

Annual Report
2010 & 2011





Mission Statement

"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."



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CEO's Foreward

2010 /2011 has been another year of substantial progress for CUH despite a reduction in our funding and staffing. Overall hospital activity increased in 2011 compared to 2010 and exceeded the HSE 2011 activity levels. There was a 32% increase in day case activity which can be attributed to a shift from inpatient to day case management. Theatre Four increased from a three day to a five day service and a 6% increase in inpatient activity came about as a result of improved bed management practices for example same day admits and 23 hour beds. The hospital awaits the new HSE reporting templates in terms of the Special Delivery Unit (SDU) targets for both inpatient and outpatient activity.

The hospital did a significant amount of work around access and efficiency and hospital waiting lists were a priority key result area during 2011. Significant progress was made in 2011 in reducing the percentage of patients waiting over six months. We saw a reduction of 22% in day cases and 10% in inpatient figures. The hospital achieved the SDU target of no public patient waiting prior to 31.12.2010 by year end.

On the financial front, both 2010 and 2011 were very challenging years, the results show what can be achieved through enacting a collaborative response to the challenges we faced. Despite significantly reduced financial resources the hospital achieved effective financial breakeven whilst coping with a surge in activity levels.

The constant pace of development in paediatric medicine and public expectations means that the hospital has to constantly strive to upgrade facilities and equipment and thanks to the support of the HSE and the CFFH (Children's Fund for Health) we were able to extend our OPD facility, to include a brand new state of the art facility for cystic fibrosis, respiratory and endocrine /diabetes services. 2011 also saw the upgrade of Surgical Flat to include three cubicles and ancillary rooms with appropriate air handling to manage Infection Control. In addition, the upgrade included a three bed and five bed area within the ward footprint.

2010/2011 was very busy as we continued to plan for a new National Paediatric Hospital (NPH). Our attention got diverted somewhat with the resignation of Mr. John Gallagher, Chair of the National Paediatric Hospital Development Board (NPHDB). A decision was made by the Minister to carry out a review using international experts on cost and location of the

Mater site. The final report gave 'unanimous and unequivocal' support for the Mater site. The Board of the NPH submitted its planning application to An Bord Pleanála in July 2011 and we await the outcome.

In July 2010, Mr Paul Cuniffe, CEO decided to retire after 36 years. 29 years of his tenure was spent working as CEO. It was a sad occasion for all of us and we wish Paul well in his retirement. On the same day Dr. Frank Dolphin, Chair of the Board of Directors was appointed to the Chair of the HSE and Mr. Donal Walsh was re-appointed as Chair of the Board of Directors, CUH. In addition, Ms. Phil Shovlin was appointed CEO on 1st October, 2010. Ms. Mona Baker took up the role of Acting CEO on 1st January 2011.

The Hospital was also successful in obtaining a place for the 6th time in the Great Places to Work survey. The caring and leadership demonstrated by so many at the hospital is part of what makes CUH a great place to work. Other major successes included the Green Healthcare Award, the Golden Pedal Award, and the Green Dragon Award, all culminating in CUH hosting Ireland's first ever conference on Sustainability in Healthcare. In addition, Ms Clara Murtagh, St. Gabriel's Ward made CUH proud when she won the 'Nurse of the Year' Award.

I would like to take this opportunity to thank all the staff of the hospital who gives tirelessly of themselves, day after day, year after year who makes such a difference in the lives of so many children and their families who come into our care. Each of you is a true inspiration.



Mona Baker
Chief Executive Officer

Board of Directors



Donal Walshe
Chair of the Board



Mona Baker
Chief Executive



Suzanne Dempsey
Director of Nursing



John Fitzpatrick
Finance Director



Siobhan Brady



Fionn MacCamhaill



Sr. Margherita Rock



Phil Shovlin



Frank McManus



Dr Stephanie Ryan



Derek McGrath

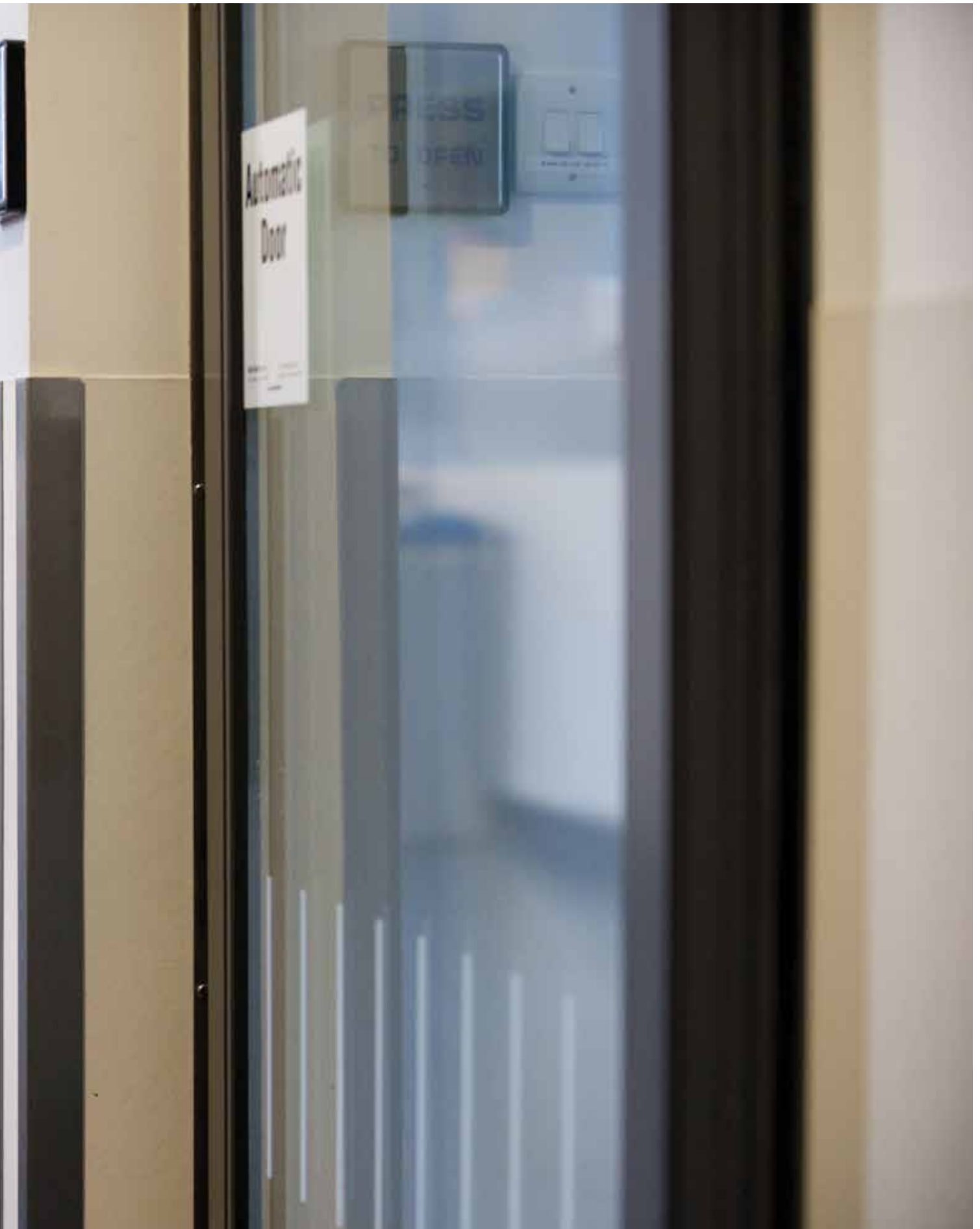


Sean Sheehan



Dr. Michael Drum





Independent Auditor's Report 2010

To the Members of Children's University Hospital

We have audited the financial statements of Children's University Hospital for the year ended 31 December 2010 which comprise the Profit and Loss Account, the Balance Sheet, the Cash Flow Statement and the related notes 1 to 22. These financial statements have been prepared under the accounting policies set out therein.

This report is made solely to the company's members, as a body, in accordance with Section 193 of the Companies Act 1990. 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 auditor's 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 The directors are responsible for preparing the financial statements, as set out in the Statement of Directors' Responsibilities in accordance with applicable law and accounting standards issued by the Accounting Standards Board and published by the Institute of Chartered Accountants in Ireland (Generally Accepted Accounting Practice in Ireland).

Our responsibility, as independent auditor, is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland, and are properly prepared in accordance with Irish statute comprising the Companies Acts, 1963 to 2009. We also report to you whether in our opinion: proper books of account have been kept by the company; whether, at the balance sheet date, there exists a financial situation requiring the convening of an extraordinary general meeting of the company; and whether the information given in the directors' report is consistent with the financial statements. In addition, we state whether we have obtained all the information and explanations necessary for the purpose of our audit and whether the company's balance sheet and profit and loss account are in agreement with the books of account.

We also report to you if, in our opinion, any information specified by law regarding directors' remuneration and directors' transactions is not disclosed and, where practicable, include such information in our report.

We read the Directors' Report and consider the implications for our report if we become aware of any apparent misstatement within it. Our responsibilities do not extend to other information.

Basis of Audit Opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the directors in the preparation of the financial statements and of whether the accounting policies are appropriate to the company's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we evaluated the overall adequacy of the presentation of information in the financial statements.

OPINION

In Our Opinion the Financial Statements:

- Give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland, of the state of the affairs of the company as at 31 December 2010 and of the loss for the year then ended; and
- Have been properly prepared in accordance with the Companies Acts, 1963 to 2009.

We have obtained all the information and explanations we considered necessary for the purpose of our audit. In our opinion proper books of account have been kept by the company. The company's balance sheet and its profit and loss account are in agreement with the books of account.

In our opinion the information given in the Directors' Report is consistent with the financial statements.

The liabilities of the company exceed the assets of the company, as stated in the balance sheet and, in our opinion, on that basis there did exist at 31 December 2010 a financial situation which, under Section 40(1) of the Companies (Amendment) Act 1983, may require the convening of an extraordinary general meeting of the company.

Deloitte & Touche,
Chartered Accountants and Registered Auditors, Dublin,
27 April 2011

Independent Auditor's Report 2011

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Respective responsibilities of directors and auditors
The directors are responsible for preparing the financial statements, as set out in the Statement of Directors' Responsibilities in accordance with applicable law and accounting standards issued by the Accounting Standards Board and published by the Institute of Chartered Accountants in Ireland (Generally Accepted Accounting Practice in Ireland). Our responsibility, as independent auditor, is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

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We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the directors in the preparation of the financial statements and of whether the accounting policies are appropriate to the company's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we evaluated the overall adequacy of the presentation of information in the financial statements.

OPINION

In Our Opinion the Financial Statements:

- Accepted Accounting Practice in Ireland, of the state of the affairs of the company as at 31 December 2011 and of the loss for the year then ended; and
- Have been properly prepared in accordance with the Companies Acts, 1963 to 2009.

We have obtained all the information and explanations we considered necessary for the purpose of our audit. In our opinion proper books of account have been kept by the company. The company's balance sheet and its profit and loss account are in agreement with the books of account.

In our opinion the information given in the Directors' Report is consistent with the financial statements.

The liabilities of the company exceed the assets of the company, as stated in the balance sheet and, in our opinion, on that basis there did exist at 31 December 2011 a financial situation which, under Section 40(1) of the Companies (Amendment) Act 1983, may require the convening of an extraordinary general meeting of the company.

Thomas Cassin, For and on behalf of Deloitte & Touche
Chartered Accountants and Registered Auditors Dublin,
25 April 2012

Finance 2010

The 2010 Revenue Allocation from the Health Service Executive, before adjustments, amounted to €79,119,000 (2009: €86,385,000), a decrease of 8% on 2009. The decrease primarily reflects reductions imposed to reflect national pay cuts arising from the 2009 Budget and “top slicing” measures (i.e. non specific funding reductions), as adjusted for additional funding received for new service developments. The Revenue Grant net of adjustments amounted to €79,999,000 (2009: €81,140,000).

Other Income, which includes patient income and payroll deductions, amounted to €15,267,000 (2009: €15,143,000) an increase of 1% on 2009. The increase is primarily attributable to the impact of changes in the Pension Levy contribution rates but was partially offset by a 5% reduction in Patient Income.

Expenditure in 2010 amounted to €95,357,000 (2009: €96,532,000), a decrease of 1% on 2009. This comprises of Pay related costs of €70.4m and Non Pay related costs of €25m. The 3.8% reduction in pay related costs in 2010 reflects pay cuts imposed at national level (circa 8%), offset by the impact of additional funding received for new service developments and related posts. There was a 7% increase in Non Pay expenditure, primarily accounted for by the increase in cost of Drugs and Medicines reflecting additional costs incurred under the Enzyme Replacement Therapy program.

The Loss on Ordinary Activities for 2010 amounted to €4,000 (2009: €41,000).

The financial results should be considered in line with activity, which was slightly up on 2009 levels. Total Out-Patient attendances increased by 4.4% to 72,179, A&E attendances decreased by 4% to 46,921 (reflecting H1N1 pandemic in 2009 and general improvement in access to GP services) whilst Inpatient discharges / Day cases increased by 9% to 13,912. Average length of stay decreased slightly from 4.46 days to 4.07 days reflecting improved bed utilisation practices and bedding down of neurosurgery service.

Capital expenditure amounted to €3.7m in 2010 comprising Building Improvements of €1.8m and Equipment additions of €1.9m. The most significant building project completed was the two story OPD extension, incorporating a dedicated respiratory suite for cystic fibrosis and asthmatic patients and a dedicated endocrinology and diabetes suite. The opening of the multi sensory garden designed to provide sensory stimulation to patients was also a notable event.

From a control perspective, the Finance Department is assisted in executing it's role by the existence of an Internal Audit Function and an Audit Committee. In addition, the hospital is required to comply with public procurement policies/directives and other legal and regulatory obligations.

The Board is satisfied with the financial performance of the company for the year.

John Fitzpatrick
Finance Director

Finance 2011

The 2011 Revenue Allocation from the Health Service Executive, before adjustments, amounted to €75,340,000 (2010: €79,119,000), a decrease of 5% on 2010. The decrease primarily reflects reductions imposed in respect of the anticipated effect of the increase in statutory charges for private accommodation and A&E attendance, centralising in HSE of certain procurement initiatives and target reductions in staffing levels. In addition to the 2011 Allocation, net Revenue Grants of €4,765,000 (2010: €880,000), primarily representing grants received in prior years but deferred, were released in 2011. This resulted in Revenue Grants, net of adjustments, of €80,105,000 (2010: €79,999,000).

Other Income, which includes patient income and payroll deductions, amounted to €16,585,000 (2010: €15,267,000), an increase of 9% on 2010. The increase primarily reflects the increase in statutory charges for private accommodation and A&E attendance.

Expenditure in 2011 amounted to €96,933,000 (2010: €95,270,000), an increase of 2% on 2010. Pay related costs amounted to €72,056,000, an increase of €1,687,000 on 2010 and reflecting the filling of service development posts and increased activity levels. Non Pay related costs of €24,877,000 are materially in line with those of 2010. An increase in non pay clinical costs, reflecting increased activity levels, were negated by other non pay savings realised.

The Loss on Ordinary Activities for 2011 amounted to €243,000 (2010: €4,000). In considering the performance for the year, it is worth noting that there was a significant increase in activity levels, over those of 2010, and in excess of levels agreed and funded under the 2011 Service Plan with the HSE. The increase in activity levels is demonstrated as follows:

- A&E attendances increased by 10% to 51,337
- In Patient discharges increased by 6% to 8,095
- Day cases increased by 38% to 8,717
- Out-Patient attendances increased by 7% to 77,668

Coping with such an increase in activity without a corresponding increase in financial resources was partly enabled by ongoing process review and improvements.

Average length of stay decreased from 4.07 days to 3.92 days, continuing the trend started in prior years and reflecting ongoing improved bed utilisation practices and

bedding down of the neurosurgery service. The hospital also received a minor funding increase/efficiency award as a result of the Casemix funding model of activity and related expenditure for the year 2010.

Capital expenditure amounted to €3.5m in 2011 comprising Building Improvements of €1.8m and Equipment additions of €1.7m. The most significant building project undertaken was the development of new isolation facilities.

From a control perspective, the Finance Department is assisted in executing its role by the existence of an Internal Audit Function and an Audit Committee. In addition, the hospital is required to comply with public procurement policies/directives and other legal and regulatory obligations.

The Board is satisfied with the financial performance of the company for the year.

John Fitzpatrick
Finance Director





Nursing 2010

The Department of Nursing had both an exciting & challenging year in 2010. Ms. Catherine Lee, A/Director of Nursing since the retirement of the former Director of Nursing, Ms. Rita O'Shea returned to her substantive role as Assistant Director of Nursing Human Resources. The department would like to sincerely thank Ms Lee for her leadership & commitment to the ongoing development of the Department of Nursing. Ms Suzanne Dempsey took up position as Director of Nursing in May.

Staff Turnover 2010

Starters	Leavers	Total W.T.E. at Year End	% Turnover
71.41	45.27	430.57	11%

In August the Department of Nursing Management restructured into four divisions:

Critical Care Division	Ms. Grainne Bauer, Divisional Nurse Manager
Medical Division	Ms. Jennifer Carey, Divisional Nurse Manager
National Specialties Division	Ms. Marie Corbett, Divisional Nurse Manager
Surgical Division	Ms. Susan Mulrane, Divisional Nurse Manager

Each division is now managed by a Divisional Nurse Manager/ formerly Assistant Directors of Nursing. The Divisional Nurse Manager is responsible for both the strategic & operational management of these divisions.

Medical Division

In 2010 there were a number of significant developments throughout the Medical Division. These include two new floors in the outpatients department opened in 2010. This has ensured that many patients from services such as Diabetes, Endocrine and Respiratory can receive treatments and education in this new facility preventing many inpatient admissions. The Plaster Room was also renovated providing a modern child friendly environment.

National Specialties Division

The National Specialties division is one of the busiest within the hospital caring for patients with a wide variety of complex care needs. In these times of global economic uncertainty coupled

with a moratorium on recruitment, this division has continued to develop and flourish over the past two years, advancing both the role of the nurse and the health care assistant. Despite the ever-increasing demands on the service, which is outlined more comprehensively in the enclosed report, the quality of care delivered remains consistently high which must be attributed to the motivation and enthusiasm of the staff within the division. In these exciting and challenging times whilst we anxiously await the development of the New Paediatric Hospital the author is confident that the National Specialties division will continue to advance services and remain committed to the delivery of excellence in clinical practice.

Neurosurgery

January 2010 saw a change in neurosurgical services as all procedures for under 6's were carried out in Temple Street (with exception of interventional radiology). There were approximately 370 admissions in 2010 21 of which were over 6's.

The Department Developed the Following:

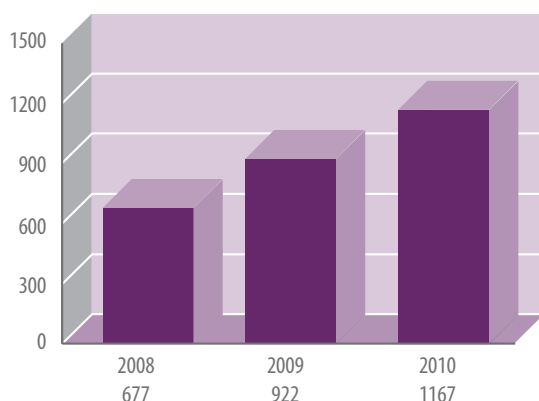
- Clinical Guidelines for:
 - External Ventricular Drainage
 - Intracranial Pressure Monitoring at ward level
- Documentation: Care plans (Altered Level of consciousness), Competency packs for students and staff nurses
- Information leaflets for parents on:
 - VP Shunt
 - Endoscopic Third Ventriculostomy
 - External Ventricular Drain
- ETV and VP Shunt Medical Alert
- 3 Neurosurgical Study Day held.....
- 1 for ICU which was attended by ICU senior staff and ICU course students and 1 student for neurosurgical course in Beaumont Hospital (March)
- Neurosurgery Day April. Approximately 60 people including all members of the multidisciplinary team attended sponsored by Codman and Braun
- Neurosurgery Day- November attended by nursing staff from Beaumont and CUH. The day was divided into 2 afternoons with focus on ICU for one group and then practical sessions for ward staff

Renal Department

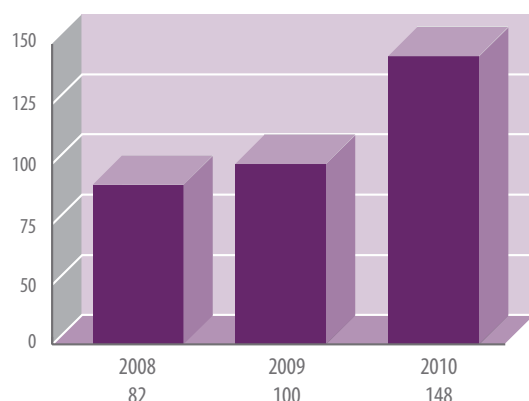
The service had previously been a 3 day service but expanded to a 6 day service in June 2010 to accommodate an increase in patient caseload. 5 new patients commenced haemodialysis in 2010.

Nursing 2010

Renal Department Activity



Plasma Exchange



Surgical Division

The divisional structure commenced in August 2010 and the in patient areas in the surgical division are as follows

- St Philomena's Ward/Surgical flat
- Top Flat Surgical
- Michaels B
- Day Ward

Michaels B

The acuity of the patients admitted to MLSB has increased with the return of Neonatal Surgery and the transfer of Neurosurgery in particular the Spina Bifida Service to CUH in 2009 and 2010.

The Department of Practice Development/Research

Post Graduate Education

Two post-registration programmes leading to the award of Post-Graduate Diploma in Nursing took place in partnership between the Children's University Hospital, Our Lady's Children's Hospital, Crumlin and University College Dublin. Two ICU students completed the programme in Paediatric Critical Care and three others progressed to year 2 of the programme. Two ED staff members completed the Paediatric Emergency Care programme successfully.

Post Registration Education

CUH continues to deliver the Higher Diploma Children's Nursing course in partnership with DCU. In 2010, thirty two new Registered Children's Nurses graduated as Temple Street Children's Nurses with Tracey Redmond & Niamh O' Mahoney both presented with the Hospital gold badge in recognition of academic performance.

Nurse and Midwifery Medicinal Product Prescribing

In 2010, two nurses from the Children's University Hospital undertook successfully the Nurse and Midwifery Medicinal Product Prescribing course in the Faculty of Nursing and Midwifery RCSI. One successfully registered with An Bord Altranais as a nurse prescriber in 2010 bringing the total of Registered Nurse Prescribers (RNPs) in the hospital to two.

The safe and appropriate use of medicines is of critical importance for patients and essential for the effective use of health-care resources. As RNPs the nurses are responsible for maintaining continued competence and auditing their practice, this is carried out in accordance with the hospital guidelines and An Bord Altranais requirements.

Preregistration Education

An Bord Altranais Visit

The clinical learning environment requires ongoing commitment in order to maintain required standards outlined by An Bord Altranais. The Clinical Placement Coordinators, Student Allocation Officer and Nursing Practice Development Coordinator worked with clinical staff in preparation for a site visit from An Bord Altranais in May. This confirmed the Children's University Hospital as an approved site for undergraduate nurse training in conjunction with its partner Dublin City University (DCU).

The Clinical Placement Coordinators, Student Allocation Officer and Nursing Practice Development Coordinator continue to work in collaboration with Dublin City University in the provision of the BSc Children's & General Nursing Programme (BNCG).

Nursing 2010 (continued)

The NPD team in consultation with the CNMs worked with DCU in developing a new curriculum for the BSc programme.

Health Care Support

Healthcare Assistants (HCAs)

The HCAs are key members of the clinical team the Children's University Hospital. In 2010, three HCAs completed the Health Service Skills Certificate bringing the total number of HCAs in CUH who have completed same to 77%.

Continuing Professional Development

The sub-education committee of the Centre of Children's Nurse Education is comprised of educators from the three children's hospitals. They meet regularly and one of their aims is to standardise the quality of care that children receive both locally and nationally. This is achieved by the sharing of study days among the 3 paediatric hospitals. The programme content and supporting documentation is the same in all sites. The first of these days, the Intravenous Management Study Day was run in late 2010. Feedback from the attendees was very positive. To reduce the time that staff are required to be released for training the content of study days was reviewed and where possible training days were merged. To meet the evolving educational needs of staff a number of training sessions were organised. These included Audit Training, Child & Adolescent Mental Health sessions, Food training sessions for Health Care Assistants, Haemodialysis training, Neurosurgery training and Management Development Training for senior staff. 9 staff were studying for a Masters in 2010.

Posters & Presentations

In 2010, 12 Staff presented at conferences in Ireland and England – 6 staff presented posters and 6 presented papers.

Key Achievements

Ms E O'Rourke commenced clinical supervision in the role of Advance Nurse Practitioner Minor Injuries, Emergency Department with the support of the Emergency Medicine Consultants.

Awards

Ms. Breda Moran, CNM 2, Emergency Department won Nurse of the Year at the Maternity & Infant Awards.

Nursing 2011

The nursing service at the Children's University Hospital continued during 2011 to demonstrate its commitment to the delivery of quality & safe patient care which is evidence based and in line with best practice.

Nursing staff have been involved in and led various projects and initiatives in service improvements, policy development, practice development, audits, education and training.

Finance

The department of nursing was given a devolved budget of €25m. The spend to year end totaled €24,600. This was a great achievement & my gratitude is extended to all nursing staff. It was achieved by the commitment & continuous monitoring of our processes.

Staff Turnover 2011

Starters	Leavers	Total W.T.E. at Year End	% Turnover
61.07	57.69	441.15	13%

Service User Engagement Initiative

In late 2010, the Board of Management of the hospital requested that the Executive Management Committee review how we engage with our service users with the aim of establishing a service user panel. The Direct of Nursing was assigned the lead owner in the 2011 Service Plan. Subsequently, an Engagement Working Group was established in March 2011. It is acknowledged that there were a number of exemplars in the area of engagement including the Bereavement Service, St Frances Clinic & the innovative work with their patients & parent's.

The metaphor of a necklace was chosen to describe the Engagement Initiative.

- **Strand** representing 'the culture of engagement'
- **Beads** representing individual projects that contribute to enhancing a culture of engagement
- **Clasp** representing the leadership that is promoting and driving this engagement initiative

Four "beads" were chosen to progress as priorities for the Working Group

1. Leadership
2. Social Space for staff/parents
3. Canteen
4. Parent Advisory Group

National Specialties Division

Neurosciences-Spina Bifida

A MDT Spina Bifida clinic was commenced in February 2011. Children are seen at 3-4 monthly intervals for the first year. A maximum of 8 children per clinic is possible within the time slot available (4 hours). There is a need to see some children more frequently and a second clinic is necessary when resources become available.

Renal Department

- Haemodialysis sessions: 1802 (Increase of 635 sessions)
- On call sessions: 19
- Holiday Dialysis: 1 patient (3 visits)
- New patients: 4
- Year end 2011- total of 9 patients on HD

Plasma Exchange

- Patients requiring plasma exchange: 1
- Number of sessions: 6 (Decrease of 142 sessions)

Medical Division

In 2011, the Respiratory Nursing Team was actively involved in the commencement of the New Born Screening for Cystic Fibrosis. The early identification of those with Cystic Fibrosis due to the New Born Screening programme will have many benefits for patients including an improved nutritional status resulting in better growth, height and weight and hopefully a reduced burden of care for families.

The Diabetes Nurse Specialists presented their pump training programme at a number of conferences both in Ireland and the United Kingdom.

The Emergency Department had four staff members who successfully completed a Higher Diploma in Emergency Nursing. A second Advanced Nurse Practitioner candidate commenced her education programme in the Emergency Department. This will facilitate a more efficient service for children presenting with minor injuries to Emergency Department.

Critical Care Division

Operating Theatre

Theatre activity increased by 12% with the implementation of Meridian Report*. Four theatres. Surgical checklist commenced March 2011, removed in June due to difficulties with completing checklist. Surgical safety working group established in August 2011, led out by Risk Manager to undertake a multidisciplinary approach to establishing a more suitable checklist. During that time the HSE informed the CEO that they would be undertaking an audit related to safe surgery. In September, two representatives from the HSE Quality and Safety division spent one day in CUH, and carried out interviews with OT Staff as well

Nursing 2011 (continued)

as auditing a designated number of charts. Recommendations by the HSE that a safety checklist should be in situ - Overview of OT documentation commenced.

Ms Angela Brangan, Staff Nurse in anaesthesia and recovery won third prize at the National INMO Conference with her poster presentation on "Inadvertent Hypothermia in the paediatric setting".

Intensive Care Unit

Regular Multidisciplinary meetings were established. Irish Paediatric Intensive Care Network (IPCCN) meetings continued throughout 2011 with further engagement with Crumlin PICU team. Collaboration across MDT with progression of national PICU Phone line and website that is planned to be launched in 2012. Joint Nursing Management meetings with Crumlin PICU nursing staff commenced in early 2011.

The post of National Retrieval Co-ordinator successfully recruited in November 2011. Ms Anne McCabe, CNM2, was appointed. We wish her every success with this new role. A review of the PICU Service across both sites took place in December 2011 by PICU Consultants from the UK, with a report & recommendations to follow in early 2012.

A 'Complete Withdrawal Observation Chart & Comfort scale for PICU in conjunction with pain Nurse Specialist was implemented which will improve the care of children who have been administered opiates as sedation while ventilated.

Radiology

On-going successful management of children undergoing MRI'S under sedation as well as management of children requiring MRI's under GA.

Pain Management

Ongoing collaboration with pain nurse specialists from 3 paediatric hospitals. The Pain Nurse Specialists organised study days – June and September 2011 as well as Children's Pain Conference of the Paediatric Pain Travelling Group of Britain and Ireland in the College of Anaesthetists in March 2011. All of these educational opportunities were very positively reviewed. A 'Complete Withdrawal Observation Chart & Comfort scale for PICU in conjunction with PICU staff implemented as above.

ICT Nursing

Establishment of training pathway for nursing staff.

Surgical Division

Day Ward

Continues to be fully utilized. This 18 bedded unit saw an increase of 16% in surgical activity between 2010 and 2011, following the commencement of all day theatre lists in January 2011, in line with the Meridian report on theatre utilization.

This increase in activity was achieved with no additional nursing resources and we are currently looking at our admission procedure to make it more efficient. With the increasing requirement for isolation facilities in the day ward, a proposal has been submitted to convert the existing treatment room into a single room to allow for greater flexibility particularly in terms of caring for patients who require isolation. This avoids overnight admission for these children.

Top Flat Surgical

This area has changed considerably in the last two years with the commencement of the same day admission unit and the protection of 6 beds for elective surgery, the same day admissions account for a 50% increase in throughput on elective surgery. As part of this initiative nursing staff saw the opportunity to look at nurse led discharge and this has been successfully achieved, and a presentation on this was given at a SDU conference "Introducing scheduling into the Irish Healthcare System" in Croke Park on Friday 23rd March 2012, and was well received.

As part of the cost containment in the hospital 10 beds of the 17 were closed in September 2011 but the remaining beds continue to be fully utilized for elective surgery.

St Philomena's/Surgical Flat

In June 2011 St Philomena's ward was closed as part of summer closures, and a decision to reallocate the ward was undertaken. Work was then commenced on the redevelopment of Surgical Flat and the Old ICU areas. This area was developed as one unit and allowed for isolation facility and multi bed areas and following its completion the staff from St Philomena's were re deployed to that area and it has been in operation since Oct 2011. This ward has 2 single rooms 1 double room, for isolation and two multi bed areas, as part of the theatre refurbishment currently the areas utilized by recovery will revert to surgical flat and all allow for a further 4 beds to be reallocated to this areas. The transfer of service from St Philomena's to Surgical flat has allowed for a greater degree of flexibility, including isolation facilities and lift access affords a greater degree of accessibility to the Operating Theatre and ICU.

Nursing 2011

Post Registration & Post Graduate Education

Post Graduate Education

Our partnership in collaboration with DCU in delivery of a number of Professional Stand Alone modules in various speciality fields also continued with representation from a number of areas in CUH as well as OLCHC and AMNCH. A total of 32 students completed Professional Stand Alone modules in 2011. Eleven completed NS485 Nursing Care of Children with Diabetes (3 external, 8 CUH). Seven completed NS443 Nursing Care of Children with Renal Disease (2 OLCHC, 5 CUH). Fourteen completed NS465 Nursing Care of Children with Airway Dysfunction (5 external, 8 CUH). Since the inception of the first stand alone module in 2003, over 140 nurses from external hospitals have completed professional stand alone modules in CUH.

Post Registration Education

CUH continues to deliver the Higher Diploma Children's Nursing course in partnership with DCU. In 2011, thirty four new Registered Children's Nurses successfully completed their Higher Diploma examinations. The group will graduate from DCU in early 2012 with a medal presentation ceremony to take place later in the year.

International Nurses Day 2011

International Nurses Day is celebrated around the world on May 12th every year, the anniversary of Florence Nightingale's birth. The Dept of Nursing, CUH celebrated International Nurses Day for the first time with a gathering of nurses of all nationalities, short presentations of Nursing in some other countries and a tasting of delicacies from various countries.

Pre Registration Education

The Nurse practice team facilitated the clinical learning experience of an average of 62 student nurses per week; twenty five work experience students in addition to four Adaptation students and one Return to Practice student.

A total of 26 CUH students successfully completed the first BSc Children's & General Nursing Programme (BNCG) in 2011. Bronagh Moran was presented with the Hospital Gold badge, a prize given traditionally in recognition of clinical and academic accomplishment.

Continuing Professional Development

The sub- education committee of the Centre of Children's Nurse Education continued its work in 2011. A further 4 training days are now being shared among the 3 paediatric hospitals. They include the Caring for a Child with a Tracheostomy, Caring for a Child who requires Enteral Feeding, Caring for a Child with Epilepsy and Management of Paediatric Pain. To meet

the evolving educational needs of staff a number of training sessions were organised. These included Caring for a Child with Epilepsy, Caring for a Child with an Inherited Metabolic Disorder, Insulin Pump training, Nursing Research Seminar, and Newborn Screening for Cystic Fibrosis. Feedback is received from staff at the end of a training day via an evaluation form. The data is processed and the results assist with the structuring of the hospital's continuing professional development programme.

8 staff were studying for a Masters in 2011.

Posters & Presentations

In 2011, 9 Staff presented papers at conferences in Ireland and England.

Key Achievements

- Development of Balance Score Card for Department of Nursing by Ms C O'Connor, Nurse Practice Development Co-Ordinator
- Review of the Out of Hours Management of the hospital lead out by Ms A Murray, Site Manager. The report's recommendations are being implemented through engagement with the key managers and the Office of the CEO

Awards

- Ms Clara Murtagh, CNM2, St Gabriel's Ward was awarded Nurse of the Year at the Maternity & Infant Awards.

Nephrology & Transplantation Service 2010

The new nephrology and transplantation unit is 9 bedded ward incorporating 2 transplant suites. It accommodates National paediatric haemodialysis facility with 4 stations, including an isolation cubicle. There is a day ward and outpatients area (albeit small) attached to it. This has brought much needed floor space required for delivery of care for these specialised patients, however space still remains suboptimal.

Appointments

Dr. Niamh Dolan was appointed as consultant Paediatric Nephrologist in 2009 and commenced work in 2010.

Transplantation

- 6 renal transplants were performed in 2010
- 2 were live related transplants
- 39 patients are followed up in the renal transplant clinics

National Haemodialysis service

- Maintenance haemodialysis was provided to 9 patients
- 1171 sessions of haemodialysis were provided
- 143 sessions of plasma exchange therapy were delivered

Peritoneal Dialysis and Renal Biopsies

4 patients were on chronic peritoneal dialysis. The data on acute peritoneal dialysis remains incomplete. 13 biopsies including Transplant biopsies were performed.

Outpatient Activity

There are 4 outpatient clinics a week, including 3 specialised clinics providing services to children requiring input from multidisciplinary team members. Children with complex nephrology problems, dialysis, chronic kidney disease and renal transplantation are some of the groups seen in this clinic. General nephrology clinic has overflow of complex nephro-urology patients and other renal ailments in this clinic.

Research

Prevention of Post Transplant Lymphoproliferative Disorder (PTLD) by development of EBV specific Cytotoxic T cell assays and analysis of lytic versus latent gene expression of EBV in post renal transplant patients. (P.I) Atif Awan, Michael Riordan. Children's University Hospital Temple Street, Dublin. Ms. Julie Moran (UCD). Jeff Connell (UCD), Ms. Jayhoon Hassaan (UCD).

4 posters presented at 15th Congress of the International Pediatric Nephrology Association. August 2010. New York City, NY, United States. Poster presentations. Haemodialysis in children weighing less than 15 kg in past 10 years:

Challenges and Outcomes

Bates M, Riordan M, Kinlough M, Awan A.
Omeprazole Induced Acute Interstitial Nephritis in Paediatrics – A Serious Side Effect. Noone D, Omer M, Riordan M, Dorman AM, Awan A.

Analysis of Peritonitis Rates of Children on Peritoneal Dialysis Over a Five-Year Period in a Single-Centre. Edwards L, Noone D, Riordan M, Awan A.

Haemolytic Uraemic Syndrome in Ireland: A 5-year Review. Bruton K, O'Grady M, Burns K, Cunney R, Waldron M, Riordan M, Awan A.

Future Directions & Requirements

Infrastructure

- Extension of existing St. Michaels C
- Improve I.T. facilities

Staff Recruitment

- 1 additional WTE consultant paediatric nephrologists.
- 1 WTE clinical psychologist
- 0.5 WTE speech and language therapist
- 0.5 WTE occupational therapist
- 0.5 additional play therapist
- 1 WTE administrative staff grade 4
- 0.5 Dietitian
- 1 paediatric fellow in nephrology

Dr. Atif Awan,
Director Nephrology / Transplantation

Nephrology & Transplantation Service 2011

2011 was another busy year for the department

Appointments

Ms M Brennan was appointed as CNM1 in Haemodialysis.

Transplantation

- 7 renal transplants were performed in 2011
- 3 were live related transplants
- 43 patients are followed up by renal transplant MDT

National Haemodialysis Service

Maintenance haemodialysis was provided to 12 patients totalling 1803 sessions.

Peritoneal Dialysis and Renal Biopsies

- 5 patients were on chronic peritoneal dialysis in 2011
- 15 Kidney biopsies were performed, including transplant biopsies

Outpatient Activity

There are 4 outpatient clinics a week, including 3 specialised clinics providing services to children requiring input from multidisciplinary team members. Children with complex nephrology problems, dialysis, chronic kidney disease and renal transplantation are some of the groups seen in this clinic. General nephrology clinic has overflow of complex nephro-urology patients and other renal ailments in this clinic.

Research

Increased PD-1 expression and monofunctional EBV-specific CD8+ T cells in paediatric renal transplant patients with chronic high Epstein-Barr viral loads. (PI) Atif Awan, Michael Riordan. Children's University Hospital Temple Street, Dublin. Ms. Julie Moran, Jeff Connell, Ms. Jayhoon Hassaan (UCD)

Publications

Mycophenolate mofetil in pediatric renal transplantation: A single center experience *Pediatr Transplantation*. 2011; 15:240-244. Raheem OA, Kame MH, Daly PJ, Mohan P, Little DM, Awan A, Hickey DP.

Epstein Barr Virus gene Expression, HLA alleles and chronic high viral loads in paediatric renal transplant patients. *Transplantation*. 2011. Moran J, Hassan J, Connell J, William H, Den J, Riordan M, Boyle S, Awan A.

A novel hybrid CFH/CFHR3 gene generated by a microhomology-mediated deletion in familial atypical haemolytic uremic syndrome. *Blood*. 2011 Nov 4. (Epub ahead of print)

Francis N, Mc Nicholas B, Awan A, Waldron M, Reddin D, Sadlier D, Kavanagh D, Strain L, Marchbank K, Harris C. *Pediatric Renal*

Transplantation in a Highly Sensitised Child - 8 years on. Accepted in *Transplantation* Quinlan C, Awan A, Gill D, Waldron M, Little D, Hickey DP, Conlon PJ, Keogan MT.

The maximal cytoprotective function of the heat shock protein 27 is dependent on heat shock protein 70. Sreedharan R, Riordan M, Thullin G, Van Why S, Siegel NJ, Kashgarian M. *Biochim Biophys Acta*. 2011 Jan; 1813(1):129-35.

Research and Collaboration

- Improve research facilities and develop collaboration with other Institutions
- Development of Transition programme lead by Dr Nolan and Ms S Boyle
- Setting up Transplant evaluation programme at the hospital

Infrastructure

These requirements have not changed for some time.

- Develop more work space in SMC dayward /outpatients
- Improve I.T. facilities
- Renal Data Base

Staff Recruitment

- 1 additional WTE consultant paediatric nephrologists
- 1 WTE clinical psychologist
- 0.5 WTE speech and language therapist
- 0.5 WTE occupational therapist
- 0.5 additional play
- Therapist
- 1 WTE administrative staff grade 4
- 0.5 Dietitian
- 1 paediatric fellow in nephrology

Genetics 2010 & 2011

The clinical genetic service provided in The Children's University Hospital is part of a cohesive service within the National Centre for Medical Genetics (NCMG). The National Centre of Medical Genetics is based in Our Lady's Children's Hospital (OLCHC) but we provide an out reach service in Temple Street. All appointments are made from our base in OLCHC and any queries regarding appointments should be made there (01-4096739). We see children and adults with birth defects, developmental delay & many rare inherited disorders. Our service encompasses genetic assessment to all adults and children (~ 4.6 million) living in the Republic of Ireland.

Consultant Clinical Geneticist and Genetic counsellor clinics are held at Children's University Hospital Temple Street. Patients seen come from all over the country. We provide appointments with Consultant Geneticists for assessment of children and/or adults to help find a diagnosis and a recurrence risk for their or their child's condition or with a genetic counselling, for the discussion of risks associated with known genetic conditions in a family.

In 2010, due to budgetary restrictions in the public sector, which directly impacted NCMG, the average staff complement in NCMG throughout 2010 was reduced by 14.6%. This reduced staffing levels negatively impacted on NCMG's service provision. NCMG appointments are made from our base in OLCHC and a reduction in administrative cover has impacted on our ability to manage our clinics.

Overall, Clinical staffing levels at NCMG compare poorly with our colleagues in Northern Ireland who have 6 consultants & three trainee Registrars for a population of 1.7 million & 22,000 births annually. Whereas, in the Republic of Ireland, we have 4 consultants & no trainees for a population of 4.6 million & 78,000 births. This means that NCMG cannot provide the same level of service as our counterparts in Northern Ireland. UK recommendations would state that we should have 14 consultants. The HSE have been made aware of our staffing shortfall.

New Developments 2010 & 2011

We had the privilege of having Rosie O'Shea currently provide a locum Genetic counselling service to us from August 2011 whilst Ms Debby Lambert is on leave. Rosie is well known to the department having completed an MSc in Genetic counselling in Cardiff. Her research as part of this MSc (granted in 2008) involved interviewing patients in the National Centre for Metabolic Disease. Debby Lambert continues to represent the Health and Social Care Professionals on the Ethics Committee for Temple Street.

Teaching & Lecturing

The Clinical Geneticists and Genetic Counsellors present lectures on Genetics to Medical students in Trinity College Dublin, Royal College of Surgeons in Ireland and University College Dublin. The Genetic Counsellors give talks in genetics to graduate nurses for the annual short courses in Metabolism and Neurology. The Genetics team are a regular contributor to the grand rounds at TSCH.

Achievements

As reflected in the grants, publications and presentations below, all members of the team continue with research and dissemination of knowledge as well as patient interaction. Research done by staff working with Dr Lynch presented their work on four distinct topics at the TSCH audit days in 2011 (J Casey et al. (Autosomal recessive Mitochondrial dysfunction) July 2011, J Casey (Primary ciliary dyskinesia), J Conroy (The genetic basis of Landau-Kleffner syndrome) & L Bradley (Craniosynostosis in the island of Ireland) Dec 2012)

Dr Sally Ann Lynch secured a number of grants & research awards listed below:

1. Identification of an autosomal recessive gene causing mitochondrial in 3 related families attending the National Centre for Inherited Disease. Value €27,760 Sally Ann Lynch (PI) & Ellen Crushell Children's University Hospital Temple Street Dec 2009
2. Identifying the genetic basis of Landau-Kleffner syndrome. Value €35,580 Professor Mary King (PI) & Sally Ann Lynch Children's University Hospital Temple Street Dec 2009
3. Isolation of disease genes in the Irish Traveller population. Value €27,760 Sally Ann Lynch (PI) & Co-applicants Sean Ennis & Jillian Casey Health Research Board Value €36,700 Oct 2010
4. Knome awards Human Exome Sequencing and Analysis to Biomedical Researchers www.knome.com/Oct5.html award for free exomic sequencing on two patients following submission of grant proposal to knome in conjunction with Dr Judith Conroy (PI) NCRC & Drs SA Lynch, M Colreavy & S. Ennis October 2010
5. Identifying the genetic basis of three recessive Primary Ciliary Dyskinesia, microcephaly & cardiomyopathy & retinopathy. Sally Ann Lynch (PI) & Dr Dubhfeasa Slattery Value €39,580 Children's University Hospital Temple Street Dec 2010
6. Friedreichs Ataxia Ireland €13,300 (plus VAT) Dr J Conroy (PI) Drs Ray Murphy, SA Lynch D Webb & S Ennis June 2011
7. Identifying recessive genes for Primary Ciliary Dyskinesia, microcephaly & cardiomyopathy & retinopathy. Sally Ann Lynch (PI) & Jillian Casey & Amanda McCann Value €95,580 MRCG/HRB funding with National Children's Research Centre Oct 2011

Genetics 2010 & 2011

8. Identifying the genetic basis of Landau-Kleffner syndrome. Value €52,500 Sally Ann Lynch (PI) & Professor Mary King (PI) Children's University Hospital Temple Street Sept 2011.

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2. Wentzel C, Lynch SA, Stattin EL, Sharkey FH, Annerén G, Thuresson AC. Interstitial Deletions at 6q14.1-q15 Associated with Obesity, Developmental Delay and a Distinct Clinical Phenotype. *Mol Syndromol*. 2010;1(2): 75-81
3. Masayo Kagami, Maureen J. O'Sullivan, Andrew J. Green, Yoshiyuki Watabe, Osamu Arisaka, Nobuhide Masawa, Kentarou Matsuoka, Maki Fukami, Keiko Matsubara, Fumiko Kato, Anne C. Ferguson-Smith, Tsutomu Ogata. The IG-DMR and the MEG3-DMR at Human Chromosome 14q32.2: Hierarchical Interaction and Distinct Functional Properties as Imprinting Control Centers. *PLoS Genetics* June 2010 | Volume 6 | Issue 6 | e1000992 20585555
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Documents Submitted to the HSE:

1. Clinical Risk Assessment - National Centre for Medical Genetics SA Lynch & AM Kiernan. A comprehensive review documenting the concerns with dispatch of genetic testing requests from numerous Irish laboratories Ireland being sent abroad, submitted to HSE May 2010
2. NCMG Needs Assessment Document submitted to HSE March 2010
3. NCMG HSE Business Plan submitted to HSE March 2011
4. Executive summary NCMG HSE Business Plan submitted to HSE Oct 2011

Genetics 2010 & 2011

Training in Clinical Genetics

Unfortunately, despite our best efforts we have not been sanctioned to commence medical training in Clinical Genetics. We feel it is crucial for the viability of our service to train junior Doctors in Clinical Genetics as we have experienced considerable difficulties when trying to recruit from abroad. Legal issues arising from the new Medical Practitioners Act 2007 prevented the Irish Medical Council from agreeing to allow any new training scheme from being set up. By May 2011 these were largely resolved. Our bid was finally submitted to the MetB unit at the HSE in June 2011. Negotiations are still underway with the Royal College of Physicians acting on our behalf to finalise an agreement. The scheme, when it starts will be a four year programme and the trainee will train in both Clinical and Biochemical Genetics. The metabolic unit at Temple Street (Prof Eileen Treacy & colleagues) have agreed to act as a trainer for this aspect of clinical training.

Clinical Activity

The figures for 2010 & 2011 are listed in the table below. We have noted a reduction in the number of new referrals. We think this is partly driven by referrers not referring because of our long waiting lists. In addition, we have started to triage our referrals. In practice this means that we request investigation be done upfront on the patients before being seen in our clinic. This reduces the number of appointments we have to offer. For some patients, we will offer genetic testing prior to any clinical activity. If the genetic test is normal, they no longer need any appointment with the genetics service. Please note there are some genetic conditions where patients must be seen before genetic testing can be performed.

Our failure to attend rate is higher in Temple Street than in Our Lady's Children's Hospital clinics (8%). We have lost a number of administrative staff at our OLCCH base. We do attempt to telephone patients who have not confirmed their appointments but we have not been able to do this comprehensively with the reduction in staff numbers but the reduction in staff numbers in OLCCH has impacted on efficiencies in service at TSCH.

Summary of Activity 2010

	TSCH Clinic	TSCH	Ward Total
Referrals	597	78	675
Appointments Issued	526	75	601
Appointments Attended	408	73	481
Patients Attended	906	139	1,045
Did Not Attend	59	1	60
Percentage DNA	12.63%	1.35%	11.09%

Summary of Activity 2011

	TSCH Clinic	TSCH	Ward Total
Referrals	341	56	397
Appointments Issued	473	61	534
Appointments Attended	311	59	370
Patients Attended	733	113	846
Did Not Attend	52	0	52
Percentage DNA	14.33%	0%	12.32%

To

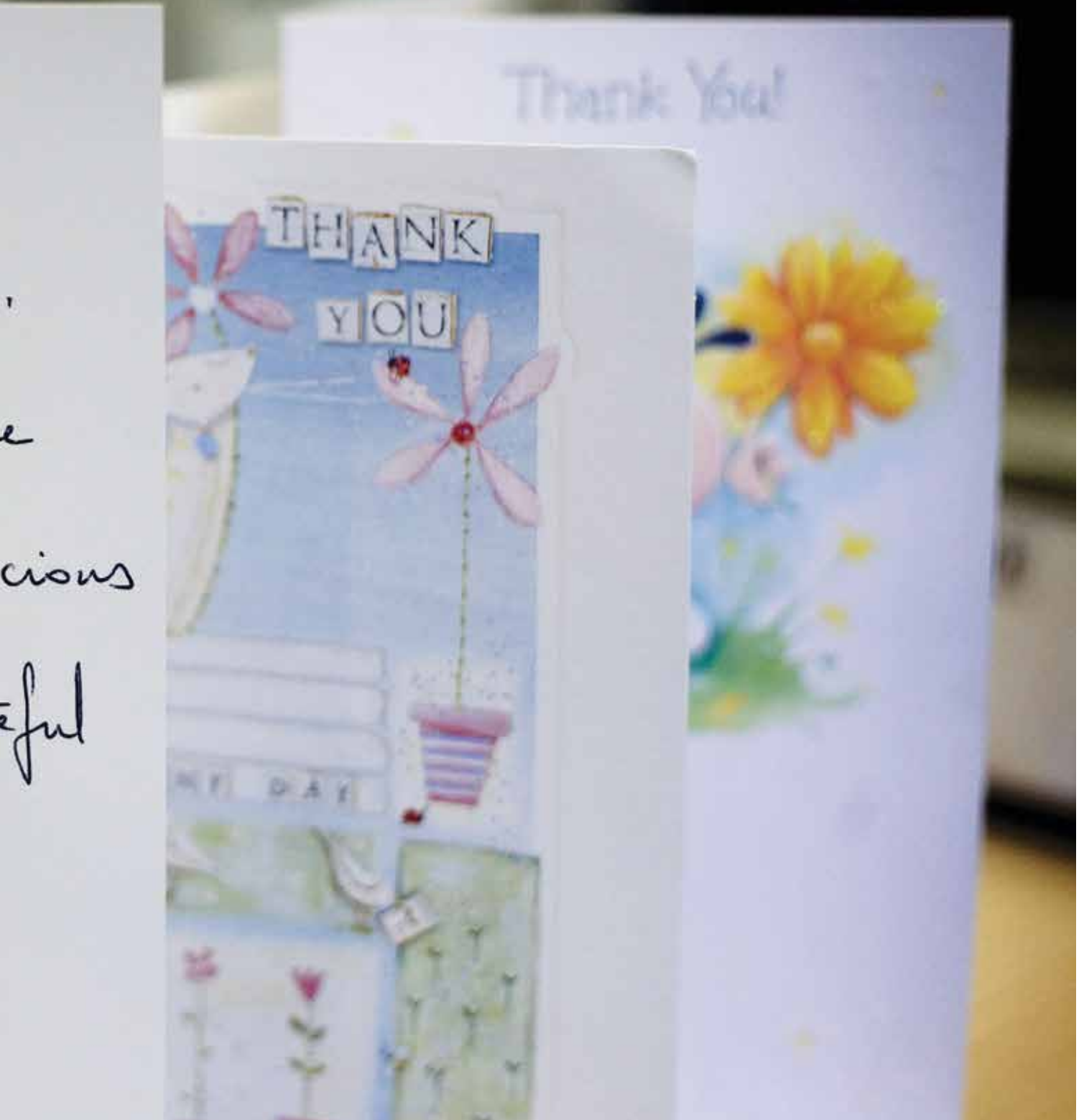
All the staff of J.C.U.
Many thanks for all the care
and love you gave our pre
daughter, we are forever grateful
to you all.

Love

1

- P. J. T.

1



National Centre for Inherited Metabolic Disorders 2010

The National Centre for Inherited Metabolic Disorders, located at The Children's University Hospital, Temple Street, Dublin is the tertiary care referral centre for the investigation and treatment of individuals suspected of having a metabolic genetic disease in Ireland, linked to the Newborn Screening Programme. The Centre plays a major role in preventing and treating disability in the Irish population.

Neonatal Screening for PKU commenced in Ireland in 1962 followed by screening for conditions, such as Homocystinuria, Maple Syrup Disease, Galactosaemia, and there is now a very large cohort of patients followed for treatment.

The Unit provides a holistic and family centred approach to suspected cases of Metabolic Diseases, referred from Hospitals throughout the country with the team, (composed of input from Medical, Nursing, Dietetic, Psychology, Social Workers, Laboratory Staff and Play Specialists).

Activity Statistics for 2010 Included:

9-10 outpatient clinics held per week with multi-disciplinary meetings held before each clinic
OPD clinics: 3,164 out-patient appointments provided, 334 new OPD referrals seen at CUH in addition to a busy consultation service at Our Lady's Hospital for Sick Children, Crumlin and daily telephone advice provided.

In-patient admissions = 299

Day cases = 143

Patients on Enzyme Replacement therapy = 15

During 2010, the consultant staff at the NCIMD continued with negotiations with the HSE to develop adult services.

In 2010 the activities of the Unit were registered with 'Orphanet', the European Rare Diseases Portal.

Teaching was provided by all staff with formal lectures for a number of modules:

UCD, TCD and RCSI Undergraduate and a DCU accredited Nurse Metabolic Module. Two educational meetings were organised by the Unit in 2010, SHS sponsored Metabolic Symposium, January 2010 and Metabolic Diseases Study Day, Sponsored by Orphan Europe and Actelion, held at Clontarf Castle, October 2010, coordinated by Dr. A Monavari.

Also a Study Day was held for Public Health Nurses with lectures provided by all the team, on December 10th 2010. The staff of the Unit continued to be actively involved in research and publications with many national and a number of international presentations.

For example a new research study was commenced in 2010. SHS sponsored international study: The use of Lanaflex in PKU (Principal Investigator Prof. E. Treacy) and Ms Karen Coss presented on the units ongoing research in Galactosaemia as a platform meeting at the international 2010 SSIEM annual conference in Istanbul.

National Centre for Inherited Metabolic Disorders 2011

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The Unit provides a holistic and family centred approach to suspected cases of Metabolic Diseases, referred from Hospitals throughout the country with the team, (composed of input from Medical, Nursing, Dietetic, Psychology, Social Workers, Laboratory Staff and Play Specialists).

Activity statistics for 2011:

9-10 outpatient clinics per week provided with multi-disciplinary meetings held before each clinic:

- OPD clinics: 2374 out-patient appointments provided,
- 268 new OPD referrals seen at CUH in addition to a busy consultation service at Our Lady's Hospital for Sick Children, Crumlin and daily telephone advice

In patients = 288

Day cases = 175

Patients on Enzyme replacement therapy = 14

Staffing changes: In July 2011, Dr Joanne Hughes commenced as Consultant Metabolic Paediatrician, now bringing the Consultant complement to four, (sanctioned since 2003).

Dr Ina Knerr, Consultant Metabolic Paediatrician/Endocrinologist was recruited from Berlin Children's Hospital, Berlin to cover Dr Ellen Crushell's maternity leave from February 2011 for a period of one year. Fortunately, Dr Knerr has elected to continue with the NCIMD as a Clinical Research Fellow.

Negotiations continued in 2011 with Hospital Management to transition adult patients with metabolic disorders to the more appropriate adult facility at MMUH. As an initial step two support staff, a Specialist Metabolic Nurse and Dietician for the MMUH service were recruited in December 2011.

The planning process to develop paediatric Outreach Clinics began with numerous meetings held by Dr. Hughes in 2011 with the first outreach clinic planned for Limerick for January 2012.

In October 2011, the Unit organised a 'Metabolic Information Month' and also officially opened a treatment room and refurbishment of St. Brigid's Ward in October 2011.

Teaching was provided by all staff with formal lectures for a number of modules:

UCD, TCD and RCSI Undergraduate and a DCU accredited Nurse Metabolic Module.

Dr. A Monavari co-ordinated the 2nd Metabolic Diseases Study Day, Sponsored by Orphan Europe and Actelion, held at Clontarf Castle, November 10th, 2011

Prof. Treacy participated in the Irish Europlan Rare Diseases National Conference in January 2011, (on Organising Committee and as a Session Chairperson), and was nominated by the HSE in March 2011 as the HSE's Clinical Representative to the DoH led national Steering Group to develop proposals for an overall National Rare Diseases Strategy for Ireland.

Staff of the Unit made a number of research presentations at national meetings and a number of international presentations, and has papers accepted for publication. For example Dr. Siobhan O'Sullivan presented the Irish experience of treating Homocystinuria at the SSIEM 2011 annual conference. Ms Una Hendroff with Prof. Treacy and team won an award for best Scientific Poster at the DMIMD Annual meeting in London in March 2011 for our work on Galactosaemia and our PhD student, Karen Coss won a prize in the Young Life Scientists Ireland 2011, Annual Meeting for her work in Galactosaemia.

Liaison Mental Health, St. Frances Clinic 2010

The Mental Health Department of the Children's University Hospital provides a assessment and treatment service to children attending the hospital with acute or chronic physical illnesses and those children being investigated for complex development delay. The majority of the children attending this service are seen as out-patients. Children admitted to the wards for medical investigation, those pre- or post- surgery and children attending the Emergency Department may also avail of the service on referral from our paediatric colleagues.

The Mental Health team consists of the following disciplines:

- Psychiatry
- Psychology
- Occupational Therapy
- Nursing
- Speech & Language Therapy
- Social Work
- Administration

The Department deals with a wide variety of conditions touching children and adolescents ranging all emotional and behavioural concerns and is involved in the evaluation of each child based on the developmental stage reached. The departmental approach is based on a multidisciplinary model which relays on various usage of disciplines depending on need. Most children attending this department come under the general paediatric liaison team while other become attached to one of the sub-specialist teams including Early Assessment, ADHS or the Deliberate Self Harm teams. In addition, children may be grouped for assessment depending on underlying conditions such as Diabetes or Respiratory concern. The aim of the service is to reduce child and family stress, promote optimal development and improve psychological wellbeing and health outcomes for children and families.

The Department is actively involved in teaching and research having association with UCD, TCD and DCU. Psychology, Occupational Therapy, Speech & Language Therapy and Visual Art Psychotherapy represent examples of student attachment received clinical supervision.

2010 annual new patient figures per team

• General Paediatric Liaison	222
• Deliberate Self-Harm	149
• Early Assessment	57
• Cleft team	50
• Diabetes	40
• ADHD	12

2010 initiatives and developments

- DSH team training to HSE 'Timewise' and residential centres care staff.
- Parent and Infant Psychotherapy group training.
- Mater / TSH Academic programme presentations.
- TSH 'grand rounds' academic presentations.
- Teaching to Child Art Psychotherapy – Psychology and Psychiatry
- Service User involvement – ADHD / W82Go / CLAPI / Early assessment
- SPACE programme audit.
- SPACE programme secured funding for production of manual.
- SPACE programme received two national awards – Aramarck and Irish Healthcare awards.
- ADHD and Phenylketonuria audit
- W82Go examining outcome of 121 attendees.
- Production of Autism booklet for preschool teachers.
- Addition of Child Art Psychotherapy trainee.
- Groups developed for ADHD / CF / SPACE / CLAPI / W82Go / Early Bird

2010 publications, major presentations & other achievements

Myra Barry	'Stability & Change in ASD and IQ' presentation – Autism Europe, Sicily.
Aoife Brinkley	'Does dietary complication influence daily neuropsychological functioning in adults with PKU' Metabolic annual conference, Istanbul.
Helena Rushe	'Living with a sibling with refractory epilepsy – children's experience with having a sibling with epilepsy', Uni. of Essex
Carole Boylan	MSc in Cognitive Behavioural Therapy
Brian Houlihan	Elected council member Medico-legal Society of Ireland.
Zai Edworthy	'Psycho-educational groups for siblings of children with cystic fibrosis', Annual CF conference.

Liaison Mental Health, St. Frances Clinic 2011

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2011 annual new patient figures per team

• General Paediatric Liaison	228
• Deliberate Self-Harm	176
• Early Assessment	57
• Cleft team	35
• Diabetes	40
• ADHD	11

2011 initiatives and developments

1. Dr Helena Rushe awarded D.Clin. from Univ. of Essex.
2. Dr Norbert Skokauskas elected Consultant Child Psychiatrist at interview.
3. Dr Zai Edworthy completed her training in hypnotherapy.
4. PKU under 16s transition programme commenced.
5. Mater / TSH Academic programme presentations.
6. TSH 'grand rounds' academic presentations.
7. Teaching to Child Art Psychotherapy – Psychology and Psychiatry
8. Service User involvement – ADHD / W82Go / CLAPI / Early assessment
9. Groups developed for ADHD / CF / SPACE / CLAPI / W82Go / Early Bird

2011 publications, major presentations and other achievements

Aoife Brinkley	'Psychologists perspectives on PKU – NCIMD study into neuropsychological functioning in Irish adults with PKU' - Irish Metabolic Study day.
Brian Houlihan	Re-elected council member Medicolegal society of Ireland.
Zai Edworthy	Edited storybooks for children.
Zai Wdworthy	'An education group for parents of children newly diagnosed with cystic fibrosis (poster) – National CF conference.
Helena Rushe	'Psychological impact of epilepsy' – Royal Soc. Medicine, London. Also presented at national teachers training day, St. Patrick's College.

St. Clare's, Child Sexual Abuse Assessment & Therapy Unit 2010

St. Clare's Unit provides an integrated therapeutic assessment and therapy service for children where sexual abuse is a concern. The Unit provides this service to a catchment area that covers north county Dublin and city. St. Clare's Unit has been a part of the Children's University Hospital since 1988 and has developed its practice over the years in line with international best practise and published research in the area of child sexual abuse. The Unit also provides training nationally in forensic interviewing with children and therapeutic approaches in working with children who have been sexually abused. The team in St. Clare's consists of administrative staff, social workers, psychologists and psychotherapists. The Unit also has access to psychiatric services through St. Frances Clinic.

Developments in 2010 centred on improving the service we offer to our clients. Thanks to both the Fundraising Department and the Projects Office, we were able to develop a dedicated preschool room which is in high demand for child sexual abuse assessments for children under five years of age as well as being a wonderful therapeutic space for play therapy for children who have been sexually abused. Audits completed on clinical work flows were positive in that targets set were attained and improvements in efficiencies successfully implemented. Feedback offered by external agencies was also positive.

The Unit also continued its commitment to evidence based practise by completing research in the areas of vicarious resilience, post traumatic growth and the experiences of fathers whose children were sexually abused. Staff also provided specialist input to UCD, TCD, the Clanwilliam Institute as well as the HSE nationally on working with children where sexual abuse is a concern. Furthermore, staff presented their work at the annual Psychological Society of Ireland conference where a joint symposium was organised in partnership with CARI.

The Unit continued its advocacy role for children in the legal system through liaison meetings with the DPP's office. Of particular concern of the Unit remained the lack of rights of a child victim in sexual abuse cases and what the Unit views as invasive practise by the criminal justice system on the rights and privacy of child victims.

This year's joint conference with St. Louise's Unit in Our Lady's Hospital Crumlin was opened by Minister Barry Andrews. Geoffrey Shannon spoke on legal issues in relation to children and from this contact St. Clare's Unit were able to contribute to his subsequent Special Rapporteurs report on Child Protection. In addition to workshops facilitated by staff from the Units at the joint conference, a keynote address was given by Marcia Sheinberg who spoke about the importance of honouring the relationships between family members who have experienced intra familial sexual abuse.

Dr. Derek Deasy
Director

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Developments in 2011 focused on interagency working which is a particular challenge in the area of child sexual abuse. Currently there are a number of parallel processes and overlap between statutory bodies. St. Clare's Unit took part in an interagency working conference that involved CARI, Laragh from the NCS, One in Four and NIAP. It was apparent that there is diversity in approaches to child sexual abuse depending on perspective and the services were able to learn from each other and challenge conventional thinking. Another initiative undertaken by the Unit was joining with other services to produce an interagency booklet to help provide parents with adequate information when they hear a disclosure of abuse on what the service options are and how they might access them.

Following an audit of our preschool clients and the particular challenge this age range brings the Unit designed and implemented a preschool protocol that resulted in these children accessing our services quicker and in a more coherent fashion than previously. This achievement would not have been possible without the excellent levels of co-operation we enjoyed with the HSE Social Work departments.

2011 saw the completion of yet a further national review of child sexual abuse services to add to the FERNs committees which were well represented by the Unit's staff. This review led to the formation by the HSE of an implementation committee with a view to standardising access and quality of services nationally for children who may have suffered sexual abuse. This implementation committee offers the avenue to reduced parallel processes, increased co-operation and integration of the different strands of services involved in child sexual abuse, if the will exists to achieve this outcome.

The Unit published research on children and the legal system in *Child Abuse Review* – a highly regarded academic journal. In addition Adele Moorhouse published her research on vicarious resilience in *Feedback*, and the Social Work Team contributed to a special edition of the *Irish Social Worker* journal looking at custody and access issues in child sexual abuse allegations.





Operating Theatre 2010

The aim of the Operating Department is to provide the highest standards of individualised care to infants and children in line with the hospitals mission statement.

Overview of the Services Provided

The department has four operating rooms and a four bay post anaesthesia care unit. We provide a twenty four hour service with scheduled lists from 08.00 to 16.30 followed by emergency surgery with an in house "on-call" multidisciplinary team. A broad spectrum of surgical disciplines use the facility:

- General Surgery
- E.N.T. Surgery
- Cochlear Implant Surgery
- Ophthalmic Surgery
- Orthopaedic Surgery
- Plastic Surgery
- Neurosurgery
- G.U. Surgery
- Renal surgery
- Respiratory
- Anaesthesia

This surgery includes neonates and many specialised procedures only carried out in C.U.H.

Activity Levels

Activity Levels in 2010 rose by 12.5% with a total of 6500 patient's being treated. These figures include patients who had MRIs under general anaesthetic. Yearly theatre activity up 15% in 2010 compared to 2009

Ms Anne Tynan, theatre manager, retired in April 2010. Anne had managed the department for ten years and had seen us through both good and bad times. She was a huge loss to the department and we all wish her a long, happy and healthy retirement.

Ms Anne O'Brien who has been on the staff of CUH for many years was subsequently appointed as the new theatre manager.

The Meridian Report was published in 2010 which indicated that the theatres could be used more efficiently across the city. This report was to herald changes across the three paediatric hospitals. Additional administrative support of two days a week was put in place to input data, to be collated, to capture information not currently available to us.

A master schedule system was put in place with an agreed process for filling vacant slots.

- Autonomy given to Theatre manager to fill available sessions
- 6 week rolling plan in place
- Surgeons expected to give 6 weeks notice of annual leave

There are 40 sessions available in CUH per week if using four theatres x five days per week. The report recognised that additional anaesthetic and nursing staff was required to utilise theatre capacity. Dr T Howlett and Dr D. Doherty were appointed in 2010.

The Recovery room opening hours were extended most evenings until 18.00 as part of the normal working day to improve theatre efficiency and effectiveness and allowing 'on call' work to commence.

The Theatre Users Committee (TUC) was reconstituted with new terms of reference and its membership was extended to include the Clinical Director, Clinical & Patient Services (representing the CMT) and Divisional Nurse Manager.

Neurosurgical and cochlear implant funding facilitated recruitment of anaesthesia and nursing staff. This in turn allowed us to plan opening theatre 4 five days a week in 2011.

Going Forward

To complete Phase 2 of the Theatre project i.e. to build a six bay Post Anaesthetic Care Unit in 2012 and to plan a stand alone Endoscopy Reprocessing Room in the future.

The multidisciplinary team in the operating department will continue to provide the highest standard of care to our patients.

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- Plastic Surgery
- Neurosurgery
- G.U. Surgery
- Renal Surgery
- Respiratory
- Anaesthesia

This surgery includes neonates and many specialised procedures only carried out in C.U.H.

New Developments in 2011

The Meridian Report was published in 2010 and 2011 was to see the implementation of many of the reports recommendations.

The theatre manager was authorised to fill available sessions, this provides the opportunity for additional sessions to be managed, which can be targeted at disciplines with longer waiting lists.

It also optimises the best use of time and staff in a given planned week and has led to an increased throughput of patients in the department.

Theatre four which had previously been opened three days a week was staffed and opened to run five days per week. Several surgeons changed from two half day lists to all day lists which are proven to be more effective and efficient. The Neurosurgeons were given four dedicated sessions and the Cochlear Implant programme was assigned one weekly session.

On four days a week we now have an emergency session built into the core working hours. This allows for the timely treatment of urgent cases, reduces the out of hours work and decreases the cost of the on-call service.

Activity Levels

Activity Levels in 2011 rose by 12.5% with an additional 500 patient's approx being treated. These figures include patients who had MRIs under general anaesthetic.

This year was to see the departure of two consultant surgeons and one consultant anaesthetist who retired. Mr A Blayney, Prof. Puri and Dr D. Warde are wished a long happy and healthy retirement by all disciplines in the department. Two new consultant anaesthetists, Dr Pascale Cairet and Dr Brendan Mc Garvey, were appointed in 2011.

Achievements

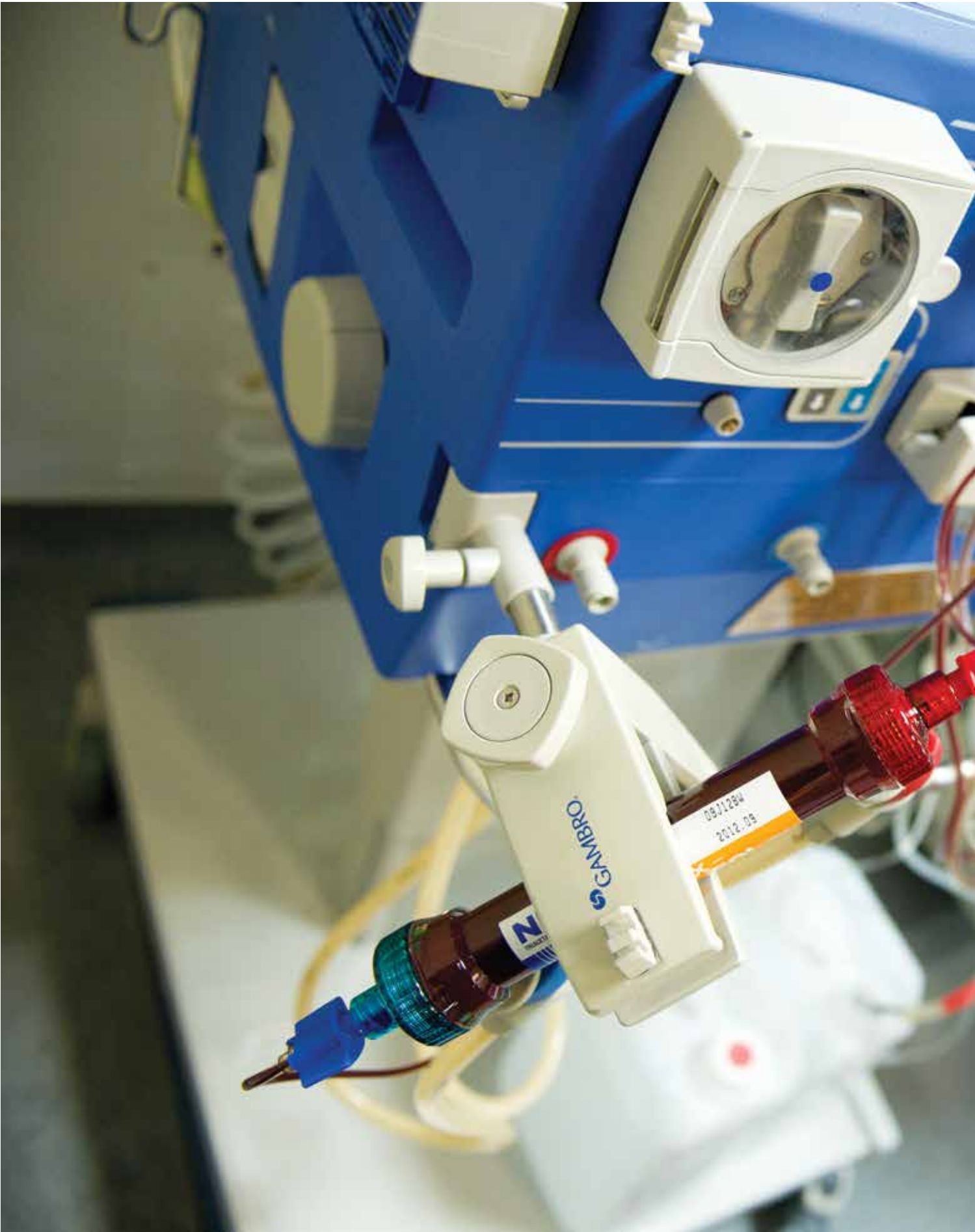
Ms Esther O'Malley, nursery Nurse and escort Nurse in the department received a recognition of excellence award from the Children's University Hospital. We were all very proud of Esther and this award was truly deserved.

Ms Angela Brangan, Staff Nurse in anaesthesia and recovery won third prize at the national INMO Conference with her poster presentation on Inadvertent Hypothermia in the paediatric setting. This study is to be further expanded and its findings presented at the next European Operating Room Nurses Association Congress to be held in Lisbon, Portugal in 2012.

Going Forward

To complete Phase 2 of the Theatre project i.e. to build a six bay Post Anaesthetic Care Unit in 2012 and to plan a stand alone Endoscopy Reprocessing Room in the future.

The multidisciplinary team in the operating department will continue to provide the highest standard of care to our patients.





Clinical & Patient Services 2010/2011

The Clinical & Patient Services Department comprises the hospital's Health & Social Care Professionals (HSCP) which includes Audiology, Chaplaincy, Dietetics, Genetic Counselling, Occupational Therapy, Medical & Psychiatric Social Work, Play Specialists, Respiratory Technicians, and Psychology, Speech & Language Therapy and the Clerical and Administration staff of the hospital in the following areas:

- Emergency department
- Admissions including the day ward
- St Frances Clinic
- Departmental secretaries
- Healthcare Records including the chart library
- Medical Secretariat
- Ward Clerks
- Metabolic Unit
- Child Health Information Centre (CHIC)

I would like to take this opportunity to thank all the members of Clinical & Patient Services for their dedication and hard work throughout the year.

Waiting Lists

March 2011 saw the establishment of the Special Delivery Unit (SDU) within the Department of Health to improve access and efficiency in both scheduled and unscheduled care in the acute hospital sector. The hospital achieved the inpatient/day case waiting list target of no public patient waiting more than 12 months for admission by the end of December 2011. The target for paediatrics is being reduced to 20 weeks from 2012. Additional targets for Emergency and Outpatient departments will be introduced next year.

Performance Monitoring

A monthly balanced scorecard was introduced at the beginning of 2011 which covers the areas of access, efficiency, human resources, finance, governance and quality. It is collated through the Clinical & Patients Services department on behalf of the Corporate Management Team and submitted to the Board of Directors. Key performance indicators are measured against national targets.

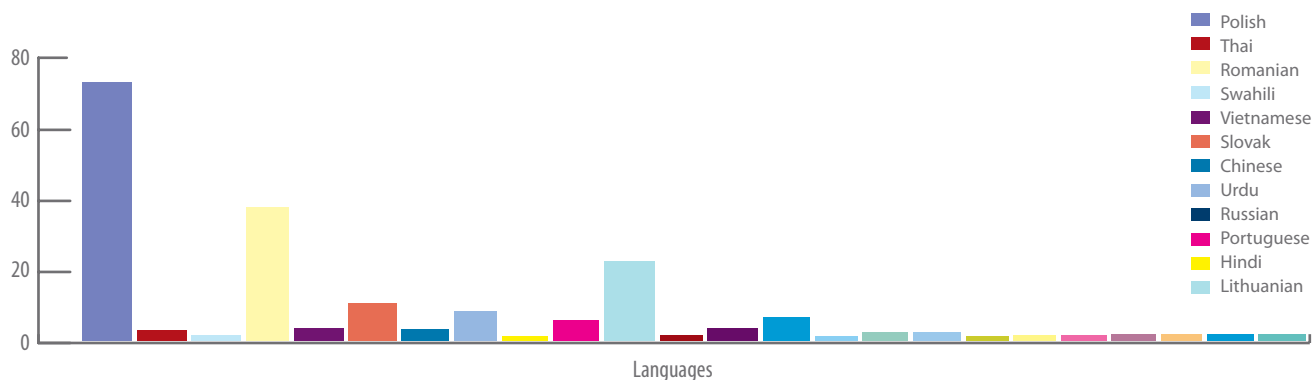
Interpreter Usage

The hospital endeavours to meet the communication requirements of non-national families where English is not their native language by providing an interpretation service 24hrs a day, 7 days a week utilising external professional services. Patient Information leaflets continue to be translated into the top 5 languages identified through interpretation usage statistics.

Youth Advisory Council

The National Paediatric Hospital Development Board (NPHDB) established the Youth Advisory Panel in 2008 to assist with the design of the new children's hospital. It was agreed at the meeting of the Cross Hospital Steering Group in March 2011 that an opportunity exists at present to involve young people in the operation of both the 3 existing children's hospitals and the new children's hospital. As a result, it was agreed to establish a similar group to the YAP, the Youth Advisory Council (YAC), which would provide past, present and future patients of the 3 children's hospitals of Ireland with a voice and an opportunity to actively contribute to the quality of paediatric care in Ireland. YAC consists of young people aged 13-19 years of age who attend or previously attended one of the three paediatric hospitals and a representative from each hospital (Ms Lucy Nugent in the case of the Children's University Hospital)

Improving every aspect of a patient's experience of hospital is a fundamental mission for each of the 3 existing children's hospitals of Ireland: Children's University Hospital Temple Street, the National Children's Hospital Tallaght and Our Lady's Children Hospital Crumlin prior to the merger of all three and the move to the new hospital. Projects to date include questionnaires developed by YAC members themselves regarding entertainment and catering. Results are feedback to the hospitals with the aim of improving current and future services.





Chaplaincy 2011

The chaplaincy department aims to offer a high quality, compassionate and professional service to patients, parents, families and staff that respects, supports, empowers and reveres the inherent dignity of each human life, irrespective of ethnic race, creed or belief system. The chaplaincy service is offered to people of all faiths and of no specific faith. It endeavours to bring about healing and peace of mind, engendering hope through the holistic care of emotional, spiritual and religious needs of the people who avail of the service. It is a client-led service, namely, the chaplain responds to an invitation to engage with a person and subsequent visits are at the request of the person(s) concerned.

Chaplaincy Personnel

Two full time and one part time chaplains provide twenty-four hour day. Seven day week chaplaincy service to children, parents, families and staff. One chaplain retired after 6 years service and a newly qualified chaplain was employed in August 2011. Sacramental care is provided by the Jesuit community, Gardiner Street.

Services Provided

During 2011, families of all faiths and of no particular faith were offered the support of the chaplaincy service, within available personnel resources. We operated with 1.5 posts from May to September 2011, which greatly influenced the quality and extent of the available service.. Individual family needs were addressed with regard to receiving a confidential listening service, access to the sacraments, a variety of hospital services according to the rhythm of the Christian liturgical calendar, access to a minister / pastor of their particular faith as desired, funeral services and post bereavement 'drop-in' service.

In 2011 there were:

• Sacrament of Baptism	38
• Sacrament of Confirmation	5
• In-patient Deaths	38
• Deaths of Patients outside CUH	14
• Services for retained organs at Post Mortem	8

Planned/delivered the hospital's Annual Remembrance Service for bereaved families, in collaboration with the Bereavement Co-ordinator.

Participated in a variety of hospital and external committees. Regular linking with the children and teaching staff of the hospital school and St. Francis Clinic school in order to collaborate in the preparation and delivery of liturgical services according to the liturgical calendar and the Department of Education requirements.

Participation in the designing, planning and delivery of bereavement training for hospital staff, twice yearly in All Hallows College, Drumcondra.

Prepared Bereavement Services Audit tool with Bereavement Co-ordinator, on behalf of the hospital bereavement committee, to evaluate the full range of bereavement services offered to bereaved parents from 2006 to 2010.

Ongoing Developments in 2011

As part of an ongoing initiative, Clinical Pastoral Education Students from both the Mater and St Vincent's hospitals training centres came to CUH for an input on paediatric chaplaincy and a brief visit to a number of relevant departments. The chaplaincy department welcomes a student chaplain on placement from the Mater hospital, providing training, mentoring and evaluation. We accepted two students in 2011.

Objectives for 2012

- Ensure that chaplains attempt to meet the diverse needs of children, families and staff colleagues throughout 2012, within available resources
- Continue to offer our 'drop-in' post bereavement service to bereaved families
- Continue to develop ongoing collegial links with pastors/ministers of different faith groups
- Continue to improved collaboration with the chaplaincy departments of our two sister hospitals in Our Lady's Hospital for Sick Children, Crumlin and the National Children's Hospital, Tallaght, with respect to planning for the new Children's Hospital Ireland
- Continue to offer, where necessary, a respectful and dignified home removal service to families with no particular faith allegiance
- We look forward to welcoming chaplaincy students on clinical placement and for talks on chaplaincy in a paediatric setting, from both the Mater and St. Vincent's hospitals

Bereavement Services 2010 & 2011

Bereavement Services in the Children's University Hospital are overseen by a Multi-disciplinary Bereavement Committee and co-ordinated by the Bereavement Co-ordinator.

Bereavement Service has a database in which relevant details of children who have died, in the Hospital, or where patients of the hospital and whose death occurred outside the hospital, are maintained. This database enables the Bereavement Co-ordinators office to send birthday, anniversary and Christmas cards on the 1st anniversary to each family.

The Bereavement Service also maintains a Memorial Book where families are invited to enter their child's name. This book is held in the Hospital Chapel in a locked cabinet. Once a year, the Hospital holds a Remembrance Service where families whose children have died in the previous 12 months are invited. Each family receive mementos of the service, a little rocking horse and a candle.

The Bereavement Service also provides (in conjunction with the Medical Social Work and Chaplaincy Dept) an Information Day for parents who have been bereaved. This service is held offsite which enables parents from around the country to attend. Parents Groups are held off site for parents whose children have died. Children's Groups are also provided as requested. The Bereavement Co-ordinator and member of the Social Work Staff are involved in the group work.

Staff members who suffer a personal bereavement - access to this service is strictly through the Occupational Health Department.

Debriefing for staff and work related issues i.e. staff deaths or work related. Bereavement Co-ordinator and a member of staff trained to co-facilitate provide this service.

The Bereavement Committee are also responsible for a Staff Training Day in bereavement which takes place twice yearly off site.

2010

Total of 39 staff attended the Training Days. The attendance at the Remembrance Service is approximately 54% of bereaved families.

Approximately 40 cards are sent out on 1st birthdays, anniversaries and the first Christmas after death.

2011

69 staff attended debriefing carried out by the Bereavement Co-ordinator and members of the debriefing team.

Medical Social Work 2010/ 2011

The members of the Medical Social Work Department provide psychosocial support to patient and families who attend the hospital with a wide range of medical conditions. Medical Social Work intervention provides families with the support during the crisis that medical illness can bring and helps them to find new ways of coping with the emotional and practical changes that illness requires a family to make.

In 2010 and 2011, the Medical Social Work Department met with approximately 2,000 families each year. We continue to provide a specialist service to the departments of Metabolic Medicine, Neurology, Renal, Cystic Fibrosis, ICU and A&E. A full time service to the Neurosurgery Service was established, particularly concentrating on children diagnosed with brain tumours, spina bifida and traumatic brain injuries. Our work can broadly be categorised into three areas of work:

1. Care of patient and families where illness requires major change to a family's functioning
2. Child protection work; and
3. Palliative and bereavement care of children with life limiting conditions and families

During 2010 and 2011, Department members were involved in the establishment of the Hospital's Child Protection Committee and with the Joint Hospitals Child Protection Committee (with Our Lady's Children's Hospital, Crumlin and National Children's Hospital, Tallaght). With over 500 referrals per year received by this department about possible abuse of children attending this hospital, this is a growing and demanding area of work, requiring close interdisciplinary co-ordination as well as liaison with the HSE's Child and Family Services. Another major development during this time involved three senior social workers completing HSE approved child protection training. Since then together with a nursing colleague they have been providing this training to all hospital staff. To date 543 members of staff have undertaken this training.

Our team has developed its service provided to siblings of children with long term medical conditions attending the hospital through our bi-yearly "Sibling Camps". These three day camps run during school holidays, allow sibling to explore the meaning of their sibling's illness on family life, helps them to gain a greater understanding of why their sibling attends the hospital and also allows them just to have a bit of fun!

Our work in the area of bereavement care has continued with the team providing individual and group counselling and support to parents and siblings, both in the immediate time after the bereavement until approximately the first anniversary. Each family is provided a service that suits their individual needs and requirements. Members of the department are also responsible for the co-ordination of post mortem meeting and organ retention issues with families. We also provide bereavement counselling to outside referrals of children who have lost a sibling or parent.

In late 2011, one of our team commenced studies on the Children's Palliative Care Modular Course in Trinity College. This level 8 course, supported by the Irish Hospice Foundation, is designed to provide practitioners working in settings where children's palliative care is provided to broaden their academic knowledge in the area and ensure that the unique philosophy of Children's Palliative Care is reflected in these settings.

Mental Health Social Work 2010/ 2011

The Mental Health Social Work Department comprises 4.4 WTE posts working within the multidisciplinary context of the mental health department. The department provides social work services to three mental health teams – Paediatric Liaison, Attention Deficit and Hyperactivity Disorder (ADHD) team and the Deliberate Self Harm team. In addition, the neurodevelopmental assessment team (Early Services) and the SFC School team are serviced and the department works directly with two medical teams - Diabetes and Cleft/Craniofacial.

Overview of Services

Department staff work with children and families referred to the mental health service. Often this involves co-working with other disciplines on the multidisciplinary team. In addition to individual work with children and families the department is involved in running the following groups on an ongoing basis:

- Earlybird Programme
- Adhd Parent Group
- Parent Plus
- Diabetes Groups - i) for parents of newly diagnosed children and ii) children's support groups
- Monthly support group for parents
- SPACE (programme for parents/carers of young people who have self-harmed)
- Parent groups run in parallel to specific children's groups eg Tourettes group, Independent Living Skills group

Two department members offer Marte Meo home-based video interventions to families attending the clinic. The department facilitates placements for final year social work students each year. Finally, members of the department are involved in the following hospital/department committees:

- Diversity Committee
- Working group for Engagement initiative
- Buzz Group
- Academic Programme Committee (this includes the mental health department and St. Clare's Unit with the Mater Child and Adolescent Mental Health services)

Service Initiatives and Highlights in 2011

- A new team member joined the department in 2011. This team member is a qualified child and adolescent psychotherapist and has offered psychotherapy to children attending the service in addition to her work as a social worker on two mental health teams
- One member continued to offer CBT therapy as she engaged in Year 2 of her MSc in the Anna Freud Centre
- The Principal in the department completed her MSc in Leadership and Management Development with the RCSI. Her change management project involved developing and leading a Quality Improvement Plan in Service User Involvement in the mental health department. This included setting up and facilitating two service user panels – one for parents and representative groups and one for young people and their representative groups. This initiative included a meeting of the management group in the department with the service user panels to identify key areas of work for 2012
- One member of the department completed training as a Circle of Security Parent Educator. This is an attachment-based programme which will be run as a group intervention in 2012 and following years
- Two members of the department have initiated work with the Traveller community in order to bring the work of the Deliberate Self Harm team and, in particular, the SPACE programme to these communities in a culturally sensitive way

Clinical Psychology 2011

The Psychology Department in the Children's University Hospital provides a service to children, and young people with a medical condition /or physical symptoms and their families and carers. The aim of the service is to reduce distress, promote optimal development, and improve psychological well being and health outcomes for children and families. Psychologists are scientist practitioners who apply psychological theories, models and research to a range of psychological, mental health and developmental problems. They provide a variety of services including assessment, therapy, and consultancy services. Their work also involves research, service development, evaluation, supervision, teaching and training. Our work with children and young people can help them with the following:

- Children adjusting to medical illness, e.g. coping with necessary treatment/care or understanding their condition
- Supporting the young person in social and peer relationships
- Children with emotion or behavioural difficulties, e.g. anxiety, low mood, excessive worries
- Difficulties in coping with procedures such as giving bloods or injections
- School difficulties- specific learning difficulties, school refusal
- Cognitive, behavioural or emotional difficulties following acquired brain injury
- Developmental difficulties, e.g. Learning Disability, Autism
- Supporting children during hospitalisation
- Trauma work and bereavement support including work with siblings

Activities/ Achievements

We are very proud of Helena Rushe and Cathy Madigan who have been awarded a D. Clin. in Research from the University of Essex, UK.

New Developments/Innovations

- Dr. Sandra Hayes, Senior Clinical Neuropsychologist, joined the Neurosurgery/Spina Bifida development in January
- A new post of Assistant Psychologist to the Metabolic service was funded through the Development Office to assist in the timely completion of psychological assessments and to assist in multi centre research
- Dr. Zai Edworthy completed her training in Hypnotherapy, a new therapy which is now available for use with children presenting with anxiety/procedural distress
- Roll out of the Transition programme at the under 16s PKU clinic and also in place on CF team including transition care booklets for children and parents
- Story books for children edited by Dr. Zai Edworthy

Teaching

"Separation/Attachment" - TCD Doctoral Trainees
"Race and Culture" – Doctoral Trainees
"Airways dysfunction- impact of condition on family" &
"Epilepsy- Impact of the condition on families"-
CUH/DCU Nursing modules
"Psychological Issues in Chronic Illness"-
DCU Diabetes Module

Clinical Psychology 2011

Research Projects/Presentations/Papers

Helena Rushe

"Living with a Sibling with Refractory Epilepsy- children's experience of having a sibling with epilepsy"-

Doctoral Thesis, University of Essex

"Psychological impact of epilepsy" –

Royal Society of Medicine, London

"Psychological impact of epilepsy on the child at school"-

Neurology Conference for teachers, St. Pats College, Dublin

Supervised TCD research on "Living with the Ketogenic Diet"

Aoife Brinkley & Mary Keating

"Psychologist Perspective on PKU - NCIMD Study into neuropsychological functioning in Irish Adults with PKU".

Presentation at the 2nd Irish Metabolic Study Day

Mairead Dempsey

"Impact of Diabetes on the family" – Presentation to Diabetes Federation

"Psychological support issues in Diabetes"- presentation to nurses in HSE Mid-West

Supervised Doctoral Thesis on "Adversarial Growth in children with Type 1 Diabetes."

Myra Barry

"Stability and Change in the IQ and Adaptive Behaviour of Preschool Children with a diagnosis of ASD"-

Mater Academic Programme.

Dr. Zai Edworthy

"The Psychological and Emotional impact of CF: A survey of presenting issues in Paediatric and Adult Psychology Services in Three Dublin Hospitals".

"An Education Group for Parents of Children Newly Diagnosed with Cystic Fibrosis" - Poster presentation, Annual CF Conference.

"Psycho-Educational Groups for Siblings of children with Cystic Fibrosis" – Paper submitted for publication

Doctoral Research Thesis on impact and experience of Newborn Screening supervised by Dr. Zai Edworthy- ongoing

Mary Keating

" IQ, Executive Functioning, and Dietary Compliance in Irish Adults with PKU" Oral presentation – PSI Psychology, Health, Medicine Conference

"Does dietary compliance influence daily neuropsychological functioning in adults with PKU?" –Poster presentation, Dietary Management of Inherited Metabolic Disorders Annual Conference

Yvonne Rogers

"Challenging Cases in PKU"- Oral presentation at the Sero International Foundation, Metabolic Conference, Lisbon

Patricia Smyth & Dr. Zai Edworthy

"Psychological Assessment of child with pain and symptoms" - half –day workshop for the Pain and Symptom Management in Children's Palliative Care Module 2, School of Nursing, TCD. Objectives for coming year:

- Further implementation of transition programmes across all medical teams
- Outcomes- evaluating the clinical effectiveness and cost-savings of psychological Interventions in a climate of reducing budgets

Clinical Nutrition and Dietetics 2010/2011

The Nutrition and Dietetic service is provided by two teams of Dietitians, 17 wte in total. The hospital dietetic team, 9wte, provide nutrition education and support to children and their families, both from the local area and across the country. CUH is a tertiary referral centre for specialities which include: Critical Care, Endocrinology, Developmental Paediatrics, General surgery, Neurology, Neonatology, Respiratory medicine and Renal.

There are 8 wte metabolic dietitians based in the National Centre for Inherited Metabolic Disorders (NCIMD) Manipulation of diet is an integral part of primary medical treatment for many metabolic disorders. There are nearly 1800 patients attending the NCIMD, many of which require dietary review at least 4 times per annum.

The departments' activity is increasing exponentially, despite restrictions in cover due to maternity leave and reductions in service provision. In the last year alone (2011), activity reported increased by up to 28% but it is generally increasing by approximately 5% per annum. The NCIMD report up to 600 phone contacts per month, to facilitate managing dietary treatment at home.

The department strives to continue to provide a high quality nutrition and dietetic service to high priority inpatients. The high priority referral process has been in effect since September 2009, which includes TPN, NG and gastrostomy feeds, Haemodialysis patients, Faltering growth, Neonatal Cows Milk Protein Allergy, GOR, Newly diagnosed Type 1 Diabetes and Eating Disorders. All newly diagnosed Inherited Metabolic Disorders are identified on the newborn screening, to which cystic fibrosis has been added from 2011, which also require intensive nutrition support.

In addition to clinical practice the department has also been involved in:

Audit and Research:

- Presentations and posters at DMIMD, Ketopag, , Vitaflo international conferences and also CUH Research Study Days
- Randomised Controlled trial in a new juice based paediatric supplement 2010-2012
- Audit of Anorexia Nervosa patients 2005-2010
- Completion of Home Enteral Feed review 2010
- Participation in Paediatric Critical Care Nutrition International Nutrition Survey 2010, 2011
- Participation in Clinical Nutrition Survey for UK and Ireland 2010, 2011

Service Developments

1. Collaboration with DIT/ TCD in training undergraduate Student Dietitians in 2011
2. Development of service to adult metabolic patients in Mater Hospital, implementation due in early 2012
3. The department has been linking in with our colleagues in AMNCH, Tallaght and OLSCH Crumlin in planning the dietetic services for the New Children's Hospital of Ireland
4. Group Sessions to facilitate education needs of outpatients such as allergy patients, carbohydrate counting for group sessions
5. Participation in lectures and workshops at low protein weekends for families with children with PKU in 2010, 2011

Occupational Therapy 2011

The Occupational Therapy Department in The Childrens University Hospital is 17 years old. In 2011 the Neurology post was filled and the department worked with staff shortages of 0.6 WTE senior therapist for 7 months and no administrative support for the first 7 months of 2011 which impacted on clinical services. Staff members included 0.5 manager, 4.5 senior therapists until May, 0.88 basic grade therapist, 1 part time OT assistant (20 hours) and 1 administrative support (17 ½ hours a week).

Overview of services provided

The OT service is in acute and diagnostic services and there is a huge demand on these services:

- Child & Adolescent Mental Health
- Neurology
- Orthopaedics
- Rheumatology
- Burns & Plastics
- Neurosurgery

The OT in Neurosurgery promoted and developed the OT role for inpatients and outpatients. A review of the service was completed and the initial OT priority system was reviewed and updated. The OT service to the Neurosurgery team is provided within the funded 20 hours and is an inpatient service, the piloted outpatient and Spina Bifida clinic were not sustainable within current resources. We are exploring options to develop this service.

- Inpatients Consultancy Services consultancy service for medical specialists in CUH not specified above and without funding/resources and limited to equipment provision

It was a challenging year and the OT team were flexible in up-skilling to support each other and the reconfiguration of the service when there has been staffing changes and cuts in 2011. Although staffing had decreased the 2011 statistics showed an increase in activity due to the high demand on the OT services.

New Developments

- Joint training initiatives with OT in CUH and OLCHC
- Linked with UK Paediatric OT's in hospitals special interest groups to develop peer support links
- CAMH peer supervision expanded to become a national group
- Launch of joint OT & SLT Hungry Hippos sensory feeding programme
- Development of Teenage Life Skills Group (PLS team & linked with Psychiatric Social Work)
- To manage staff cuts we reviewed and made changes in practices by developing and providing information booklets to parents prior to admission for hip spica procedures
- We celebrated OT world day on the 27th October to highlight the role of OT, it was a great success and we hope to celebrate it annually
- CUH OT is the QCCD OT representative for Paediatrics and Neonates Programme
- Secured funding to renovate the OT department!

Research Projects

- Reviewed successful pilot of OT & Physiotherapy cross cover in Plastics
- MSc Health Services Management - Effective Staff Engagement: A Casestudy within Planning For a National Paediatric Hospital. The staff member completed the research and passed their Masters
- Participated in DATH's Peer Departmental Review of OT referral practices

Future Objectives:

1. Research in Neurosurgery
2. Research on Hungry Hippo's sensory feeding programme
3. Research with OLCHC
4. Explore joint work initiatives/cost saving initiatives/ audit and standardisation of practices with OLCHC
5. Promote OT
 - Launch seating booklets
 - Present at conferences/ study days e.g. Neurosurgery
 - Study Day
 - Celebrate OT world day annually

Physiotherapy 2011

The Physiotherapy Department of CUH, Temple Street was established 44 years ago. For many years our service was provided by a single therapist but we currently have 12.5

WTE Physiotherapy Posts, 1.0 WTE Physiotherapy Assistant and 1.0 WTE Admin Grade IV, providing an acute diagnostic and physiotherapy intervention service open to all children with complex needs who are under the care of a Consultant in CUH. The children we care for may be recovering from illness, injury or may require some extra help to reach their developmental milestones.

Our principal areas of in, out and day patient service delivery include: Orthopaedics, Musculoskeletal, Rheumatology, Plastic, Reconstructive and Aesthetic Surgery, Respiratory, Neurology, Neurosurgery, Pain Management, Mental Health, Neurodevelopment and Endocrinology.

Activity and Achievements 2011

In 2011 we offered over 15,000 appointments to children from 0 – 16 years attending CUH. This figure was an increase of almost 1,000 on appointments offered in 2010. Aside from our more general in, out and day patient services we provided a rapid response service to a nine bed ICU, a six bed neonatal HDU and to the Emergency Department. Our core business took place from Monday to Friday but we also provided a weekend service and 24 hour cover 365 days of the year to emergency and high priority patients.

The establishment of CUH as the national centre for Paediatric Neurosurgery (Age 0 – 6 Years) in 2009 in line with the planned reconfiguration of acute services under the HSE's Transformation Programme led to the formal roll out and development of our national physiotherapy neurosurgical service through 2010 and 2011, following the appointment of a Clinical Specialist Physiotherapist in Neurosciences in April 2010. In 2010 we cared for 101 neurosurgical patients. In 2011 that number increased to 191 neurosurgical patients.

A one year research pilot physiotherapy Normal Variant Orthopaedic Programme approved by the HSE which commenced in October 2010 was completed with audit in September 2011. The results have influenced the way that the physiotherapy department will manage this patient cohort in the future. The audit findings were presented at the CUH audit day in December 2011.

A two year research pilot physiotherapy Metabolic Programme commenced in February 2011 using a standardized physiotherapy assessment tool developed specifically by CUH staff for this pilot. This research which is due for completion in January 2013 involves Metabolic Patients attending CUH who receive Enzyme Replacement Therapy (ERT) treatment.

One staff member successfully completed an MSc Degree in Paediatric Rehabilitation, four staff commenced MSc degrees and one staff member commenced a BA Degree in 2011. A staff member was awarded a HRB Clinical PhD Fellowship to enable her to conduct research in the area of obesity over the next three years (2012 – 2014). This project is also supported by the Children's Fund for Health (CUH), the national Children's Research Centre (OLCHC) and the University of Oxford.

Our principal focus for the year ahead is to continue to provide a responsive, needs based equitable physiotherapy service to all CUH patients.

Speech & Language Therapy 2011

The Speech and Language Therapy Department is based in St. Frances' Clinic, and provides an in-patient and out-patient service to the Children's University Hospital. Speech and Language Therapists are the lead experts regarding communication and swallowing disorders. This enables Speech and Language Therapists (SLTs) to lead on the assessment, differential diagnosis, intervention with and management of individuals with communication and swallowing difficulties.

Overview of the services provided

Our SLTs work closely with children and their families, carers and other professionals to assess, diagnose and treat speech, language, communication and feeding difficulties. We work as part of a number of multidisciplinary teams, such as the Cleft Lip and Palate Unit, the Neurology service and the Mental Health department, specifically the Early Assessment Team and Paediatric Liaison Service. We also provide specialist treatment to children who attend the hospital and present with eating, drinking and swallowing disorders.

New developments in 2011

In 2011, a rotational Dysphagia Lead SLT role was introduced from within existing resources. Imogen Hawes, Senior SLT has taken on this role for a period of 2 years, with the aim of streamlining the operation and development of the Dysphagia Service. In response to rising demand, the SLT department has worked with the Radiology Service to allow it to increase its provision of Videofluoroscopy clinics from monthly, to a twice-monthly service.

In October 2011 the Cleft SLT team provided a very well-received training session to more than 30 community SLTs, regarding early intervention with children with (SLTs) Cleft Palate, to support management of these children in their local area.

Summary of activity and achievements during 2011

In 2011 the SLT team provided 3,043 appointments and 2,050 patients attended our service. Of note, with the same level of staffing the department has increased its activity year on year by more than 200 patient appointments per year.

Research projects in 2011

In 2011, a chapter entitled 'Nasality – Assessment and Intervention' appeared in Cleft Palate Speech Assessment and Intervention (ed S Howard & A Lohmander) (Wiley and Blackwell, Sussex), penned by our Clinical Specialist SLT, Prof Triona Sweeney. Three research projects were delivered by SLTs in training from the University of Limerick, under the supervision of Prof Sweeney, who also lectured undergraduate students on the topic of Cleft Palate speech at the School of Clinical Speech and Language Studies at Trinity College, Dublin.

A joint research project by the SLT Department and the Audiology Department, aimed at establishing normative data for the tests of Central Auditory Processing Disorders (CAPD) in Ireland, was awarded financial support from the Children's Fund for Health in 2011, and approval from the Scientific and Ethics committees in the hospital. The research team is looking forward to commencing the two-year research project in 2012. This research will be a collaborative project with Prof. Teri Bellis, University of South Dakota and this will be the first international study of dialectal differences on central auditory test performance ever undertaken.

Ms Tanya Gilroy, Senior SLT commenced her PhD studies in the area of holistic management of children with cleft palate, with the University of Sheffield, under the supervision of Professors Joy Stackhouse & Shelagh Brumfitt, and Triona Sweeney in the Children's University Hospital.

Objectives for 2012:

In 2012 we look forward to the continued delivery of quality and efficient SLT services to children and families attending the Children's University Hospital, in the context of a challenging economic environment. Amongst other projects and initiatives we are looking forward to further development of the SLT role in Paediatric Liaison services, delivery of training to community SLTs in the assessment and management of nasality issues, and implementation of year 1 of our CAPD research project.





Play 2010

The Play Department is managed by a Senior Play Specialist. There are a team of Play Specialists and assistants (FAS CE scheme) who work in the Playroom or on the wards.

The Play Department is to provide a happy stimulating environment where play can occur naturally. To facilitate this we have a large central Playroom, where the children from the hospital attend daily. The playroom is supervised by play specialist who is assisted by CHI volunteers and students. The staff in with playroom provides a wide range of play activities for children from babies to early teens.

Our Multi Sensory Room is an unique environment within the Hospital. It facilitates relaxation and escapism for children and young people through the specialised equipment. The room can be used with individual children or small groups. Each Session is individualised according to the specific needs of the user.

The Play Specialists on the wards provide normal play for children who are unable to attend the playroom. They also provide specialised play where they prepare children for all medical procedure using play as a medium. They distract them during the procedure and follow up with post procedural play. They also provides play programmes for long term children to enhance their development during their hospital stay

- The Play Department hosts Pre-Admission Club once a month on a Saturday, in conjunction with the nursing staff in the Day Ward & Theatre. We invite children who are attending the hospital for elective surgery. The aim of the club is to prepare the children for their admission to hospital and their operation. Each child receives a story book about Tara & Ben (dolls) coming in to hospital for an operation
- Saturday Club, provides a wide range of activities from different entertainers who visits the wards from 9.30 -1.30
- During the year the play team themed party's at Easter, Halloween and at Christmas they also arranged different trips for the children of the hospital in association with various organisations. Such as visits to the Zoo, Cinema, Concerts and Santa New Developments:
- In May of this year, our Animal Assisted Therapy programme (Peata) started. Max, Millie and Robyn (Peata dogs) visits alternative weeks with their owners. They have become a regular feature in the hospital. The programme has provided children with many benefits and has created a sense of pleasure and fun within the whole hospital. The visits have been an event for long term patients to look forward to and also be a pleasurable experience for many inpatients (see table below)
- The Play Department in conjunction with the Project Office complete phase two of our Multi-Sensory Project. Diarmuid Gavin and the gardening team designed and built the garden off site, the garden was official opened in September. Funding was sought through the fundraising department, and Vodafone Ireland funded this exciting project. The new amazing small interactive/ sensory garden and aquarium gives children an opportunity to experience the natural element during their hospital stay
- The Play Department received funding through the fundraising department to refurbish the central playroom. The Technical Services over seen the project, it was design by interior designer in IKEA. The playroom was transformed in to a fantastic area for the children to play and normalise their hospital admission

Play 2011

The Play Department is managed by a Senior Play Specialist. There are a team of Play Specialists and assistants (FAS CE scheme) who work in the Playroom or on the wards providing normal and specialised play.

- We have a large central Playroom, which helps to provide a happy stimulating environment where play can occur naturally. Most children from the hospital attend daily, it is supervised by two Play Specialist who job-share, and they are assisted by CHI volunteers and students. The staff in the playroom provides a wide range of play activities for children from 6 months to 15 years old
- Our Multi Sensory Room is a unique environment within the Hospital. It facilitates relaxation and escapism for children and young people through the specialised equipment. The room can be used with individual children or small groups. Each session is individualised according to the specific needs of the user

The Play Specialists on the wards provide normal play for children of all ages who are unable to attend the playroom. They also provide specialised play where they prepare children for all medical procedures using play as a medium. They distract them during the procedure and follow up with post procedural play. They also provide play programmes for long term children to enhance their development during their hospital stay.

- The Play Department runs a Pre-Admission Club once a month on a Saturday, in conjunction with the nursing staff in the Day Ward & theatre. We invite children who are attending the hospital for elective surgery to attend the club. The aim of the club is to prepare the children for their admission to hospital and their operation. Each child receives a preparation story book
- Saturday Club, provides a wide range of activities from different entertainers who visit the wards from 9.30 - 1.30. This was funded by the fundraising department
- During the year the play team have themed parties at Easter, Halloween and Christmas they also arranged different trips for the children of the hospital in association with various organisations. Such as visits to the Zoo, Cinema, Concerts and Santa
- 50 children, parents and staff had an exciting visit to Aras an Uachtarain to meet President McAleese at the beginning of this year
- Our Animal Assisted Therapy programme (Peata) is still running. Max, Millie and Robyn (the Peata dogs) visit alternative weeks with their owners. They have become a regular feature in the hospital. The programme has provided children with many benefits and has created a sense of pleasure and fun within the whole hospital. The visits have been an event for long term patients to look forward to and also be a pleasurable experience for many inpatients. Sadly in August Millie and Robyn had to cease their visits. A new dog, Buttons and her owner started in September

Audiology 2011

The Audiology Department is based in St. Frances' Clinic. The primary goal of the Audiology Department is early diagnosis of permanent childhood hearing impairment (PCHI) and hearing loss associated with persistent middle ear problems. Late diagnosis results in negative outcomes for speech and language development, educational achievement, social and emotional development, employment, social inclusion and quality of life (Yoshinaga-Itano 1999, Moeller 2000).

Overview of Services Provided

The Audiology Department provides a diagnostic assessment service for CUH professionals, a screening service during ENT OPD clinics, as well as training for qualified and student health professionals. A wide range of assessments are performed including: Distraction, Visual Reinforcement Audiometry, Pure Tone Audiometry, Play Audiometry, Performance, Tympanometry, Acoustic Reflexes, Automated and Live Voice McCormick Toy Test, Auditory Brainstem Response (ABR) and Otoacoustic Emissions. A Bone Anchored Hearing Aid (BAHA) softband trial service has been provided since 2010.

The Audiology department is the only facility in Ireland where an Associate Audiologist, an Audiological Scientist and Audiologists work together. Audiological Scientists and Senior Audiologists perform identical clinical duties, which gives a high level of flexibility for efficient service delivery. The employment of an Associate Audiologist means that senior staff are performing specialised work most of the time.

This model of service delivery is an example of maximizing the use of scarce resources and successful integration of audiology professionals with different qualifications and levels of experience.

Recommendations from the National Audiology Review (NAR) report, published by the Health Service Executive in April 2011, give support to the above approach.

Waiting Times and Waiting Lists

Waiting times grew from 6 months at the end of 2009 to approximately 20 months by May of 2011, following the cessation of funding for a 1 WTE Audiologist who had been employed on a temporary contract.

A waiting list validation exercise was undertaken from June to September, in order to determine if all that were on the waiting list still required appointments. This resulted in the waiting time for an appointment being reduced to 17 months. By carrying out the waiting list validation exercise, the number of children on the waiting list was reduced from 1137 in May to 718 for June 2011.

In May 2011, the CUH Executive Management Committee authorized a Saturday clinic for private patients.

The first clinic took place in July 2011 and the number of children aged over 3 years of age waiting for a "priority" appointment was reduced from 121 in June 2011 to 65 in January 2012.

Activity Levels

3108 public assessments were performed in 2011, up from 2937 assessments in 2010. The weighted total for 2011, where an adjustment is made for the complexity of assessments, was 1611.5 hours. This is an increase from the 2010 total of 1556 hours.

Audiology 2011

Achievements

- Test Room Refurbishment
- Detailed, Standardised Procedures

The refurbishment of the largest audiology test room was completed in January 2011, with resources for this work having been made available by the CUH Fundraising Department.

The Audiology department aims to minimize the number of unnecessary review appointments, so more detail has been given to existing review procedure documents. A sample of 100 patients assessed in 2011 indicated that 49% had previously been tested at St. Frances Clinic, down from 74.3% for 2009.

Research

There are no centres in the Republic of Ireland currently performing Central Auditory Processing Disorder (CAPD) assessments; however health professional and parental awareness is growing.

In July 2011, resources were approved by the CUH Fundraising Department for an international, interagency CAPD research project.

It is hoped that a successful research project will act as a springboard for the setting up of a CAPD service for the children of Ireland.

National Audiology Review

Following the publication of the NAR report in April 2011, CUH Audiology has been involved in the implementation of the report's recommendations. On a national level, the Audiology department has provided input on: workforce planning, clinical education, BAHA services and equipment procurement. For the Dublin North East region, CUH Audiology is part of the Universal Neonatal Hearing Screening implementation group and has contributed to work on care pathways and individual management plans.

Objectives for the Future

The persistence of long waiting times for Audiology appointments is a major concern and the Audiology Department will continue to explore how best to address this issue in 2012. There has been an increase in demand for audiology appointments since the year 2003 due to development of services at CUH. A more comprehensive range of audiological assessments has been put in place and a fourth ENT consultant has been recruited. Having secured resources from the CUH Fundraising Department, it is intended that 2012 will mark the launch of the international, interagency CAPD research project.

The Audiology Department views the development of the new National Paediatric Hospital as an exciting opportunity to reorganize services for the benefit of patients and their families. As such, representatives from audiology will continue to input into the design and workforce planning team for the hospital.





Children's Hospital School 2010

The Children's Hospital School is a recognized special school funded by the Department of Education and Skills. Its function is to provide education to children and young people who because of medical needs find themselves hospitalized and unable to access their base school.

Overview of Service

928 pupils were on roll for the Calendar Year 2010. These are pupils who enroll for one-off stay, one-off stay followed by repeat enrollments, set days every week to receive hospital treatment, pupils who may not have a base school due to long-term illness and other. Teaching is carried out in the classroom and bedside on the wards.

The links between pupil's base school and hospital school are important. Increasingly electronic links facilitate the flow of information. Effective communication between medical, multidisciplinary and educational staff is critical to providing a holistic educational experience for pupils.

Objectives

- To enable primary pupils access their right to education during their stay in hospital, by providing a full programme of carefully graded educational activities in line with the Primary School Curriculum
- To enable post-primary pupils access their right to education and continue their Junior and Leaving Certificate programmes
- To facilitate post-primary pupils sitting the state exams by providing Exam Centres under the auspices of the State Exams Commission
- To provide an appropriate learning environment
- To continue education and minimize the disruption caused by repeated or long-term admissions
- To ensure a vital sense of normality for children and young adults with medical needs
- To liaise with parents, guardians and base schools
- To engage in multi-disciplinary collaboration to ensure that the development of the whole child is considered during a hospital stay
- To establish links with both the hospital community and the wider community

Summary of Activity and Achievements

Science Award

The School received an award for Science and Maths Excellence-Discover Primary Science 2010.

Threads Across the World

The Children's Hospital School took part in a collaborative project with hospital schools from Australia, Belgium, Brazil, Germany, New Zealand and Finland. Each participating hospital school contributed to an artistic display in the form of a wall hanging. This is on permanent display in the link corridor, CUH.

The school took part in Kidz Classics Music Workshops (NCH) and Puppet Portal Project (Ait Eile TCD) and the school's Artist in Residence weekly workshops.

Resources

The school constantly evaluates, updates and adds to resources in order to maintain an appropriate environment for the pupils to learn.

Annual School Play

'Whoops a Daisy Angel' was performed in the Hospital Chapel. Many thanks to the Hospital Chaplaincy for their support and collaboration during the school year.

New Developments in 2010

The development of Neurosurgery in CUH is a new challenge and has impacted on the hospital school. With the support of the ICT Infrastructure Grant Scheme from the Department of Education and Skills, resources were purchased to help the school better facilitate these pupils. A multi-disciplinary team for neurosurgery patients was set up including a member of the school's teaching staff.

Many thanks to Sr., Angela Bugler, Chairperson and members of the School Board of Management for their time and unwavering support. Rath Dé ar an obair.

General Operations 2010

The General Operations Manager oversees the management of the following departments:

- 1. Hygiene**
- 2. Catering**
- 3. Household**
- 4. Portering**
- 5. Technical Services**
- 6. Clinical Engineering**

Below is a brief report outlining objectives, developments and achievements introduced in 2010, within each of the departments listed above.

1. Hygiene

The Hygiene Operations Team (HOT) reported quarterly to Corporate Prevention and Control of Health Care Infection Committee (CPCHCAIC), in relation to the management of Waste, Laundry, Catering, Contract Cleaning, Hygiene and Equipment. A suite of Hygiene Key Performance Indicators (KPI's) enabled a consistent approach to the trending, monitoring and reporting of the hygiene services provided.

In March 2010, the Health Information and Quality Authority (HIQA) carried out an unannounced inspection of Childrens University Hospital (CUH) Hygiene Services. The inspection focused on Standard 4, of the Service Delivery Standards which measures the safety, efficiency and effectiveness of the hygiene services provided.

The findings of this inspection identified 15 non compliances of which:

- 73% were staff or process related and did not require funding to address (11)
- 27% related to infrastructure and required capital funding to address (4)

Corrective action was implemented to address the non compliances which did not require significant capital expenditure. However the challenge of the physical fabric of the building, current financial and resource constraints remain constant.

In October 2010, HOT hosted it's second annual Hygiene Awareness Event. The aim of the event was to highlight best practice in Hygiene Services and to promote the role that staff, patients and visitors have in ensuring the hospitals Hygiene Standards are compliant to the requirements of the National Standards.

Children from CUH School, CUH Play School and the Girls National School, Gardiner Street participated in an Art Competition, held in conjunction with the event. The title of the competition was 'Clean Hands will Kill Bugs'. Sixty posters were submitted and four categories of winners were chosen.

The winning posters were displayed throughout the hospital.

1. Achievements

- CUH, were awarded 'Supreme Award Winner' in the Hospital Category for Irish Accommodation Services Institute Awards 2010
- The HOT achieved 90% of its Quality Improvement Plans 2010 (QIP's) on time

2. Catering

- Replaced the main kitchen dishwasher
- Introduced new practices and initiatives to comply with the implementation of Food Waste Regulations 2010
- Reviewed and revised the provision of Catering Services to meet the service needs, post the Voluntary Retirement and the Early Retirement Scheme, Q1, 2011
- Developed the Food Vending Service within the Restaurant

3. Household

- Completed the replacement programme of industrial type dishwashers in all patient kitchens
- Completed the upgraded St. Bridget's Ward, patient kitchen

4. Portering

- Undertook a waste characterisation project as part of European Protection Agency, funded initiative Q2, 2010
- Managed the introduction of the new waste management contract, Q3, 2010
- Provided training on Globalised Harmonisation Scheme and Reach Regulations Q4, 2010
- Ensured compliance with relevant waste management legislation (including Food Waste Regulations 2010)

5. Technical Services Department Projects Completed

- Upgrade of the water supply systems
- Introduced a revised departmental organisation structure
- Implemented a Planned Preventative Maintenance System
- Introduced Contractor and Permit to Work procedures
- Introduced an ICT infrastructure within the Department
- Introduced a formal evaluation of all facilities associated with new projects

General Operations 2010 (continued)

5.1 Training Programmes Completed

- Clean Steam Generator Training
- Hivar Medium Voltage Training
- AHU Filter Training
- Water Hygiene Training

6. Clinical Engineering

In 2010, the asset register increased by 9% and activity within the department increased by 11%, partly due to new developments and the addition of the new Out Patients Department.

Following the launch and implementation of the HSE's Medical Device and Equipment Management Policy, late 2010, a review the department was undertaken to ensure all Policies, Standards and Procedures were compliant and in accordance with best practice and current legislation.

Conclusion

Finally, and in conclusion the staff within the General Operations Department will continue through their tremendous commitment and dedication to their work, strive to deliver a professional service to all of it's customers and service users alike.

General Operations 2011

The General Operations Manager oversees the management of the following departments:

- 1. Hygiene**
Ms. Cait O'Tierney, Hygiene Coordinator
- 2. Catering and Household, Ms. Marie O'Keeffe, A/Catering Manager**
- 3. Portering, Mr. John Doyle**
Head of Portering Services
- 4. Clinical Engineering**
Mr. Shane Kelly, Clinical Engineering Manager
- 5. Technical Services**
Mr. Tony O'Rourke Operations Manager
- 6. Switch**
Ms. Galligan, Switch Manager

1. Hygiene:

From January 2011, a suite of Hygiene Key Performance Indicators (KPI's) were implemented. This enabled a consistent approach in the trending, monitoring and reporting of the hygiene services provided.

The Hygiene Operations Team (HOT) continued to present quarterly hygiene reports to Corporate Prevention and Control of Health Care Associated Infection Committee.

The Hygiene Operations Team hosted the 3rd annual Hygiene Awareness Event on Monday 17th October 2011.

The aim of the event was to highlight best practice in Hygiene Services and to promote the role that staff, patients and visitors have in ensuring the hospitals Hygiene Standards meet the requirements of the National Standards for the Prevention and Control of Healthcare Associated Infections (incorporating Hygiene) Scheme, as required by the Health Act 2007.

The event focused on addressing best practice in the following areas:

- Hand Hygiene
- Management of Reusable Invasive Medical Devices (RIMD's)
- Decontamination of Patient Equipment
- Capital Projects/Refurbishments
- Contract Cleaning/Hygiene Standards
- Waste Management/Recycling
- Management of Confidential Waste
- Sharps Management
- Food Safety/HACCP

Children from the Childrens University Hospital and the

Girls National School, Gardiner Street participated in an Art Competition held in conjunction with the event. The title of the competition was 'Clean Hands will kill Bugs'. A total of sixty posters were submitted and four categories of winners were chosen.

HOT Goals and Objectives 2012

HOT will continue to identify and implement QIP's by continuous measuring performance against Hygiene KPI's, and using the findings from the following measurements;

- Quarterly Patient Satisfaction Surveys
- Six monthly Staff Satisfaction Surveys
- Annual Hygiene Awareness Event
- Service Users Engagement
- Hygiene Initiatives

2. Catering & Household:

The Catering Department caters for up to 90 patients, 300 staff members and visitors to the Childrens University Hospital on a daily basis. Since February 2011, services in the restaurant were reduced, where the revised hours of opening are now 7.30am to 2.30pm Monday – Friday & 8.30am – 10.30am Saturday, Sunday & Bank Holidays. From 7.30am to 9.00am, both staff and visitors alike can avail of a cooked breakfast with the introduction of a "healthier option" breakfast bar until 11.30am. This includes homemade muesli and granolas, scones and brown bread. Lunch is available from 11.45am to 2.30pm. The department continually strives to ensure that our patients are happy with the menu choice and service by carrying out satisfaction surveys. All food is prepared and cooked fresh daily to the highest standards. Our menus in the restaurant offer a wide range of options including healthy & gluten free options as well as traditional favourites. From 2.30pm onwards, food and drinks are available from our vending dock.

Activities & Achievements in 2011

- 3 plasma televisions were installed in the restaurant

Objectives for 2012

- To upgrade the remaining ward kitchen to industrial standards as a ward is being renovated
- To revamp the seating areas of the restaurant

3. Clinical Engineering

Clinical Engineering is the engineering science employed to develop, repair and maintain medical technologies. The Clinical Engineering Department has responsibility for Healthcare Technology Management and medical devices used throughout the hospital for the duration of their life cycle. This life cycle includes the tendering and commissioning of new equipment in conjunction with the end users, the training and education of Clinical staff on the operation and application of medical

General Operations 2011 (continued)

devices, performing the necessary preventative maintenance, conducting repairs and finally device decommissioning and disposal. They are also responsible for safety, vigilance, developing technologies, and to further develop the art and science of Clinical Engineering. The purpose of these tasks is to ensure optimum performance and minimize risk to both patients and staff, all in a cost effective manner.

Different Clinical Engineers specialise in different areas, however all Clinical Engineers cover all departments and the wards. Clinical Engineering staff work throughout all medical specialist areas and general wards. Such areas include ICU, Theatre Departments, HDU, Medical Imaging, Renal and many more.

Our approach to the role is non-hierarchical, with staff at all grades contributing to the scientific, administrative and technical workload of the Department, matching the skills available to the tasks in hand at any given time, whether it be Electronic, Electrical, Mechanical, Hydraulic, Pneumatic, Medical gas systems, Optics, Imaging, Physics, Chemistry, allied to an understanding of the clinical application of such equipment.

The Department maintains an asset register of medical devices and equipment. Traceable records of works carried out on equipment by in house engineers or companies are maintained in the form of a service history on a dedicated departmental database, whether it is repairs or planned preventative maintenance. We also keep records of equipment performance, including flow & occlusions tests of infusion devices, electrical safety test records, results on water analysis as appropriate.

The year 2011 was a busy year for the Clinical Engineering Department, culminating in yet another year on year increase in the number of calls received, compared to the previous year. This came about in part due to an increased workload due to an ever expanding asset registry, increases in Technology. However, January saw Shauna Pike start as a new, and greatly needed, additional Clinical Engineer within the department, and this fourth Engineer has meant that the Department is well placed to meet the growing needs of the Hospital.

During 2011 funding was secured for upgrade of many aspects of the Medical Gas Pipeline System in line with best practice recommendations, this being Health Technical Memorandum 02:01. These works included the provision of a new Medical Air plant with capacity for any future needs of the Hospital, new Anaesthetic Gas Scavenging systems for Theatre, MRI and CT as well as upgrades of local area zone service units.

As I final note I would like to take this opportunity to recognise and thank all members of the department for their continued support and commitment throughout the year.

4. Technical Services Department

The Technical Services Department provides all Maintenance Engineering services to the Hospital as follows:

- Provision of Breakdown, Routine, Conditioned Based and Predetermined Maintenance schedules
- Developing and maintaining the technical infrastructure required to support delivery of these services
- Provision of a 24/7 emergency "On-Call" service
- Develops and manages Minor Projects
- Overall responsibility for developing the Energy Management Programme
- Participates in and supports Infection Control, Hygiene, H&S and capital Projects initiatives

A number of surveys were conducted in 2010 on Electrical Systems, Water Systems, Medical Gases, TSD Effectiveness and Health & Safety. These surveys establish the current status with regard to relevant standards and regulations and form the basis of the TSD strategy for future works.

Main Works Completed in 2011

- Water Upgrade. project completed in 2011, This project provided increased capacity reduced replenishing times reduced risk from legionnaires disease
- Installation of new chloride Dioxide dosing system as part of the hospitals Water Hygiene Management Process. This project provides better and safer control of the Chlorine Dioxide dosing systems used in the hospitals water management system
- Completion of safety access ladders and catwalks to high level water storages cisterns
- A comprehensive roof planned preventative maintenance programme was implemented

The following training programmes were completed for Technical services department personnel.

- Clean Steam Generator Training
- Medium Voltage Training (10000 volts)
- AHU Filter Training
- Water Hygiene Management Training
- Refrigeration Training
- Planned Preventative Maintenance training

5. Portering Department

The delivery of Service in the Portering Department is provided by personnel on a twenty four hour basis. The overall reporting relationship is through the Head of Portering Service and Deputy Head of Porting Services who report directly to the General Operations Manager The duties of the Portering staff are spread across the entire sector of the hospital; this includes

General Operations 2011

staff, patients, parents and visitors. Emphasis on customer focus and respecting the dignity and privacy of patient's parents, staff and visitors is paramount.

As the hospital continues to grow with redevelopment and increased services the Portering staff have shown adaptability and acceptance of the change process with the uniformed structure equally over a twenty four hour period, this ensures and enhances the quality of the service they supply. One CPR instructors continue to teach classes in conjunction with CPR Sister and it is hoped to incorporate support services staff in this training.

New Services Include

- New Surgical Flat
- Increased MRI List

Waste Management Program

Portering Departments Waste management coordinator continues to spear-head the 'Hospital Recycling Process' for collection of waste paper, plastics etc within the hospital. This has proved to be a great success and cost cutting exercise which has benefited the hospital greatly. Portering Department intends to continue to work to improve this service and bring all areas of the hospital into the recycling program/waste Segregation Schedule.

Switch Room

The switch room is the hub of all hospitals and the CUH is no exception. We are open 24hours 365 day per year.

- We deal with phone calls, internal and external, and process up to 5,000 calls per week; our telephonists are highly trained and deal with sensitive issues on a daily basis in a professional manner. We have over 851 extensions

- We deal with the bleeps and page system within the hospital and are responsible for the implementation of the crash calls and major emergency calls. Any repairs and faults on the bleeps are dealt with by us
- Taxi bookings for staff and patients on account are dealt with by the telephonists, who use a voucher system, we have currently two taxi companies in use, and calls are monitored to ensure no abuse of the system by the telephonists.
- On a daily basis we update our rotas of on call consultants and NCHD'S
- From 8.30am – 11 pm the switchboard is manned by telephonists, of whom there is a supervisor, deputy supervisor and six telephonists who work on a roistered basis
- After 11pm the night porter takes over

Clinical Engineering 2011

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Human Resources 2010

The Human Resource Department is responsible for the provision of Human Resource Services both at strategic and operational level throughout the hospital.

2010 proved to be a challenging year in terms of Human Resource activity, primarily due to the impact of the government moratorium on staff employment coupled with the focus on national retirement schemes and cost containments. The department experienced increased activity in responding to the processing of applications for staff retiring under the Incentivised Scheme of Early Retirement (ISER) in addition to the requirement to support managers in managing the resulting staffing deficits. Fortunately, though a significant number of expressions of interest were received, a total of 6 staff retired in 2010. One of the most significant retirements was that of the Mr. Paul Cuniffe, Chief Executive Officer in the hospital for the past 27 years and I wish to take this opportunity to thank Paul for his dedicated service to the hospital throughout the years.

Driven by the Public Service Agreement 2010-2014 (Croke Park Agreement) and the emphasis on increase cost efficiencies, the department led out on supporting managers in the review and implementation of various services efficiency initiatives and reconfiguration of services.

The Human Resource Service Plan 2010 identified a number of key areas of focus which included both the continuation of developments already begun in 2009 and the commencement of new initiatives and projects. Work continued on training and communication relating to the introduction in 2009 of the hospitals' Attendance Management Policy. In addition to promoting a culture of motivation and work satisfaction this initiative was introduced in response to the national requirement to reduce absenteeism levels to 3.50%. Average 2010 absenteeism level was 3.51%.

Additional areas of focus included the roll-out of Leadership training and coaching for senior hospital managers in addition to Workforce Planning and the preparation of staff for the future transfer of services to the new Children's Hospital. Engagement and discussion continued with the National Paediatric Hospital Board (NPHB) relating to workforce and service planning.

Work continued on the roll-out of MegaHR project modules and the streamlining of Human Resource processes across the three HR services (Corporate, Medical Manpower and Nursing) in addition to the successful linking of the MegaHR system with the MegaPay system in the Salaries Department. Further modular developments are planned for 2011.

The hospital continued its success in the Great places to Work awards being placed 13th in countries top 20 Best places to Work. CUH is the proud recipient of this award as it acknowledges the dedication, motivation and camaraderie of staff to work together in providing the best care possible to our patients and families. In line with the hospitals tradition of acknowledging staff as its greatest asset, the department facilitated the delivery of staff recognition programmes to include Recognition of Excellence Awards and Long Service Awards.

The "Well of Wellbeing" programme continued to grow in strength seeing the roll-out of a diverse range of health support and promotion programmes (Pilates, smoking cessation, heart health etc.) Social and communication initiatives also experienced continued success by way of the "Communication Folder" on the hospitals intranet, "The Buzz" club, "The Pulse" magazine, staff Book Club and other social gatherings.

I wish to thank all staff throughout the hospital that played their part in contributing towards delivering their service with increased efficiencies while at the same time providing a quality service to all stakeholders. The HR department looks forward to supporting managers in the delivery of further service development initiatives in 2011.

Human Resources 2011

The Human Resource Department is responsible for the provision of Human Resource Services both at strategic and operational level throughout the hospital. CUH has a highly professional, flexible and motivated workforce and we value our employees as a major stakeholder and our greatest asset.

2011 was a challenging year in terms of Human Resource activity, primarily due to continued hospital service development programmes, the impact of the government moratorium on staff employment, the hospital's own cost containment plan coupled with various retirement initiatives. Though a significant number of expressions of interest in retirement plans were received, a total of 10 staff retired in 2011. The HR department worked to support managers in managing the knock-on effect of the non-replacement of vacant posts and I wish to thank all staff who worked with hospital management in the continued provision of quality services under increased pressures.

Following the transfer of the Human Resource Director to the role of Acting CEO in 2010 the role was replaced by Acting HR Director. A revised model of HR service delivery commenced by way of HR Business Partner structures and was introduced in response to the changing requirements of HR service delivery and the need for strategic HR involvement and support for managers. I am pleased to report that the new structures received positive evaluation and I wish to thank the HR team for their role in its successful introduction.

The HR department continued to work on the delivery of the HR strategic goals commenced in 2010 in addition to new projects and initiatives. Focus continued on the management of attendance throughout the organisation with the average absenteeism level recorded at 3.74%. A further objective to this regard is the reduction of this level to the target 3.5% in 2012. HR KPI's were identified and introduced as part of the monthly Balanced Scorecard to include Employment Control, Absenteeism, and Mandatory Training (Safer Handling, Child Protection, Hand Hygiene and Fire Training).

A review of the HR Learning & Development (L&D) function was undertaken and the department committed itself to the continued support of education and training for staff working within a reduced budget allocation. Management Development, skill training and HR Workshops were planned for roll-out over 2011-2012. The department identified the role of e-learning as part of the overall L&D strategy. Fire training through e-learning commenced in June 2011 with plans for the introduction of additional e-learning modules 2011-2012.

Work continued on the roll-out of MegaHR project modules with the launch of Employee Self Service in October 2012. Employees now have on-line access to update personal details and access documents. Further modules planned for 2012 include leave management, staff rostering and HR Recruitment.

Focus continued on staff engagement and communication initiatives with the hospital entering the Great Places to Work 2011. Though nomination was not received, survey feedback provided valuable information which will be referred to in future planning. Recognising staff as its greatest asset, the department facilitated the delivery of staff recognition programmes to include Recognition of Excellence Awards and Long Service Awards.

The "Well of Wellbeing" programme continued to grow in strength seeing the roll-out of a range of health support and promotion programmes with emphasis on mental health and stress management. The Diversity Committee continued the roll-out of an Intercultural Communication Programme with emphasis on supporting culturally appropriate care to patients and families. Hospital social club "The Buzz" staff club and "The Pulse" staff magazine continued to grow in strength providing a forum for staff communication and camaraderie.

I wish to thank all staff for their continued support and dedication to quality service provision. The HR department looks forward to supporting managers in the delivery of further service and strategic developments in 2012.

Risk 2010/2011

The Risk Management Department has overall responsibility for the following key functions:

- 1. Processing all requests for access to personal information under the hospital's Routine Administrative Access policy and the Freedom of Information Acts 1999 & 2003.**
- 2. The management of Complaints under the hospital's Complaint Management Policy in line with the Health Act 2007.**
- 3. The management and follow-up of adverse incidents involving patients, staff and visitors.**
- 4. The management of employee, public and medical negligence claims and Inquests.**
- 5. The promotion of the Risk Management Programme under the auspices of the Quality & Risk Committee in conjunction with the Quality Manager and Allied Services Manager.**

The Hospital's Risk Management Programme continued to promote a proactive risk management culture in the organisation throughout 2010. The Programme continued to highlight the importance of incident/risk reporting to staff at all levels and the hospital through the hospital's on-line reporting system which was launched in 2007. This system allows for the real-time reporting of adverse incidents, complaints and compliments. The Quality & Risk Committee chaired by the Chief Executive review trends in relation complaints, staff and clinical issues on a monthly basis and recommends corrective actions. A number of Committees including Health & Safety, Drugs & Therapeutics, Blood Transfusion, Healthcare Records Users Group, CPCHCAI and Medical Devices report annually into the Quality & Risk Committee.

Key Initiatives in 2010

During 2010 the Quality & Risk Committee's focussed on a number of key initiatives which include the development of a Business Continuity Plan, Sentinel Event Policy, Clinical Handover and Confidentiality. A number of System Analysis Training days hosted by the Clinical Indemnity Scheme were held throughout 2010 and were attended by medical, nursing and senior management. The Quality & Risk Committee welcomed the Protected Disclosure Legislation which was circulated to all staff and an internal hospital policy for this legislation was developed.

Risk Register

The organisation's Corporate Risk Register was reviewed on a quarterly basis by a Sub-Group of the Quality & Risk Committee throughout 2010. The Risk Register was submitted to the Board of Directors for review in November 2010.

Dublin Hospital Group Risk Management Forum & Ireland and UK Paediatric Network

The Hospital is a member of the Dublin Hospital Group Risk Management Forum and the Ireland and UK Paediatric Network through which the hospital works collaboratively to develop policies, procedures and guidelines in line with best practice which included Matters for Consideration in resolving Conflict between Patients, Guardians and Staff; Guidance on Risk Assessment for Night Workers; Communication Guidelines and Guidance on Managing and Populating Risk Registers.

External Working Groups

The hospital was represented on a number of external working groups. In 2010 the hospital participated in development of a collaborative approach to the HSE "What you can expect from your Health Service and what your Health Service can expect from you" which outlines 8 core principles considered fundamental to health services users (Access, Dignity and Respect, Safe and Effective Care, Communication and Information, Participation, Privacy, Improving Health and Accountability).

2011

The Hospital's Risk Management Programme continued to promote a proactive risk management culture in the organisation throughout 2011. In line with the recommendations of the Commission on Patient Safety and Quality Assurance "Building a Culture of Patient Safety" the hospital established the Clinical Governance Committee. This multidisciplinary Committee, chaired by the Clinical Director was established to ensure the hospital is accountable for providing a safe high quality service in an open and trusting environment. 2011 saw the development of the hospital's Performance Report which is presented to the Board of Directors on a monthly basis. The balanced scorecard includes statistics in relation to the number of complaints, FOI requests, PQs and Representations and medication related issues received on a monthly basis.

Risk 2010/2011 (continued)

Key initiatives in 2011

Medication Safety

The Risk Management Programme placed particular emphasis on medication safety during 2011. Medical, nursing and Pharmacy staff were encouraged to report issues which were reviewed on a monthly basis by the medication safety sub-group and the learning from these issues was circulated in the medication safety bulletin.

Internal Incident plan

The hospital developed an Internal Incident Plan which led by Ms. Jenny Carey, Divisional Nurse Manager. The development of this Plan was done in conjunction with a review of the Major Incident Plan.

Patient Safety Week

Patient Safety Week was held between 6th and 8th July 2011. A number of key speakers were invited to speak on promoting excellence in patient care.

Correct Site Surgery

An audit of the hospital's compliance with Correct Site Surgery Policy was conducted by the HSE in August and recommendations were made. A multidisciplinary Surgical Safety Working Group was set-up in September 2011 to review the report and implement the recommendations.

Risk Register

A quarterly review of the hospital's Risk Register took place during 2011. A key initiative for 2011 was the development of local risk management and the Emergency Department Safety Action Group was set-up in November 2011.

Dublin Hospital Group Risk Management Forum & Ireland and UK

Paediatric Network

The hospital continued to play an active role in the Voluntary Hospital Group's Risk Management Forum from both a Risk Management and Health & Safety perspective and were involved in a number of key policy developments. The hospital continued to work collaboratively with the UK & Ireland Paediatric Network which was set-up by the Head of Clinical Governance at Great Ormond Street Hospital in December 2009 to review policies, procedures and good practices across the paediatric sites. A number of Systems Reviews from the Network were reviewed by the Quality & Risk Committee and the lessons were shared with relevant personnel throughout the hospital.

External Working Groups

The hospital is represented on a number of key external Committees/Working Groups including the Children's Consent Group, a sub-group of the National Consent Advisory Group under the auspices of the HSE Quality & Patient Safety Directive.

Quality & Standards 2011

At the hospital we strive to provide a quality patient centered service to patients and their parents/ carers that is both safe and achieves outcomes that reflect both International and National Standards.

2011 was very busy year in the Quality and Standards Department of Children's University Hospital with a number of new responsibilities added including coordinating the development of and monitoring implementation of hospital Service Plan as well as line Management Responsibility for Decontamination.

We also hosted a very successful Quality and Patient Safety Event from 6th – 8th July culminating in CUH Audit Day. The purpose of the event was to promote a culture of improvement not judgement.

The key theme of the event was Developing a Culture and Climate of Safety with a particular focus on Blood Transfusion Safety; Medication Safety; Safe Site Surgery and Hand Hygiene.

This event included key note speakers, internal speakers, poster display skills/interactive learning session on various aspects of patient safety.

We work in close liaison with Risk Management and Health and Safety D& Hygiene Departments to achieve common goals under the hospital Quality, Safety and Risk programme.

Overview of the Services Provided:

The Quality & Standards Department has overall responsibility for the development and coordination of activities in a structured and supports the Hospital's Continuous Quality Improvement programme by:

- Overseeing the implementation of external quality assurance requirements (and National Standards) of HIQA and HSE in conjunction with relevant staff, Managers and Departments
- Implementation of hospital wide Decontamination Programme and Supporting the CDU Department to maintain certification to ISO 13485 and Registration to Medical Device Directive
- Supporting the development of and review and monitoring of internal continuous quality improvement plans relating to National standards
- Audit of hospitals policies in line with document control
- The Administration of Quality Management Information System Q Pulse for hospital
Summary of Activity for 2011:

1. Coordinated CUH Service Plan development and monitoring
2. Coordinated the hospitals self assessment requirements and monitoring reports against national standards in line with HSE requirements
3. Continued implementation of Q Pulse Quality Management Information system including training staff in the use of Q-Pulse
4. Survey of staff regarding use of Q Pulse
5. Assisted CDU to maintain certification to ISO 13485 and Registration to Medical Device Directive Role of the CDU Manager expanded to include role as decontamination Advisor under the umbrella of the Quality Department
6. Development of Quality Improvement Plan to meet requirements to HSE Standards and Recommended Practices for Decontamination (2011)
7. Worked in collaboration with the other Paediatric hospitals and national Paediatric Hospital Development Board to develop and recommend draft Corporate Structures
8. Completed staff and service user hygiene satisfaction surveys
9. Reviewed hospital against the Quality Standards for Babies and Children at End of Life Care in hospitals
10. Coordinated and Hosted 3 Day Quality and Patient Safety Event (Developing a Culture and Climate of Safety)
11. Reviewed and revised patient/parent feedback comment card system in the hospital
12. Participated in Working Group for redevelopment of hospital website

New Developments 2011

- Quality Manager took on role of Coordinating CUH Service Plan 2011. Quarterly monitoring reports provided to Board of Directors which ensured that plan was implemented within available resources
- CDU Manager/ Decontamination Coordinator focused on closing out recommendations from Notified Body SGS to ensure continued certification to ISO 13485 and Registration to Medical Device Directive
- Clinical Governance Committee established and hospital Governance & Accountability Structure mapped

Objectives for 2012

As well as building 2011 activities we plan to further develop hospital quality goals to focus

- Developing QMS to incorporate the use of the audit and QIP modules
- Develop feedback system to include child friendly comment card (pilot completed)

Quality & Standards (continued)

- To ensure CDU is re certified to ISO 13485 and Registration to Medical Device Directorate
- To implement National Standards Safer Better Healthcare once approved by Minister for Health
- To coordinate implementation of Standards and Recommended Practices for Post Mortem Examination Services

Research / Achievements 2011

- Decontamination Coordinator presented at World Conference in Portugal 2011 on "Risk Management in Medical Devices"
- Decontamination Coordinator presented at National Conference in Dublin 2011 on "ISO Compliance"
- CDU finalist at Biomnis Awards 2011 in Quality and Service Delivery category

ICT 2011

The ICT Department provides ICT services to employees and management of the Children's University Hospital. 2011 was an important and successful year for the ICT dept.

The National Newborn Blood-Spot Screening Laboratory (NNBSL) is located at the Children's University Hospital. The NNBSL currently provides a service to screen all infants born in the Republic of Ireland for a number of rare inherited metabolic/congenital disorders. 2011 marked the procurement of a dedicated screening laboratory information system. The new system will not only support and enhance the service provided by the NNBSL but will also provide screening results online to all maternity hospitals and public health nurses through Ireland. Implementation commenced in 2011 with go live scheduled for 2012.

There was further expansion of our HR system with the launch of our Employee Self Service Portal (ESS). ESS allows staff to view their payslips, P60's and income levy certificate online. ESS has resulted in savings for the Hospital as it no longer has to print and distribute payslips. Additional functionality is planned for 2012 where staff will be able to manage all of their leave online.

In recognition of the need to further improve efficiencies in the services the Hospital delivers, the upgrade of our Financial and Procurement System (Agresso) commenced in 2011. Additional online functionality will be rolled out in 2012 and 2013 with the intention that a paperless requisition to supplier payment process will be in place by 2014.

2011 marked a milestone in the development of the Hospitals clinical information systems. Approval was granted for the replacement of the Hospitals Patient Administration System, Patient Billing System and Theatre Management System in addition to approval for the procurement of an ICU Information System. Rollout of these systems will commence in 2012 and into 2013.

The ICT Department continues to provide a range of training courses for staff. There are a number courses on offer with the option for staff to attain a recognised certification. Demand for ICT training in 2011 remained buoyant. 2011 marked the rollout of the Hospitals first online fire safety training programme. Additional online training programmes are planned for 2012.

In recognition of the ICT departments needs to continually evolve and support the needs of our staff and patients, the ICT department was restructured to ensure a more cohesive and responsive service. A new ICT project approval process and project implementation methodology was also adopted.

While it was a busy and productive year for ICT I would like to take this opportunity to thank all of the ICT staff for their continued hard work and dedication without which this work would not have been possible. I would also like to thank all of the other hospital departments who work closely with ICT and are involved in ICT projects. Their continued involvement is a critical factor to the ICT success the Hospital has enjoyed to date.

Library services 2011

The Library strives to meet existing and anticipate future training, education and research needs of all Temple Street Staff in both a clinical and non-clinical capacity. It also provides a centre of undergraduate medical and nursing education. The Library exists as a quality filtered information repository, meeting the increased demands of evidence based practice and assisting decision making, clinical governance and the high commitment to patient care for which CUH is renowned.

Overview of Services Provided

Library Staff continually assess the changing knowledge based needs of CUH and develop services in line to meet these needs. There are currently two staff members on site, both are both are qualified Librarians.

- There are seven research PCs on site in the Library, available for use by CUH Staff and students. These are equipped to access the Hospital network and Internet
- The Library offers access to online journals and databases via the Library's A-Z system which is available on all Library PC desktops. CUH staff may also apply for remote access through our "Athens passwords"

We currently offer access to the following online databases:

- CINAHL Plus
- Medline
- Health Business Full Text Elite
- PsychInfo
- Proquest Nursing and Allied Health Source
- The Library stocks a sizeable collection of e-books which may be accessed either on site via our Library A-Z or remotely
- The Library holds a collection of over 2,000 print texts which may be borrowed by users. We stock an extensive reference collection on site which comprises reports, dissertation and legislation. The Library is also a repository of staff publications and articles
- The Library uses the Liberty management system. All Library records are catalogued online on this system and the online catalogue can be viewed either on site in the Library or on the CUH Hospital Intranet Site
- The Library offers a comprehensive Inter Library Loan Service. Articles which are not available from the Library may be sourced elsewhere free of charge
- We offer ongoing training services and induction in the use of Library online services, research methods and

literature searching. Training sessions are conducted on site and are available on a one to one basis or in small groups

- The Library offers an online Current Awareness service to all users
- The Library offers a Reference and Enquiry service to all Staff and Students, conducting mediated subject searches on behalf of the user
- Print, photocopy fax facilities are available to all users

Key Achievements in 2011

- The Librarian was invited to sit on the National Paediatric Hospital education board and participated in discussions regarding developments. In conjunction with this, she continued to liaise closely with her Library peers in Crumlin and Tallaght Hospitals in anticipation of further developments and planning
- A Library representative was invited to take up membership on the recently formed Nursing Research Group which was set up in order promote research among CUH Nursing Staff and students
- A number of e-books on core topics were purchased for the Library and can be accessed online on the Library A-Z system

Objectives in 2012

- To develop a strong working partnership with our Library counterparts in Crumlin and Tallaght Hospitals in preparation for the move to the new Children's Hospital Ireland
- Provide access to more e-learning packages on site to our Library users
- Broaden scope of the remit of the current Library Committee
- Liaise closely with the recently formed Research Department in CUH and actively encourage and support research within the Hospital

Pathology 2010

The management of sick children requires a higher level of laboratory input, compared to adults. The Pathology Department at CUH Temple Street provides a broad range of laboratory diagnostic services for children attending the hospital, as well as a number of national reference services.

The Pathology Department is accredited to ISO 15189 standards by Clinical Pathology Accreditation (CPA). The Pathology Department comprises:

- Histopathology Laboratory
- Biochemistry Laboratory
- Metabolic Laboratory (national diagnostic service)
- National Newborn Screening Laboratory
- Microbiology Laboratory
- Irish Meningococcal and Meningitis Reference Laboratory (IMMRL)
- Epidemiology and Molecular Biology Unit
- Haematology Laboratory
- Blood Transfusion Laboratory
- Mortuary
- Phlebotomy

In 2010 the Pathology Department maintained its high level of service, despite budgetary and staffing restrictions. The Pathology Department worked closely with colleagues from Our Lady's Hospital for Sick Children, Crumlin, in planning the amalgamation of services at the planned National Paediatric Hospital. Joint meetings between the Pathology Management Boards of the two hospitals were established, to develop closer working arrangements ahead of amalgamation.

Key Achievements in 2010 Included:

- Appointment of a laboratory quality manager
- Introduction of blood product re-routing, to reduce blood wastage
- Introduction of enhanced susceptibility testing for bacteria causing infection in children with cystic fibrosis
- Introduction of new metabolic tests (including enhanced amino acid assays, urinary pyrimidines and tryptophan)
- Development of new PCR assays and sequence-based typing methods for *Neisseria meningitidis*
- Development of a new assay to detect macrolide resistance in *Streptococcus pneumoniae*
- Introduction of a national PCR diagnostic service for invasive Group B *Streptococcus* at IMMRL

Selected Publications

Treacy A, Carr MJ, Dunford L, Palacios G, Cannon GA, O'Grady A, Moran J, Hassan J, Loy A, Connell J, Devaney D, Kelehan P, Hall WW. First report of sudden death due to myocarditis caused by adenovirus serotype 3. *J Clin Microbiol.* 2010 Feb;48(2):642-5.

Vickers I, O'Flanagan D, Cafferkey M, Humphreys H. Multiplex PCR to determine *Streptococcus pneumoniae* serotypes causing otitis media in the Republic of Ireland with further characterisation of antimicrobial susceptibilities and genotypes. *Eur J Clin Microbiol Infect Dis.* 2011 Mar;30(3):447-53. Epub 2010 Nov 13

Lucey JM, Gavin P, Cafferkey M, Butler KM. Pneumococcal meningitis: clinical outcomes in a pre-vaccine era at a Dublin paediatric hospital, 1999-2007. *Ir J Med Sci.* 2011 Mar;180(1):47-50. Epub 2010 Nov 12

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In 2011 the Pathology Department dealt with a 10% increase in specimen numbers, compared to 2010, despite the moratorium on staff recruitment. The Pathology Department is fully accredited by the Clinical Pathology Accreditation (CPA), and the blood transfusion laboratory is also accredited by the Irish National Accreditation Board (INAB). CPA and INAB accreditation status were retained in 2011. Maintaining accreditation in the face of increased workload and reduced staffing levels is a credit to the dedication and professionalism of the laboratory staff.

Key Achievements in 2011 Included

- Introduction of the national newborn screening service for cystic fibrosis, which commenced in July 2011
 - Introduction of an improved website for the National Newborn Screening service
 - Linking of the microbiology laboratory and IMMRL to the national Computerised Infectious Disease Reporting (CIDR) system
 - Introduction of a number of new tests, including new cortisol and growth assays, a new assay for detection of *Haemophilus influenzae* at IMMRL
 - Introduction of a joint programme with the Mater Hospital for re-routing of unused red blood cell packs
 - Joint working with the Pathology Department at Our Lady's Children's Hospital, Crumlin, in preparation for amalgamation at the National Paediatric Hospital
- Selected Publications

Vickers I, O'Flanagan D, Cafferkey M, Humphreys H. Multiplex PCR to determine *Streptococcus pneumoniae* serotypes causing otitis media in the Republic of Ireland with further characterisation of antimicrobial susceptibilities and genotypes. *Eur J Clin Microbiol Infect Dis.* 2011 Mar;30(3):447-53

Lucey JM, Gavin P, Cafferkey M, Butler KM. Pneumococcal meningitis: clinical outcomes in a pre-vaccine era at a Dublin paediatric hospital, 1999-2007. *Ir J Med Sci.* 2011 Mar; 180(1):47-50

Research 2011

Over many years the staff of this hospital have contributed to both the national and international literature presented at a myriad of conferences and symposia and undertaken research projects either within the hospital itself, or as part of a multidisciplinary group cooperating with research teams in other institutions, or in other countries. While some excellent work was carried out, it was not recognized within a formal research structure.

Being aware of this shortcoming, the Board of Directors decided to set about establishing a research function within the hospital framework to encourage research, educate staff as to its value, and on a broader front to question how we do things and what improvements might be instigated. Spear-headed by Mr.Derek McGrath, supported by a working group led by Professor Alf Nicholson, which included experienced research staff across the various disciplines and specialties in the hospital, a research strategy was planned. This effort, culminating in a strategic report for research was supported by the Children's Fund For Health Limited and drew upon the expertise of members of the Prospectus team in its preparation. This was followed by the establishment of a Research Department in June 2011.

Three broad research themes were identified with the intention that all research would fall roughly into one of these categories namely: The Well Child, Rare Disorders in Children and Specialist Surgery. Six Team (Theme) Leaders were selected to help support the Department through its initial phase of development and to ensure its aims and direction were being achieved. These Leaders ,who rotate on a two-yearly basis, are as follows: Ms.Pauline Ackerman, Dr.Dermot Doherty, Prof.Mary King, Prof. Philip Mayne, Prof.Alf Nicholson and Dr.Dubhfeasa Slattery. A specific liaison was established with the Division of Nursing and the Department of Metabolic Medicine given their size and research profile respectively to date. Six research projects were identified to be driven proactively in order to "prime" the research activity within the establishment and are currently underway:

1. 3.0 tesla MRI of brain in growth restricted infants
2. Auditory Processing Disorder (C)APD
3. Vitamin D Immunomodulation in Paediatric Sepsis
4. The origin of foregut abnormalities in Oesophageal Atresia/ tracheo-oesophageal Atresia
5. Head Injury and other traumatic effects in children
6. Molecular predictors of disease severity in children with Respiratory Syncytial Bronchiolitis

In terms of Macro Projects, Obesity in Childhood represents a major area of concern and this subject is being addressed in collaboration with our colleagues in the NCRC. Neurosciences, Metabolic Medicine and Renal Medicine are ear-marked for development from a research point of view in 2012.

The establishment of a Research Department de novo entails a number of functions such as Governance, IP, Application Processes, Finance and Reporting. These are being put in place in an organized and robust manner. Concurrently liaisons and working relationships are being formed not alone with our Colleagues at the NCRC in Crumlin, but also with UCD, RCSI, TCD and our affiliated hospitals: the Mater, Rotunda and Holles Street. 2012 will see further links being explored with other institutions and facilities. December 2011 saw the publication of the Research Report 2008-2011 in which the publications, presentations and research projects undertaken by members of the Children's University Hospital in the preceding 3 years were collated and will act as an introduction (as to our productivity), when meeting with industry or third level institutions.

Being situated in St.George's Hall , right in the centre of the hospital, we are readily accessible to all members of hospital staff in order to advise, encourage and facilitate research. We do hope you will drop in to see us with any queries you may have. From today's research comes tomorrow's improvements in clinical effectiveness.





Finance 2010

Profit & Loss Account Extract for the Year Ended 31 December 2010

	2010 €'000	2009 €'000
Turnover		
Revenue grants (net)	79,999	81,140
Other income	15,267	15,143
	95,266	96,283
Costs		
Staff costs	(70,369)	(73,124)
Non pay costs	(22,496)	(20,547)
Depreciation	(2,405)	(2,653)
Loss On Ordinary Activities	(4)	(41)

Balance Sheet as at 31 December 2010

	2010 €'000	2009 €'000
Fixed Assets	4,467	5,012
Current Assets		
Stocks	1,710	1,348
Debtors	3,648	3,579
Grants receivable	7,919	8,745
Cash at bank and in hand	3,032	2,271
	16,309	15,943
Creditors: (Amounts falling due within one year)	(16,312)	(15,983)
Net Current Liabilities	(3)	(40)
Total Assets Less Current Liabilities	4,464	4,972
Capital Grants	(4,467)	(5,012)
Net Liabilities	(3)	(40)
Financed By:		
Called-up share capital	1	1
Profit and loss account	(4)	(41)
Shareholders' Deficit	(3)	(40)

Finance 2011

Profit & Loss Account Extract for the Year Ended 31 December 2010

	2011 €'000	2010 €'000
Turnover		
Revenue grants (net)	80,105	79,999
Other income	16,585	15,267
	96,690	95,266
Costs		
Staff costs	(72,056)	(70,369)
Non pay costs	(22,439)	(22,496)
Depreciation	(2,438)	(2,405)
	(243)	(4)
Loss On Ordinary Activities		

Balance Sheet as at 31 December 2010

	2010 €'000	2009 €'000
Fixed Assets	3,642	4,467
Current Assets		
Stocks	1,804	1,710
Debtors	5,108	3,648
Grants receivable	7,933	7,919
Cash at bank and in hand	-----	3,032
	14,845	16,309
Creditors: (Amounts falling due within one year)	(15,087)	(16,312)
Net Current Liabilities	(242)	(3)
Total Assets Less Current Liabilities	3,400	4,464
Capital Grants	(3,642)	(4,467)
Net Liabilities	(242)	(3)
Financed By :		
Called-up share capital	1	1
Profit and loss account	(243)	(4)
Shareholders' Deficit	(242)	(3)

Notes

[illegible]

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