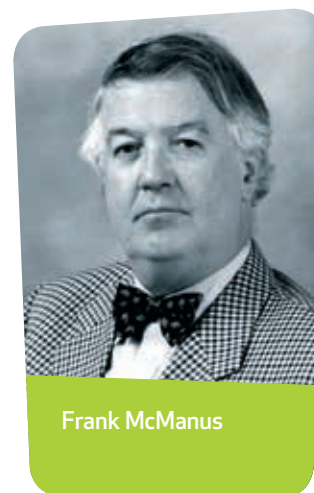
Mary Cullen



Dr. Michael Drumm

Attendances at 2016 Board meetings

Attendances	
Sean Sheehan	All
Siobhan Brady	10/11
Mona Baker	All
Grainne Bauer	8/11
John Caird	4/11
Mary Cullen	9/11
Michael Drumm	All



Attendances at 2016 Board meetings

Attendances	
John Fitzpatrick	All
Fionn MacCumhaill	8/11
Derek McGrath	8/11
Frank McManus	0/11
Phil Shovlin	8/11
Sr. Marguarita Rock	8/11
Aveen Murray	9/11

Spotlight on 2016

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The background of the infographic is a photograph of a young girl with brown hair lying back in a dental chair. A dentist's hand is visible on the left, holding a dental mirror and examining the girl's teeth. The girl has her mouth open. Overlaid on the image are three pink circular callouts containing statistics, each with a yellow striped tail pointing towards the center. A large yellow number '6' is at the bottom left.

148,420

children and teens (under age 16 years) attended Temple Street as in-patients, out-patients and ED patients in 2016

15,658

children and teens were admitted as in-patients in 2016

7,508

children and teens were admitted for day cases procedures in 2016

Welcoming The Minister

On August 16th 2016, Simon Harris, Minister for Health visited Temple Street to officially open the newly extended and refurbished ED and to launch the Hospital's 2015 Annual Report.

The extension and refurbishment of the ED in Temple Street commenced in February 2015 and has resulted in the provision of a second two-bay RATU (Rapid Assessment and Treatment Unit), two additional single treatment rooms and a new reception and waiting area. The cost of the ED extension and refurbishment including equipment was €690k and funding came from the HSE. The second RATU was furnished with the assistance of a generous donation from Danielle Ryan and the Cathal Ryan Trust secured by the Temple Street Foundation.



Minister Simon Harris cutting the ribbon to officially open our newly refurbished ED

New Consultant Appointments

Temple Street was delighted to welcome the following new consultants to the hospital in 2016.

Dr. Christopher Holmes	Consultant Paediatric Anaesthetist
Dr. Fiona Browne	Consultant Paediatric Dermatologist
Dr. Gabrielle Colleran	Consultant Paediatric Radiologist
Mr. Salvatore Cascio	Consultant Paediatric Surgeon (Special Interest: Urology)
Mr. Connor Green	Consultant Orthopaedic Surgeon (Special Interest: Paediatric Orthopaedic Surgery)
Dr. Conor Hensey	Consultant Paediatrician
Dr. Patrick Fitzpatrick	Consultant in Paediatric Emergency Medicine
Dr. Michael Willilamson	Consultant Paediatrician (Special Interest: Respiratory Medicine)
Ms. Eimear Phelan	Consultant ENT Surgeon
Dr. Elizabeth Barrett	Consultant Paediatric Psychiatrist
Dr. Ingrid Borovickova	Consultant Paediatric Chemical Pathologist
Dr. Catherine Gibbons	Consultant in Paediatric Intensive Care Medicine
Dr. Peter Harper	Consultant Paediatric Anaesthetist
Dr. Michael Boyle	Consultant Neonatologist



Temple Street Nurses Graduation 2016

Nursing News

10th of June marked the NNUL graduation ceremony for 27 students from the 2011 B.Sc. in Children's and General Nursing and 30 students from the 2014 Post-Registration Higher Diploma in Children's Nursing. The Gold badge for outstanding academic and clinical excellence was awarded to Rachel Duffy from the Post Registration cohort and was awarded to Aoife Ryan for the BNCG group.

Temple Street Children's University Hospital (TSCUH) Department of Nursing's vision is to promote and support nursing research, audit and quality improvement that brings tangible benefits to nursing practice and to the children and families who engage with our organisation. The Department of Nursing recognised through the awarding of the Annual Nursing Research & Quality Improvement Bursaries, the work of nurses who have performed research / implemented quality improvement projects with tangible clinical or non-clinical improvements which have made a real difference to nursing practice, children's lives and/or the quality of the service TSCUH delivers to children and their families. The diabetes team and Tuna Cassidy (Operating Theatre) demonstrated a clear example of this in their submissions and were awarded the QI bursary and the Nursing Research Bursary respectively.

Claire Mc Cabe, Staff Nurse St Michaels C Ward, was recognised for her contribution to the students that are on placement and was awarded Preceptor of the Year.



Temple Street Nurses Graduation, June 2016.
Rachel Duffy (Class of 2014) receives her Gold Medal Awards from Grainne Bauer, Director of Nursing and Louise Greensmith, Post Registration Coordinator

Recruitment and Retention

Following an intensive recruitment campaign nationally and internationally all nursing vacancies in theatre have now been filled, and an intensive education and upskilling programme is currently in progress. The 4th theatre is now opening on a phased basis with the longest waiting patients being listed first. The nursing vacancies in PICU have been reduced significantly and on-going recruitment continues.



Nursing Metrics

During 2016, the Nurse Practice Department led by Caroline O'Connor, Nursing Quality, Practice & Research Co-ordinator continued to roll out nursing metrics to remaining areas including theatre and ICU, capturing strong data enabling identification of areas requiring improvement. On-going improvement measures continue in partnership with the developers of the metrics system in further developing the data and how it is captured and viewed to make it more user-friendly.

Children requiring Mechanical Ventilation outside of the PICU

During 2016 focus remained on the overall management of children with complex needs requiring mechanical assisted ventilation outside of the PICU. In 2016 there were six-eight children requiring this assisted mechanical ventilation in the hospital at all times and all of these children required one-to-one nursing care.

PEWS (Paediatric Early Warning System)

By end 2016 the PEWS was rolled out successfully to eight areas in the hospital and the auditing of the documentation is still maintained by nursing staff at local level with reports to National Steering Committee. A national audit is planned for 2017.

Annual Nursing Research Conference

The 6th Annual Nursing Research Conference took place on 5th March 2016 and was titled 'Nursing research in a connected world: Contemporary research methods to improve outcomes in children's health'.

The guest speaker, Professor Tanya McCance, Director for the Institute of Nursing and Health Research, Ulster University, presented her research on improving the quality of care for patients and families. This presentation was extremely relevant given the upmost importance of providing a quality service to our patients.

Recognition of Excellence awards

Aoife Carey, Health Care Assistant received the 'Recognition of Excellence' award in the clinical category for her outstanding work and dedication and for consistently going that 'extra mile' for her patients and colleagues. Aoife is a very popular and much deserving recipient. The Nursing Site Management Group received the CEO's award for their excellent work outside of normal working hours in overseeing all operation and service delivery in the hospital with safety as the paramount objective.

Joint Nursing Executive Committee (JNEC)

This Committee met every two months during 2016 and consultation and collaboration continued across the three hospital sites especially in relation to recruitment and new children's hospital related issues.

CHG / Director of Nursing (DoN) meetings

Bi-monthly meetings with the CHG DoN and DON's from Temple Street, OLCHC and NCH Tallaght continued where by shared concerns especially with regard to the shortage of children's nurses in specialty areas, the on-going recruitment needs and the effect of vacancies on service delivery were discussed.

The Huddle

A collaboratively designed new Huddle board was erected in the CD's office in December 2016. A continuous improvement programme for the Huddle continues with multi-disciplinary involvement (Household, Portering, Pharmacy, Chaplaincy, Hospital Exec), and plans for including 'good catches' and risks were highlighted on a daily basis toward the quality improvement agenda for the hospital.



What Matters to Me

The **What Matters to Me** project was initiated in St Michael's C Ward by Karen Cunningham, Lauren Clarke and Aoife Ryan in late 2016 and was based on a similar project devised by Jennifer Rodgers (Chief Nurse, Pediatrics and Neonates, NHS Greater Glasgow) & Geraldine Marsh (Improvement Advisor for Older People's Care, NHS Greater Glasgow and Clyde Healthcare Improvement Scotland) in Scotland.

Jennifer and Geraldine began to ask patients what matters to them rather than just what is the matter (please see <http://www.ihl.org/resources/Pages/AudioandVideo/WIHIWhatMatters.aspx>). Their ultimate aim is that all staff will ask patients what matters, listen to what matters and do what matters and the team in St Michael's C is hoping that this project will be rolled out across Temple Street in 2017.

As part of the **What Matters to Me** project in St Michael's C Ward, the children make charts for above their beds, telling us what matters to them. It may be that their parents stay at night or they like going to the playroom or having their blood pressure taken on their left rather than right arm or like having their drinks 'super cold' when having dialysis for example.

Feedback from children and parents on this novel initiative has been very positive to date.

Safety Pause

The Safety Pause is a Quality Initiative that puts structure around a potential or actual patient safety risk. It is led by the question '**What safety issues do we need to be aware of today**' using the 4 P's as a guiding framework;

- Patients
- Professionals
- Processes
- Patterns.

The aim of the Safety Pause supports a multidisciplinary approach in increasing awareness and focusing on patient and staff safety while providing quality care. By focusing on the 4 P's, suggestions are provided that prompt Safety Pause discussions. Issues such as patients with similar names, staff skill mix, new equipment and educating staff on 'near misses' amongst other issues are discussed with a view to improving the safety of patients and staff. Safety Pause is an effective tool to facilitate open, non-judgmental discussion that results in immediate corrective action of risk issues.

Since its first introduction into St Michael's B Ward resulting in significant patient's benefits, it has been rolled out to other ward areas including ED, Surgical Flat, St Gabriel's Ward and St Michael's C Ward with a plan to roll out to others in 2017.

Connect for Care 6

Eilish O Connell, Clinical Education Facilitator, presented at the 2016 Connect for Care 6 (International Nurses Meeting) in Warsaw, Poland. The presentation was titled "Managing the later stages of the patient journey" (patients with Lysosomal Storage Disorders), which involved delivering a concise talk relating to the four categories of life limiting illnesses: palliative care, end of life care, symptom management and bereavement care.

Protecting Our Patients

Vaccinating Our Staff Against the Flu

Flu is responsible for between 200 and 500 deaths each year in Ireland. In a severe season it can cause up to 1,000 deaths. By the end of February 2016, 47% of Temple Street staff had availed of the free flu vaccine to help protect themselves and prevent the spread of flu to vulnerable patients and to colleagues. Vulnerable patients rely on the immunity of those who care for them to keep them safe.

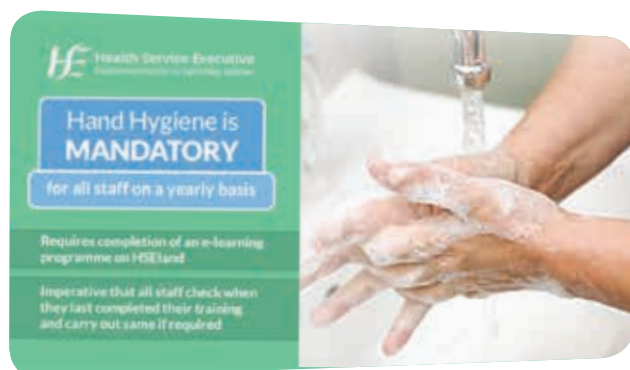
In mid-October Temple Street launched its Autumn 2016/ Spring 2017 flu vaccination campaign with the aim of increasing the uptake from 47% achieved from the previous campaign to 60%.

58% uptake of flu vaccine had been achieved by mid December 2016 and the target for the on-going campaign was revised accordingly to 100%.



Preventing HCAs with Hand Hygiene Compliance

In May 2016, Temple Street achieved a 93% compliance rate in the bi-annual national Hand Hygiene audits. Hand hygiene is recognised as one of the most important measures in preventing HCAs (Healthcare Acquired Infections).



Improving Hand Hygiene Effectiveness With BBE

The World Health Organisation (WHO) recommends that long sleeves be avoided, as they are found to be contaminated with pathogens, and can impede appropriate hand hygiene.

In March 2016, a Working Group was set up to develop and implement a Bare Below the Elbow (BBE) initiative within clinical areas, with the objective of improving the effectiveness of hand hygiene performed by health care workers. In recognition of the World Health Organisation's Hand Hygiene Awareness Day on 5th May 2016, the BBE campaign was launched and the initiative was rolled out within all clinical areas.

The BBE Working Group carried out ad hoc audits at different stages of the initiative and improved compliance to 94%, which exceeded the original target set of achieving 90% compliance.



In 2016 doctors and pharmacists at Temple Street in Dublin worked together to achieve 100% compliance with antibiotic prescribing guidelines for children admitted via the Emergency Department (ED). This poster describes the Start Smart project.

"Start Smart": Improving the quality of empiric antimicrobial prescribing at TSCUH

¹Michelle Korrane, ²Robert Cunney, ²Patrick Stapleton, ³Róisín McNamara, ³Ikechukwu Okafor

Departments of ¹Pharmacy, ²Microbiology and ³Emergency Medicine, Temple Street Children's University Hospital

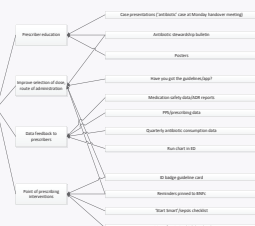


Appropriate choice of empiric antibiotic therapy, in line with local guidelines, improves outcome for children with infection, while reducing adverse drug effects, cost, and selection of antimicrobial resistance. Data from national point prevalence surveys showed compliance with local prescribing guidelines at TSCUH was suboptimal.

Project Aim: Ensure ≥90% of children admitted via the Emergency Department (ED) who are started on empiric antibiotic therapy, have the treatment indication documented in their medical notes and a choice of antibiotics in line with local prescribing guidelines, by 1st June 2015

Method

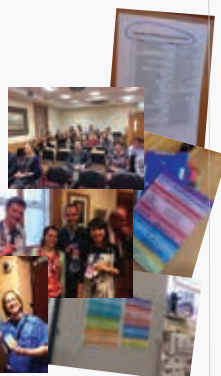
- Establish project team: review historical data, agree project aim and drivers, measurement plan etc.
- Brainstorming sessions with ED staff to identify initial tests of change
- Refinement of data collection (PDSA cycles 1-4: move from using extract from ED information system to incorporating data collection into routine ward rounds)



- Feedback of data to prescribers at weekly Monday morning handover meeting: update of run chart
- Brainstorming at Monday meeting to identify further tests of change (fostering of ownership of project by prescribers)

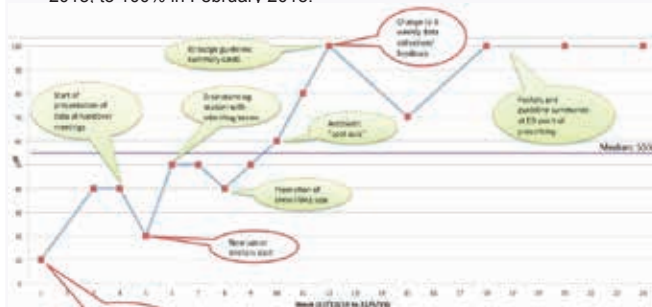
Process Change

- Application of prescriber-derived tests of change:
 - Regular antibiotic prescribing Q&A at Monday meeting
 - Antibiotic "spot quiz" for prescribers
 - Updates to prescribing guidelines, improved access, and promotion of prescribing app
 - Printed ID badge guideline summary cards
 - Reminders and guideline summaries at point of prescribing in ED



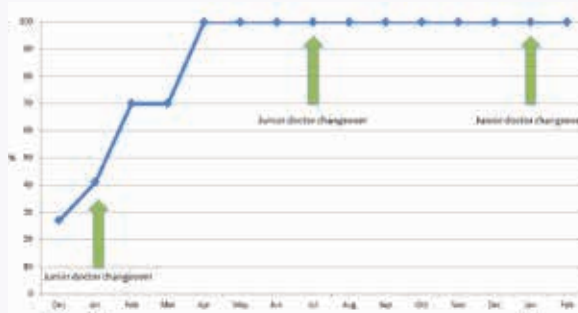
Results

- Combined measure of documentation of indication and compliance with guidelines increased from median of 30% in December 2014 and January 2015, to 100% in February 2015:

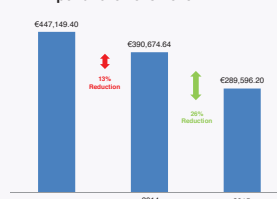


- Associated improvement in the hospital's results in a national point prevalence survey in 2015, and a decrease in antibiotic expenditure
- Monthly audits have shown a sustained 100% compliance with quality measure up to February 2016, despite three junior doctor changeovers during this time.
- Improvement in documentation of treatment rationale, planned duration, and other prescribing quality indicators in recent chart audits.

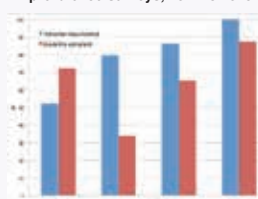
Monthly proportion of indication documented & guideline compliance for audited prescriptions, Dec 2014 to Feb 2016



Annual Antimicrobial Medication Expenditure 2013-2015



TSCUH national point results prevalence surveys, 2011 to 2015



Achievements

- Sustained improvement in the quality of antibiotic prescribing
- Sense of ownership of antibiotic stewardship by prescribers (shifted from "how's your project going?" to "how are we doing?")
- Support for promotion of quality improvement among consultant paediatricians and junior doctors
- 1st prize at Temple Street Research & Audit Day, presented at National Patient Safety Conference 2015

Conclusions

- Engagement with clinicians, rapid audit cycles and sharing of data promoted front line ownership and sustained improvement in the quality of antibiotic prescribing

Key Learning Points

- "The pen is mightier than the IT system": simple, paper-based, data collection proved easier and more adaptable than data extraction from ED systems (and fostered point of care interaction with prescribers)
- "The marker is mightier than the PowerPoint slide": hand drawing run charts led to greater engagement by prescribers
- "The answer is in the room": prescribers were able to identify interventions that were likely to work (and exclude interventions that were unlikely to work)
- The competitive nature of doctors can be exploited to help drive improvements (weekly run chart update, quizzes)
- Importance of having robust data collection plan at the outset (simplified data collection approach made measurement of secondary outcomes and balancing measures difficult)
- Demonstrating that improvement can be achieved in a short space of time has created a sense of achievement among clinicians and an increased interest in quality improvement

The authors would like to acknowledge the input and support from consultants, NCHDs, ID/microbiology team and ED staff. This project was carried out as part of the Scottish Patient Safety Programme fellowship (cohort 7). RC would like to acknowledge the support of fellowship mentor Dr John Fitzsimons.

Authors Disclosure: "Authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation"

Announcing More Successes

SMART START

Infection is the commonest reason that children are admitted to hospital, and making sure that children who have infections requiring antibiotics get the right drug at the right dose is crucial to ensuring they recover quickly, while reducing the risk of drug side-effects and antibiotic resistance.

In 2016 doctors and pharmacists at Temple Street in Dublin worked together to achieve 100% compliance with antibiotic prescribing guidelines for children admitted via the ED.

The key to the success of the project was 'front line ownership'. Results of weekly audits of children admitted and started on antibiotics were discussed at the Monday morning medical handover meeting, and consultants and NCHDs attending the meeting were encouraged to design local interventions to help drive improvement. These local interventions included making updates to prescribing guidelines more easily available via a prescribing app, guideline Quick Reference Cards (that can be attached to ID badges), 'spot quizzes' (making use of the naturally competitive nature of doctors!), and guideline summaries at the point of prescribing in the ED.

Nursing staff in the ED, Neonatal Ward, and the PICU were given access to the Quick Reference Cards so that medication prescribed could be checked appropriately and could provide further feedback to prescribers.

Compliance with documentation of indications for antibiotic therapy and compliance with prescribing guidelines increased from an average 30% to 100% within two months of the start of the project. In addition annual antibiotic expenditure for the hospital reduced by more than €100k, and nursing staff reported a major improvement in dose selection and other indicators of prescribing quality.

The improvement remained constant during 2016 through NCHD changeovers which was deemed an indication that compliance with antibiotics prescribing guidelines is now embedded within the hospital's culture.

In April 2016, Temple Street's SMART START project (focusing on antimicrobial stewardship) was shortlisted for 2016 HSE Excellence Awards.

World Kidney Day

On 10th March 2016, Temple Street announced that 107 children have received a Kidney Transplant at Temple Street over the last 13 years, to mark World Kidney Day 2016 (Thursday 10th March) and the work of the National Organ Procurement Service (NOPS).

DOSA (Day of Surgery Admission) Unit

On 11th Feb 2016, Temple Street's DOSA (Day of Surgery Admission) Unit admitted the 1,000th patient achieving the national HSE target. Patients are admitted to this Unit for elective procedures including tonsillectomies, cochlear implants, orthopaedic surgery and hernia repairs.

Occupational Therapy

On 10th March 2016 the Occupational Therapy Department was successfully shortlisted for two categories of the Irish Healthcare awards. The categories included Patient Safety and General Hospital Initiative, and were in recognition of the Equipment Short Term Loan service which the Department operates.

This Occupational Therapy initiative was developed in 2006 and has expanded greatly over the years to provide children and families' access to vital equipment to support their care. The service promotes a positive hospital experience, supports inpatient rehabilitation, enables safe and timely discharge from hospital, promotes mobility and independence, and supports children to integrate back into home and school environments. Essential equipment available through this service includes wheelchairs, specialised buggies, postural/activity chairs, leg-boards, bathing equipment and comfort seating. The Temple Street OT Equipment Loan Model is deemed best practice within the Children's Hospital Group, and the service will transfer to the new children's hospital.

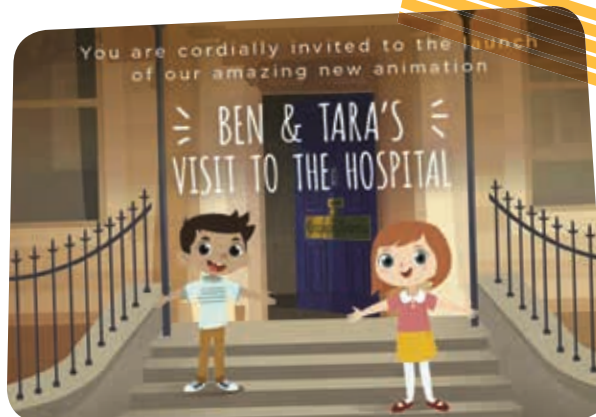


World Kidney Day - The Temple Street Renal Team

Easing the Journey to and through Temple Street

The Ben and Tara Visit

On 12th July 2016, the 'Ben and Tara's visit to the hospital' film narrated by film star, Chris O'Dowd and created by award-winning Irish animation studio Cartoon Saloon was launched. The film, which is the only resource of its kind in Ireland, takes Temple Street mascots, Ben and Tara, on a fun guided tour inside the children's hospital as they prepare to have an operation. The film will be used to help prepare younger children coming to the hospital for surgery and to explain in simple, understandable terms what is involved in every stage of the process.



ICT & Digital Communications

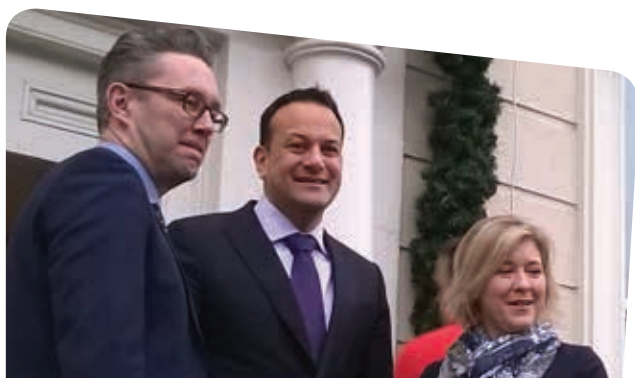
WiFi Comes to Temple Street

On 4th March 2016, Temple Street in partnership with **eir Business** launched free, secure WiFi in the public areas of the hospital. The development was thanks to a state-of-the-art solution, known as Advantage WiFi, delivered by **eir Business**

eir Business was chosen by Temple Street because of their ability to navigate the complexities of the project and implement a service that works effectively and efficiently. The age and construction of the Victorian hospital building, which is almost 150 years old, means that providing WiFi throughout was a considerable challenge. Further considerations included working within specific safety guidelines set out by the hospital when installing WiFi, so as not to affect medical devices, while also ensuring coverage is available throughout.

Speaking about the long-awaited introduction of public WiFi to Temple Street, Dairín Hines, Head of ICT said, "We are absolutely delighted to now be in a position to offer free, secure, high-speed WiFi access to the thousands of families and children passing through Temple Street every year allowing them to stay connected with their lives beyond the hospital. The WiFi can be accessed in our reception areas, Outpatient Departments (OPD) and ED through personal devices and has already been very well received since it went live at the beginning of January 2016. We are entirely grateful for the support and expertise provided by **eir Business** in finding a solution to make this possible in a building as old as Temple Street with its complex architecture".





eHealth Showcase: Richard Corbridge, CIO, HSE, Minister Leo Varadkar and Dairin Hines, Head of ICT & IG Lead

eHealth Showcase

On 18th January, the then Minister for Health, Leo Varadkar attended an eHealth Showcase in Temple Street organised by the HSE's eHealth Ireland, to highlight some of these technology-enabled solutions (such as the HER Portal, the Epilepsy Electronic Patient Record and ePharmacy in Acute Care) which are currently operational within the Irish health service. These technology-enabled solutions enable the healthcare system to deliver safer and more efficient services for patients and offer clinicians who deliver patient care, the technology they require to solve complex medical problems.

Launch of new ICT Department Core Values and new ICT Strategy

ICT DEPARTMENTAL CORE VALUES

Treat others as you would like to be treated

TOLERANCE

Of differences and personalities

RESPECT

For the person and workload

NO BLAME

No digs, honesty, empathy

THE PAST

Choose to heal, leave war wounds in the past

SUPPORT

Daily, not just for crisis



POSITIVITY

Solution focused



CONFLICT

Operations versus projects. Ability and freedom to disagree with no consequences

COMMUNICATION

Open and being aware of context



CELEBRATE SUCCESS

Have formalised way to celebrate this

ICT Strategy...Less Paper Reliant

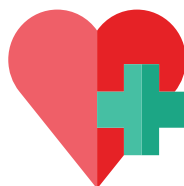
WHAT?

- More mobile
- More integration
- Less silo's
- Improving the user experience
- More data captured electronically



WHY?

- Support patient care/safety
- Reduce risk
- Support quality care
- Support research and audit
- Support reporting requirements



HOW?

1. DELIVER A BETTER SERVICE

- Building Capacity**
 - Improve the use of existing technology
 - Develop ICT workforce skills
- Improving service**
 - Extend simple and easy to use online services
 - Deliver a more personalised service
 - Improve operations

2. IMPROVE OPERATIONS

- Invest optimally**
 - Share resources and services
 - Coordinate procurement
 - Review current policy

Encourage innovation

- Increase awareness of early new ICT uptake
- Examine and adopt new emerging technologies and support research

3. ENGAGE OPENLY

Creating Knowledge

- Build up BIU
- Develop tools and platforms to analyse data and support research

Collaborating Effectively

- Strengthen external and internal collaboration networks



Temple Street

As a department we want to be



A winning team



The best at what we do

Temple Street Certified to Participate in National Electronic GP Referral Programme

In May 2016, Temple Street received its certificate for participation in the National Electronic GP Referral Programme, which allows for referrals from GPs into our CRO (Central Referrals Office) which is based in OPD.



The Day Ward and Surgical Flat received Patient Entertainment Units

These Patient Entertainment Units are fitted at each bed space. This system from Irish company Lincor Solutions is known as PatientLINC allows patients to watch digital television, listen to radio and play games consoles such as Play station and X-Box via a specially designed touch screen device, giving each patient individual control over what they watch. Plans are in place to add new services such as movies on demand, internet access, video calling, patient information and patient surveys in the coming months.



Best Use of Information Technology

The ICT Department received a commendation at the **Irish Healthcare Awards 2016** for the 'Best use of Information Technology'. There were 19 entrants and three were shortlisted.

The Temple Street ICT team entry focused on the development of Temple Street's Clinical Portal which provides the clinical teams with a unified view of patient information from five disparate hospital systems, the presentation of clinical correspondence, recording of diagnosis and electronic results signoff under one secure and remotely accessible system.

The Temple Street entry was highly commended.



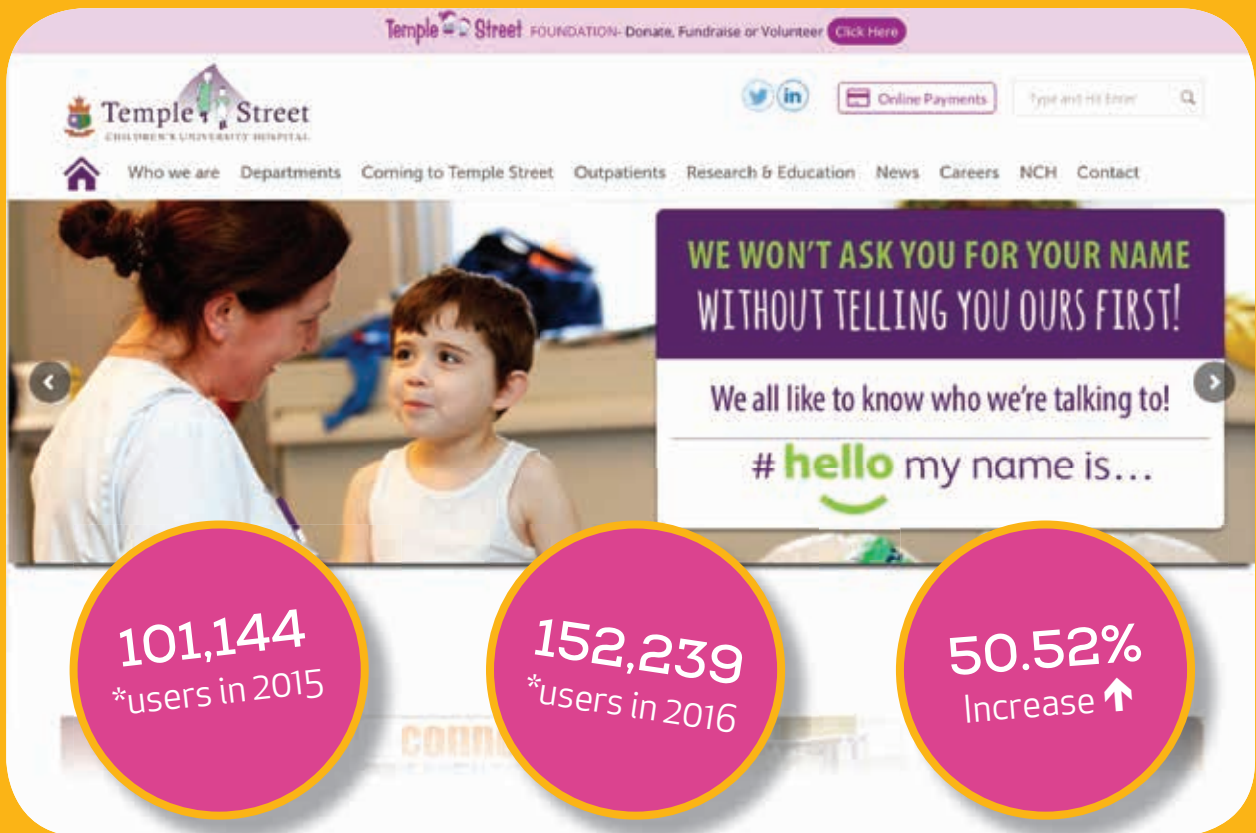
ICT Commendation at Healthcare Awards

ICT Technology Day

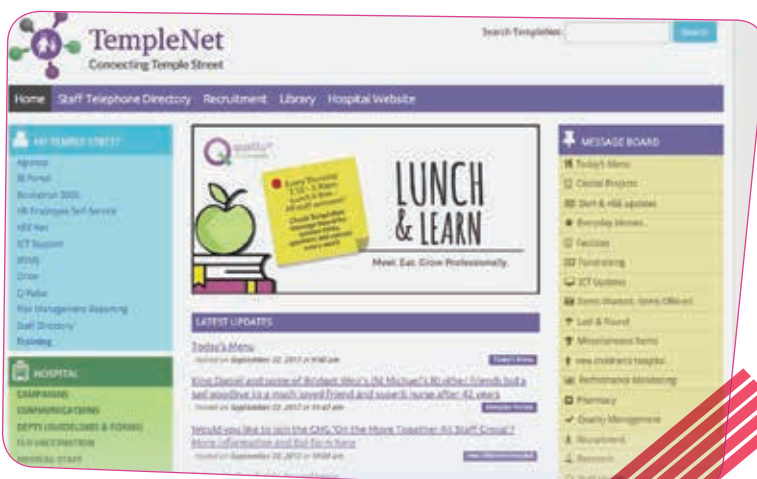
The ICT Department ran another successful ICT Technology Day 2016 in October showcasing the Department's work.



Traffic on WWW.CUH.IE



*Users are those who have had at least one session on www.cuh.ie within the selected date range. Includes both new and returning users



Staff Engagement with Templenet

Average 35.8k sessions* by staff per month in 2016

*Sessions – the period of time a user is active on the site. By default if a user is inactive for 30 mins or more, any future activity is attributed to a new session. Users that leave the site and return within 30 minutes are counted as part of the original session



What our families tell us about our care

2016



20,291

children and teens
attended the 10,559
clinics in Temple Street
for the first time
in 2016

Temple
Street provided

29,266

bed days to children and
teens in 2016

3,869

children and teens who
were admitted as in-
patients to Temple Street
in 2016 came through
the ED

10,559

clinics were held in Temple
Street in 2016. 4,486 of clinics
were lead by Consultants, 4,971
were lead by NCHDs (Non
Consultant Hospital Doctors)
and 1,102 were lead by
nurses

56,388

children and teens
attended the ED in Temple
Street in 2016 and 54,523
of these were new
attendances

Some of the compliments we received during 2016...

January compliments

My little girl has been attending the Physiotherapy Department at Temple Street and I would really like to acknowledge the professionalism, support and positive attitude shown by the team at all times. It is a pleasure to attend the service. In addition the service is efficient and flexible; on those occasions where we have had to change appointment times, there is never a problem.

Just before Christmas, my daughter also had to have bloods taken. She was very nervous and got weak. I cannot say enough about how kind and thoughtful the staff were.

I know from my day job that we get a lot of criticism in the health services mainly because of access issues. We do not hear enough about the positive experiences that many patients have. I just wanted to say a sincere thank you and I would be delighted if you passed on my good wishes to your excellent staff.

Angela



Thanks to the nurses and doctors from AGE who helped me today. My daughter collapsed outside the hospital and they came to my aid...they were very kind to us and took great care of my daughter. Again thanks so much your help was really appreciated.

Sharon

What wonderful resources Temple Street have for sick little people. Every nurse and doctor we have encountered seems to go out of their way to lovingly care for each patient. It's so heart-warming to see people with a true vocation.

Michelle

This time last year my son, then a ten months old baby, was admitted to Temple Street's ICU with bilateral pneumonia. I do not need to describe to any parent how my husband and I were feeling at that time. After a year I still cannot find the right words to describe how grateful and thankful we are to the best doctors and wonderful nurses at the ICU and St. Patrick's Ward. You are the best and all your hard work is really appreciated!

Monika

I regularly attend the Day Ward and Eye OPD with both my boys who have Retinoblastoma (eye cancer) we have received amazing care from Prof. O'Keefe and his team of doctors and nurses.

Grainne

My daughter spent some weeks in Temple Street in ICU as she was born at 32 weeks and had a lot of her bowel removed at just one day old weighing 3 lbs. Today she is a happy healthy ten year old all thanks to the brilliant surgeons, doctors and nurses in Temple Street.

Elaine

Temple Street is just amazingly the best children's hospital. I can't thank Dr Bryan for all he has done for my son who broke his leg last Valentine's Day.

Naz



February compliments

I have spent the last three days in the hospital with my daughter who underwent emergency surgery for a fractured arm. Everyone from John Doyle, Jimmy Doyle, the ED team, the team on St. Gabriel's Ward and the amazing surgeons who assisted Sophie and ensure she get the best treatment, were fantastic get the best treatment, were fantastic. If you could extend our thanks to your team that would be very much appreciated.

Gary

I attended the Dieticians Clinic with my son Jacob on 15th December 2016 who has Cows' Milk Protein Allergy. The dietician we dealt with was Donal and I wanted to make contact to compliment him on his manner, his communication skills, his knowledge and his very obvious enthusiasm for his job. I came out of the appointment very happy with the service and all in all it was a very positive experience for me and my son.

Adrienne



I would like to praise the staff of the Phlebotomy Dept who have such a great attitude and seem to have a very good system in place. I was there on Tuesday with my son, Stephen and it was very busy. The efficiency and lovely nature of the Secretary/administrator was second to none. Even though it was busy, we didn't have to wait very long and the nice nature of the administrator definitely contributed to the pleasant atmosphere in the waiting area. Then the nurse that took the blood was lovely and very quick. Very well done!

Marie

On October 7th last year we presented to Temple Street's ED with my two-year-old son with what we presumed was a lingering viral infection as he had been unwell for about a month. Initially the lovely staff in ED were of the same opinion but for some reason they decided to take Noah's blood for testing.

Thank god they did. We owe them everything. Cutting a long story short we were admitted to hospital the same night and Noah, under the care of the staff in Top Flat had two transfusions before being transferred to Crumlin. He was diagnosed with leukemia on the Friday morning and has been in treatment since.

I really just want to send this message to say thank you, a massive thank you from our family to all the amazing staff in both the ED and Top Flat. Their decisions helped us get Noah the help he needed and his prognosis is good. We will be eternally grateful for all they did for us.

Wishing the hospital and the staff the very best wishes and thank you.

Lindsey

We would like to express our gratitude to everyone who cared for our son Fiachra during his stay in the HDU St Michael's Ward B in February. He was only a day old when he was transferred from Cork and we were still in shock after his diagnosis. Despite this everyone we met made us feel so much better in what was a difficult time. Tessy, Maureen, Orla, Karen, Laura, Yvonne, Nora and all the nurses who were on his ward were so kind and helpful regardless of what time day or night we were with him. There was a lovely atmosphere on the ward.

Mr Crimmins, Maria, Emer, Orla, Joanne, Stephanie and Louise all made us feel that Fiachra's care would be manageable. We felt confident in their expertise and experience. We can never thank the surgical and nursing teams enough for being there when Fiachra needed them and for their kindness in communicating with us about his condition.

Even though Fiachra won't remember any of his stay at Temple Street, it'll always be part of his story.

Bernadette and Colm

February compliments

I am writing as I wish to acknowledge the wonderful work of Medical Social Worker, Louise Donegan. Louise was assigned to us when our newborn baby daughter, Olivia was transferred from Drogheda to the NHDU, St. Michael's B in early November 2014.

Olivia was very ill and had to undergo a battery of tests. It was an exceptionally difficult time and Louise played a huge role supporting me and Olivia's Dad. Olivia's condition deteriorated rapidly when she was four weeks old and she was transferred to the PICU to be placed on life support. It was here that we learned that Olivia had only a matter of weeks, maybe days to live. Louise was there, always, just when we needed her. She liaised with the medical staff and the chaplains, was a supportive listening ear to me and my husband, and she played a huge role in helping us to prepare for the weeks ahead, and in particular, preparing our older children for the death of their little sister. Her kindness, valued opinion, expertise and information made a terrifying and devastating time in our lives more manageable. Olivia was transferred back to Michael's B where she passed away peacefully in our arms on December 10th, 2014.

Since Olivia died, Louise has continued to be an invaluable support. She has spoken on the phone with me, visited our home, supported our children and facilitated the bereavement groups that the children have attended in Temple St. Our children's experience of losing their sister has been respected, supported, valued, normalised and made more manageable through Louise's incredible work and that of her colleagues.

Louise has attended each meeting we have had with Olivia's medical team- the post mortem and most recently, the results of genetic testing. These meetings are challenging and very emotional. We always have questions afterwards which Louise brings to the medical team for us and calls back with the answers. She prepares and supports us through each one. We know she is very busy but she always makes us feel as though we are the most important people to her. This is a wonderful skill.

It's very difficult to accurately capture just how big a role Louise has played in Olivia's story. The above is just a snap-shot. Louise knows Olivia's whole story, she bore witness to her life, to our lives with Olivia. I believe her input changed our experience of Olivia's life and death for the absolute better. She will always be a part of our family's story.

Joanne and Barry



I would like to thank your staff nurse Breda Moran in the ED for helping us get an assessment this afternoon for my son. She really went above & beyond for us & I am truly grateful for all her help & understanding. She is a lovely lady with a heart of gold.

Rachel, Patrick and Cian



Our family would like to thank all of the staff on the emergency, neurology and neurosurgery teams for their swift intervention in treating our son Hugo today 18th March 2016. Despite it being a very busy day, both teams who normally monitor Hugo were contacted, advice dispensed and CT scan performed with due speed. We are delighted to have Hugo home and most importantly with a care plan and support for the months ahead. Thank you to all concerned as always.

Monika, John and Hugo

March compliments

My son was admitted for five days and I have to say that the nurses and doctors in the ED were great and the nurses in the St Bridget's and Top Flat were SO SO HELPFUL!! They were looking after not only children but parents too with all the possible comfort that they could arrange for us. On Saturday the Clown Doctor came in and we had a great laugh and then the Arts and Craft lady gave fantastic stuff to keep the kids occupied. Thanks to all nurses for their efforts and hard work. After getting a plate for one, toast for another, soap for bathroom, tea for daddy...ETC they still had to get done their job too. Well done for your patience! God bless you all!

Jaja



I am writing to the CEO to say how happy I am with the brilliant staff at the Neurology Department in Temple Street. Our doctor sent a letter to Professor King, as our daughter started having shakes and tremors and we were very worried. Professor King received the letter on Wednesday and the lovely lady Therese rang me straight away and asked me about Emma and what was happening. I was asked if I could get into the hospital the next day at 7am before their packed schedule began. When we arrived we were treated with such professionalism. We instantly felt we were in the best place for our daughter. Professor King was brilliant. She was great at explaining to us and our daughter what was happening.

Normally you have to wait weeks, or even months to get an EEG but the staff said they would try and get it done on that morning, which they did. After arriving at the Neurology Dept we got a full diagnosis within three hours. Our daughter needed medication for mild epilepsy. We were informed very well about all aspects of her condition. My daughter Emma understood very well herself about her medication. All this brilliant service was done without an appointment. We are so grateful to each and everyone at this Department for all they did for us; they were so friendly and put us at ease straight away.

In the media we are all so used to hearing negative things about the health service and I just wanted to say how positive our experience was. It was amazing... my wish is that they get the funds to improve the facilities in the Neurology Dept. that they desperately need. The staff are amazing at taking care of all our children.

Suzanne and Tony

My son, Kyle has been admitted a couple of times now with his condition and we only got home yesterday after another admission. The last time he was in Top Flat, the nurses were amazing. They are really much more than care givers. They really went up and beyond to make sure he was comfortable and felt at home. This time around Kyle was in St. Gabriel's Ward and one nurse in particular, Ciara, really went out of her way to the point my son has been talking about her at home and he's only three. She really was the most amazing nurse I have ever come across in all the time we've spent in the hospital also thank you to Dr. Kyne's team.

Orla

My daughter Elisha has been attending Temple Street over the last nine years. The nurses and doctors are brilliant. They are doing such a good job. I am so glad I got an experience to meet some of the staff there. Thank you so much for everything you all do in taking care of the kids.

Angela

March compliments

We were transferred to Temple Street for our four week old son's surgery for pyloric stenosis. I cannot thank the nurses, doctors, surgeons and all the staff for their care and support of us all while we were there.

Temple Street is an asset to all and the staff leaves no stone unturned in helping the children in their care. From porter, cleaners, cooks, nurses, doctors, teacher and playroom staff, O.T, physio, everyone makes it a great friendly place even at hard times. The love and support you give to parents and children is above and beyond. They deserve all they can get in fundraising and donations. I thank you from the bottom of my heart for all you are doing for my son and all you have done for us and continue to do.

Joan

I just want to say a huge thank you to all the staff on St. Bridget's Ward for looking after my daughter Abbie on Tuesday and Wednesday when she was in getting metabolic tests. She wasn't easy to get bloods from but everyone was so good with her, especially Jill who came into her yesterday morning with Molly the doll and showed her how Freddie was going to be put in her arm. That really made such a difference. Jill took time to explain everything to Abbie, and also thanks so much for her unicorn teddy. Abbie loves it.

Ann Marie

What a place! We spent 18 weeks in Temple Street. They saved our son Adam and for that I am grateful. I thank you from the bottom of our hearts. We will never forget what Temple Street did for our little boy - all doctors, nurses and staff. When our little boy grows up we will tell him all about Temple Street Hospital.

Brendan

May compliments

The St Michael's B Nurses were our Angels in the early days. St Gabriel's Ward nurses have been so kind to us too. It is almost our second home at this stage. Orla & Emer the Spina Bifida Nurses are on speed dial and know our daughter inside out we would be lost without you. #fabulousnurses

Diane

We have spent a lot of time in Temple Street over the last 18 years and all the nurses we have encountered are angels. I would like to specially mention the nurses on Michael's C Ward. They really all go the extra mile. We are like a family. Thank you all for your care over the years. Sadly we will be moving on to an adult hospital.

Amanda

All the nurses we have ever dealt with in Temple Street have been fantastic. They helped make some of our long and stressful stays there a lot easier! My little man has three favourite nurses; Sharon and Roisin from St Michael's C Ward and Dympna one of the diabetes nurses. They are all a credit to the hospital and I will be forever grateful for all their help.

I believe that to be a great nurse, requires a person to possess an innate desire to care for people coupled with great patience (sorry about the pun). However, after witnessing the nurses of St. Michael's B ward care for our little daughter, I am convinced those talents are abundant.

John

My son was in St Michael's C Ward, Temple Street in February of this year for three weeks. The staff there are to be commended so highly. They go over and above the call of duty when caring for the sick children in there and they are very caring towards parents.

Grainne

May compliments

Our daughter spent four nights in Top Flat last month and the nurse's where wonderful to both my daughter and to us as parents. My daughter took a 'shine' to nurse Katie but to be honest every nurse on the ward helped my daughter with her recovery. You are all amazing. Thank you

Babs



Our son spent most of his short life in Temple Street. The care he received from the doctors and nurses was second to none. They are dedicated caring people, and we will always be forever thankful for the love and care they gave to our beautiful son.

Theresa

Oh where to start - having been in so many wards and sections of the hospital it would be easier to mention the wards we haven't been in. The nursing staff in Temple Street excels in the care of their patients but also carry out another very important duty in caring for the families of the patients. Thank you.

Ciara

We have been in and out of Temple Street with our eldest daughter since she was 15 months and every nurse we've come across has been amazing. We were in the ED in February 2015 and she took a shine to a lovely nurse called George and she still talks about him.

Debbie

Nurses in Temple Street are always lovely, caring and kind to all the children. We were in Temple Street with my daughter and our grandchildren a few times and the care has always been amazing.

Joan



From the ED, through radiology and the wards we have had the most consistently, compassionate care from all the nurses we have ever experienced in a children's hospital...and we've been in a few around the world. Thank you.

Natasha



I spent three and a half months with my little man in Temple Street. I can't thank the nurses enough in St Micheal's B and ICU for all their help - Also Eimer and Orlagh from the Spina Bifida team. Great hospital - brilliant staff.

Kelly

May compliments

Big shout out to the kind generous nurse on Surgical Flat and Top Flat and St Patrick's Ward - every last one of you are 'God sends' and to the doctors. We love coming to visit your absolutely, kind, generous, caring and very happy and bubbly nurses.

Niamh

Luca has visited most wards at this stage but has spent the most time on St Gabriel's Ward. All the Temple Street nurses are amazing, caring people who look after their little patients so well. We really can't thank them enough for all they do. Luca loves his sleepovers in there, which makes it much easier for us.

Sarah



You are all incredible at what you do looking after all the children and always smiling even after your long day or night. You always make it a lot easier on our children so I thank you all so much for taking great care of my son Jack on St Gabriel's Ward.

Pamela

I wouldn't have my son today without the nurses and the doctors of Temple Street. I will always be grateful to them and he is 26 now.

Catherine

What amazing nurses in Temple Street. My son got great care on St. Michael's C and St. Gabriel's Wards. They work such long hours and on their feet all the time doing demanding and tiring work. Despite this they always smile and try and make difficult ordeals as pleasant as possible for the kids. Amazing people!

Ruth

My son spent the first three weeks of his life in St Michael's C Ward. Such amazing ladies. So kind and caring to both him and to me especially as I was away from my other children. He also spent time in Surgical Flat. Another bunch of angels there!! He did develop a little thing for the wonderful Abi along with most of the other nurses!! From the bottom of our hearts we thank you.

Claire

May compliments

Thanks to all the staff in Michael's B and St Gabriel's Ward since October 2015. To all the support staff too that got us through some very tough days. Too many names to remember and to the Neuro Team we haven't forgotten either.

Catherine



Words can't thank them enough, I'll be forever grateful to the Temple Street staff for their time and dedication

Aisling

Charlotte was born in January 2015. Her first time to visit Temple Street was March 2015 when she was eight weeks old. We've been in a good few times since and every nurse that we have been met have been just amazing from ED, ICU, Michael C's, Michael B's, Surgical Flat and St Pats. What would we do without you all. Love you all so much.

Amanda

June compliments



My daughter Lauren has been attending Temple Street since September 2013. She was on dialysis until her 'gift of life' in February 2015. She has had other issues which has meant attending clinic more frequently, including phlebotomy. We have arrived today, after a slightly longer break due to exams to a beautiful, airy, bright space which isn't cramped and wanted to say 'thank you'!

It's these things that make it easier to visit, particularly when it's so often.

Thanks again

Kerry



Lexie was born at 36 weeks and five days weighing a tiny 4 pound 6 ounces with gastrochisis. She spent five weeks in your amazing hospital with your amazing doctors and nurses one week in the ICU and four weeks in St Michael's B Ward. I'm just sending this picture and little message to say I can't thank you enough for all the care and support you gave me and my little fighter. You are all truly amazing. If you could show the girls in Michael's B and the doctors and nurses in the ICU Lexie's picture I would be very grateful. I can't thank you all enough for saving my little girl's life.

Lexie is now eight months old she's crawling, talking and always on the go. She is doing something new everyday we will come see you all soon. Thank you all so, so much again for everything you did for my Lexie.

Kate



June compliments



I ended up in Temple Street last Sunday with my daughter for the day – all the staff were brilliant and were so kind and caring really helpful and kept a great eye on her making sure she was ok. Thanks for all your help.

Mary

My daughter had reconstruction surgery and from the time she was admitted to the time we left everybody was brilliant. I especially want to thank Mr. Murray and his team and our nurse Shirley who do a great job.

Kellyanne



My daughter had a procedure in Temple Street this week. The staff were incredibly professional, reassuring and kind during this stressful time. Everyone, from the surgeons, doctors, nurses to the administrative and catering staff were friendly and personable, making a very daunting experience much easier for us. While I hope I never have reason to return to Temple Street, I can assure anyone who is due to visit that they will be received by a fabulous team. Thank you to all at Temple Street for the care you gave my daughter.

Lucy

The most amazing talented people in the world. All hospitals have great doctors and nurses but God sent special angels from heaven to take part in this hospital, to these special people their job is giving back and not a chore, and what an amazing talent this is. gifted people. I cannot speak highly enough about this hospital. 11 out of 10 Temple Street. Thank you so much for all you done for our family we will never forget.

Wendy

Not only were all of the staff amazing to Teagan, they made all of our family and every other child and family feel like they had 100% of every staff members attention. No easy feat by any means. So much heartfelt gratitude...a year on and Teagan's quality of life has improved 100%.

Michael

Congratulations to Temple Street Children's Hospital on a fantastic Superhero Day. It was awesome. A special well done to all of the play team for putting it together. You guys ROCK!

Robbie

August compliments

The 4th of August was my daughter Leah's last visit to Temple Street after 12 years of going to see Dr Mary King and then Dr Amre Shahwan. Two of the most amazing people in the world, and the nurse and other staff are all amazing, helpful, kind people we will ever meet.

Thanks to you all sooooo much. I was crying leaving today.

Thank you all again

Mary and Leah

We are attending Temple Street clinics for years and most recently we attended yesterday. We were in & out within the hour. It was a really well run eye clinic. The staff where you make the appointments and check-in are always extremely cheerful & friendly and it goes an awful long way when your child has major social anxiety... So thank you for all the hard work all you guys put in. It never goes unappreciated

Claire



I attended phlebotomy with my two children today as both had to have blood tests.

I would very much like to compliment the staff in your Phlebotomy Department. Although very busy they managed their work in a friendly and efficient manner. The lady on reception took time to chat while taking details which very much eased me and in turn my children. She was warm, kind and thorough - The exact type of person you would hope to meet. The male phlebotomist who took my children's bloods was fast, kind and fun for the children. The waiting room was more spacious and much better for such a busy clinic.

Well done Temple Street!

Louise

My daughter, Katie, was just discharged today from St Gabriel's Ward. I just wanted to say a massive thank you. Katie was quite upset at times and the nurses on the ward did everything they could to help. The nurses are an absolute credit to your hospital. They made Katie feel at home and relaxed. They reassured me when I was tired and upset.

Kristina



September compliments

My son was admitted to the Day Ward yesterday, 27th Sept 2016 for an operation on his finger. The treatment we received was 100%. The nurses are so caring, loyal and make the children feel so special and really ease any worries or fears they may have. A special thank you goes out to a nurse called Alicia who looked after my son so well and is a credit to the nursing profession. Thank you to all the nurses involved in my son's care.

Daniel and Karen

This hospital is so incredible. My son was here on Friday having an operation. The staff were amazing and they made me feel so comfortable. I wish I could give this 10 stars instead of five. The most professional hospital in Dublin.

Linda

Could you please pass on my appreciation to the OPD and Cardiology Teams who looked after my son Sean Walsh so well last Friday (07/10/16). Sean has a condition called Wolf Hirschhorn syndrome. He is in a wheelchair and he has a lot of additional needs which can make looking after him in a hospital environment extremely challenging.

When we arrived in outpatients, the gentleman at check-in waved us up to the top of the queue. He checked us in and then spoke to the cardiology team so that Sean was prioritised. Everyone was extremely attentive and caring towards Sean.

We managed to meet with the nurse, the doctor and the consultant all within 45 minutes. This means I did not have to worry about how to change or feed Sean without all the equipment that we have available at home or worry about Sean getting upset. It is small things like this that make a huge difference and why it means so much that Temple Street IS the sensitive to the needs of children like my son.

Petrina

Thank you so much to all the amazing staff we encountered yesterday (Tuesday 27th September) when my son Jack was brought to the ED. From the moment we arrived (in a state of panic) we met the most professional and compassionate staff who treated my son in the most efficient and gentle manner.

So to all the staff of the ED we met yesterday, last night and again this morning, I'd like to say a HUGE Thank You. Your efficiency, care and empathy was truly appreciated.

Sandra



October compliments



To all staff in ED last Sunday evening and through the night and yesterday until 4pm, many thanks for the exceptional care my son Jonathan received at such a worrying time for us as parents and Jonathan as patient. Your kindness, knowledge, skills and empathy was greatly appreciated.

Colm and Paula



Heartfelt sincere thanks and appreciation to all the wonderful, kind, considerate, thoughtful and respectful ED staff in Temple Street last night.

Danielle



November compliments

I was in Temple Street yesterday with my daughter – she was very sick with a viral infection. Her blood sugar levels had dropped and she was dehydrated so I was very worried about her. The doctor and nurses were so lovely and reassuring to both of us. The nurses also were amazing and had her smiling even though she felt awful. The work they do helping children is simply amazing they should be on the highest pay in this country with all the hours they do. Thank you again for looking after my little girl.

Maria



I am writing to compliment the staff of St Patrick's ward. My daughter Gemma was in recently and the staff went above and beyond with their care of her. They demonstrated kindness and excellence in everything they did. Please pass this message on to them and express my gratitude.

Dana



2016



new children's hospital

Very significant progress was made during 2016 on the development of the new children's hospital.

Starting Construction

Minister for Health, Simon Harris was on site on 20 July 2016 to mark the commencement of the first phase of construction of the new children's hospital. He was joined by children who are current users of paediatric services; the CEOs of the three children's hospitals; the CEO of SJH; the Master of the Coombe Women and Infants University Hospital; the CHG CEO; the NPHDB Project Director and representatives from BAM Contractors, the successful tenderers for the first phase of the works.



Planning Permission Granted



On 28 April 2016, An Bord Pleanála announced the decision to grant planning permission for the new children's hospital on a campus shared with St. James's Hospital and the Paediatric OPD and Urgent Care Centres at Connolly and Tallaght Hospitals. Families of sick children, the country's leading paediatric clinicians, the staff of the three children's hospitals and the CEOs of Our Lady's Children's Hospital, Crumlin; Temple Street Children's University Hospital and the National Children's

Site hoarding, as detailed in the Environment Impact Statement, approved as part of the planning application by An Bord Pleanála, was erected on a phased basis along the site boundary and on internal campus boundaries, which also commenced in mid-September 2016.



Hospital at Tallaght all welcomed the decision by An Bord Pleanála to give the go ahead for the new children's hospital to be built on a campus shared with St. James's Hospital. The positive impact that this decision will have on future services for generations of young people in Ireland was outlined by the Children's Hospital Group (CHG) when commenting on An Bord Pleanála decision to grant planning permission.

NATIONAL
PAEDIATRIC
HOSPITAL
DEVELOPMENT
BOARD

DESIGN
BUILD
EQUIP





6150 rooms in total

Located on **12** acres



the size of **6** soccer pitches



The size of Dundrum Town Centre, with an internal street the length of Grafton Street



380 individual, en-suite inpatient bedrooms – each with a bed for parent



53 53-unit family accommodation facility



P 1,000

parking spaces
675 dedicated for families
31 emergency spaces, at ground level



Tri-location with Adult and Maternity hospitals on a shared campus



A Children's Research and Innovation Centre

1st public digital hospital



2 new paediatric outpatient & urgent care centres at Tallaght Hospital and Connolly Hospital



22 Operating Theatres & Procedure Rooms (nch only)



4 acres of outdoor space with **14** gardens and courtyards

Find out more

@nch_info

www.newchildrenshospital.ie

Decant and Transition of existing services

The SJH team continued the implementation of the decanting works to transition existing services and staff from the site of the new children's hospital to other locations within the SJH Campus, to free the site for construction.

Significant progress was made on progressing the Information and Communications Technology (ICT) Project by the Children's Hospital Group Board (CHGB), which will position the new children's hospital as being the first paper-light hospital in Ireland; an individual business case for the ICT investment required to achieve this has been approved by the Health Service Executive (HSE). This project is funded and governed separately to the capital build project.

The NPHDB is acutely aware of the urgent need to deliver the new children's hospital and Paediatric OPD & Urgent Care Centres at Connolly and Tallaght Hospitals in order to greatly enhance the provision of service to children and young people and their families. In acknowledging the challenging timeline set by the Minister for Health and his Department, they have put in place an appropriate and experienced Senior Management Executive Team, including a well-resourced Design Team and have established and implemented the necessary management procedures and processes to ensure the successful delivery of the new children's hospital is to the highest quality design, within budget and to programme.

Planning and Design

Following completion of the SAQ (Self-Administered Questionnaire) process and identification of the tender shortlist for the new children's hospital and the paediatric outpatient and urgent care centre works contracts, the tender and associated documents for these contracts were issued in Q3 2016. The first contract was awarded to BAM for the enabling works which commenced on site in July 2016 and is expected to be completed in Q2 2017. Tender submissions for the remaining works contracts were received and, subject to successful completion of the evaluation process and Government approval, the contracts for the construction of the new children's hospital at St. James's Hospital and the Paediatric OPD & Urgent Care Centres at Connolly and Tallaght Hospitals are expected to be awarded early in Q2 2017.

Consultations

Children, Young People and their Families

The views of children, young people and their families are of paramount importance in planning the development and operation of the new children's hospital. The design team worked with a panel of young people called the Youth Advisory Council (YAC) who are aged between 14 and 18 years to engage their thinking. The YAC are current and former users of hospital services and have spent many hours talking to the team who are designing the new children's hospital. They have been involved in every step of the project - helping to inform the design, suggesting the inclusion of facilities and features that would help children and their families who stay in hospital for long periods of time. In addition to the Youth Advisory panel, a survey of the views of children under eight years of age was completed to further inform the design of the new children's hospital and we continue to engage with children, young people and their families to solicit their inputs.

Hospital Staff

The delivery of a high performing children's hospital of international renown will be an achievement of the staff in the hospital. The role of the NPHDB is to develop a built environment and hospital to enable the attainment of this goal.

From an early stage the NPHDB has continued an extensive programme of engagement which is guided by

senior corporate and clinical leaders from the three children's hospitals, with whom the Executive and Design Team met regularly throughout the year.

Extensive and wide-ranging consultation will continue to be integral to the development and success of the project.

Children's Hospital Group Integration Programme

At a national level, a programme of this scale in healthcare is unprecedented, and internationally there are just a handful of children's hospitals in development at present. Alongside the substantial capital investments involved, programmes of such magnitude require complex integration and transformational change programmes.

Three individually governed hospitals with their own histories, cultures and practices, will need to integrate and develop new ways of working, as they:

- Transition into new single organisation is proposed for 1st January 2018
- Open Paediatric OPD and Urgent Care Centres at Connolly and Tallaght Hospitals
- Consolidate services in the new children's hospital on a campus shared with St. James's Hospital

Upon establishment of the new legal entity, the CHG Board will assume responsibility for the services delivered in the three current locations at Our Lady's Children's Hospital Crumlin, Temple Street Children's University Hospital and the National Children's Hospital at Tallaght Hospital and the budgets for the provision of these health services. The boards of the three hospitals have agreed to this policy change.

Children's University Hospital Reports and Financial Statements

for the financial year ended 31 December 2016

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Directors and Other Information

DIRECTORS

Mr. S. Sheehan (Chairperson)
Ms. S. Brady (Deputy Chairperson)
Ms. M. Baker (Chief Executive)
Ms. G. Bauer (Director of Nursing)
Mr. J. Caird (Chairperson of Medical Board)
Mr. J. Fitzpatrick (Finance Director)
Ms. M. Cullen
Dr. M. Drumm
Mr. G. Lavery (appointed 28 April 2017)
Mr. F. MacCumhaill
Mr. D. McGrath
Mr. F. McManus (resigned 27 March 2017)
Ms. A. Murray
Sr. M. Rock
Ms. P. Shovlin (resigned 12 December 2016)

COMPANY SECRETARY

Mr. P. Mahony

REGISTERED OFFICE

Children's University Hospital
Temple Street
Dublin 1

COMPANY REGISTRATION NUMBER

351404

CHARITY REGISTRATION NUMBER

20000462

CHARITY CHY NUMBER

CHY229

BANKERS

Bank of Ireland
2 College Green
Dublin 2

SOLICITORS

Arthur Cox
Earlsfort Centre
Earlsfort Terrace
Dublin 2

AUDITORS

Deloitte
Chartered Accountants and Statutory Audit Firm
Deloitte & Touche House
Earlsfort Terrace
Dublin 2

Children's University Hospital

Directors' Report

The directors present their annual report and audited financial statements for the financial year ending 31 December 2016.

1. CORPORATE GOVERNANCE

Company Structure

Children's University Hospital (the "Company" or "the Hospital") is a wholly owned subsidiary of Mater Misericordiae and The Children's University Hospitals Limited ("MMCUIH"), a company limited by guarantee and not having a share capital. The Holding Company is also the parent of the Mater Misericordiae University Hospital and The Cappagh National Orthopaedic Hospital Limited. The company is a registered charity. The majority of the members of the parent company are Sisters of Mercy.

Code of Governance

A Code of Governance for Children's University Hospital is in place. The Code, which is available on the hospital website is periodically reviewed and updated to reflect prescribed and best practice governance arrangements.

Appointment of Directors

The Chairperson of the company is appointed by the Provincial Leader of the Sisters of Mercy in Ireland, South Central Province. There are currently 4 executive directors and 9 non-executive directors. The executive directors include the Chief Executive, the Chairperson of the Medical Board, the Director of Nursing and the Finance Director. The 9 non-executive directors include representatives from the religious, medical, business and fundraising communities.

The term of office for the Chairperson shall be for a period of three years and shall be eligible for reappointment for one further consecutive three year term, in relation to all such appointments being made after 1 January 2015 and to those already appointed as at 1 January 2015.

The term of office of each non-executive director who stood appointed as at 1 January 2015 or who was appointed at any time thereafter, shall be for a period of three years and such External Director shall be eligible for reappointment for two further consecutive three-year terms provided that, at the discretion and subject to the invitation of the member, any such Director may be appointed for a further term or terms notwithstanding such restriction, unless otherwise determined by the Company in a General Meeting.

The term of office of an executive director shall be for the period that such director holds his/her respective position entitling him/her to be an executive director, unless removed in accordance with these Articles.

The current directors and secretary of the company are set out on page XXXX and have served throughout the financial year except where noted below:

- Ms Phil Shovlin resigned as a non-executive director on 12 December 2016.
- Mr Frank McManus resigned as a non-executive director on 27 March 2017.
- Mr Gavin Lavery was appointed as a non-executive director on 28 April 2017.

Directors' and Secretary's Interests in Shares

Neither the directors nor the company secretary who held office at the beginning and end of the financial year had any direct or indirect interest in the share capital of the company or any other group company.

Directors' Interests in Contracts

There were no contracts or arrangements in relation to the company's business in which the Directors or Secretary of the company had any interest.

1. CORPORATE GOVERNANCE (CONTINUED)

Directors' Compliance Statement

As required by Section 225 of the Companies Act 2014, the directors acknowledge that the directors are responsible for securing the company's compliance with its relevant obligations; and

The directors confirm that the directors commenced the following three procedures in order to comply with the directors' obligations:

- The drawing up of a "compliance policy statement" setting out the company's policies that, in the directors' opinion, are appropriate to the company, and respecting compliance by the company with its relevant obligations;
- The putting in place of appropriate arrangements or structures that are, in the directors' opinion, designed to secure material compliance with the company's relevant obligations; and
- Reviewing of any arrangements or structures that are in place or being put in place.

Organisational Management

The Board of Directors are legally responsible for the overall control and management of the company. They meet eleven times annually. The Board is supported by a number of sub-committees including the Group Nominations Committee, the Executive Management Committee, the Quality and Safety Board, the Mission Effectiveness Committee, the Audit Committee, the Finance Committee, the Remuneration Committee and the Ethics Research Committee.

A formal schedule of matters reserved for Board approval is in place and is reviewed on an annual basis.

Subject to these reserved matters, the Board delegates the management of the day-to-day operation of the Hospital and the implementation of Board policy and strategy to the Chief Executive. The Hospital Executive Management Committee, chaired by the Chief Executive and consisting of the key senior executives, is the main day to day decision making forum of the Hospital. Its work is supported by the Medical Board, Nursing Executive, Corporate Management Team and other specific committees as required.

Risk Management

The Board has responsibility for the identification and evaluation of significant risks, together with design and operation of suitable internal control systems.

In order to discharge that responsibility in a manner which ensures compliance with legislation and regulations, the Board has established an organisational structure with clear operating and reporting lines, secured the services of appropriately qualified personnel, designed suitable lines of responsibility, put in place appropriate authorisation limits, made arrangements in respect of segregation of duties and delegated the necessary authority for decision making.

The Quality and Safety Board is a sub-committee of the Board of Directors and assists the Board in fulfilling its responsibilities in ensuring that high standards of care are provided and that adequate and appropriate governance structures, processes and controls are in place throughout the Hospital, to ensure the safety of children and guardians attending the Hospital and staff providing the services.

The Quality and Safety Executive is a multidisciplinary Committee and is chaired by the Clinical Director who reports upwards to the Quality and Safety Board. The role of the Committee is to develop, deliver, implement and evaluate a robust quality and safety programme with associated structures, processes and oversight to manage risks and improve quality and safety throughout the Hospital. The work of this Committee is supported by a number of sub-committees (e.g. Quality and Safety Committee, Infection Prevention and Control, Drugs and Therapeutics etc.) and services and departments (Nursing, Anaesthesia, Quality and Standards, Risk Management etc.).

The organisational Corporate Risk Register is reviewed on a quarterly basis by a sub-group of the Quality and Safety Executive, before being submitted to the Board. The Quality, Risk and Safety performance indicators are submitted to the Board as part of the monthly performance report. The Executive Management Committee monitors progress and reports to the Board in relation to the Hospital's Service Plan.

Directors' Report (continued)

1. CORPORATE GOVERNANCE (CONTINUED)

Risk Management (Continued)

A Steering Group is in place to oversee the development of a Business Continuity Plan and Business Impact Analysis.

Internal controls and risk management are considered by the Audit Committee. The terms of reference of the Audit Committee have been approved by the Board and are reviewed on an annual basis and updated where necessary. The Committee meets four times annually and supports the work of the Board by reviewing the effectiveness of internal controls and financial reporting and the statutory financial statements prior to submission to the Board for approval, along with the review of the operation of the internal and external audit process.

Employee Matters

The company endeavours to provide the employees with a safe environment in which to work and provides adequate training resources. All employees are responsible for maintaining general risk awareness, reporting incidents, complying with the rules and regulations set out in terms of employment, maintaining confidentiality of patient and company information and are trained in basic emergency procedures – resuscitation, evacuation and fire precautions as relevant to the employee's particular work area. Employment control initiatives and adherence to the European Working Time Directive pose challenges in this regard.

Environmental Matters

The company seeks to minimise adverse impacts on the environment from its activities whilst continuing to address health, safety and economic issues.

2. COMPANY AIMS & OBJECTIVES

Charitable Objectives

The mission statement for the Hospital is:

*By caring for the sick, we participate in the healing ministry of Christ;
We honour the spirit of Catherine McAuley and the Sisters of Mercy;
We pledge ourselves to respect the dignity of human life;
to care for the sick with compassion and professionalism;
to promote excellence and equity, quality and accountability.*

*In our friendly and caring environment,
we strive to promote the highest quality of care for all
with dignity, compassion and respect.
We value our staff and encourage their development.*

The charitable activities of the hospital are to:

- Administer healthcare services to the sick children from the local community, regional referral areas and national referral services;
- Educate and train medical doctors, nurses and allied health and social care professionals in the provision of healthcare services to the sick;
- Carry out research activity to promote innovation and technological advances in the care and treatment of patients.

All of the above is to be in keeping with the vision, mission and ethos of Catherine McAuley and the Sisters of Mercy in Ireland as espoused in the Mission Statement.

2. COMPANY AIMS & OBJECTIVES (CONTINUED)

The company has been granted a licence by MMCUH relating to the use of the land and buildings making up the Children's University Hospital for the provision of the healthcare and related charitable activities set out above.

2017 key objectives

The 2017 Service Plan for Children's University Hospital forms the basis of the Service Level Agreement between the Hospital and the Health Services Executive. It sets out, at a high level, the type and volume of services that the Hospital will provide in 2017 within the allocated resources and in line with our Financial Plan. It also takes into account statutory and regulatory requirements, Operational Plans from the HSE and the Children's Hospital Group 2017. There are nine high level themes which have been informed by the National Standards for Safer Better Healthcare, Quality and Patient Safety Agenda, the National Clinical Programmes and the Children's Hospital Group integration strategy. The nine themes are as follows:

1. Patient Safety and Quality Care
2. The Children's Hospital Group
3. Patient Flow
4. New Service Developments
5. ICT
6. Financial Framework
7. People Strategy
8. Communications
9. Capital Projects and Infrastructure

Each theme has a set of defined goals with timeframes agreed, against which the success of this Service Plan will be measured each quarter.

3. REVIEW OF PERFORMANCE AND ACHIEVEMENTS FOR THE FINANCIAL YEAR

Proactive planning in 2016 for the efficient use of infrastructural, human and financial resources were critical to ensuring that activity targets, as agreed with the HSE, were materially attained despite the ever challenging financial environment. The trends in activity levels, which should be considered in the context of capacity constraints, funding challenges and complexity trends, can be demonstrated as follows:

- In-Patient discharges amounted to 8,164, materially unchanged on 2015;
- Day cases also remained materially unchanged at 7,508;
- A&E attendances increased by 6% to 56,388;
- Out-Patient attendances increased by 2% to 76,069.
- Average length of stay remained materially unchanged at 3.7days.

The Hospital returned a financial surplus of €17,000 for 2016 (2015: surplus of €499,000), thereby reducing the cumulative deficit at financial year-end to €884,000 (2014: €901,000). Further details are set out in Section 4 below and in the body of the financial statements.

Directors' Report (continued)

3. REVIEW OF PERFORMANCE AND ACHIEVEMENTS FOR THE FINANCIAL YEAR (CONTINUED)

There were a number of noteworthy achievements and events during and subsequent to the financial year. The following are just some examples:

● Service

- The announcement on World Kidney Day that 107 children have received a kidney transplant at Temple Street over the last 13 years;
- The admission of the 1,000th patient to the DOSA (Day of Surgery Admission) Lounge, thereby achieving the national target;
- The launch of the Hello My Name Is campaign, an initiative to promote the importance and power of personal introductions by staff in the healthcare setting.

● Quality

- Achievement of a 93% compliance rate in the bi-annual national Hand Hygiene audits. The "Bare Below The Elbows" initiative was also launched aimed at further improving the effectiveness of hand hygiene;
- Best performing publicly funded acute hospital in terms of take up of flu vaccination amongst staff;
- Launch of several quality initiatives including:
 - Board on Board Project – Developing a Board of Directors Quality of Care Dashboard;
 - Lunch and Learn – education sessions for staff in Quality Improvement Methodology;
 - Branding quality under Quality@templestreet.

● ICT

- Certification of participation in the National Electronic GP Referral Programme, which allows for referrals from GPs into our Central Referrals Office;
- The launch, in partnership with EIR, of free secure WiFi in the public areas of the hospital;
- The launch of www.sportsinjuries.ie, a 'one-stop shop' website on sports injuries in children and people, led by Professor Alf Nicholson, Consultant Paediatrician, Temple Street;
- Continued development of the website and intranet, including being one of the first publicly funded hospitals to facilitate online bill payment. This contributed to a 50% increase in website traffic and an average of 36,000 monthly visits to the new hospital intranet.

● Capital

- The newly extended and refurbished Emergency Department was officially opened by Minister for Health, Mr Simon Harris. Significant progress was also made on the €5m Out Patient Department expansion which is expected to open later in 2017.
- The relocation of approximately 60 staff to Temple Theatre was also completed in 2016, thereby freeing up much needed onsite clinical space.

The Board and Senior Management continue to work closely with key stakeholders in order to progress the advancement of the Children's Hospital Group.

The directors are satisfied that the demanding targets set by the HSE were substantially met in difficult circumstances and in the context of available funding and is encouraged by the improvements in workflow, procedures and systems that were made during the financial year.

4. RESULTS

The 2016 HSE Revenue Allocation, before adjustments, amounted to €94,617,935 (2015: €92,331,242), an increase of €2,286,693, representing 2.5%. While such an increase is to be welcomed, it primarily related to, and was matched by, increases in costs arising regarding approved service developments and other specific cost pressures and challenges. The Net Allocation, post adjustments, amounted to €94,767,608 (2015: €88,665,000), an increase of €6,102,608. The adjustments relate to the approved release, deferral and re-allocation of capital and revenue funding receipts in order to match against the timing of the related expenditure.

Other Income amounted to €14,826,000 (2015: €15,401,000). The decrease primarily relates to a reduction in Pension Levy income, reflecting legislative changes introduced during the year.

Expenditure in 2016 amounted to €109,546,000 (2015: €103,531,000). Pay related costs amounted to €77,473,000 (2015: €73,537,000), an increase of €3,936,000. The increase reflects the costs associated with the funded increase of 63 whole time equivalents in the average numbers of persons employed during the year.

Non Pay related costs of €32,073,000 (2015: €29,994,000). The increase reflects an increase of €1,268,000 in respect of Drugs and Medicines, primarily in respect of high cost drugs for approved patients, and an increase of €720,000 in respect of office expenses, reflecting the increased footprint, staff numbers and operating costs.

An Operating Surplus of €48,000 was recorded for 2016 (2015: €535,000). After accounting for Interest and Bank Charges, the Surplus recorded amounted to €17,000 (2015: Surplus of €499,000).

The directors are satisfied with the performance of the company for the financial year.

5. GOING CONCERN

The Company is dependent upon the HSE providing adequate funding to ensure that it can meet its liabilities as and when they fall due. The Company had a cumulative deficit of €884,000 at 31 December 2016 (2015: €901,000). The current allocation for 2017, as advised by the HSE, amounts to €94,680,948, an amount materially in line with 2016 funding levels. Notwithstanding, when the full year pay-costs of the increase in WTE in 2016 and other 2017 service pressures and developments are considered, the financial challenge facing the Hospital for 2017, based on current funding levels, is projected at c. €6,000,000.

In assessing whether the financial statements should be prepared on a going concern basis, the directors have given due consideration to management's on-going discussions with the HSE regarding revenue and capital funding for the financial year ending 31 December 2017 and potential cost saving measures which may be introduced if such discussions prove unsuccessful.

The Hospital is dependent upon the ongoing support of the HSE to provide adequate funding to enable it to continue to provide services. Management are currently engaging with the HSE in relation to the financial challenges with the expectation that the deficit will be primarily addressed through either additional funding or curtailment of services. The directors have also considered the proposal for legislation to establish a statutory body to provide paediatric acute services in Dublin at the new children's hospital and ultimately take over the activities currently provided by the Company. It is understood that the Hospital will continue its current activities within this entity until such legislation has passed.

For these reasons, the directors believe that it is appropriate to continue to adopt the going concern basis in preparing the financial statements. The financial statements do not include any adjustments that would result if the company was unable to continue as a going concern. In formulating this view, the directors have considered a period of twelve months from the date of approval of the financial statements.

6. EU LATE PAYMENTS REGULATIONS

The Prompt Payments of Account Act, 1997 and European Communities (Late payment in Commercial Transactions) Regulations 2012 impose a legal requirement on bodies to make interest payments in respect of invoices that are paid in excess of 30 days after receipt. In so far as is permitted by cashflow constraints, it is company policy to settle all invoices within the appropriate timeframe. The interest paid under the terms of the regulations amounted to €Nil (2015: €Nil).

Directors' Report (continued)

7. PRINCIPAL RISKS AND UNCERTAINTIES

Under Irish Company Law, the company is required to give a description of the principal risks and uncertainties that the company faces.

The principal risks identified are set out below:

- Increased demand for services beyond funded levels and physical capacity;
- Control over pay and staff numbers whilst at the same time seeking to attract, develop and retain a highly skilled and qualified workforce to meet growing service needs;
- The Company is providing increasingly complex medical procedures, with the associated underlying clinical risks for patients, reflecting the developments of its core specialties and the general advancement of medical knowledge and practices;
- The increasingly stringent clinical and corporate governance compliance requirements and the physical and financial challenges associated with addressing same;
- The critical risks arising from an ageing physical and ICT infrastructure and the challenges of securing funding for critical on-going investment;
- Managing the scale of change and draw on human resources, organisational knowledge and skill sets to assist with the integration of paediatric services within the Children's Hospital Group.

The company has long experience of coping with and minimising these risks while delivering excellent patient care within its catchment area and beyond.

Financial risk management

The Company's activities expose it to a number of financial risks including credit risk, cash flow risk and liquidity risk. These are disclosed in Note 23 to the financial statements.

8. POST BALANCE SHEET EVENTS

There were no significant post balance sheet events.

9. POLITICAL CONTRIBUTIONS

There were no political donations made during the financial year.

10. ACCOUNTING RECORDS

The measures that the directors have taken to secure compliance with the requirements of sections 281 to 285 of the Companies Act 2014 with regard to the keeping of accounting records, are the employment of appropriately qualified accounting personnel and the maintenance of computerised accounting systems. The company's accounting records are maintained at the company's registered office at Children's University Hospital, Temple Street, Dublin 1.

11. DISCLOSURE OF INFORMATION TO AUDITORS

In the case of each of the persons who are directors at the time the directors' report and financial statements are approved:

- a) So far as the director is aware, there is no relevant audit information of which the company's statutory auditors are unaware;
and
- b) Each director has taken all steps that ought to have been taken by the director in order to make himself aware of any relevant audit information and to establish that the company's auditors are aware of that information.

12. AUDITORS

The auditors, Deloitte, Chartered Accountants and Statutory Audit Firm, continue in office in accordance with Section 383(2) of the Companies Act 2014.

Approved by the Board and signed on its behalf by:

Dr. Michael Drumm
Director

Mr. J. Fitzpatrick
Director

26 May 2017

Directors' Responsibilities Statement

The directors are responsible for preparing the directors' report and the financial statements in accordance with the Companies Act 2014 and the applicable regulations.

Irish company law requires the directors to prepare financial statements for each financial year. Under the law, the directors have elected to prepare the financial statements in accordance with FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland ("relevant financial reporting framework"). Under company law, the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the assets, liabilities and financial position of the company as at the financial year end date and of the surplus or deficit of the company for the financial year and otherwise comply with the Companies Act 2014.

In preparing those financial statements, the directors are required to:

- select suitable accounting policies for the Company financial statements and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether the financial statements have been prepared in accordance with the applicable accounting standards, identify those standards, and note the effect and the reasons for any material departure from those standards; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The directors are responsible for ensuring that the company keeps or causes to be kept adequate accounting records which correctly explain and record the transactions of the company, enable at any time the assets, liabilities, financial position and surplus or deficit of the company to be determined with reasonable accuracy, enable them to ensure that the financial statements and directors' report comply with the Companies Act 2014 and enable the financial statements to be audited. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The directors are responsible for the maintenance and integrity of the corporate and financial information included on the company's website.

Independent Auditors' Report

To the Members of Children's University Hospital

We have audited the financial statements of Children's University Hospital for the financial year ended 31 December 2016 which comprise the Statement of Income and Retained Earnings, the Balance Sheet, the Statement of Cash Flows and the related notes 1 to 24. The relevant financial reporting framework that has been applied in their preparation is the Companies Act 2014 and FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland ("relevant financial reporting framework").

This report is made solely to the company's members, as a body, in accordance with Section 391 of the Companies Act 2014. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

RESPECTIVE RESPONSIBILITIES OF DIRECTORS AND AUDITORS

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and otherwise comply with the Companies Act 2014. Our responsibility is to audit and express an opinion on the financial statements in accordance with the Companies Act 2014 and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Reports and Financial Statements for the financial year ended 31 December 2016 to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

OPINION ON FINANCIAL STATEMENTS

In our opinion, the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the company as at 31 December 2016 and of the surplus for the financial year then ended; and
- have been properly prepared in accordance with the relevant financial reporting framework and, in particular, with the requirements of the Companies Act 2014.

EMPHASIS OF MATTER – GOING CONCERN

In forming our opinion on the financial statements, which is not modified, we have considered the adequacy of the disclosures made in Note 1 to the financial statements concerning the Company's ability to continue as a going concern. The company had net current liabilities and net liabilities of €883,000 at 31 December 2016. These conditions, along with the other matters explained in Note 1 to the financial statements, indicate the existence of a material uncertainty which may cast significant doubt about the Company's ability to continue as a going concern. The Company is dependent on the ongoing support of the HSE to provide adequate funding to enable it to continue to provide services. Management are currently engaging with the HSE in relation to the financial challenges with the expectation that the deficit will be primarily addressed through either additional funding or curtailment of services. On that basis the directors have prepared the financial statements of the Company on a going concern basis. The financial statements do not include the adjustments that would result if the Company was unable to continue as a going concern.

Independent Auditors' Report (continued)

To the Members of Children's University Hospital

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY THE COMPANIES ACT 2014

- We have obtained all the information and explanations which we consider necessary for the purposes of our audit.
- In our opinion the accounting records of the company were sufficient to permit the financial statements to be readily and properly audited.
- The financial statements are in agreement with the accounting records.
- In our opinion the information given in the directors' report is consistent with the financial statements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

We have nothing to report in respect of the provisions in the Companies Act 2014 which require us to report to you if, in our opinion, the disclosures of directors' remuneration and transactions specified by law are not made.

Kevin Sheehan

For and on behalf of Deloitte
Chartered Accountants and Statutory Audit Firm
Dublin

30 May 2017

Statement of Income and Retained Earnings

For the Financial Year Ended 31 December 2016

	Notes	2016 €'000	2015 €'000
TURNOVER			
Revenue grants	4	94,768	88,665
Other income	5	14,826	15,401
Capital grant amortisation		1,877	1,655
		111,471	105,721
COSTS			
Staff costs	6	(77,473)	(73,537)
Non pay costs	7	(32,073)	(29,994)
Depreciation		(1,877)	(1,655)
		(111,423)	(105,186)
OPERATING SURPLUS		48	535
Interest payable and similar charges	8	(31)	(36)
SURPLUS ON ORDINARY ACTIVITIES BEFORE TAXATION		17	499
Taxation	9	-	-
SURPLUS FOR THE FINANCIAL YEAR	10	17	499
Retained earnings - deficit at beginning of the reporting year		(901)	(1,400)
Retained earnings - deficit at end of the reporting year		(884)	(901)

Balance Sheet

As at 31 December 2016

	Notes	2016 €'000	2015 €'000
FIXED ASSETS			
Tangible Assets	11	4,124	2,887
CURRENT ASSETS			
Stocks	12	2,025	1,698
Debtors	13	2,292	2,857
Grants Receivable		9,663	11,292
Cash at Bank		189	-
		14,169	15,847
CREDITORS: (Amounts falling due within one year)	14	(15,052)	(16,747)
NET CURRENT LIABILITIES		(883)	(900)
TOTAL ASSETS LESS CURRENT LIABILITIES		3,241	1,987
CAPITAL GRANTS	15	(4,124)	(2,887)
NET LIABILITIES		(883)	(900)
Financed By			
Called up share capital presented as equity	17	1	1
Retained earnings - deficit		(884)	(901)
SHAREHOLDERS' DEFICIT		(883)	(900)

The financial statements were approved and authorised for issue by the Board of Directors on 26 May 2017 and signed on its behalf by:

Dr. Michael Drumm
Director

Mr. J. Fitzpatrick
Director

Statement of Cash Flows

As at 31 December 2016

	Notes	2016 €'000	2015 €'000
Net cash flows from operating activities	18	1,981	2,287
Cash flows from investing activities			
Interest paid		(31)	(36)
Payments to acquire tangible fixed assets		(5,653)	(2,859)
Net cash flows from investing activities		(5,684)	(2,895)
Cash flows from financing activities			
Capital grants received		5,653	2,859
Net cash flows from financing activities		5,653	2,859
Net increase in cash and cash equivalents		1,950	2,251
Cash and cash equivalents at beginning of financial year		(1,761)	(4,012)
Cash and cash equivalents at end of financial year		189	(1,761)
Reconciliation to cash and cash equivalents			
Cash at Bank/Bank overdraft		189	(1,761)

Notes to the Financial Statements

For the Financial Year Ended 31 December 2016

1. GOING CONCERN

The Company is dependent upon the HSE providing adequate funding to ensure that it can meet its liabilities as and when they fall due. The Company had a cumulative deficit of €884,000 at 31 December 2016 (2015: €901,000). The current allocation for 2017, as advised by the HSE, amounts to €94,680,948, an amount materially in line with 2016 funding levels. Notwithstanding, when the full year pay-costs of the increase in WTE in 2016 and other 2017 service pressures and developments are considered, the financial challenge facing the Hospital for 2017, based on current funding levels, is projected at c. €6,000,000.

In assessing whether the financial statements should be prepared on a going concern basis, the directors have given due consideration to management's on-going discussions with the HSE regarding revenue and capital funding for the financial year ending 31 December 2017 and potential cost saving measures which may be introduced if such discussions prove unsuccessful.

The Hospital is dependent upon the ongoing support of the HSE to provide adequate funding to enable it to continue to provide services. Management are currently engaging with the HSE in relation to the financial challenges with the expectation that the deficit will be primarily addressed through either additional funding or curtailment of services. The directors have also considered the proposal for legislation to establish a statutory body to provide paediatric acute services in Dublin at the new children's hospital and ultimately take over the activities currently provided by the Company. It is understood that the Hospital will continue its current activities within this entity until such legislation has passed.

For these reasons, the directors believe that it is appropriate to continue to adopt the going concern basis in preparing the financial statements. The financial statements do not include any adjustments that would result if the company was unable to continue as a going concern. In formulating this view, the directors have considered a period of twelve months from the date of approval of the financial statements.

2. STATEMENT OF ACCOUNTING POLICIES

Basis of preparation

The financial statements have been prepared in accordance with the Companies Act 2014 and FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland.

General Information and basis of accounting

Children's University Hospital is a company incorporated in Ireland under the Companies Act 2014. The address of the registered office is Children's University Hospital, Temple Street, Dublin 1. The nature of the company's operations and its principal activities are set out in the director's report on pages xxxx to xxxx.

The financial statements have been prepared under the historical cost convention, and in accordance with Financial Reporting Standard 102 (FRS 102) issued by the Financial Reporting Council, and promulgated for use in Ireland by Chartered Accountants Ireland.

Turnover

Revenue grants and other income

Revenue grants received and receivable from the Health Service Executive (HSE) are credited to the Statement of Income and Retained Earnings on the basis of the allocated amount notified by the HSE to the Hospital at the end of the financial year. The revenue grant amount shown in the Statement of Income and Retained Earnings is net of revenue or capital amounts deferred or released, in accordance with the timing of the related underlying expenditure, and with the approval of the funding body.

As required by the Department of Health, revenue grants are treated for the purpose of the cashflow statement as cash generated from operating activities.

2. STATEMENT OF ACCOUNTING POLICIES (CONTINUED)

Turnover (continued)

Patient income

This income is accounted for on an invoiced basis. Invoices are raised when the patient is discharged, or, in respect of long term patients, on a six monthly basis.

Outpatient and road traffic accident income

This income is accounted for on a cash receipts basis.

Retrospective pay awards

The expense is charged in the financial year in which the HSE allows the corresponding revenue allocation and therefore not necessarily in the financial year to which the expense relates.

Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost less accumulated depreciation. Depreciation is provided on all tangible fixed assets at rates calculated to write off the cost of each asset by equal annual instalments over its expected useful life as follows:

Equipment:	5 years
Computer equipment:	3 years

Building additions are transferred to the company's parent company.

Stocks

Stocks are stated at the lower of cost and estimated selling price less costs to sell, which is equivalent to the net realisable value. Cost comprises expenditure incurred in the normal course of business in bringing stocks to their present location and condition. Full provision is made for obsolete and slow moving items.

Capital grants

Capital grants are treated as deferred credits and are amortised to income on the same basis as the related assets are depreciated. In addition to capital grant allocations from the HSE, capital grants include fundraised capital grants.

Foreign currencies

The financial statements are expressed in Euro. Monetary assets and liabilities denominated in other currencies are translated using the exchange rates ruling at the balance sheet date. Transactions in other currencies are translated using the exchange rates ruling at the dates of the transactions.

Profits and losses arising from currency translation and on settlement of amounts receivable and payable in other currencies are dealt with in arriving at the result from ordinary activities.

Leases

Rentals under operating leases are charged against income on a straight-line basis over the term of the lease.

Notes to the Financial Statements (continued)

For the Financial Year Ended 31 December 2016

2. STATEMENT OF ACCOUNTING POLICIES (CONTINUED)

Pension costs

The company operates a defined benefits pension scheme in respect of employees eligible for inclusion under the Voluntary Hospitals Superannuation Scheme. The scheme is administered, funded and underwritten by the Department of Health. The company acts as agents in the operation of the scheme and does not make any contributions to the scheme.

Contributions are received from eligible employees only. In accordance with the service plan agreed with the HSE and the Department of Health, pension contributions received may be offset against pension payments made and the surplus or deficit each financial year forms part of the funding for the company. The directors consider that the company has no responsibility for any liability that falls due as a result of any ultimate under funding of the scheme.

Contributions received are credited to the Statement of Income and Retained Earnings as they are received. Payments made under the scheme are charged to the Statement of Income and Retained Earnings as they fall due.

Refunds of Contributions are charged to the Statement of Income and Retained Earnings when notification is received from the Department of Health to make a payment to an employee who is leaving the scheme.

A new Single Public Service Pension Scheme (Single Scheme) commenced with effect from 1st January 2013. The Scheme applies to all pensionable first time entrants to the Public Service, as well as former public servants returning to the Public Service after a break of more than 26 weeks. Benefits are calculated by reference to "referable amounts" for each year's service that are uprated by the CPI as notified by the Minister. All contributions deducted from members wages/salaries are remitted to the nominated bank account of the Department of Public Expenditure and Reform and not credited to the Profit and Loss Account. As per Public Service Pensions (Single Scheme and Other Provisions) Act 2012, Section 44(1) (b), payments arising under this Single Scheme to retiring employees shall be paid from funds provided by the Oireachtas for that purpose.

Provision for doubtful debts

The ageing and recoverability of patient bills outstanding is considered on an ongoing basis and appropriate provision is made. In line with HSE policy, full provision has been made for all amounts greater than 12 months with additional provision made against specific amounts whose recoverability is considered doubtful.

Financial instruments

Financial assets and financial liabilities are recognised when the Hospital becomes a party to the contractual provisions of the instrument. Financial liabilities are classified according to the substance of the contractual arrangements entered into.

Financial assets and liabilities

All financial assets and liabilities are initially measured at transaction price (including transaction costs), except for those financial assets classified at fair value through the Statement of Comprehensive Income and Retained Earnings, which are initially measured at fair value (which is normally the transaction price excluding transaction costs), unless the arrangement constitutes a financing transaction. If an arrangement constitutes a financing transaction, the financial asset or financial liability is measured at the present value of the future payments discounted at a market rate of interest for a similar instrument.

Financial assets and liabilities are only offset in the balance sheet when, and only when there exists a legally enforceable right to set off the recognised amounts and the Hospital intends either to settle on a net basis, or to realise the asset and settle the liability simultaneously.

Financial assets are derecognised when and only when (a) the contractual rights to the cash flows from the financial asset expire or are settled, (b) the Hospital transfers to another party substantially all of the risks and rewards of ownership of the financial asset, or (c) the Hospital, despite having retained some, but not all, significant risks and rewards of ownership, has transferred control of the asset to another party.

2. STATEMENT OF ACCOUNTING POLICIES (CONTINUED)

Financial instruments (continued)

Financial liabilities are derecognised only when the obligation specified in the contract is discharged, cancelled or expires.

Balances are classified as payable or receivable within one year if payment or receipt is due within one year or less. If not, they are presented as falling due after more than one year. Balances that are classified as payable or receivable within one year on initial recognition are measured at the undiscounted amount of the cash or other consideration expected to be paid or received, net of impairment.

3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

In the application of the Company's accounting policies, which are described in note 2, the directors are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Information about critical judgements in applying accounting policies that have the most significant effect on the amounts recognised in the financial statements is included in the accounting policies and the notes to the financial statements.

Critical judgement in applying the company's accounting policies

The following judgement, apart from those involving estimates, made by the directors has had significant effect on the amounts recognised in the company's financial statements:

Going Concern

The directors believe that it is appropriate to continue to adopt the going concern basis in preparing the financial statements. See note 1 for further details.

Pensions

Most employees participate in the VHSS operated by the HSE. The VHSS is an unfunded 'pay as you go' scheme underwritten by the Minister for Health. In the judgement of the directors, the funds required to pay current pension liabilities, under the VHSS, as they arise will continue to be provided by the Department of Health. See note 21 for further details.

Contingent Liabilities

The directors' determination of contingent liabilities are judgemental. See note 19 for further details.

Critical accounting estimates and assumptions

The directors make estimates and assumptions concerning the future in the process of preparing the company's financial statements. The resulting accounting estimates will, by definition, seldom equal the related actual results. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next financial year are addressed below.

Useful economic lives of tangible fixed assets

The annual depreciation on tangible fixed assets is sensitive to changes in the estimated useful lives and residual values of the assets. The useful economic lives and residual values are reviewed annually. They are amended when necessary to reflect current estimates, based on economic utilisation, technological advancements and the physical condition of the assets. The amortisation rate for capital grants is also reviewed in conjunction with the asset lives review and these are adjusted if appropriate.

Notes to the Financial Statements (continued)

For the Financial Year Ended 31 December 2016

3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY (CONTINUED)

Impairment of debtors

The directors make an assessment at the end of each financial year of whether there is objective evidence that a debtor is impaired. When assessing impairment of debtors and other amounts receivable, the directors consider factors including the age profile of outstanding amounts receivable, recent correspondence and historical experience in cash collectors from debtors.

4. REVENUE GRANTS

	2016 €'000	2015 €'000
HSE revenue grants receivable	94,618	92,331
HSE revenue grants income released/(deferred)	1,403	(2,436)
HSE revenue grants transferred to other agencies	(714)	(864)
HSE revenue grants attributable to capital related items	(676)	(508)
Other	137	142
Revenue grants	94,768	88,665

5. OTHER INCOME

	2016 €'000	2015 €'000
Patient income	7,721	7,798
Sundry income	1,149	972
	8,870	8,770
<i>Payroll deductions:</i>		
Superannuation contributions (Note 21)	2,656	2,786
Pension levy	3,300	3,845
	14,826	15,401

6. STAFF NUMBERS AND COSTS

The average number, in whole-time equivalents, of persons employed by the company (including executive directors) during the financial year, analysed by category, was as follows:

	2016 NUMBER	2015 NUMBER
Management	5	5
Administration	224	196
N.C.H.D.	84	82
Medical consultants	60	52
Nursing	430	420
Paramedical	200	183
Support services	52	54
	1,055	992

Included in staff numbers above are 17 (2015: 7) WTE staff members who are seconded to HSE funded organisations across all pay categories.

	2016 €'000	2015 €'000
The aggregate payroll costs of these employees were as follows:		
Wages and salaries	66,374	62,732
Executive directors' emoluments	481	488
Social welfare costs	5,747	5,272
	72,602	68,492
Pensions paid for the financial year (Note 21)	4,871	5,045
	77,473	73,537

No salaries or fees are payable to the directors of the Company for their services as directors. No allowance, increased salary or other remuneration is payable to the staff members holding this position. These staff members are paid a salary for their normal work within the Hospital.

Notes to the Financial Statements (continued)

For the Financial Year Ended 31 December 2016

6. STAFF NUMBERS AND COSTS (CONTINUED)

The number of employees on salaries in excess of €65,000 can be summarised as follows:

Salary range	Number of employees
€65,000- 75,000	64
€75,000- 85,000	15
€85,000- 95,000	11
€95,000- 105,000	7
€105,000- 115,000	2
€115,000- 125,000	3
€125,000- 135,000	4
€135,000- 145,000	14
€145,000- 155,000	13
€155,000- 165,000	10
€165,000- 175,000	26
€175,000- 185,000	4
€185,000- 195,000	1
€195,000- 205,000	1
€205,000- 215,000	2
€255,000- 265,000	1
Total	178

The above analysis includes all employees on a full time equivalent salary of €65,000 or above, including where part of this salary is recovered from another agency. Salaries for employees whereby the Hospital is not the paymaster have been excluded. Locum and leave of absence employees are also excluded.

The salary of the Chief Executive was €110,120 including employer PRSI.

7. NON-PAY COSTS

	2016 €'000	2015 €'000
Clinical related costs	21,403	19,887
Administration and other non-pay costs	6,281	6,338
Finance costs	231	331
Office expenses	4,158	3,438
	32,073	29,994

8. INTEREST PAYABLE AND SIMILAR CHARGES

	2016 €'000	2015 €'000
Interest paid and similar charges	31	36

9. TAXATION

There is no charge to taxation as the company has been granted charitable exemption by the Revenue Commissioners.

10. SURPLUS ON ORDINARY ACTIVITIES

	2016 €'000	2015 €'000
The surplus on ordinary activities is stated after charging/(crediting):		
Executive directors' emoluments	481	488
Depreciation	1,877	1,655
Capital grant amortisation	(1,877)	(1,655)
Operating leases: Land and buildings	246	264
Equipment	244	300
Auditor's remuneration exclusive of VAT:		
- Audit of financial statements	25	25
- Other assurance services	7	7

11. TANGIBLE FIXED ASSETS

	Improvements to Buildings €'000	Equipment €'000	Total €'000
Cost:			
At 1 January 2016	-	31,597	31,597
Additions	2,539	3,114	5,653
Transfers/Retirements	(2,539)	(258)	(2,797)
At 31 December 2016	-	34,453	34,453
Depreciation:			
At 1 January 2016	-	28,710	28,710
Charge for the financial year	-	1,877	1,877
Retirements	-	(258)	(258)
At 31 December 2016	-	30,329	30,329
Net book value:			
At 31 December 2016	-	4,124	4,124
At 31 December 2015	-	2,887	2,887

Notes to the Financial Statements (continued)

For the Financial Year Ended 31 December 2016

11. TANGIBLE FIXED ASSETS (CONTINUED)

On 1 January 2002, the operation of the unincorporated hospital (Temple Street) was taken over by Children's University Hospital (a limited company). The land and buildings that comprised Temple Street were transferred to the Mater Misericordiae and the Children's University Hospitals Limited (Parent Company). The transfer was effected by their donation by the Sisters of Mercy to the Parent Company, which is the sole shareholder of Children's University Hospital. The legal process was completed in 2006.

Expenditure capitalised during the financial year in respect of improvements to buildings has been transferred to the parent company at net book value along with the related capital grants. The amount transferred for the financial year ended 31 December 2016 amounted to €2,538,572. (2015: €1,111,935).

Certain fixed assets which have been funded by the Minister for Health, are the property of the Hospital but may not be disposed of or applied to any other purposes without the Minister's prior consent.

In respect of prior financial year:

	Improvements to Buildings €'000	Equipment €'000	Total €'000
Cost:			
At 1 January 2015	-	30,269	30,269
Additions	1,112	1,747	2,859
Transfers/Retirements	(1,112)	(419)	(1,531)
At 31 December 2015	-	31,597	31,597
Depreciation:			
At 1 January 2015	-	27,474	27,474
Charge for the financial year	-	1,655	1,655
Retirements		(419)	(419)
At 31 December 2015	-	28,710	28,710
Net book value:			
At 31 December 2015	-	2,887	2,887
At 31 December 2014	-	2,795	2,795

Expenditure capitalised during the financial year in respect of improvements to buildings has been transferred to the parent company at net book value along with the related capital grants. The amount transferred for the financial year ended 31 December 2015 amounted to €1,111,935 (2014: €1,021,120).

12. STOCKS

	2016 €'000	2015 €'000
Medical and surgical	1,505	1,267
Drugs and medicines	456	375
Other	64	56
	2,025	1,698

The replacement cost of stock is not materially different to the amount stated above.

13. DEBTORS: (AMOUNTS FALLING DUE WITHIN ONE FINANCIAL YEAR)

	2016 €'000	2015 €'000
Maintenance and in-patient charges	1,241	1,763
Sundry debtors and prepayments	1,051	1,094
	2,292	2,857

14. CREDITORS: (AMOUNTS FALLING DUE WITHIN ONE YEAR)

	2016 €'000	2015 €'000
Bank overdraft	-	1,761
Trade and sundry creditors	3,782	3,913
PAYE/PRSI	2,053	1,988
Pay accruals	3,639	2,885
Non-pay accruals	4,632	3,013
Deferred grants	946	3,187
	15,052	16,747

The bank overdraft facility is secured by a letter of Set-Off which entitles the bank to hold all Company monies held in the bank against the overdraft liability.

15. CAPITAL GRANTS

	2016 €'000	2015 €'000
At 1 January	2,887	2,795
Capital grants received during the financial year	3,631	1,959
Fundraised capital grants	2,022	900
Capital grant write-back:		
- Amortisation	(1,877)	(1,655)
- Other write-backs or transfers (Note 11)	(2,539)	(1,112)
At 31 December	4,124	2,887

Notes to the Financial Statements (continued)

For the Financial Year Ended 31 December 2016

16. FINANCIAL INSTRUMENTS

The carrying values of the company's financial assets and liabilities are summarised by category below:

	2016 €'000	2015 €'000
Financial assets		
Measured at undiscounted amount receivable		
- Trade and other debtors (Note 13)	2,292	2,857
Financial liabilities		
Measured at undiscounted amount payable		
- Bank overdraft (Note 14)	-	1,761
- Trade and other creditors (Note 14)	12,053	9,811

17. CALLED UP SHARE CAPITAL PRESENTED AS EQUITY

	2016 €'000	2015 €'000
Authorised:		
1,000 ordinary shares of €1 each	1	1
Issued:		
1,000 ordinary shares of €1 each	1	1
Presented as follows:		
Called up share capital presented as equity	1	1

18. RECONCILIATION OF OPERATING SURPLUS TO NET CASH FLOWS FROM OPERATING ACTIVITIES

	2016 €'000	2015 €'000
Operating Surplus	48	535
Adjustment for:		
Depreciation	1,877	1,655
Capital grant amortisation	(1,877)	(1,655)
Operating cash flow before movement in working capital	48	535
Decrease in debtors	565	1,118
Increase in non-capital creditors	2,307	154
(Increase)/Decrease in stocks	(327)	46
(Increase)/Decrease in net Department of Health balance	(612)	434
Net cash flows from operating activities	1,981	2,287

19. CONTINGENT LIABILITIES

Capital Grants

The company has signed an undertaking with the HSE to enter into a Grant and Security Agreement in respect of all capital grants received after 2 September 2014. The underlying draft agreement states that the unamortised value of capital grants advanced with effect from that date may become repayable in certain circumstances. At 31 December 2016, the current value of such unamortised grants amounted to €2,647,000. No provision has been made in the financial statements in respect of this amount as the directors believe that the likelihood of crystallisation at this time is remote.

Consultant Pay claim

This relates to a potential claim which may arise in respect of an alleged breach of implementation of the 2008 consultant's contract. As it is expected that any liability which may arise will be funded by the HSE on a current year basis, no provision has been made in the financial statements.

Other

The directors are satisfied that there are no other contingent liabilities.

20. FINANCIAL COMMITMENTS

Capital commitments

At 31 December 2016, the Company had outstanding contractual commitments in respect of building projects amounting to €3,992,751 (2015: €250,000).

Lease commitments

The total minimum lease payments under non-cancellable operating leases as follows:

	Land and Buildings €'000	Equipment €'000	Total €'000
Within one year	525	244	769
Between two and five years	1,624	-	1,624
	2,149	244	2,393

21. PENSION COST

The company operates a defined benefits pension scheme in respect of employees eligible for inclusion under the Voluntary Hospitals Superannuation Scheme (VHSS).

In the financial year ending 31 December 2016, €2,655,897 (2015: €2,785,517) was retained and treated as income and €4,871,345 (2015: €5,045,176) was paid to pensioners.

Whilst the VHSS scheme is a defined benefit scheme, the company has availed of the multi-employer scheme exemption from the disclosure requirements relating to defined benefit schemes in FRS 102, on the grounds that the company's deemed contributions, as determined by the Department for Health, are set in relation to the current service period only (i.e. are not affected by a surplus or deficit relating to the past service of its own employees or any other members of the scheme). On this basis the scheme is considered for disclosure purposes as a defined contribution scheme and no further disclosures are required.

Notes to the Financial Statements (continued)

For the Financial Year Ended 31 December 2016

21. PENSION COST (CONTINUED)

A new Single Public Service Pension Scheme (Single Scheme) commenced with effect from 1 January 2013. The Scheme applies to all pensionable first time entrants to the Public Service, as well as former public servants returning to the Public Service after a break of more than 26 weeks. Benefits are calculated by reference to "referable amounts" for each year's service that are uprated by the CPI as notified by the Minister. All contributions deducted from members wages/salaries are remitted to the nominated bank account of the Department of Public Expenditure and Reform and not credited to the Profit and Loss Account. As per Public Service Pensions (Single Scheme and Other Provisions) Act 2012, Section 44(1) (b), payments arising under this Single Scheme to retiring employees shall be paid from funds provided by the Oireachtas for that purpose.

The amount deducted from employees in 2016 and paid over to DPER amounted to €527,325.

22. PARENT COMPANY AND RELATED PARTY TRANSACTIONS

Parent company

The company is a wholly owned subsidiary of Mater Misericordiae and The Children's University Hospitals Limited, a company incorporated in the Republic of Ireland. The net amount owed by the Mater Misericordiae and The Children's University Hospitals Limited to the company at 31 December 2016 was €52,776 (2015: €46,969). Mr Sean Sheehan, Chairperson and Ms. S. Brady, Deputy Chairperson, are non-executive directors of both entities.

Fundraising body

Temple Street Foundation is a company limited by guarantee with no share capital and is not controlled by the company. During the financial year, Temple Street Foundation, provided the company with €2,270,074 (2015: €1,494,315) in respect of fundraised capital grants and other non-capital amounts. Of the non capital amounts, €143,557 (2015: €230,511) comprised of research related grant receipts (out of a total for research grant receipts, from all sources, of €172,952 (2015: €532,687)). This income and related expenditure are netted in the financial statements.

Bequests received by the company to the value of €411,000 were transferred to Temple Street Foundation during 2016, to be applied to in a manner as specified by the donors.

As at 31 December 2016: €49,992 (2015: €159,837) was due from Temple Street Foundation to the company. Ms. S. Brady is a non-executive director of both the Children's University Hospital and the Temple Street Foundation.

Other

The total remuneration for key management personnel for the period totalled €1,169,954 (2015: €1,132,511).

At 31 December 2016 the following were the balances owed by and owed to the associate companies:

	2016 €'000	2015 €'000
Debtors		
Cappagh National Orthopaedic Hospital	10	12
Mater Misericordiae University Hospital	1	1
Creditors and Accrued Expenses		
Mater Misericordiae University Hospital	(38)	(19)
Cappagh National Orthopaedic Hospital	(1)	-
	(28)	(6)

23. FINANCIAL RISK MANAGEMENT

The Hospital's activities expose it to a number of financial risks including credit risk, cash flow risk and liquidity risk. The Hospital does not use derivative financial instruments.

Credit risk

The Hospital manages its financial assets and liabilities to ensure it will continue as a going concern. The Hospital's principal financial assets are bank and cash balances and trade and other receivables. The Hospital's credit risk is primarily attributable to its trade receivables. The amounts presented in the balance sheet are net of allowances for doubtful receivables. An allowance for impairment is made where there is an identified loss event which, based on previous experience, is evidence of a reduction in the recoverability of the cash flows. The credit risk on cash at bank is limited because the counterparties are banks with satisfactory credit-ratings assigned by international credit-rating agencies.

The principal financial liabilities of the company are bank overdraft and trade and other payables. The exposure from trade and other receivables arises primarily from amounts due from health insurance companies.

Liquidity risk

In order to maintain liquidity to ensure that sufficient funds are available for ongoing operations and future activities, the Hospital occasionally may use HSE approved overdraft finance.

Market risk

— Interest rate risk

The company uses the bank overdraft for short-term borrowings. The interest rate is HSE agreed and the company currently has no material exposure.

— Foreign currency exchange rate risk

The company's functional currency is euro. The company has no material exposure to foreign currencies.

24. SUBSEQUENT EVENTS

There are no significant subsequent events since the balance sheet date.

Supplementary Information

(Not covered by the Independent Auditors' Report)

Appendices to the Statement of Income and Retained Earnings

For the Financial Year Ended 31 December 2016

APPENDIX I - OTHER INCOME

	Appendix	2016 €'000	2015 €'000
Patient income	III	7,721	7,798
Sundry income	IV	1,149	972
		8,870	8,770
Payroll Deductions:			
Superannuation contributions		2,656	2,786
Pension levy		3,300	3,845
		14,826	15,401

APPENDIX II - TOTAL COSTS

	Appendix	2016 €'000	2015 €'000
Non-pay costs	V	32,073	29,994
Pay costs	VI	77,473	73,537
		109,546	103,531
Interest and charges	IX	31	36
		109,577	103,567

APPENDIX III - PATIENT INCOME

	2016 €'000	2015 €'000
Road traffic accidents	123	52
Maintenance charges	7,598	7,746
	7,721	7,798

APPENDIX IV - SUNDRY INCOME

	2016 €'000	2015 €'000
Canteen	502	515
Parents' accommodation	50	61
Miscellaneous	597	396
	1,149	972

Appendices to the Statement of Income and Retained Earnings

For the Financial Year Ended 31 December 2016

APPENDIX V - NON-PAY COSTS

	<i>Appendix</i>	2016 €'000	2015 €'000
Bad debts		29	145
Medicines		11,421	10,153
Blood and blood products		321	255
Pathology		3,291	3,009
Medical and surgical appliances		4,526	4,798
X-Ray		501	455
Medical equipment		1,343	1,217
Food		476	456
Heat, light and power		822	915
Cleaning and washing		1,922	1,994
Furniture, crockery and hardware		165	213
Bedding and clothing		57	33
Maintenance		1,202	1,131
Transport and travel		288	282
Professional Fees		521	445
Finance	VII	231	331
Office	VIII	4,158	3,438
Sundries		274	329
Security		525	395
		32,073	29,994

Appendices To The Statement of Income and Retained Earnings

For the Financial Year Ended 31 December 2016

APPENDIX VI - PAY COSTS

	2016	2015
	€'000	€'000
Administration	11,818	10,460
Common contract	12,020	11,418
Medical - Other	8,057	7,877
Nursing	25,122	23,699
Paramedical	13,114	12,518
Catering, housekeeping etc.	2,141	2,174
Maintenance	330	346
Gratuities	984	1,460
Superannuation refunds	46	58
Pensions	3,841	3,527
	77,473	73,537

APPENDIX VII - FINANCE

	2016	2015
	€'000	€'000
Insurance	137	198
Legal fees	94	133
	231	331

APPENDIX VIII - OFFICE

	2016	2015
	€'000	€'000
Equipment and office expenses	2,303	1,970
Printing and stationery	832	595
Telephone	298	223
Advertising, recruitment and courses	236	151
Postage	243	235
Rent	246	264
	4,158	3,438

APPENDIX IX - INTEREST AND CHARGES

	2016	2015
	€'000	€'000
Interest and charges	31	36

HOW YOU CAN HELP TEMPLE STREET

WHO CAN GET INVOLVED

INDIVIDUALS



COMPANIES

FAMILIES



COMMUNITIES

SCHOOLS



CRÈCHES

HOW TO HELP

FUNDRAISE

GET FIT!



For a full list of running, cycling and swimming events see templestreet.ie

GET BAKING!



Bake a difference and take part in our annual Great Irish Bake

TRICK OR TREAT!



Host a party and help sick kids at Halloween

CHRISTMAS RAFFLE



Largest Annual Fundraiser

Get festive and raise funds by selling raffle tickets at Christmas

CREATE YOUR OWN EVENT

There are hundreds of different ways you can raise money for Temple Street. The trick is to do something that you will enjoy!

DONATE



VOLUNTEER



BY PHONE



BY POST



ONLINE



IN PERSON

Volunteers are at the heart of what we do. Whether you help Temple Street at annual collections, offer office administration support or give your time at events; we are always looking for people throughout the year to lend a hand!

For more information on how you can help visit www.templestreet.ie