

CREATING A CENTRE OF  
EXCELLENCE TO CARE FOR  
CHILDREN'S HEALTH





# Creating a **Centre of Excellence** to care for children's health

Temple Street, founded in 1872, is an acute paediatric hospital serving some of Ireland's sickest children and providing a referral and care service on both a regional and national basis. Seven major specialities at Temple Street today include neonatal and paediatric surgery, neurology, neurosurgery, nephrology, orthopaedics, ENT and plastic surgery. The Hospital is also the national centre for paediatric ophthalmology, the national paediatric craniofacial centre, the national airway management centre, the national meningococcal laboratory, the national centre for inherited metabolic disorders and the national newborn screening centre. Temple Street cares for 150,000 children per year. Over 45,000 of these children attend the Emergency Department every year making it one of the busiest in Europe. A staff of 85 Consultants and over 950 other health and social care professionals and other staff deliver care.

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# CHIEF EXECUTIVE'S FOREWORD

DEAR READER

2012 WAS ANOTHER YEAR OF INNOVATION AND DEVELOPMENT AT TEMPLE STREET AND TO GIVE YOU A FLAVOUR OF THIS, LET ME SHARE WITH YOU SOME OF THE HIGHLIGHTS WHICH ARE OUTLINED IN MORE DETAIL IN THIS REPORT.

2012 WAS BUSIEST YEAR EVER FOR OUR RENAL UNIT WHEN 16 KIDNEY TRANSPLANTS WERE CONDUCTED AND WE CONTINUED TO ENCOURAGE PEOPLE TO CARRY A DONOR CARD AND MAKE THE GREATEST POSSIBLE ACT OF GENEROSITY BY GIVING A GIFT OF LIFE FOR THOSE CHILDREN STILL WAITING FOR A TRANSPLANT. IT WAS ALSO A CHALLENGING YEAR FOR THE NEUROSURGICAL DEPARTMENT AS 370 PATIENTS WERE ADMITTED AND TREATED UNDER THE CARE OF OUR FOUR NEUROSURGEONS.

We continued our parental education programme for parents of children with Spina Bifida making for a more informed group of parents better at making appropriate decisions.

The Diabetes services in Temple Street is now recognised as the national referral service for management of children who require insulin pump therapy and 28 children started this therapy in 2012. 2012 also saw the appointment of Dr Eleanor McGovern as medical lead for the new dental service.

In 2012 in collaboration with pain nurse specialists from three paediatric hospitals, we planned and coordinated national education programmes relating to pain management and Temple Street is the only hospital providing a chronic pain service to children.

In the NCIMD (National Centre for Inherited Metabolic Disorders) a transition programme was started in 2012 to prepare patients for the move to the new adult service in the Mater Hospital, a transition programme was also developed for teenagers with CF and for teenagers with difficult epilepsy.

In excess of 80,000 newborn screening cards were received from 72,225 babies and 90 babies were diagnosed with one of the six conditions included in the screening panel during 2012 and were started on treatment within the screening interval allowed by the HSE.

In 2012, the Medical Social Work team developed its service provided to siblings of children with long term medical conditions attending the hospital, through twice yearly three day 'Sibling Camps' run during the summer holidays. These camps offer siblings the opportunity to explore the meaning and impact of their siblings' illness in a supportive and encouraging environment.

The quality improvement project titled 'Enhancing a culture of patient safety by using the Paediatric Trigger Tool (PTT)' commenced in May 2012 led by Professor Alf Nicholson, Dr John Fitzsimons, Dr Colin Doherty and I. The aim of the project is to measure harm, identify and learn from potential adverse events using an NHS PTT and further enhance the voluntary reporting mechanisms already established in the hospital. We also worked to embed the PPT into the hospital's Patient Safety and Clinical Governance structures to ensure sustainability into the future.

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 start planning for the extension to the theatre suite, the laboratory and Top Flat/ St. Joseph's Ward in 2012. The final phase of the refurbishment of the basement was completed in 2012 with child friendly decoration and lighting on the corridor to the multisensory room. The Occupational Therapy Department was refurbished to provide additional and alternative therapy options. Phase two of the pharmacy refurbishment was also completed in 2012 and the final phase of this project is planned for 2013.

One of the main areas of focus during 2012 however was continued support for the choice of the Mater Hospital as the site on which to build the new children's hospital. In this regard, we partnered with our colleagues at the Mater and Rotunda Hospitals to campaign for that site and to re-iterate the principle of trilocation and the building of a new maternity hospital on the Mater site in tandem with the children's hospital in order to deliver the best and safest model of care to mothers, children and babies of Ireland.

However it was not to be and St James Hospital, Dublin 8 was chosen by the Government as the site for the new children's hospital in early November 2012. We support that decision and look forward to seeing developments unfold from early 2013.

On the financial front, 2012 was yet another very challenging year. Proactive planning for efficient use of both infrastructural and human resources was critical to ensuring that activity targets, as agreed with the HSE, were materially attained despite the ever challenging financial environment. The Hospital incurred a financial loss of €736,000 for 2012 against a HSE Allocation of €78,523,000. The Directors were satisfied with the performance of the company for the year.

In light of all these developments which I hope you will enjoy reading about in the Report, I would like to take this opportunity to thank our Chairman, Mr Sean Sheehan and my fellow members of the Board of Directors for their expertise and commitment to ensuring we provide world class treatment and care at Temple Street. I would also like to pay tribute to all the staff of the hospital who give tirelessly of themselves, day after day, making such a difference in the lives of so many children and their families who are entrusted into our care.

**Mona Baker**

Chief Executive Officer

# CHAIRMANS' REVIEW

DEAR READER

I WAS HONOURED TO TAKE OVER AS CHAIRMAN OF THE BOARD OF TEMPLE STREET CHILDREN'S UNIVERSITY HOSPITAL ON 1ST JANUARY 2013 AFTER SERVING AS A MEMBER ON THE BOARD SINCE 2001. I AM ALSO PLEASED TO SUCCEED MR DONAL WALSH WHO HAD ACTED IN A TEMPORARY CAPACITY AS CHAIRMAN OF THE BOARD SINCE DECEMBER 2011 AND THE BOARD IS INDEBTED TO MR WALSH FOR HIS GUIDANCE AND EXPERTISE DURING THAT TIME.

My Chairmanship began just in the wake of the announcement that St James Hospital, Dublin 8 was chosen by the Government as the site for the new Children's Hospital. We look forward to the development of the new hospital in a way that will deliver world class treatment and care for the children of Ireland into the future.

As we look back on 2012 and this crucial announcement in November 2012, my commitment is to ensure that the standard of care and fabric of Temple Street continues to the highest standard without compromise up to the time that we move to the new hospital. In this regard we will endeavour to ensure world class, safe and effective care where risk is kept to an absolute minimum to the 150,000 children that come through the doors of Temple Street every year.

In this contemporary acute paediatric environment, it is essential that we promote a culture of engagement and shared leadership. And so in early 2012 all staff were encouraged to volunteer to be part of an action inquiry around the meaning of a 'culture of engagement and shared leadership' as part of our development agenda. Staff from all over the hospital got together with colleagues from different departments and contributed their 'best strategic thinking' around why Temple Street is known for 'going the extra mile' when it comes to meeting the needs of sick children and their families.

The Statement of Strategic Intent which was born out of this process and approved by the Board of Directors in late 2012 is one of the four quadrants of our development agenda. The Statement is an ambitious document which will shape the future and direction of Temple Street for the next number of years. It is our road map and it replaces all other strategic plans and reflects our hospital as proactive and outward facing and shaping its own destiny in spite of the complex and uncertain national healthcare context.

The Statement of Strategic Intent mantra is "Engaging Power, Engaging Passion, Engaging People - We are doing it now" which reflects our new ambition going forward from the beginning of 2013 and one that will influence the shape of paediatric services for our new hospital.

As we go through 2013 we will work on the six themes from the Statement of Strategic Intent which are;

- The Experience and Voice of the Child
- Foster the Commitment, Energy and Expertise of Staff appropriate to the needs of a Complex Health Service.
- Continuous Quality Improvement to ensure high quality, effective and safe patient care.
- Develop the role of teaching and research through a commitment to being a Learning Organisation
- Support Creative, Cutting Edge, and Interdisciplinary Decision Making and build on our reputation for Clinical Excellence.
- Collaborative approach to positively influence the development of acute paediatric services.

The other quadrants of our development agenda are Leadership, New Ways of Working and Transitions and it is the intention of the Board of Directors to lead out on some strategic changes during 2013 and will form a strategic group to explore this further.

Staff will be supported to use an action learning approach as we explore these strategic changes and learn by doing and reflecting on outcomes to decide on next steps.

As I conclude, I would like to thank Mona Baker, CEO and my fellow Board members for their support, guidance and direction especially as I took over the role of Chairman. I know that they will be with me as we commence our exciting journey to the new children's hospitals and in the decisions and new areas of responsibility that this project will inevitably bring. I would also like to thank the hospital staff across all levels and disciplines and from clinical and non-clinical settings for their energy and commitment in making Temple Street the hospital that we are all so proud to be a part of.

**Sean Sheehan**  
Chairman

# BOARD OF DIRECTORS



**Sean Sheehan**  
Chairperson from 01/01/13



**Siobhain Brady**  
Deputy Chairperson



**Mona Baker**  
Chief Executive



**Suzanne Dempsey**  
Director of Nursing



**John Fitzpatrick**  
Finance Director



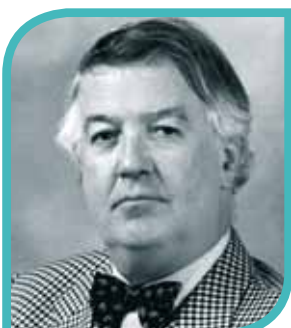
**Fionn Mac Camhaill**



**Sr. Margherita Rock**



**Phil Shovlin**



**Frank McManus**



**Dr. Stephanie Ryan**



**Derek McGrath**



**Dr. Michael Drumm**



# Part 1

## CARING TO MAKE A DIFFERENCE

THE NURSING SERVICE AT TEMPLE STREET CONTINUED DURING 2012 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, particularly in relation to the hospitals Development Agenda.

### SERVICE USER ENGAGEMENT INITIATIVE

Further progress on the Service User Engagement initiative continued with the 'Pushing the Boundaries of Engagement event' in March 2012 and the establishment of an Engagement Advisory Group in June 2012. The objectives of the group to provide a forum for service users and staff are;

- To respond to questions about services and raise issues as appropriate
- To influence future service planning and development
- To be involved in service improvements
- To impact on information provision for parents





## NATIONAL SPECIALTIES DIVISION

### RENAL

2012 was the busiest year to date for renal transplantation. There were 16 kidney transplants in 2012 compared to eight in 2011. Of the 16 transplant cases, nine were from the deceased donor pool and seven were living donor transplants. All patients who receive a kidney transplant have an extensive work-up. The demand for kidneys remains the same in spite of such an increase in transplants. There are approximately 20 children currently on the list and approximately 10 more beginning the work-up process. In addition 14 patients received haemodialysis in 2012 and nine were on peritoneal dialysis. The service hours reduced slightly in 2012 by approximately 15%. This was due to a reduction in patient numbers secondary to renal transplants (see stats below).

## 2012 STATISTICS

### HAEMODIALYSIS

- Haemodialysis sessions: **1515**
- On call sessions: **16**
- Holiday dialysis: **1 patient (5 visits)**
- New patients: **4**
- Year end 2012:  
**total of seven patients on haemodialysis**

### PREVIOUS PATIENT ACTIVITY:

- Patient sessions 2011: **1803**
- Patient sessions 2010: **1167**
- Patient sessions 2009: **922**
- Patient sessions 2008: **677**

### PLASMA EXCHANGE

- Patients requiring plasma exchange: **3**
- Number of sessions: **11**

### PREVIOUS PATIENT ACTIVITY:

- Plasma exchange sessions 2011: **6**
- Plasma exchange sessions 2010: **148 (20 on call)**
- Plasma exchange sessions 2009: **100 (16 on call)**
- Plasma exchange sessions 2008: **82 (11 on call)**

## NEUROSURGERY

In 2012, approx 370 patients were admitted and treated under the care of neurosurgery. Outpatient numbers are over 1,000 at present since neurosurgery commenced in Temple Street in 2008. These are patients that have been seen and continue to be seen at the neurosurgical outpatients by our four neurosurgeons. This figure excludes craniofacial, neuro-oncology and epilepsy – all of which are seen as inpatients on a daily basis. These patients can then contact the Neurosurgical CNS with any queries they may have or advice that they need.

### NEUROSURGICAL OUTPATIENTS

Year	Numbers Seen
2010	518 Patients
2011	456 Patients
2012	431 Patients

## EDUCATION AND TRAINING

- Updated Head Injury advice sheets – all Neurosurgical Consultants were consulted and agreed. Recommendations are as per NICE & UK guidelines.
- Neurosurgical study day – evaluated extremely well by staff throughout the hospital.
- New competency and information sheet devised for parents measuring head circumference – following audit of same a poster titled 'Measuring head circumference' was developed
- Booklets: ICP booklet devised
- A VP shunt audit to reduce the risk of infection with the use of Octenisan hair wash followed by three doses of antibiotics post op was completed in Nov 2012. Analysis of data to be carried out in 2013.



## SPINA BIFIDA SERVICE

In 2012 there were a total of 25 newborn children with neural tube defects referred for care to Temple Street Children's University Hospital. This is lower than 2011 (45) but more in keeping with numbers from other years (31 in 2010 and 29 in 2009). The total number of neural tube patients currently in the service is 250.

## NURSE LED CONTINENCE CLINICS

### CATHETERISATION AND UROLOGY

22 patients and parents received training in intermittent catheterisation.

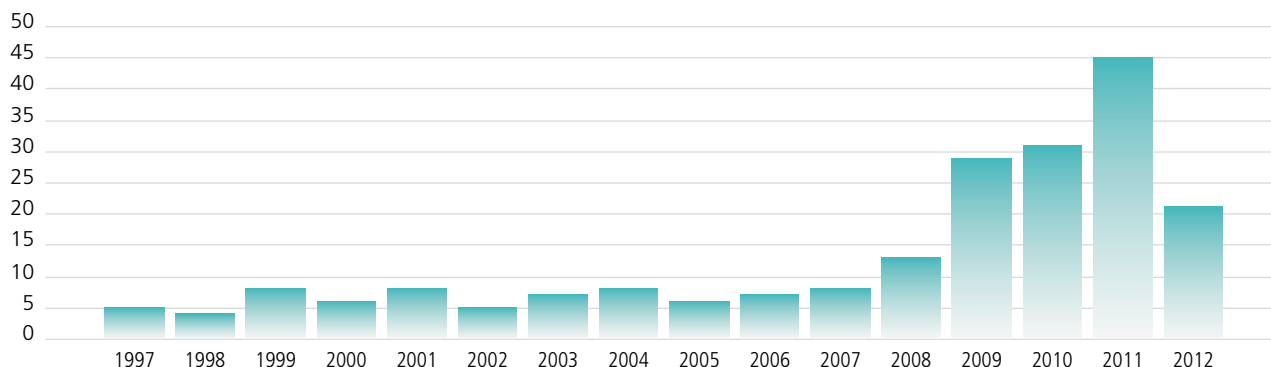
This compares to 21 children in 2011. Children receive training when clinically needed or to assist continence if child greater than three to four years.

### EDUCATION AND TRAINING

National Spina Bifida conference for professionals was organised and promoted in association with the patient support group, Spina Bifida Hydrocephalus Ireland. The day was held on May 5th 2012 in the Heritage Hotel, Port Laois and attended by 55 consultants, nursing staff and allied health professionals from across Ireland. All presentations were given by professionals from Temple Street and the feedback was very positive.

A catheterisation study day was held in Temple Street for staff wishing to update themselves with new policies and guidelines for catheterisation. Male catheterisation was also covered. Assistance will be given to staff members who need to achieve competency in either male or female catheterisation. The course was An Bord Altranais Category 1 approved.

Neural Tube Defects



## QUALITY INITIATIVES

### CASE REVIEWS

As a quality initiative within the nursing department we began case reviews in June 2012 which are coordinated by CNM3 Sheila Boyle. In 2012 we had five reviews in total from various wards within the hospital.

These meetings provide a forum for discussion regarding issues that have arisen where outcomes have not been optimal. The focus of the meetings is to identify any patient risks and to implement changes in protocols or procedures to minimise or eliminate these risk factors. This approach was a new technique to the hospital and has been very well received with continued good attendance and a change in language used and analysis of issues throughout the hospital.

Some common themes have been identified which largely centred on communication and documentation. Where appropriate issues highlighted are fed back to the Nurse Practice Development Coordinator. Education sessions are provided locally or hospital wide as necessary. Difficulties around communication and documentation are a recurring theme in healthcare. This meeting has highlighted this issue and focuses on the importance of conveying accurate information between colleagues and teams.

### HANDOVER TIME

Having identified a problem area in the duration of nursing handovers and the resultant impact of lost nursing time on children's care, nursing staff initiated a review of international practices, identifying similar problems worldwide. An audit on St. Michael's C ward identified an average length of 42 minutes for handover, with numerous interruptions. A change of practice to allocated patient handover, as described in the research, was implemented and resulted in a decreased average handover of 23 minutes. This translated to nurses being available to assess patients' needs earlier than before. This successful initiative has increased availability of staff after report time, promoting a safer environment for the care of children on St. Michael's C ward.

### ACQUIRED BRAIN INJURY PATIENT REVIEW TEMPLATE

All children with an Acquired Brain Injury (ABI) require rehabilitation that is goal specific and individualised. The ABI template was developed to assess and reassess weekly goals for children requiring rehabilitation. Each week all members of the Multidisciplinary Team discuss current patient issues and set realistic goals that are specific to each patient. The ABI Template is also used for family and MDT meetings ensuring patient and family are included in setting goals.

Following implementation and an audit of the use of the ABI patient template, communication within the MDT has improved ensuring all members discuss and set patient goals on a weekly basis. It also improved communication between parents and MDT empowering patients and parents to become a vital part in goal setting. Parents also receive a

copy of the completed template. A copy is also placed in the nursing chart, ensuring the nurse caring for the child is aware of weekly issues and goals to be achieved.

### SPINA BIFIDA - TELEPHONE AUDIT

Audits on telephone calls received from parents to the Spina Bifida nurse specialist demonstrate decreased calls in 2012.

- The average calls in 2011 per day was 10-14.
- The average calls in the first six months of 2012 had reduced to five to eight per day.
- The average calls for last six months of 2012 showed a further reduction to four to six per day

This demonstrates the effectiveness of parental education at an early stage of life. Overall parents are more informed of their child's condition and able to make appropriate decisions

## MEDICAL DIVISION

### Outpatients

In 2102 Ms Suzanne Hopkins was appointed as the OPD Nurse Manager. Ms Hopkins is a key member of the Outpatients Performance Management Group which was set up to ensure the effective and efficient provision of care to patients and families who attend the department and also to ensure compliance with the Special Delivery Units Outpatient Performance Management project.

### DERMATOLOGY

The Dermatology Day Care service continued to expand in 2012 due to the development of the new Dermatology Outpatient Clinic. The number of patients seen in the Nurse led clinics continued to increase again. Patients attended the nurse-led service for a large number of treatments including Cryotherapy, Wet Wrapping, Anapen training and Invasive Haemangioma monitoring.

### DIABETES

The Diabetes service in the Hospital is now recognised as a national referral service for the management of patients who require insulin pump therapy. The pump service in Temple Street Children's University Hospital continues to grow and develop and in 2012, 28 children started this therapy.

### EMERGENCY DEPARTMENT

In 2012 Ms Annemarie Dowling (CNM3) became a member of the newly formed Emergency Nurses Interest Group. This national group advises on the nursing aspects of the Emergency Medicine Programme. Currently Ms Dowling is involved in a number of key projects including the development of a National Paediatric Triage tool and the development of a rapid assessment unit in the hospitals' Emergency Department. This rapid assessment unit aims to improve patient flow and reduce waiting times.

## CRITICAL CARE DIVISION

### OPERATING THEATRE

#### INTRODUCTION

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          | ■ Neurosurgery  |
| ■ E.N.T. surgery           | ■ G.U. surgery  |
| ■ Cochlear Implant surgery | ■ Renal surgery |
| ■ Ophthalmic surgery       | ■ Respiratory   |
| ■ Orthopaedic surgery      | ■ Anaesthesia   |
| ■ Plastic surgery          | ■ Dental        |



This surgery includes neonates and many specialised procedures only carried out in the Children's' University Hospital Temple Street.

The Department was successfully inspected by the College of Anaesthetist of Ireland. Members of the Department organised the Irish Paediatric Anaesthesia and Critical Care Society, The Franco-Irish Paediatric Regional Anaesthesia meeting, The National Paediatric Pain Management Meeting and also The Irish Orthopaedic Anaesthesia Society.

Papers from the department were made at IPACCS and also the Irish Congress of Anaesthesia and The Association of Anaesthetist winter meeting.

## NEW DENTAL SERVICE

Dr Eleanor McGovern was appointed as the medical lead for the new dental service in 2012, with the roll out of the service in the Operating Department offering one designated session per month.

## ACTIVITY LEVELS

Activity Levels in 2012 decreased by approximately 7% due to rolling theatre closures which commenced in March for cost containment. These figures include patients who had MRIs under general anaesthetic.

## GOING FORWARD

The focus is on completing Phase 2 of the Theatre project (i.e. to build a six bay Post Anaesthetic Care Unit in 2013 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.

## INTENSIVE CARE UNIT

The Intensive Care Unit provides care to critically ill children from all over the country. The Multidisciplinary team works closely with Crumlin PICU to provide one service to sites. The Irish Paediatric Intensive Care Network (IPCCN) meetings continued throughout 2012 with further collaboration and engagement with Crumlin PICU. In March 2012, the National PICU phone line and website was established with collaboration from the HSE. This dedicated phone line allows clinicians from all over the country to access expert advice and to request a referral for an Intensive care bed. The website also offers clinical guidelines and calculations for drug doses.



## RETRIEVAL SERVICE

The main focus in the retrieval service in 2012 included the commencement of education and training to hospitals around the country.



## PICU - FIRST CLINICAL INFORMATION SYSTEM IN THE HOSPITAL

The multidisciplinary team in PICU welcomed the first clinical information system in the hospital which went 'live' in November 2012. The IntelliVue Clinical Information Portfolio (ICIP) is an electronically integrated patient care application used to chart and manage patient care in the intensive care. The new ICIP system populates data from bedside devices such as cardiac monitors, ventilators and other biomedical devices to produce an electronic assessment of the patient. The system also interfaces with the lab and patient administration systems in the hospital.



## RADIOLOGY

2012 saw the ongoing successful management of children undergoing MRI's under sedation as well as management of children requiring MRI's under GA. Approximately 120 examinations requiring sedation of patients are performed monthly within the radiology department. An increase in numbers is highlighted below;

- 1711 MRI scans 2008
- 2561 MRI scans 2012

### 50% increase in MRI scans alone since 2008

- 4094 CT, NM & MRI scans 2010
- 4377 CT, NM & MRI scans 2012

### 7% increase in Modality scans since 2012. These scans largely require nursing skills

## PAIN MANAGEMENT

2012 also saw the ongoing collaboration with pain nurse specialists from three paediatric hospitals. The CNS's in Children's Pain (2 part time CNS: 1 WTE) are committed to delivering a high quality pain service to children including those with acute, procedural and chronic pain including those with rheumatologic conditions. In 2012 in collaboration with the pain nurse specialists in the other paediatric hospitals, we planned and co-ordinated national education programmes

relating to the paediatric pain management, while continuing to support ongoing education of staff in Temple Street. Furthermore the care of children with acute pain was enhanced through the organisation of a rota in the Department of Anaesthesia where a consultant anaesthetist was assigned to accompany the CNS on pain rounds from Monday to Friday. In addition both CNS's were registered as RNP (Registered Nurse Prescribers) and began prescribing analgesics as required. As we are the only hospital in Ireland providing a chronic pain service to children, throughout 2012, we sought to improve the multidisciplinary care required by many of these children in conjunction with Dr. Kevin Carson, Intensive Care Director, by establishing greater cooperation with physiotherapy, psychology, psychiatric and social work departments. Additionally we provided nursing support to Dr. Clodagh Lowry, Paediatric Rheumatologist and increased the support we provided to various medical teams for the management of procedural pain including children requiring multiple Botox injections. Finally in conjunction with the Department of Anaesthesia, the establishment of an ANP Role in children's pain was explored and one CNS commenced a two year MSc in Advanced Pain in UCD in preparation for this role.

## ICT NURSING

A training needs analysis survey was carried out early 2012 in conjunction with ICT trainer in preparation for new electronic systems including IPIMS, ICIP and ORIMIS. Once training needs were identified, classes were rolled out as required with a positive uptake. Specific training required for individual systems to follow once basic training completed.

## SURGICAL DIVISION

### DAY WARD

This 18 bedded unit saw a slight decrease in activity during 2012 down by 3.6% as the rolling closures of the operating theatre continued throughout 2012. Funding was secured for the conversion of the treatment room to a single isolation room to allow for greater flexibility particularly in terms of caring for patients who require isolation. This avoids overnight admission for these children. Planning was undertaken and work has commenced, and it is hoped to be completed by year end.

### TOP FLAT

The changes in this area have continued and the ward was amalgamated into one unit during 2012 allowing for more effective utilisation of staff and resources. Planning for renovation of the unit began in 2012 and the work scheduled to begin in Spring of 2013.

The ward will offer greatly enhanced facilities for patients and their families, and fully air controlled isolation cubicles, in line with best practice in infection, prevention and control. It is proposed that Top Flat will relocate to St Philomena's Ward during the renovation phase.





### SURGICAL FLAT

The transfer of the surgical service to Surgical Flat has continued to allow for greater flexibility and access to Operating Theatre and ICU. It is hoped in the long term after renovations that surgical flat will be the core ward for the following specialities, ENT including Cochlear Implants, plastic surgery including Cleft Lip and Palate, and elective and emergency orthopaedic surgery. This will facilitate bed usage, expert nursing and ultimately improved patient care.

### ST MICHAEL'S B

The NHDU/Neonatal unit continues to see an increase in neonatal surgical activity with a total of inpatients going from 351 for 2011 to 562 in 2012 and an average length of stay reduced from nine days to six days.



## NURSE EDUCATION AND PRACTICE DEVELOPMENT DEPARTMENT

2012 Graduation - Friday 31st August 2012 marked the graduation ceremony for the 2007 BSc. in Children's and General Nursing (Integrated) and the 2010 Higher Diploma in Children's Nursing groups. 19 students successfully graduated from the BSc programme

and were awarded their hospital medals from both Temple Street Children's University Hospital (TSCUH) and the Mater Misericordia Hospital. A further 34 students graduated from the Higher Diploma class and were also presented with the TSCUH medal on the day. It has long been the tradition in TSCUH, that a student be awarded a Gold Medal in recognition of their outstanding contribution throughout their course both clinically and academically. In 2012, Ms Sinead Forde was chosen to receive this prestigious award from the undergraduate group and Ms. Sarah Dennedy from the Higher Diploma Group.

For the calendar year 2012, the department facilitated the clinical placements for 396 student nurses. 37 students were also facilitated for work experience. The break down of nurses is as follows;

Student type	Number of Students for 2012
Post-Registration Students (Higher Diploma in Children's Nursing)	64
Graduate Diploma Students (Critical Care Nursing and Emergency Nursing)	6
Undergraduate Student Nurses (Integrated General and Children's)	129
Seconded Students (Student Nurses from our partner services)	197

### POSTERS AND PRESENTATIONS

Anne-Marie Cullinane (Post Graduate Course Coordinator) along with her colleagues from University College Dublin and Our Lady's Children's Hospital Crumlin presented a poster entitled '*Valuable for my future - A review of the graduate Diploma in Paediatric Critical Care Nursing*' at the Paediatric Intensive Care Society Conference.

Fresh from her success of winning the award for best presentation at the 2012 TSCUH Nursing Research Conference, Louise Greensmith (CNM2) went on to present the findings of her research study, *'Nurses, knowledge of and attitudes towards fever and fever management in one Irish Children's Hospital'*, at the International Networking for Healthcare Education Conference at the University of Cambridge U.K.

Two professional stand alone modules were delivered by the Department to children's nurses working nationally in 2012. These were;

- Nursing Care of Children with an Inherited Metabolic Disorder
- Nursing Care of Children and Adolescents with Diabetes.

In 2012 Temple Street joined the Dublin North East Metrics Group. Nursing metrics uses measurement tools to audit and collect data on fundamental nursing care. The aim of nursing metrics is to promote high quality patient care, through the measurement of nursing processes. The Day Ward, Surgical Flat, Haemodialysis and St. Michaels C are all involved in the pilot phase of the Metrics Project. Temple Street is the first children's hospital to be involved in the project and it is

anticipated this project will be rolled out to all Children's Hospitals and Departments in 2013.

As a satellite of the Centre of Children's Nurse Education, Temple Street was involved in the rollout of cross site 'Leadership and Empowerment' study days. The first day was held in AMNCH Tallaght and the second in Our Lady's Children's Hospital, Crumlin. TSCUH will host the next date in 2013.

Fiona Carney (Clinical Placement Co-ordinator) along with her multidisciplinary colleagues was involved in the training of TSCUH staff members in implementing, *'Informing Families of their child's disability/ medical diagnosis guidelines'* in 2012. This programme will continue into 2013.

### NURSING RESEARCH

The 2012 Nursing Research Bursary was awarded to Susan Keane, Clinical Education Facilitator, Paediatric Intensive Care Unit for her quality initiative entitled *'Introduction of a Central Venous Catheter Care Bundle in Paediatric Intensive Care'*: an Initiative to Prevent Catheter-related Blood Stream Infections.

## KEY ACHIEVEMENTS

Ms Anne O'Brien, CNM3, was presented with the first Leadership award in CUH by Mona Baker, CEO.



Ms Angela Brangan and Ms Deirdre Downey, Staff Nurses in anaesthesia and recovery were accepted to present their poster on Inadvertent Hypothermia in the paediatric setting at the European Operating Room Nurses Association Congress held in Lisbon, Portugal in 2012.

ICU Staff Nurse pictured with Suzanne Dempsey, Director of Nursing received the Mary Aikenhead Gold Medal at the Hospital Prizegiving in August 2012



**The following participants successfully attained their Masters in Leadership and Management Development with the Royal College of Surgeons in Ireland;**

- Ms Grainne Bauer (Divisional Nurse Manager, Critical Care Divisions)
- Ms Marie Corbett (Divisional Nurse Manager, National Specialities Divisions)
- Ms. Clara Murtagh (Clinical Nurse Manager 2)

## FINANCE

The Department of Nursing was given a devolved budget of €24m; a reduction of €1m from the previous year. The spend to year end totalled €23,713k. This was a great achievement and my gratitude is extended to all nursing staff. It was achieved by the incredible commitment of all nursing and Health Care Assistant staff and by the continuous monitoring and re-engineering of our processes.

In addition, we have been working closely with the Mental Health team to review our processes regarding specialising of this cohort of patients with mental illness, who require intense observation and management.

### Staff Turnover

	Starters	Leavers	Total W.T.E. at Year End
2012	72.76	83.99	353.41

# FIXING MORE THAN BROKEN BONES

## NUTRITION AND DIETETICS



The Department of Nutrition and Dietetics was involved for the first time in training undergraduate student dietitians from Dublin Institute of Technology (DIT) and Trinity College Dublin. Four students completed training, two completing a 30 week placement and two a 10 week placement. Temple Street was the first paediatric hospital to host student training in Ireland and fortunately, the first two students are now working in the Department in a temporary capacity.

Innovation has been a key consideration in the delivery of education to patients. The metabolic team with their MDT colleagues designed a 'health curriculum' education programme for patients attending PKU clinic, one of which includes a puppet show discussing low protein diets for the younger children. The diabetes team held the first 'Come cook and dine with me' event in Cathal Brugha Street. The session provided an opportunity for teenagers to learn how to cook healthy meals and improve their knowledge of carbohydrates. Other group initiatives included an information evening for children with coeliac disease and cookery demonstration events for patients with galactosaemia and patients on the ketogenic diet.

Knowledge and expertise within the department was shared at various conferences throughout the year. Anne Clark presented on 'The Treatment Challenge: Management of Emergency Regime at Home during Periods of Illness' at the SSIEM Dietitians meeting in the UK, Jenny McNulty on 'The Dietary Management of GA1 – An Irish Perspective' at the VitaFlo Metabolic Meeting in Gothenburg and Fiona Boyle discussed an interesting case study on 'Glutaric Aciduria' at the VitaFlo meeting in Liverpool. The 'Home Enteral Feeding Review' completed in 2010, was presented by Suzanne Boland at the Irish Paediatric Association study day in Belfast. Aishling Sheils was published as a co-author in 'Chronic

hemodialysis in children weighing less than 10 kg' for the peer reviewed Paediatric Nephrology journal.

The dietitians engaged in a new department education programme, sharing information on different clinical specialties, new guidelines and interesting case studies, to foster cohesive working within the hospital based and metabolic teams and further continuous professional development.

Activity in the department peaked in the first quarter of 2012 and in August, with almost 1,500 contacts per month. On average there are up to 300 contacts per week, the total for the year reaching 15,500. The Department also welcomed three new babies in 2012.

## PHYSIOTHERAPY



The Physiotherapy Department at Temple Street was established 45 years ago. In 2012 the service was delivered by twelve Physiotherapists, a reduction of a half a post on 2011. We also had the support of half time Physiotherapy Assistant down a half post on 2011 and one Administrator Grade IV. The physiotherapy team provided an acute diagnostic and intervention service open to all children with complex needs under the care of a Consultant in Temple Street. The children we cared for were recovering from illness, injury, seeking diagnosis or required physiotherapy support to reach their developmental milestones.

Our principal areas of service delivery to in-patient, out-patient and day-patients included: Musculoskeletal; Rheumatology; Plastic, Reconstructive and Aesthetic Surgery; Respiratory; Neurology; Neurosurgery; Pain Management; Mental Health; Neurodevelopment and Endocrinology. The endocrinology service includes the multidisciplinary W82GO Healthy Lifestyles Programme.



In 2012 we offered almost 14,800 appointments to children from 0 – 16 years attending Temple Street. 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, the Emergency Department and all orthopaedic and fracture clinics. 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.

A two year pilot physiotherapy Metabolic Programme which commenced in 2011, continued throughout 2012. The report from this pilot is due for completion in May 2013. It will track the progress of Metabolic Patients attending Temple Street who receive Enzyme Replacement Therapy (ERT) treatment.

Grace O'Malley, Senior Physiotherapist, who was awarded a HRB Clinical PhD Fellowship in 2011 commenced her three year investigation into the usability of a smartphone application for adolescent obesity management in 2012.

The physiotherapy department in-house continuing professional development programme ran throughout 2012. In addition, one staff member commenced a post graduate diploma in advanced paediatric physiotherapy in University College London. This is due to be completed in May 2013 following a secondment to Alderhey Children's Hospital in Liverpool.

Our musculoskeletal physiotherapists ran a very successful national study day in June 2012. The income from this day will be used to provide research bursaries for Temple Street physiotherapy staff in 2013.

The Children's Fund for Health Project Appraisal Committee supported a multidisciplinary service development application for the Spina Bifida Service in 2012. The funding will secure the services of a senior physiotherapist and a senior occupational therapist for eighteen months commencing in 2013. These therapists will provide clinical intervention for patients with Spina Bifida attending Temple Street and develop guidelines specific to the clinical management of children with this condition. They will also conduct a national research project into the multidisciplinary service needs for children 0 – 18 years living with Spina Bifida. It is intended that the findings of this research will underpin a business case to attract long term funding for a national multidisciplinary health service specific to this group of patients.

The Children's Fund for Health project appraisal committee also supported an application from physiotherapy in 2012 to purchase rehabilitation equipment essential to the delivery of tertiary physiotherapy services to neurosurgery and neurology patients attending Temple Street. This equipment has since been purchased and is now in regular use.

Our principal focus for the year ahead is to continue to provide a child centred, quality driven, safe and effective physiotherapy service to all children attending Temple Street Children's University Hospital.

## OCCUPATIONAL THERAPY

### REFURBISHMENT

The Fundraising PAC scheme 2012 generously provided the Occupational Therapy Department with funds and over a series of months, the refurbishment involved the large structural movement of stairs to the OT Office space, the installation of a new equipment store, the expansion of internal structures to enhance our therapeutic space, installation of a support beam to enable use of sensory integrative equipment and the modernisation and expansion of the splinting room.

### STAFFING

Six Occupational Therapists and two part time support staff (OT assistant and administrator) provide occupational therapy services to children and adolescents attending a number of teams within the hospital including Neurology, Burns and Plastics, the Paediatric Liaison Service, Orthopaedics, Neurosurgery, Rheumatology, and the Early Assessment Team in SFC. Resources with the team were restructured to maintain services despite a deficit of 0.6 in the departments WTE

In conjunction with the Physiotherapy Department and the hospitals neurosurgery team, funding for the employment of two 18 month research posts was secured through the Fundraising Dept. A research Occupational Therapist and Physiotherapist were appointed to carry out a National Review of services available to Children with Spina Bifida.

### MULTIDISCIPLINARY TEAM WORK

Occupational Therapy and Speech & Language Therapy successfully submitted a Research Proposal to study the benefits of the Hungry Hippos Programme. This Multidisciplinary programme was developed in St Frances's clinic in the past number of years to support children presenting with Sensory Food Aversion and is available to children attending all departments in Temple Street.

Renovations in SFC include a large Multi-use space equipped with a large sink and substantial storage which will support the development of Occupational Therapy In-patient groups, and provision of Art Psychotherapy and Play Therapy interventions.

### NEW DEVELOPMENTS

The equipment, maintenance and storage contract of Occupational Therapy and Physiotherapy's wheelchairs and specialised equipments was awarded to HealthCare 21 (formally known as LynnCare).

An OT initiated and collaborated with CRC colleagues to establish a nationwide support group for Occupational Therapists working with clients with feeding difficulties. This group is currently working on a Competency Document for OTs working within the area of feeding.

A therapist attended the UK's National Occupational Therapists working in children's hospitals Group for the first time to develop links and update on international best practices.

A therapist attended the first international institute of the MOHO Clearinghouse to be held outside of the USA. The Model of Human Occupation is an integral frame of reference for Occupational Therapists working within the field of Mental Health.

The department continued to support CPD with training including:

- BOBATH Early Intervention and Assessment,
- Cognitive Orientation Occupational Performance,
- Upper Limb Hyper-tonicity Management.

James Leckey Design kindly sponsored a therapist to train in Goldsmith Measuring of Body Symmetry and participate in field trials of their neo-natal sleep system.

Continued initiatives with OLCHC included joint in-services between the OT departments.



management, citing a reduction in stress, and increased comfort during the procedure.

On the 15th of November 2012, eleven Speech and Language Therapists (SLTs) drawn from the SLT departments in Temple Street and Our Lady's Hospital for Sick Children, met in Crumlin for a first meeting of its kind in Ireland – a consensus watching day for feeding studies (X-ray of a moving swallow). At the end of this meeting our two departments had agreed to move towards using a single rating framework when reviewing feeding studies (at present we use four forms between us) and also to work towards matching our feeding studies procedure as far as possible. It is hoped that this bi-annual event will support us in standardising our clinical practice in regard to children who require feeding studies in Temple Street and Crumlin.

On the 22nd November 2012 Temple Street Cleft Palate Speech and Language Therapists (SLTs) hosted a successful training session for SLTs from across the country to assess and manage children with velopharyngeal dysfunction. Our training day focussed on familiarising community SLTs with the care pathway for children with resonance concerns, and upskilling them in the identification and assessment of resonance issues, and appropriate onward referral if needed, in the context of the community clinic. The session also involved detailed presentation and discussion of speech therapy for children with cleft type speech errors. We were delighted that the majority rated the training as 'excellent'.

In 2012 the SLT Department continued its commitment to clinical research. A joint SLT/Audiology research project to determine Irish norms for tests of Central Auditory Processing Disorder was initiated in 2012, while this year saw the delivery of a three month project to investigate parents' needs and develop the protocol for a detailed research project in regard to Parent Led Articulation Therapy for children with Cleft Palate. In 2012 approval was obtained from the hospital's scientific and ethics committees to research the clinical outcomes delivered by the Hungry Hippos feeding group, which is a joint SLT/Occupational Therapy group intervention for children presenting as selective eaters, those being weaned off tube feeding, those with sensory aversions, and/ or difficult behaviour related to food.

## SPEECH AND LANGUAGE THERAPY



In 2012 the Speech and Language Therapist-led Nasendoscopy service was honoured to be a nominee in the Biomnis Healthcare Innovation Awards. Nasendoscopy is carried out to help in the diagnosis of speech problems associated with cleft palate and palatal malfunction. The new service has had a number of benefits including standardisation of the service, improved quality of care and more responsive clinical decision-making as well as a reduced burden of care for families. Patients and families have expressed their satisfaction with the new approach to

## MEDICAL SOCIAL WORK





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 2012, the Medical Social Work Department received over 2,100 referrals. We continue to provide a specialist service to the departments of Metabolic Medicine, Neurology, Renal, Cystic Fibrosis, ICU, ED and neurosurgery. Our work can be broadly categorised into three areas: a) care of patient and families where illness requires major change to a family's functioning; b) child protection work; and c) palliative and bereavement care for children who die and their families.

### SUPPORT AROUND ILLNESS

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, allowing siblings the opportunity to explore the meaning of their siblings illness on family life and the impact it has on them as siblings. It helps them to gain a greater understanding of why their sibling attends the hospital and it also allows them just to have a bit of fun!

### CHILD PROTECTION

The Medical Social Work Team plays a very active part in the Child Protection Service within the Hospital, dealing with over 600 referral of child protection concerns during the year. 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. Three of the senior members of the team are Trainers in the Hospital's Child Protection Awareness Training, which trained over 63 staff members during the year. A new short programme was rolled out to cater to the needs of ancillary staff and 83 staff received training in this.

### BEREAVEMENT

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.

### COURSES ATTENDED

One member of the team commenced the Irish Hospice Post Graduate Diploma course on Children and Loss. Another of our team completed a post graduate modular course on Children's Palliative Care and subsequently presented a Poster Presentation on "The Meaning of Hope for parents facing the death of their child" to the Annual St Frances Hospice Palliative Care Conference.

In late 2012, one of our team commenced training in Senior Leadership Training in Quality Improvement.

## PSYCHOLOGY DEPARTMENT



The Psychology Department 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 in the following areas:

- 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 emotional difficulties affecting their day to day functioning, 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.

### NEW DEVELOPMENTS AND INITIATIVES

- Alteration to PKU clinic times for under 16s to better facilitate group work and therapy and to enhance the patient's experience.

### TRANSITION PROGRAMMES

- Transition programme implemented within NCIMD, to prepare patients for move to new adult service in Mater Hospital.
- Transition Care Programme developed for teenagers with Cystic Fibrosis with accompanying Parent and Young Persons booklets
- Transitioning to Secondary School: Group programme offered to teenagers with difficult Epilepsy

### RESEARCH PROJECTS/ PAPERS

1. Examining IQ among a clinical sample of preschool children with autism spectrum disorder over time - Paper submitted for publication in the Irish Journal of Psychological Medicine  
M. Barry, A. Moran, M. Anglim, E.V. Conway and S. Guerin
2. Living in the Shadows – Exploring the experience of adolescents living with Cystic Fibrosis using IPA – Multi-centre study. Research Supervisor – Dr. Zai Edworthy, Senior Clinical Psychologist

## AUDIOLOGY



Temple Street Children's University Hospital (CUH) has the largest paediatric audiology facility in the Republic of Ireland, with an allocation of 3.5 WTE audiology professionals.

Referrals are accepted from healthcare professionals in Temple Street and Neonatologists based at the Rotunda Hospital.

The Audiology Department has a close working relationship with the ENT Department and the National Paediatric Craniofacial Centre and Cleft Lip and Palate Service.

### ASSESSMENTS PERFORMED

- 1) Pure Tone and Play Audiometry
- 2) Tympanometry
- 3) Acoustic Reflexes
- 4) Performance

- 5) Click, Tone Pip and Bone Conduction Auditory Brainstem Response
- 6) Visual Reinforcement Audiometry
- 7) Distraction
- 8) Otoacoustic Emissions
- 9) Speech (McCormick Toy Test and AB word lists)

### WAITING LISTS

Following the continuation of initiatives first introduced in 2011, the number of children on the waiting list continued to fall in 2012. From January 2012 to year end, the number of children waiting for a hearing assessment declined by approximately 50%.

### ACTIVITY LEVELS

3,624 assessments were performed in 2012, up from 3108 assessments in 2011. The weighted total for 2012, where an adjustment is made for the complexity of assessments, was 1760 hours. This is an increase from the 2011 total of 1611.5 hours.

### SERVICE DEVELOPMENTS

#### BONE ANCHORED HEARING AID (BAHA)

In 2012, The Audiology Department was chosen as a site for the national BAHA programme, having previously participated in its design.

The new BAHA service is designed to help children that have problems with the function of the outer or middle ear, but good inner ear and nerve function. BAHAs may also be used in cases of single-sided deafness.

Temple Street Audiology's first BAHA assessments took place in late 2012.

#### UNIVERSAL NEONATAL HEARING SCREENING (UNHS)

In September 2012, UNHS was introduced for babies born at the Rotunda Hospital in Dublin

As part of the programme, Temple Street and community based audiology staff have provided diagnostic assessments for neonates that do not have a clear response when screened.

Late diagnosis of permanent childhood hearing impairment (PCHI) and hearing loss associated with persistent middle ear problems 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).

The implementation of UNHS has already successfully resulted in early identification and intervention for children born with PCHI in Dublin North East.

## AUDIOLOGY RESEARCH

The Speech and Language Therapy and Audiology Departments at Temple Street commenced an international, interagency, multidisciplinary Central Auditory Processing Disorder (CAPD) research project in 2012.

CAPD results in a child not understanding the sounds that they hear, even though they have normal hearing. These children may behave as if they cannot hear or they may have difficulty hearing and listening in noisy places.

There are diagnostic tests for this condition which have been developed and are used in the United States (US). However, the norms for these tests are based on a US population and therefore may not be suitable for testing Irish children.

The purpose of the study is to establish norms for these CAPD tests on typically developing Irish children. This is an essential step towards the development of services to assess, diagnose and treat children with CAPD in Ireland.

## STAFF ACHIEVEMENTS

In addition to her participation in CAPD research, UNHS and BAHA service developments, Louise Keogh (Senior Audiologist) was awarded an MSc, following successful completion of an Audiology programme run by Bristol University.

## CLINICAL PATHOLOGY

The Department of Clinical Pathology supports the activities of Temple Street by providing the diverse range of analytical investigations and clinical consultations that are required to support best patient care and clinical excellence. A highly skilled paediatric laboratory workforce combined with advanced methodology and equipment enables us to meet the demands required for quality-assured first class service provision. The Department is integral to developments both within the Hospital and in the provision of national paediatric health services, as well as in the field of laboratory medicine. This is to ensure sustainable pathology services are in place at Temple Street that will support and drive development of the same within the new National Paediatric Hospital.

Each of the major clinical laboratory disciplines are represented with on-site facilities, namely:

- Clinical Chemistry
- Haematology & Hospital Blood Bank (Blood Transfusion)
- Histopathology
- Microbiology

These laboratories provide comprehensive 24/7 diagnostic services to the hospital in addition to a referral service for an expanded repertoire of tests and investigations.

Three tertiary referral laboratories supplement these services. These are:

- The National Newborn Bloodspot Screening Laboratory (NNBSL) for inherited and genetic disorders;
- The Tertiary Referral Metabolic Laboratory;
- The Irish Meningococcal and Meningitis Reference Laboratory (IMMRL) & Epidemiology and Molecular Biology Unit (EMBU).

These laboratories are also actively involved in research and development, contributing to the advancement of medical science and improved patient care.

Significant service developments and achievements during 2012:

- Investment in new laboratory and point-of-care analysers.
- Research conducted within the laboratories generated several peer reviewed publications throughout the time period.
- The Hospital Blood Bank renewed its INAB accreditation to standards ISO 15189 in 2012 and all clinical laboratories maintained CPA accreditation throughout the year. The quality of service provision is therefore assured by meeting or exceeding these internationally recognised quality standards.
- Established the EMBU as the national centre for Group A streptococci isolate collection & analysis.
- Participation in the National Histopathology Quality Assurance Programme QA benchmarks and implementation of a framework for National Histopathological reporting.
- Installation of Specimen Gate laboratory information system.

## OBJECTIVES FOR 2013:

- Extension INAB scope of accreditation to include all clinical laboratories.
- Installation of a pneumatic tube specimen transport system that will greatly reduce sample transit times from key clinical areas.
- Extension of the laboratory to improve staff facilities and increase the footprint to support future service developments.
- HealthLinks electronic pathology reporting to GPs.

# MINDING MENTAL HEALTH

THE DEPARTMENT OF MENTAL HEALTH BASED IN ST FRANCES CLINIC AT TEMPLE STREET CONTINUED TO SUPPORT ALL CLINICAL TEAMS IN TEMPLE STREET DURING 2012. IN DOING SO IT RESPONDED TO AN INCREASED PATTERN OF ACTIVITY WITHIN THE HOSPITAL PLACING GREATER DEMAND ON OUR MODEL OF MULTIDISCIPLINARY ASSESSMENT AND INTERVENTION OF EMOTIONAL CONDITIONS ASSOCIATED WITH CHILDHOOD ILLNESS. THE MENTAL TEAM DIVIDED ITS RESPONSE INTO WARD REFERRALS; OPD REFERRALS AND EMERGENCY DEPARTMENT COVER.

## ROOM TO IMPROVE

2012 saw a welcome development in securing funding and working with the hospital's Project Office towards the much needed expansion of the department's physical space. Due to the transfer of children heretofore attending the *Diagnostic Class*, the vacated space was earmarked for additional therapeutic and office space. The planned multi-use room when completed would provide for a range of activity including Group Therapy; Play Therapy; Art Therapy; Parental support and departmental meetings.

## LINKING WITH OUR COLLEAGUES

The major demand placed on the mental health department originated from outpatient referrals. In 2012, 278 referrals were received from varying medical and surgical teams which again represented an increase on the previous year. The immediate support of team members from nursing, occupational therapy, psychiatry, psychology, social work and speech & language therapy afforded particular combinations of response depending on need. In addition 52 children were assessed by the *Early Services Team* and another 18 by the *ADHD Team*.

## RAPID RESPONSE

On foot of an earlier revision of response to the needs of children attending the Emergency Department having self-harmed, the *Deliberate Self Harm* Team consolidated its programme of multidisciplinary assessment involving specialist nursing; mental health social work and psychiatry. Exploration of each child's mental state, and their family dynamic, resulted in a specific plan including admission for further assessment; immediate follow up within department or onward referral to community teams having negotiated safe transfer. Year on year there has been an increase in attendance and 2012 saw 223 children presenting with immediate concern of self-harm.

## OTHER ACTIVITIES

The department ran a wide range of group and other activities in 2012 including the Transition Programmes (to adult services) within NCIMD / Cystic Fibrosis / Epilepsy. The Hungry Hippos; Circle of Security; Parents Group (ADHD); Early Bird; Mother & Baby and Space Programme were also completed.

Colette Slevin (OT Manager) and Sharon Keogh (Sen. SLT) successfully submitted a research proposal studying the benefits of the 'Hungry Hippos' Programme.

Myra Barry (Sen. Psychologist) and Dr Margo Anglim (Consultant Child Psychiatrist) (et al, ex dept.) submitted a paper to the I. J. Psych Med. which looked at the IQ among a clinical sample of preschool children with autism.

Dr Zai Edworthy (Sen. Psychologist) presented *Living in the shadows – exploring the experience of adolescents living with Cystic Fibrosis* at the annual IPA meeting.

Dr Brian Houlihan (Consultant Child Psychiatrist) successfully completed a MA (Theology) based on a thesis exploring the theological understanding of persons with Intellectual Disability, including those with Autism.





# MEETING PASTORAL, EMOTIONAL AND SPIRITUAL NEEDS

TWO FULL TIME AND ONE PART TIME CHAPLAINS MANAGED TO CONTINUE TO MEET THE INDIVIDUAL PASTORAL, EMOTIONAL AND SPIRITUAL NEEDS OF CHILDREN, FAMILIES AND STAFF 365 DAYS OF THE YEAR, THROUGH ROUTINE VISITATION OF ALL FAMILIES AND RESPONDING TO EMERGENCY CALLS ON A TWENTY-FOUR/ SEVEN BASIS. THE THROUGHPUT AND COMPLEXITY OF CHILDREN'S ILLNESSES INCREASED, RESULTING IN CHAPLAINS BEING MUCH BUSIER BOTH BY DAY AND CALL BACK AFTER NORMAL WORKING HOURS.

One full time chaplain undertook an MSc in Bereavement Studies, partly sponsored by the hospital. While this meant an absence of one working day per week, the service was not reduced, due to the increased efforts of chaplaincy colleagues.

Fifty children died in 2012 and bereavement support was provided by the chaplaincy team to each family, according to their specific needs and wishes. Twenty nine families requested the sacrament of baptism for their baby/child.

The chapel sacristy was offered for both staff and parents massage, thereby ensuring that the service could be offered on a monthly basis.

Several concerts took place in the chapel space in 2012. This was a joint venture with the hospital school and the play room.

Chaplains are here to care for staff as well as children and families. February 2012 saw the introduction of the staff 'relaxation corner' in the chapel. This was an attempt to offer respite to often stressed and over-extended colleagues. This facility has been well used and continues to be a support for both staff and parents alike.

Chaplains facilitated a 'defusing / debriefing service to staff at the request of their line manager. This service continues to help colleagues process the impact of difficult deaths or traumatic work events.

Educational inputs were delivered to multi-disciplinary staff groups on bereavement and self-care throughout 2012. All staff were invited and encouraged to view the mortuary / grieving suite when unoccupied, so as to familiarise themselves with the environment and its workings, prior to accompanying a family. This has de-mystified and empowered staff to be less stressed in such an environment.

It is important to acknowledge the growing difficulty in creating the right environment, with cutbacks and increasing pressure on stretched services and staff. The chaplain's working day is increasingly being spent with colleagues who are feeling the impact of budget cuts, both professionally and in their personal lives. In offering a confidential, listening service, chaplains offer support and assistance to all colleagues.

During 2012, chaplains continued to link in a supportive way with chaplaincy colleagues in our sister hospital in OLC HC Crumlin. As talks on the new children's hospital resume, we look forward to engaging enthusiastically with all parties involved to ensure a better future for all children and their families.





# SCHOOL AND PLAY AT TEMPLE STREET

## SCHOOL

TEMPLE STREET CHILDREN'S UNIVERSITY HOSPITAL SCHOOL IS A 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 HOSPITALISED AND UNABLE TO ACCESS THEIR BASE SCHOOL.

## ENROLMENT

728 pupils were on roll for the calendar year 2012.

## OVERVIEW OF SERVICE

Pupils enrol for various lengths of time:

- for one-off stay
- for a one-off stay followed by repeat enrolments
- for 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. 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 and facilitate these pupils to sit their State exams.
- To provide an appropriate learning environment.
- To continue education and minimise 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.

## ACTIVITIES AND ACHIEVEMENTS IN 2012

Apart from the daily teaching in the classroom and in the wards, the school engages in a number of other activities:

### WORKSHOPS:

The school took part in

**Kids Classics Music Workshops (NCH);**

**Fighting Words Workshops** (Creative Writing);

**Weekly workshops** carried out by the school's **Artist in Residence**.

### World Book Day Celebration

The children and staff celebrated World Book Day in March, with a visit from an author and with activities in the classroom and on the wards.

### State Examinations

Six pupils sat Junior Certificate examinations in the hospital.

### Links with the Colleges of Education

The school has a link with the Colleges of Education to provide student teachers with an opportunity to become familiar with the work carried out in a hospital school which is normally outside the range of experience of students on school placement.

### Award

One of the pupils was awarded a National Children of Courage Awards 2012.

Many thanks to Sr., Angela Bugler, Chairperson, Ms. Suzanne Dempsey, Ms. Paula Day, Mr. John Fitzpatrick, Mr. Tony O'Rourke, Ms. Ciara Jenkins, and Mr. Sean Spillane for their commitment to the four year term of the School Board of Management.



## PLAY DEPARTMENT

### PEATA – PET THERAPY

In 2012 as part of the pet therapy programme Max, Kim or Buttons and their owner accompanied by Play Specialist, Julie, visited the Playroom and the wards once a week. During the year they became a regular feature in the hospital and pet therapy programme has provided children with many benefits and has created a sense of pleasure and fun within the whole hospital. Each week the children continually ask “which dog is coming in this week” and remind us that “Don’t forget to bring him to visit me”. The visits, currently funded by our Fundraising Department have been a pleasurable experience event for all patients, especially long term, to look forward to.



### SATURDAY CLUB

Every second Saturday during 2012, two entertainers (a magician, storyteller, musician, face painter or clown doctor) visited the wards with play staff. The play staff also provided arts and crafts to the children on the wards.



### PRE-ADMISSION CLUB

Pre-admission club was hosted in the day ward once a month on a Saturday for new elective surgical admission. The Play Specialist used Tara and Ben as visual aids to prepare children and their families for their hospital admission and surgery. The children visit the Day Ward, Theatre and the playroom and nursing and theatre staff have the opportunity to answer questions with regard to admission and surgery.

### TRIPS

The Play Staff organised special treats for the children and families in 2012 including;

- A trip to the Circus in July which 10 families attended
- 40 families enjoyed the trip to Dream night at Dublin Zoo in June.
- 30 children and families enjoyed a Horse and Carriage trip in August.
- City Jet brought 25 families on a Santa flight and 10 families visited Santa in winter wonderland.
- Also during 2012, play staff brought children to the Cinema and to Rugby and GAA matches during 2012.

### DONATIONS

During 2012, the Play Department received numerous donations from different companies which enabled us to give a gift to sick children attending Temple Street on their birthdays or over Christmas and if they were having a particularly difficult time in coping with life in hospital.

The Play Department also received donations of toys and play equipment and got a large donation of Xbox for all the wards from Microsoft. In addition the Fundraising Department funded new TV and trolleys in December 2013 so it was a happy end to the year.



# COMPLEX CONDITIONS AND SURGERY

## NATIONAL PAEDIATRIC CRANIOFACIAL CENTRE - A JOURNEY THROUGH 2012

### MISSION STATEMENT

THE CRANIOFACIAL TEAM AIM TO PROVIDE A HOLISTIC MULTIDISCIPLINARY APPROACH TO THE MANAGEMENT OF BOTH CONGENITAL AND ACQUIRED CRANIOFACIAL DEFORMITY FROM BIRTH TO SKELETAL MATURITY USING THE MOST MODERN AND ADVANCED TECHNIQUES.

The Craniofacial service encompasses the provision of weekly multidisciplinary team clinics, integrated care pathways & protocol based scheduling of surgery adhering to international evidence based best practice. The Craniofacial service also includes close working links with multidisciplinary teams & clinics within Our Lady's Children's Hospital, Crumlin & St James Hospital.

2012 saw an increase both in clinical & surgical activity & the recruitment of an additional Paediatric Dentist specialist with a special interest in Craniofacial conditions. This service provision has greatly enhanced our patient's journey.

Pre-operative nurse led assessments were formalised by the addition of a Craniofacial Nurse Specialist who joined the team in late 2011. The introduction of 5 day inpatient admission for multidisciplinary assessment of complex craniofacial patients has greatly improved the care pathway for these patients. This allows for future care planning and has shown to reduce the burden of care on patient's, families while establishing partnerships with primary care teams & regional hospital. This has shown to reduce the burden of care on patient's, families and the health service providers within Temple Street and our local hospitals and community services.

One of the team focuses for 2012 was on increasing patient & parent education with the provision of information leaflets e.g. "Introduction of the National Paediatric Craniofacial Centre" & "What you need to know when you child is having Craniofacial Surgery. Staff education & the patient journey post operatively has been enhanced by introduction of care plans for specific craniofacial procedures.

Important links with European Craniofacial units were formalised with visits to these units by Mr. Murray the lead surgeon at the National Paediatric Craniofacial Centre. These include Edinburgh and Helsinki. Plans for the visits by the Craniofacial team to Great Ormond Street in London and The Erasmus Unit in Rotterdam are being finalised.

### PARENT TO PARENT SUPPORTS

This is an initiative which was introduced a number of years ago in the absence of a Craniofacial support group for Irish families. Parents whose child has undergone treatment for Craniosynostosis provides mutual support to parents of newly diagnosed children. This is facilitated by the team who put parents in touch with each other via phone links. The number of families who are available to provide this support has continued to increase. Parents report that they find this beneficial as they can share common experiences.

Another component to child & family supports in the annual Family Fun Day. This is organised in conjunction with a parent representative. This Family Day enables families to come together away from the medical model of their child's care & meet with other families in a fun environment. The day is planned around activities for the children, dinner & time set aside during the day for parents to meet each other over a cup of tea for a chat while the children are engaged in fun activities. Family Fun Days commenced in 2002 with various venues over the years e.g. Zoo, Glenroe Farm, Tayto Park to name but a few & has gone from strength to strength each year.

### RESEARCH & DEVELOPMENT

There have been a number of developments in research at the unit. Research and Ethics approval was received for a number of studies including 'Prospective study into the prevalence and incidence of craniosynostosis on the island of Ireland' and 'Cranial Vault Distraction for Late Presentation Sagittal Synostosis'.

Collaboration with the Oxford Craniofacial genetics group has lead to a submission of a paper 'Mutations of TCF12, encoding a basic-helix-loop-helix partner of TWIST1, are a frequent cause of coronal craniosynostosis' to Nature Genetics. This paper was recently accepted for publication.

Medical students and junior doctors are encouraged and regularly involved in small research projects and audits as well as the writing up for publication of interesting case reports. These include : 'Cranial Fasciitis: A Case Report', 'N-butyl 2-cyanoacrylate toxicity post embolisation of congenital giant vertex haemangioma' and 'Assessment of Blood Loss in Pediatric Cranial Vault Surgery'.

## CLEFT LIP AND PALATE SERVICE 2012

The mission statement of the cleft team is to provide a comprehensive multidisciplinary service for children with Cleft Lip and Palate and Velopharyngeal Dysfunction and their families. Referrals are received from the medical profession and the service has expanded over recent years to facilitate referrals for antenatal cleft diagnosis received from foetal medicine units nationally.

Our integrated model of care was further enhanced in the year 2000 when members of the cleft teams at Temple Street, Our Lady's Children's Hospital Crumlin, and St James Hospital joined together to create the Dublin Cleft Centre (DCC). The DCC meets on a regular basis and has developed joint protocols for surgical, orthodontic, speech and general management of children born with cleft lip and/or palate. One of the major projects we have jointly developed is a Cleft Database Registry, which enables the team to:

- promote agreed standards in service provision
- audit & report on the quality of care
- monitor the frequency and incidence of clefting
- support team research
- enable the planning, development and coordination of these services

Members of the cleft team attend the Craniofacial Society of Great Britain and Ireland (CFSGBI) annual scientific and special interest group meetings and are proud to acknowledge that two Temple Street staff are past presidents (i.e. Professor Triona Sweeney, Clinical Specialist Speech & Language Therapist and Professor Michael Earley, Consultant Plastic Surgeon.)

The cleft team participates fully in organisational and national data collection and audit programmes to enable benchmarking against agreed national and international standards and best practice guidelines.

The cleft service provides four multidisciplinary combined clinics monthly. Each of these clinics is designated to support the child and family at various stages of the patient journey (e.g. the new baby/ surgical review clinic caters for newly diagnosed babies with cleft lip and/or palate) and provides post-operative review for children who have undergone their primary cleft surgery. This multidisciplinary clinic has been further enhanced by the addition of a Cleft Nurse Specialist to the team whose role is to provide nursing support and advice to families affected by cleft, particularly during the neonatal and childhood period. The introduction of a joint feeding assessment by the nurse specialist and dysphagia-trained speech and language therapist has provided additional support to parents. Working links with public health nurses have been established and this has improved communication between the specialist cleft team and primary health care settings.

Another major change to our combined clinic approach is the introduction of speech and language therapist led nasendoscopy clinics which enables the team to facilitate investigations for palatal function and make decisions with regard to the management plan on the same day. This initiative has improved the quality of care with regard to decisions being made in a more timely fashion.

The team provides on-going cleft education sessions on a national basis for neonatologists, foetal medicine units, PHN's, undergraduate nurse education programmes, undergraduate speech and language therapists and practising therapist and other health and social care professional involved in the care of a child with a cleft.

We hope in the coming year to organise a national cleft audit day from the Dublin Cleft Centre with Cork & Belfast teams participating. We will use this as an opportunity to review our audit data and implement changes to improve our service.



# NATIONAL NEWBORN BLOODSPOT SCREENING

IN EXCESS OF 80,000 NEWBORN SCREENING CARDS WERE RECEIVED FROM 72,225 BABIES BORN, DOWN BY APPROXIMATELY 3.2% ON THE PREVIOUS YEAR. IN ALL, 90 BABIES WERE DIAGNOSED WITH ONE OF THE SIX CONDITIONS INCLUDED IN THE SCREENING PANEL; ALL WERE STARTED ON TREATMENT WITHIN THE TIME INTERVAL AGREED WITH THE HSE. THERE WERE 85 FALSE POSITIVE CASES AND 51 CYSTIC FIBROSIS (CF) CARRIERS DETECTED, WHICH REPRESENTED APPROXIMATELY 1.78% OF THE CARRIERS BORN IN IRELAND DURING THE YEAR. FOLLOWING THE FIRST 18 MONTHS OF CF NEWBORN SCREENING THE DATA DEMONSTRATED THAT THERE WAS AN OVERALL FALL IN THE INCIDENCE OF CF FROM 1 IN 1,350 BIRTHS, DETERMINED IN 2001/2003 TO 1 IN 2,500 IN 2012.

Following a successful application through the Newborn Screening Governance Group the NNBSL received funding from the Department of Health for an Integrated Laboratory Information Management System. Following a comprehensive tendering process Perkin Elmer was awarded the contract and Specimen Gate® software was installed. The laboratory module was successfully implemented in August. The other modules including electronic reporting to maternity units and local health offices will be implemented during 2013.

During the year members of the Department presented papers at a number of national and international meetings including the European CF Symposium in Dublin, the International Society of Neonatal Screening (ISNS) meeting (European Division) in Budapest, the Irish Society of Medical Genetics' meeting in Belfast and the Society for the Study of Inborn Errors of Metabolism (SSIEM) Symposium in Birmingham (UK).

Both the National Newborn Bloodspot Screening Laboratory and the National Centre for Medical Genetics maintained their accreditation status to ISO 15189 with CPA (UK). Both continue to participate in EQA and report no significant non-conformances.

Following agreement with the Data Protection Commissioner to retain the newborn screening cards for 10 years in order to be in compliance with legislation, the Minister of Health put a stay on the disposal pending the outcome of an expert group review which was to be undertaken during 2013.

## **Prof Philip D Mayne**

*Clinical Director, National Newborn Bloodspot Screening Laboratory*





# NATIONAL CENTRE FOR INHERITED METABOLIC DISORDERS

THE NATIONAL CENTRE FOR INHERITED METABOLIC DISORDERS (NCIMD) PROVIDES SPECIALIST CARE TO CHILDREN AND ADULTS FROM ALL OVER IRELAND DIAGNOSED WITH, OR SUSPECTED OF HAVING, AN INBORN ERROR OF METABOLISM.

With the advances in diagnostic techniques and an increase in innovative treatments, more people with inherited metabolic disorders (IMDs) are being identified and now live longer, fuller lives.

During 2012 a regular outreach outpatient clinic was established in the Midwestern Regional Hospital in Limerick with specialist medical, dietetic and nursing staff holding a quarterly clinic combined with teaching sessions for staff and students.

A multidisciplinary lysosomal storage disorder (LSD) clinic was also established with input from other specialties including dentistry, neurosurgery, cardiology and genetic counselling. A patient advocate also attended.

We continue to work closely with colleagues in Our Lady's Children's Hospital, Crumlin (OLCHC) with the establishment of monthly clinics for patients with mucopolysaccharidosis type I (MPSI-Hurler Disease), post haematopoietic stem cell transplantation (HSCT), as well as the annual multidisciplinary MPS 1 clinic.

With increasing numbers of adult patients the establishment of a Centre of Excellence for adults with IMDs remains a primary focus. With this in mind a specialist nurse was appointed to the Mater Misericordiae University Hospital (MMUH) in 2012 with training provided by the Clinical Nurse Specialists from Temple Street with a view to establishing adult clinics in MMUH in 2013. A specialist metabolic dietitian was also appointed and continued to work with the NCIMD staff in producing dietetic protocols for adult patients.

All inborn metabolic diseases are inherited genetic disorders and in 2012 we appointed a part-time Genetics Counsellor to the NCIMD (industry-funded to date) who works closely with her colleagues at the National Centre for Medical Genetics based at OLCHC.

There is a strong emphasis on research and in 2012 NCIMD staff participated in a significant number of research projects at both national and international level publishing fifteen peer reviewed articles in international journals. Medical, nursing, dietetic and psychology staff presented at numerous international and national conferences with particular credit to Karen Coss, a Translational Medicine PhD student at UCD Clinical Research Centre, who works with Professor Eileen Treacy. Karen won a travel scholarship to present to the US Society for Inherited Metabolic Disorders where she was awarded the prestigious Neil Buist Research Award for her work on examining the biological origins of the poorly understood long-term complications associated with Classical Galactosaemia, a rare metabolic disorder of carbohydrate metabolism.

Feedback from patients and their families with regards to the outreach clinics and the multidisciplinary LSD clinic has been universally positive. We continue to work with patient support groups and their advocacy workers to improve the quality of the service we provide. Staff at the NCIMD is committed to improving the experience of all our patients by providing a high quality service.

**Dr. Joanne Hughes**

*Director NCIMD*



# TODAY'S RESEARCH IS TOMORROW'S TREATMENT

FOLLOWING IT'S INITIATION IN 2011, THE DEPARTMENT OF RESEARCH WENT FROM STRENGTH TO STRENGTH IN 2012, THIS WAS CLEARLY DEMONSTRATED BY THE 47 RESEARCH PROJECTS WHICH WERE APPROVED BY THE RESEARCH COMMITTEE, COMPARED WITH 33 IN THE 2011 TIMEFRAME.

Audit/Research Days were held in June and December 2012, and the excellent guest speakers [Dr Martin Fellenz, TCD "Leadership in Times of Austerity – Individual and Collective Challenges." and Prof Ronan Conroy, RCSI "Getting your paper published in a peer-reviewed journal"] attracted a large audience for both. It was rewarding to observe the high standard of TSCUH research being presented on the days, with top prizes being awarded to A. Walsh (Respiratory), M Boyle (Neonatology Research Fellow) and C.W. Teoh (Nephrology).

The Inaugural North Dublin Hospital Group (including the Rotunda, the Mater, Cappagh and Temple Street) Lifespan Research Conference was held on 29th December 2012. The Department of Research was pivotal in the conception and organization of this conference and Temple Street collaborative and stand-alone research was well represented on the day.

Many Temple Street individuals and research teams were awarded various prizes for their research presentations at national and international conferences during the course of 2012, these included: N. Kandamany (Anaesthesia), J. Casey (Medical Genetics) M. Boyle (Neonatology), MM Stephens (Orthopaedic Surgery), Chike Onwuneme (Intensive Care).

Prof Eileen Treacy was awarded funding, as a part of the Children's Fund for Health (CFFH) submission to the HRB/MRCG Joint Funding Scheme, in November 2012. This is a prestigious external award which is assessed in open competition with submissions from other medical research charities. Prof Mary King, Dr Naomi McCallion (co-funded with the National Children's Research Centre) and Mr John Caird were all awarded research project funding from the Children's Fund for Health in August 2012.

2012 was the first year that the Department of Research awarded CFFH Seed Funding grants to Genetics, SLT, Metabolic, St. Clare's and Nursing. The purpose of these small awards (€5,000 or less) is to stimulate research – either to assess ideas which may lead to a larger research proposal or to assist with smaller, stand-alone projects. Nine CFFH-funded Research Conference Travel grants were also awarded, mainly to NCHDs but also to MD students, nursing staff and EMBU staff. The purpose of these travel grants is to widely disseminate the research that is being performed in this hospital and increase our research profile.









## Part 2

# INFORMATION TECHNOLOGY, GENERAL OPERATIONS AND BUILDING FOR THE FUTURE

### INFORMATION TECHNOLOGY

THE ICT DEPARTMENT PROVIDES ICT SERVICES TO EMPLOYEES AND MANAGEMENT AT TEMPLE STREET AND 2012 WAS AN IMPORTANT AND SUCCESSFUL YEAR FOR THE DEPARTMENT.

In recognition of the need to further improve patient care, ICIP went live in the Hospital's paediatric intensive care unit in November of this year. ICIP is a clinical information system which allows the capture, analysis and audit of all clinical information associated with patients during their stay in the ICU. It will provide valuable information to allow the Hospital to improve patient care, benchmark our care and contribute to research and audit in a more meaningful way.

Work continues on replacement of the hospital's existing Patient Administration System and Theatre Management System with IPiMS and ORMiS, that HSE nationally approved systems. 'Go live' for these systems was scheduled for April 2013. This represents another significant step in the Hospitals journey to an electronic patient record.

Funding was also approved for a bedside patient entertainment system (Lincor) as part of the Top Flat refurbishment. This will enable patients to access TV, radio, internet and movies along with educational content as well as providing feedback to the Hospital on their experience and stay all from their own bedside device. It is planned to go live with Lincor in late 2013 as part of the e-opening of Top Flat.

While it was a busy and productive year for ICT, we 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. We 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.

## GENERAL OPERATIONS



The General Operations Department oversaw the management of the day-to-day operations of the Support Service Function throughout the hospital, taking a collaborative and an interdisciplinary approach to the service delivery within the following departments:

- Portering
- Hygiene
- Catering & Household
- Technical Services / Facilities Management
- Telecommunication
- Clinical Engineering.

### PORTERING

The Portering Department provides a comprehensive service on a 24/7 basis to all departments throughout the hospital. We respect the dignity and privacy of the patient at all times. We continue to develop with all new services introduced by the hospital and promote involvement and participation in same. In 2012 a comprehensive review of rosters took place and changes are now being put in place to streamline the operation. We are active in accommodating all building projects and re-routing services to match same. Reporting relationship is through the Head of Portering Services, twenty five full time and part time staff.

### HYGIENE

The Health Information and Quality Authority (HIQA) carried out an on-site monitoring assessment at the Hospital in November 2012. The assessment measured our compliance against two of the National Standards for the Prevention and Control of Healthcare Associated Infections (NSPCHAI), specifically;

- Standard 3: Environmental and Facilities Management, Criterion 3.6
- Standard 6: Hand Hygiene, Criterion 6.1.

HIQA published the Report following the assessment.

<http://www.hiqa.ie/healthcare/find-a-centre/centre-hospital/childrens-university-hospital>

A resultant QIP was put in place and all actions noted were scheduled to be closed out by 31st December 2013.

In October 2012, the Hygiene Operations Team (HOT) hosted its 4th Annual Hygiene Awareness Event. The aim of the event was to showcase 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).

Children from Temple Street 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 Save Lives.**

HOT presented bi-annual hygiene reports to Corporate Prevention and Control of Healthcare Associated Infection Committee.

### CATERING AND HOUSEHOLD DEPARTMENT

The hospital's dining room was refurbished in 2012. Following consultation with user groups throughout the hospital, which included parents and visitors, a more comfortable and relaxing setting was created, using warm colours, softer lighting, and comfortable seating. It was recognised that there was a need for a place within the hospital where one could switch off and unwind and so a "leave or borrow" book shelf and plasma televisions were put in place, providing parents and visitors with an environment similar to their home setting. A competition was held to rename the canteen to 'The Temple Café' & directional signage was erected throughout the hospital for The Temple Café.

### TECHNICAL SERVICES / FACILITIES MANAGEMENT

Highlights for the Technical Services Department in 2012 were:

1. The design installation and commissioning of the new low pressure hot water system proving space heating and domestic hot water to a large section of the hospital. This system reduces the hospitals reliance on steam generation for heating and hot water by approximately 75% and provides savings of circa €110K per annum. The capital costs were €700K with part funding by SEAL of 45% or €315k with the balance provided by the HSE.
2. The task of redrawing the complete hot and cold water installation for the site was undertaken in 2012. This is a very important piece of work and for the first time ever brings clarity to the complete water installation on site.

## TELECOMMUNICATIONS

The hospital switch room remains the first port of call for staff / parents / guardians to contact Temple Street for results, appointments, queries and was the centre for all internal and external technical telephone communications. This year the Technical Services Department installed a by-pass switch within the PABX room to facilitate a seamless planned preventative maintenance programme for the systems Uninterruptable Power Supply. A second one is planned for early 2013.

## CLINICAL ENGINEERING

Clinical Engineering had a particularly busy year with the roll out of the ICIP Clinical Information System, within the Intensive Care Unit. This involved the design and configuration of the bed spaces and the reconfiguration of all possible ergonomic equipment layout and mountings on pendants. Ventilators were also upgraded to the latest software versions, offering increased functionality and ensuring that our patients continue to have access to the latest technology in treatment modes. In addition to this a new system to mix helium and oxygen was introduced to provide the option of Heliox therapy as an additional treatment.

## BUILDING FOR THE FUTURE

In 2012 we saw the continuation of the capital development programme in Temple Street. The programme in 2012 provided for the refurbishment and upgrading of a number of departments in the hospital.

2012 saw the completion of the detail design process for the extension to the Theatre Suite incorporating a six bay recovery facility, storage facility for medical equipment and an extension to the laboratory department.

Site surveys, enabling works and site preparation works for the extension to the theatre suite and laboratory were also completed. These works included the excavation of a new service duct, the diversion of extensive heating pipe work and the installation of new heating and water plant with capacity to service the existing hospital and the planned new extensions for the Operating Theatre, laboratory and Top Flat. This saw a move by the hospital of providing heating from a centralised steam boiler system to a new satellite plant with energy efficient cascading gas boilers.

Tenders on the main contract element of this project were issued in the last quarter of 2012 with the main build planned for 2013.

The detail design process on the refurbishment of Top Flat Ward commenced in 2012 with the building planned for 2013.

A number of refurbishments listed as follows were also carried out in 2012.

## DEPARTMENT OF DIETETICS INCORPORATING FIRE INTEGRITY WORKS TO THE BASEMENT

The final phase of the refurbishment and upgrade of the basement was completed in 2012. The basement runs from the Convent link to the Cafeteria/Canteen area of the hospital. The upgrade of the basement has been approached on a phased basis with previous phases providing for the development of the Dermatology department, Cleft & Craniofacial department & facilities for a section of the Medical Social work team. This final phase of the project provided for the development of facilities for the Dietetics team and an upgrade to the integrity of the building fabric of the corridor with child friendly decoration & lighting on the corridor leading to the Multi Sensory Room.

### OCCUPATIONAL THERAPY

This project addressed key factors for the Occupational Therapy department.

- (1) Extended and refurbished Therapy Room with support beam and therapy areas
- (2) Additional storage capacity with purpose built storage units
- (3) Extended Splint Room
- (4) Refurbished second Therapy Room
- (5) Administration/Office facilities for the Occupational Therapy Team

These facilities now allow the Occupational Therapy team to provide additional and alternative therapy options which they were unable to offer previously due to site constraints.

The Metabolic Unit and St Clare's Unit was also redeveloped with patient friendly décor influenced by Finding Nemo Theme with coloured external LED lighting and fish tank along the route.

## PHARMACY REFURBISHMENT

Phase two of the pharmacy refurbishment was completed in 2012.

This element of the project provided for the relocation of the storage facility adjacent to the pharmacy being relocated which facilitated the demolition of the dividing wall between the Pharmacy and it's previous storage facility. The works involved the upgrade of the building fabric of the perimeter wall and the redevelopment of the storage facility to provide an extended footprint to the Pharmacy with specific key functional areas developed in the pharmacy.

The final Phase of the pharmacy project is planned for 2013.

### *ST. GEORGE'S HALL REFURBISHMENT & ACOUSTICS UPGRADE*

The ongoing issue of acoustics was addressed in 2012 coupled with a refurbishment of the hall to include integrated lighting system.

Following acoustic quality testing carried out by specialist and their recommendation acoustic panelling was fitted to approximately 30% of the wall and ceiling surface to address the over reverberation of sound in the hall.

The panelling installation was carried in tandem with the installation of new integrated lighting system and the painting of the hall.

The project provided for new seating with tablet rests and new blinds installed to the windows also.

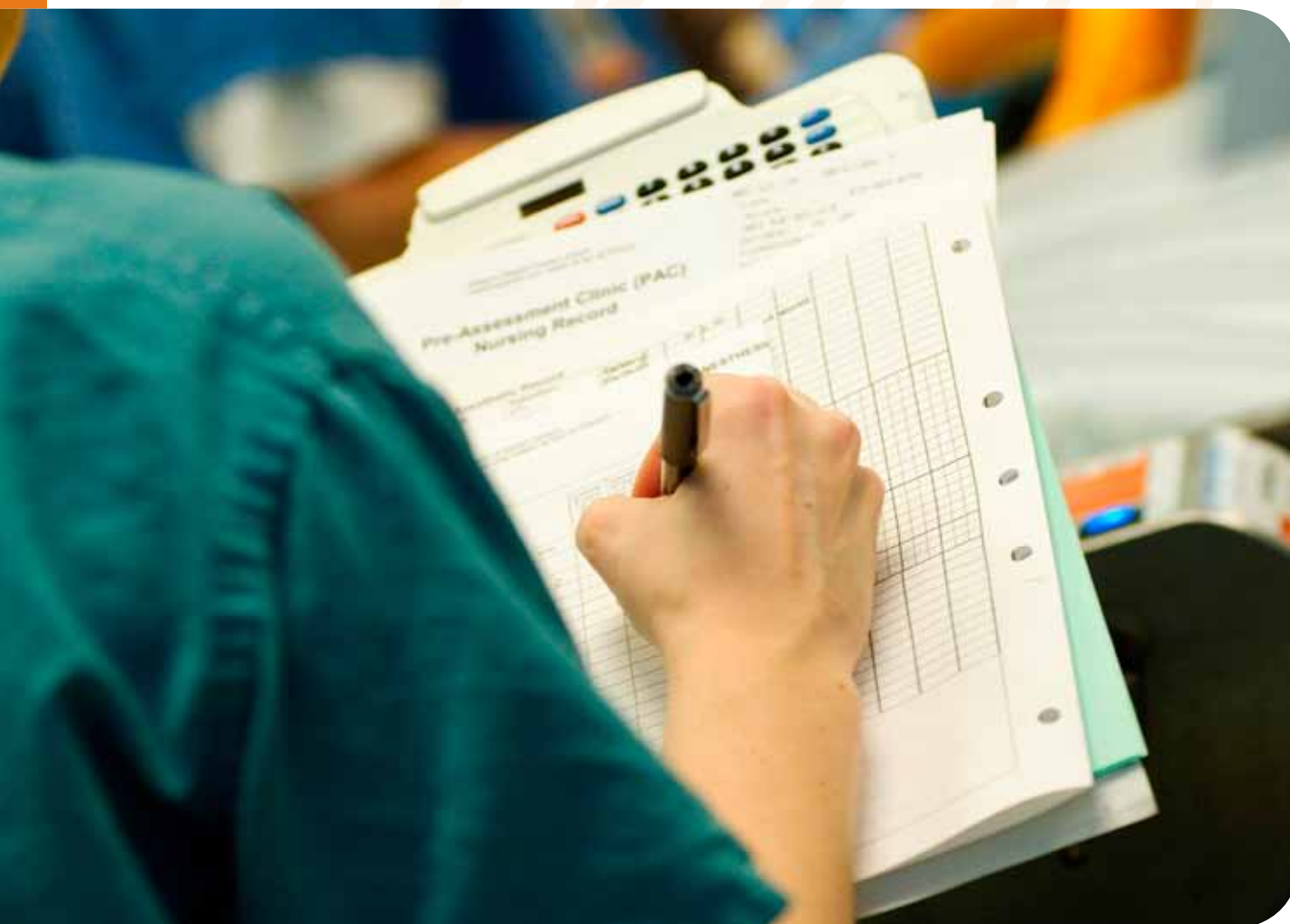
### *RADIOLOGY*

Refurbishment of the radiology department continued on a phased basis with the completion of a clinical treatment room adjacent to MRI. This now provides a facility for radiology personnel to carry out clinical procedures in a dedicated clinical room with appropriate facilities.

### *IPIMS*

With an extensive team appointed for the implementation of the IPIMS ICT system in 2012 additional office accommodation for up to 10 personnel team was provided in the first half of 2012.

The management, design, co-ordination and implementation of all these projects is carried out in consultation with personnel across the hospital, from each department and also on foot of advice from appropriate professional consultants.





# INVESTING IN OUR STAFF

## HUMAN RESOURCES

The Human Resource (HR) Department is responsible for the provision of HR services both at strategic and operational level throughout the hospital. Temple Street has a highly professional, flexible and motivated workforce and we value our employees as a major stakeholder and our most important asset.

2012 was a challenging year for HR services primarily due to the requirement to balance the need for service developments and improvements against the requirement for greater efficiencies and increased activity. The HR department strove to deliver a service to all staff within the context of the continued national moratorium, Croke Park agreement, an increased number of external employment related directives and various retirement initiatives. I wish to thank all staff who worked with our department to deliver high quality and valued services within these restrictions and increased pressures.

A total of 10 long servicing staff members retired in February 2012 and the hospital formally acknowledged their service in a celebration led out by the HR Department. The department continued to acknowledge staff excellence and participation through Long Service Awards, twice yearly Recognition of Excellence awards with the addition of a new CEO Leadership award to acknowledge the key role that our managers play in organisational and staff developments.



Catherine Lee, HR Director presents Mary Doyle, Household Assistant with the Non Clinical ROE Award in December, 2012.

The HR department continued to develop the Business Partner HR service model structure commenced in 2011 to provide strategic HR involvement and support for managers. Feedback on this new structure was uniformly positive with managers acknowledging the value of this dedicated resource to support them with their local HR functions. The department's plan to

further develop and align HR services across the organisation continued with a significant amount of work carried out around the area of employee entitlements and preparation for roll-out of ESS (employee self service) 2013. The HR team delivered ESS workshop training sessions late 2012 and this was received positively by staff who were encouraged by the successful roll-out of on-line pay slips end 2011.

The department continued to report on strategic and service activity by way of monthly Balanced Scorecard. Reported HR KPI's included Employment Control, Absenteeism, and Mandatory Training (Safer Handling, Child Protection, Hand Hygiene and Fire Training).

Work commenced on developing a hospital Learning & Development Strategy under the umbrella of the hospitals Development Agenda. Staff feedback and focus groups confirmed that education, training and transition preparation were of key importance to staff. Management Development, Performance Management and Service User workshops were provided in addition to support for external course training.

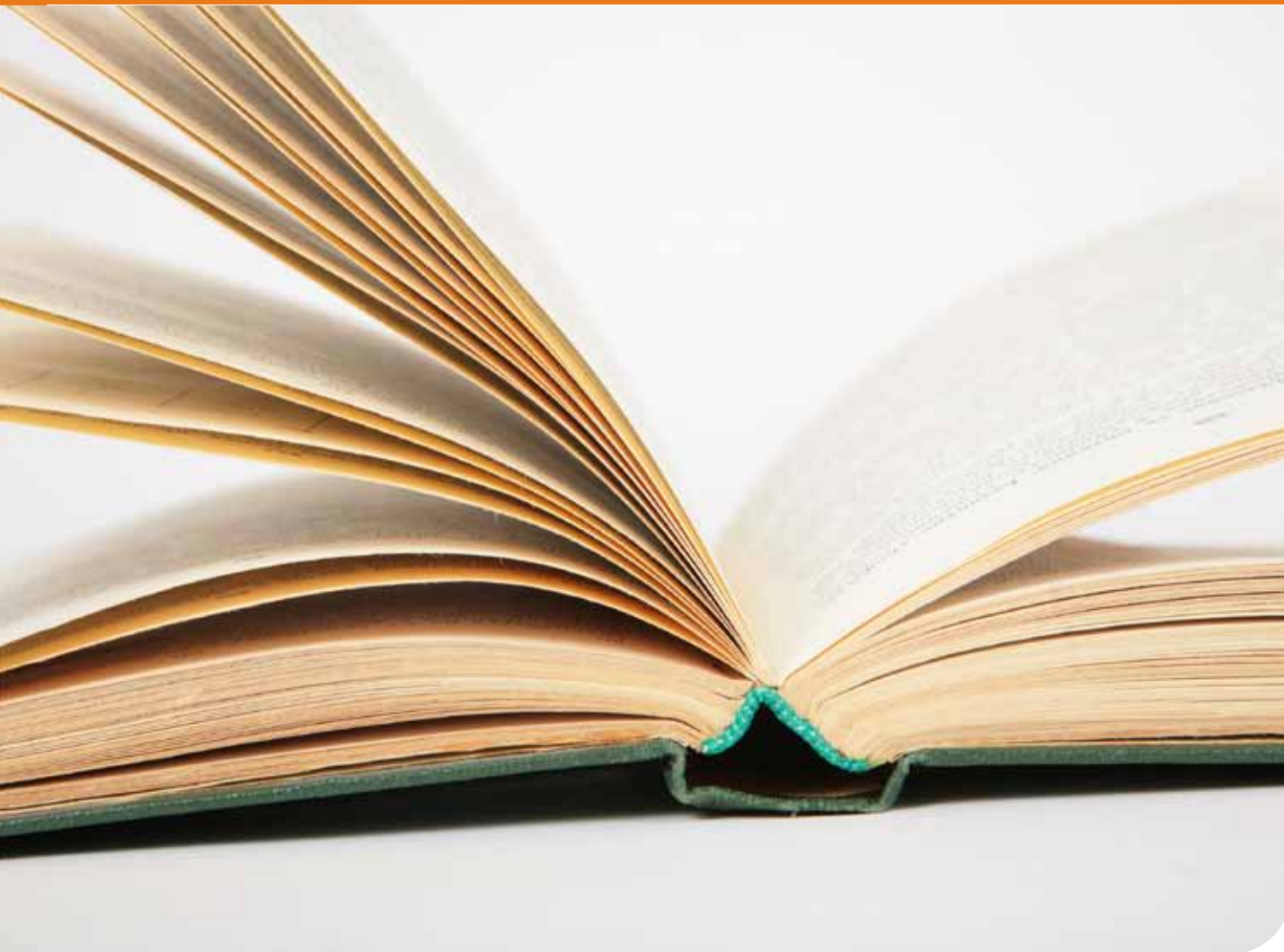
The "Well of Wellbeing" programme continued to grow in strength seeing the roll-out of a range of health support and promotion programmes with emphasis on Musculoskeletal Wellbeing. The hospital social club; the Buzz and the Pulse staff magazine continued to grow in strength and provided a forum for staff communication and camaraderie.

I wish to thank all staff for their continued enthusiasm and dedication. On behalf of the HR team I look forward to working with and supporting staff throughout 2013.

**Catherine Lee**  
*HR Director*



Mona Baker, CEO presents Anne O'Brien, Theatre Superintendent with the CEO Leadership Awards in December, 2012.



## LIBRARY SERVICES

LIBRARY SERVICES CONTINUED TO BE AN ACTIVE PARTICIPANT IN THE RESEARCH AND EDUCATION OF TSCUH STAFF AND STUDENTS. 2012 ALSO SAW FURTHER AMPLIFICATION OF LIBRARY SERVICES' UNIQUE POSITION AS INFORMATION HUB, FURTHERING INTERDEPARTMENTAL LINKS WITHIN THE HOSPITAL.

Library Services oversaw the inception and development of a repository for the specialist research required by NIAP during the Spring and Summer of 2012. In conjunction with the Chaplains' Department, TSCUH Library initiated the Temple Street Christmas Ornament Project and archived the relevant metadata for posterity. At time of writing this is to be raised with Fundraising Department to be investigated as a possible source of seasonal revenue.

Links between Library Services and Research Departments were strengthened, with discussions and initial steps taken towards the establishment of an institutional repository.

TSCUH Library continues to foster collaborative and participative relationships within the Hospital. Library Services recognises that the trends in knowledge management are now towards open access, evidence based medicine and nursing, and is serving TSCUH staff and students in the spirit of building collaborative interdepartmental partnerships to meet future challenges together. It is hoped in 2013 to roll out a programme of information literacy sessions, active participation in journal clubs, as well as commitment to maintaining a proactive Library presence in the Nursing Research Group, Clinical Audit Group and with the Research

Department. Library Services' existing portfolio of services has already been expanded to include weekly current awareness and web roundups, and in 2013 the service will be focused on information literacy for all staff - highlighting current topics of interest, including information sessions on emerging technologies, (medical apps and social media, search engine optimisation for researchers).

TSCUH Library Services have also forged closer collaborative links with Library Services in our future National Paediatric Hospital partner, OLCCH. Through mutual assistance and support, it is hoped to continue our active commitment to research, ensuring both hospitals' continuation as recognised centres of excellence in acute care. TSCUH Library Services evolved to accommodate change in 2012 and this trend looks set to continue into 2013 and beyond.

# QUALITY & RISK MANAGEMENT

TEMPLE STREET IS COMMITTED TO PROVIDING SAFE AND EFFECTIVE HIGH QUALITY CARE IN AN ENVIRONMENT THAT IS CARING APPROPRIATE AND SAFE FOR PATIENTS, PARENTS/CARERS, STAFF AND VISITORS.

The hospital endeavours to continuously improve the experience of our service users through the implementation of evidenced based standards, national policies, procedures and guidelines in order to deliver the best possible outcomes for our patients.

Temple Street achieves this through;

- Adopting and implementing evidence based best practice standards
- Identifying and minimising risk to patients, parents/ carers, staff and visitors
- Identifying and implementing opportunities for continuous quality improvement.

## RISK MANAGEMENT PROGRAMME

The Hospital's Risk Management Programme continued to promote a proactive risk management culture in the organisation throughout 2012. The process is managed by a multidisciplinary Quality & Risk Management Committee chaired by the Chief Executive which receives information and reports through the hospital's incident reporting function and sub-committees in respect of all risk issues.

The hospital was represented on the National Consent Advisory Group chaired by Dr. Deirdre Madden to assist with the development of National Guidelines in relation to consent and minors.

The organisation continued to play an active role in the Dublin 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 including the development of guidance notes and DVD for staff attending an Inquest which was launched in October 2012.

A number of staff attended "Open Disclosure" training in anticipation of the HSE National Policy on Open Disclosure and members of the Quality & Risk Committee attended the 'Sharing the Learning' Seminar hosted by Clinical Indemnity Scheme.

The organisation's Corporate Risk Register was reviewed and monitored on a quarterly basis throughout 2012.

## QUALITY IMPROVEMENT PROGRAMME 2012

Temple Street participated in both voluntary and mandatory external Quality Assurance programs and in 2012 CDU maintained certification to ISO 13485 and Medical Device Directive 93/42 EEC

Ongoing development of clinical governance structures and reports within Temple Street to provide oversight and monitoring of patient care and outcomes.

Specific initiatives included clinical handover, the clinical handover pilot programme, compliance with hand hygiene requirements and enhancing a culture of patient safety using the Paediatric Trigger tool to measure harm.

Temple Street was chosen as one of the national pilot sites for completing Patient Safety Culture Survey.

Reviewed national publications including development of QAI- tool to support implementation of National Standards (HSE).

Implemented national recommendations of HIQA report into quality, safety and governance of care provided by Tallaght hospital.

A Quality Improvement plan was developed and published on hospital internet to implement recommendations of a HIQA report following an unannounced visit in November 2012.





# Part 3

## WAYS TO GIVE

# You make our work possible

THE CHILDREN'S FUND FOR HEALTH (CFFH), WHICH IS BASED AT TEMPLE STREET, IS THE HOSPITAL'S DEDICATED FUNDRAISING CHARITY. EVERY YEAR CLINICAL, NURSING AND RESEARCH TEAMS IN TEMPLE STREET APPLY TO THE CFFH FOR GRANTS TO UNDERTAKE DIFFERENT PROJECTS AND EXPENDITURE WHICH ADVANCE THE TREATMENT AND CARE OF THE 150,000+ CHILDREN THAT ARE LOOKED AFTER IN THE HOSPITAL. ON OCCASION SUCH APPLICATIONS TO THE CFFH ARE ALSO MADE FOR CAPITAL FUNDING TO IMPROVE INFRASTRUCTURE WITHIN TEMPLE STREET AS WE WAIT FOR THE NEW CHILDREN'S HOSPITAL ON THE ST JAMES SITE. MONIES RAISED BY THE GENEROUS AND LOYAL SUPPORTERS OF TEMPLE STREET GO TOWARDS MAKING THESE GRANTS AVAILABLE. THE CFFH IS A REGISTERED CHARITY, INDEPENDENT OF TEMPLE STREET CHILDREN'S UNIVERSITY HOSPITAL. THE CFFH HAS ITS OWN GOVERNANCE STRUCTURES AND SEPARATE BOARD OF DIRECTORS, RESPONSIBLE FOR GOVERNING THE OPERATION OF CFFH. FOR FURTHER INFORMATION PLEASE VISIT [WWW.TEMPLESTREET.IE](http://WWW.TEMPLESTREET.IE)

### HOW TO DONATE

#### IN PERSON

Visit us at our office located in the hospital with your donation:  
The Fundraising Office, Temple Street Children's University Hospital, Temple Street, Dublin 1

#### PHONE

Contact us on 01 878 4344 with your credit or laser card details and your donation will be processed over the phone by a member of our staff.

#### POST

Send your donation by post to The Fundraising Office, Temple Street Children's University Hospital, Temple Street, Dublin 1. We hope you don't mind paying the cost of the stamp – it will save us money!

#### ONLINE

Visit [www.templestreet.ie](http://www.templestreet.ie) or send us an email for more information at [info@templestreet.ie](mailto:info@templestreet.ie)

Keep up to date with all our events, patients and supporters on our social media! Follow us on:



Facebook: Temple Street



Twitter: @temple\_street

### OTHER WAYS TO GIVE

**Become a monthly donor:** There is no better feeling than helping a sick child. When you become a monthly donor you will join our Miracle Club. You can donate directly from your bank account on a regular basis by standing order or direct debit. Regular donations help us save on administration and postage and ensure we can plan into the future, knowing your gift is on its way.

*"We firmly believe that our supporters are part of the lifesaving team in Temple Street Children's University Hospital",  
Denise Fitzgerald, CEO, Children's Fund for Health*





## DID YOU KNOW?

If your donation to Temple Street Children's University Hospital amounted to €250 or more in one year, it is eligible for Ireland's charity tax-refund scheme. This means your donation could be worth up to 69% more to Temple Street, simply by completing and returning a form we will send to you the following year.

This is at no extra cost to you as charities are able to reclaim the PAYE tax you paid to earn this donation.

If you are a self-assessed taxpayer, or the donation was from a company, you can receive tax relief on your donation when you complete your tax return.

**Support our nationwide campaigns:** Support us by purchasing our delicious Lindt chocolate bunnies at Easter or bake up a storm and raise lots of 'dough' in April by taking part in the Great Irish bake. You could hold a spooktastic 'Trick or Treat' party in October or push your body to the limit by running, walking, swimming or cycling miles for miracles. There are so many ways you can help sick children in Ireland.



The benefits a partnership can bring to your company:

- A unique opportunity for your organisation to be part of something special, helping Irish children who need it most
- A great chance to motivate staff and encourage team building
- Improving your brand positioning scores and drive sales
- Standing out in a competitive market
- Reaching a new audience and potential new business
- Meeting Corporate Social Responsibility objectives
- Securing positive PR

**Leaving a gift to our little patients in your Will:** You can ensure you leave behind more than just memories. Your generosity can leave behind hope, helping our work live on.

A gift in your Will is an effective way to ensure the protection and care of your children and their children. You don't need to be wealthy to give a significant gift. And you can make a substantial contribution that costs nothing during your lifetime.

Every day parents place their trust in the hands of the medics in Temple Street to make their little ones better. Whether you are a father, mother, brother, sister or grandparent, at some stage in your life, you or someone you know will cross through the doors in Temple Street. When this happens you will want to know that your loved one has access to first class care in the best possible environment.

**Volunteer:** Donating money isn't the only way you can help us. A gift of your time can be just as precious. We are always looking for new volunteers. Volunteering can mean getting involved in a fundraising campaign, attending cheque presentations, taking part in on-street collections or assisting the Fundraising Office with logistics on campaigns. We are so grateful to volunteers for their commitment, hard work and dedication to our cause.



**Give as you earn:** If your employer operates a payroll-giving scheme, or would like to introduce one into your workplace, you can make a donation directly from your salary.

**Give a gift in memory or in honour:** You can make a tribute gift in memory or in honour of a child, sister, brother, niece, nephew or grandchild who has lost their fight for life, helping their legacy to live on.

**Corporate Support:** When you partner with Temple Street, you are making a real and lasting difference in the lives of so many children, proving you don't need to be a doctor to save a life. Our corporate sponsorship programme supports mutually beneficial relationships that meet the business goals and objectives of both partners.



# THANK YOU FOR SUPPORTING US!

# FINANCE REPORT 2012

The 2012 Revenue Allocation from the HSE, before adjustments, amounted to €78,523,000 (2011: €75,340,000), an increase of 4%. Whilst such an increase is to be welcomed in the current economic environment, it primarily related to, and was matched by, increases in costs arising re approved service developments, HSE Early Retirement / Voluntary Redundancy schemes and other cost pressures. The 2012 challenge was all the greater when the non-recurring nature of various positive 2011 Allocation adjustments (re release in 2011 of previously deferred but unspent allocation receipts) are considered. The impact of such adjustments was an effective €1,733,000 decrease in the Net Allocation, post adjustments, from €80,913,000 in 2011 to €79,180,000 in 2012.

Other Income amounted to €18,677,000 (2011: €16,585,000). The increase (13% on 2011) reflects ongoing proactive bed management practices and a significant private insurer settlement. In considering the increase in income, it should be noted that the anticipated legislation, that would have enabled Hospitals to levy private health charges for insured patients, irrespective of bed designation, did not materialise and thereby confined the potential increase in income levels.

Expenditure in 2012 amounted to €98,593,000 (2011: €97,741,000), an increase of 1% on 2011. Pay related costs amounted to €71,312,000, a decrease of €744,000 on 2011. The decrease in Pay costs reflects reductions arising from ongoing vigilance re employment control, as partially offset by incremental costs associated with the filling of funded service development posts. Non Pay related costs of €24,837,000 increased by €1,606,000, primarily reflecting approved increases in drug related expenditure.

The Loss on Ordinary Activities for 2012 amounted to €736,000 (2011: €243,000), most of which is attributable to the funding cut that was made in respect of the anticipated change in legislation, re billing of private patients (referred to above).

In considering the performance for the year, it is also worth noting the trends in activity levels, as follows:

- A&E attendances increased by 3% to 52,937;
- In Patient discharges increased by 2% to 8,225;
- Day cases decreased by 4% to 8,406;
- Out-Patient attendances increased by 4% to 80,798.

Average length of stay decreased from 3.94 days to 3.53 days, reflecting progress made in recent years re ongoing process review, improvement and reconfiguration.

Capital expenditure amounted to €4m in 2012 comprising Building Improvements of €1.8m and Equipment additions of €2.2m. The most significant building improvements included a new Uninterruptable Power Supply for Intensive Care and the High Dependency units and a comprehensive Energy Systems upgrade. Assets retirements, transfers and depreciation amounted to €4.2m.

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

An unqualified audit opinion was issued in respect of the financial statements.

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

**John Fitzpatrick**  
Finance Director

# PROFIT & LOSS ACCOUNT EXTRACT

for the Year Ended 31 December 2012

	2012	2011
	€'000	€'000
<b>TURNOVER</b>		
Revenue grants (net)	<b>79,180</b>	80,913
Other income	<b>18,677</b>	16,585
	<b>97,857</b>	97,498
<b>COSTS</b>		
Staff costs	<b>(71,312)</b>	(72,056)
Non pay costs	<b>(24,837)</b>	(23,231)
Depreciation	<b>(2,444)</b>	(2,454)
<b>LOSS ON ORDINARY ACTIVITIES</b>	<b>(736)</b>	(243)

# BALANCE SHEET

as at 31 December 2012

	2012 €'000	2011 €'000
<b>FIXED ASSETS</b>	<b>3,366</b>	3,642
<b>CURRENT ASSETS</b>		
Stocks	1,743	1,804
Debtors	2,669	5,108
Grants receivable	8,066	7,933
	<b>12,478</b>	14,845
<b>CREDITORS: (Amounts falling due within one year)</b>	<b>(13,213)</b>	(15,087)
<b>NET CURRENT LIABILITIES</b>	<b>(735)</b>	(242)
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>2,631</b>	3,400
<b>CAPITAL GRANTS</b>	<b>(3,366)</b>	(3,642)
<b>NET LIABILITIES</b>	<b>(735)</b>	(242)
<b>FINANCED BY</b>		
Called-up share capital	1	1
Profit and loss account	(736)	(243)
<b>SHAREHOLDERS' DEFICIT</b>	<b>(735)</b>	(242)



# NOTES

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