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 145,000 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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Dear Colleague

A great source of pride that I would like to specifically focus on as I launch the 2013 Annual Report was the publication of Temple Street’s Statement of Strategic Intent in May 2013.

The publication of our Statement of Strategic Intent, was and is, part of a wider development agenda which we are consistently working on to enhance our capacity to make swift and informed choices in the context of scarce resources. Personally, I am confident that the Statement provides a much needed vision and future direction in uncertain and complex times and the consultative and service user engagement process which led up to the formulation of the Statement has also led us to think differently. In this regard we are endeavouring to create a more progressive, contemporary, open and all-inclusive hospital. We see the whole organisation as being on a learning journey in terms of building the reliance to work more and more through a culture of engagement.

The Statement comprises six strategic themes (The Voice of the Child; Collaboration; Interdisciplinary Working; Self-Empowerment; Patient Safety; Learning and Development) and you will see these highlighted as you work your way through the Annual Report. I am also confident that in turn, these themes are providing a roadmap for the future which will empower us all to be creative and show leadership in our roles.

However the Statement of Strategic Intent was not the only key highlight of 2013. Temple Street also celebrated its 140th anniversary in 2013. As we know the hospital was founded in 1872 as a charitable infirmary at No 9 Upper Buckingham Street, Dublin 1 before moving to Temple Street in 1879 and then underwent expansion and growth in the 1930’s with proceeds from the Irish Sweepstakes. Other significant developments in the form of the establishment of new departments, services and programmes over the coming years make Temple Street, the acute national paediatric hospital and centre of excellence serving some of Ireland’s sickest children that it is today.

One of the most significant developments in the course of this rich history was the establishment of the national Renal Transplant and Haemodialysis Unit at Temple Street in 2003. And in recognition of the ten year milestone in 2013, 50 children and their families gathered at a special event in Croke Park on Saturday 29th June to mark the fact that 80 children have had a kidney transplant at our hospital. We had a truly wonderful day where families and friends shared stories and experiences and showed that good can truly come of adversity.

The compilation of the Foreword also gives me a wonderful opportunity to give you a flavour of some more of the highlights from 2013 which illustrate the dynamic and innovative environment at Temple Street.

Our Diabetes Nursing Team dealt with over 8,000 calls from parents with queries and concerns about the management of their children’s diabetes. In 2013, our Pain Control Service continued to provide both inpatient and outpatient services to those experiencing acute and chronic pain which can affect the physical and emotional well-being of children and interfere with their recovery from illness over 590 patients therefore received analgesic infusions through this service.

At the end of 2013, we were also delighted to re-open our newly refurbished Top Flat Ward. This upgrade was carried out at a cost of €2 million, with almost €1.65 million coming from charitable donations. The newly refurbished ward, which sees 1,900 children approximately admitted every year, had not seen any significant upgrades since the 1930’s, has been redeveloped into a mix of four and two bedded units with four single isolation rooms. The Top Flat refurbishment also included the installation of a Patient Entertainment System fitted at each bed space and a satellite schoolroom was added to the new Ward which facilitates patients from other wards in the hospital who cannot access the hospital’s main schoolroom.

26 students successfully graduated from the BSc Nursing (Children’s and General Integrated) programme and four senior nursing staff members successfully attained their Masters in Leadership and Management with the RCSI.

In 2013, there were 63 neurosurgical patient admissions and our National PICU Referral Service received 375 calls from referring hospitals accessing expert advice and requesting patient transfer. In 2013 Dr Kevin Carson, Consultant Anaesthetist and Director of PICU introduced the Nova Lung to the Unit for the first time, when the procedure was used on a patient as a bridge to a lung transplant in the UK. Over 6,000 patients passed through the Operating Theatre in Temple Street in 2013 and the ED opened a RATU (Rapid Assessment and Treatment Unit) as part of the quality improvement programme in the provision of healthcare in the paediatric emergency setting. St Claire’s Unit which offers a service to children and families where sexual abuse is a concern offered 2,000 appointments in 2013.
Temple Street has sixty different ethnic groups in our immediate catchment area of North Dublin and 25% of our ED attendances are from different ethnic groups so potentially children from any one of 199 nations could be admitted to the hospital at any one time. In this regard the hospital’s Diversity Committee continued its important work during 2013 to create a genuine atmosphere of celebrated diversity in keeping with our Diversity Policy.

Our hospital school enrolled 907 pupils in 2013 to enable them access their right to education whilst in hospital. Our Audiology Department conducted over 3,000 audiology assessments and nearly 2,000 children attended our SLT (Speech and Language Therapy) Service.

In addition to the refurbishment of Top Flat Ward, our Projects Office led the start of the construction of a new six bay recovery unit in the theatre, an extension to the laboratory, upgraded the Radiology Waiting area and the school in St Francis Clinic, amongst other projects to improve the environment and facilities at the hospital.

On the financial front, 2013 was an even more challenging year for the hospital. The Hospital allocation from the HSE before adjustments amount to €80.5 million (an increase of 2.5% from the 2012 allocation) and income from other sources amounted to €16 million. However expenditure in 2013, amounted to €98 million but overall the Board was satisfied with the financial performance of the hospital.

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 staff who despite the pressure they face on a daily basis, both in terms of the resource constrained perspective and the stressful environment of acute paediatric care that we all work in, continue to work towards the ambitious vision that strives to bring the care of sick children into a new and better reality. Our culture of cohesion amongst staff and our values driven approach of family centred care, combined with staff collegiality and commitment are the unique qualities that gels Temple Street together and make it the special place it is.

I would also like to thank Mr Sean Sheehan and fellow members of the Board, especially Mary Cullen who we welcomed to the Board in 2013, for their strategic oversight and guidance in ensuring that Temple Street is run as a welcoming, safe and efficient acute paediatric healthcare facility and that we continue our pioneering approach to the maintenance and development of best practice in children’s healthcare in Ireland.

We are honoured to look after the 150,000 children who are entrusted into our care every year and we intend to make a lasting difference to the way that care is delivered to each and every child, each and every day.

Mona Baker  
Chief Executive Officer
Dear Reader

I am writing this Review after my first full year as Chairman of the Board Temple Street Children’s University Hospital, a position I was honoured to take on 1st January 2013.

2013 was a significant and much welcomed milestone for our hospital as we celebrated 140 years of caring for some of the sickest children of Ireland. Marking this milestone offered us all a unique opportunity to salute and thank the heroes of past generations in their delivery of safe, effective and quality care. So we salute the Sisters of Charity and more recently the Sisters of Mercy for their unfailing commitment and leadership. We salute the successful and talented Boards of Directors who gave so freely of their time to steer the hospital through difficult periods of change. We salute the hospital Consultants across every specialty and junior doctors for their skilled hands and minds, the countless nurses and health and social care professionals for their ceaseless care and compassion and the hospital management, administration, support and ancillary staff as their dedication to families and parents is a true measure of our values and what we hold dear. We also remember the thousands of kind and generous supporters who volunteered their time and donations and the excellent fundraising work of the Children’s Fund for Health which was established in 2000, to ensure that we could continue to develop Temple Street and the services and facilities we offer.

But all good things much change and as we entered 2013, it was in the wake of the announcement that the new children’s hospital would be co-located with St. James’s Hospital on its campus and would bring together Temple Street, Our Lady’s Children’s Hospital, Crumlin and the National Children’s Hospital, Tallaght into one entity to provide secondary paediatric services for the Greater Dublin Area and tertiary services for the country.

2013 was therefore a year of intense activity on the new children’s hospital project. For the first seven months of the year the NPHDB (National Paediatric Development Board) which is responsible for the design, planning, building and equipping of the new children’s hospital, comprising a transitional Board of officials from the Department of Health and the HSE, progressed the capital project on a number of fronts. Their priorities were the reconciliation of the brief with the new site, site preparation, closing-out of existing contracts and new procurement and recruitment processes.

In August 2013, Minister for Health, Dr James Reilly, TD, announced the appointment of nine members to the new Children’s Hospital Group Board (CHGB), following the appointment of Dr Jim Browne as Chairman earlier in the year. The Board was established on a non-statutory basis to oversee the operational integration of the three hospitals in advance of the move to the new children’s hospital and to ensure that the new hospital is optimally designed and completed as swiftly as possible.

I was delighted to be appointed to the CHGB along with the Chair of the Board of Our Lady’s Children’s Hospital Crumlin, (John Hennessy) and Chair of AMNCH Tallaght Hospital (Michael Scanlan). Other appointees include Dr Jim Shmerling, CEO, Children’s Hospital Colorado; Catherine Guy, Managing Partner, Byrne Wallace (Law Firm), Cathriona Hallahan, General Manager, Microsoft Ireland, Dr John Jenkins CBE, Retired Consultant Paediatrician and Senior Lecturer, Child’s Health, Queen’s University Belfast, Nicola Byrne, CEO & Founder, 11890 and Stenics Media and Marian Quinn, CEO, Childhood Development Initiative, Tallaght.

The Minister then announced the appointment of Tom Costello as Chairman of the NPHDB and other members to the NPHDB, replacing the interim Board members who had been progressing the new children’s hospital capital project since January 2013. These appointments reflected the Development Board’s sole focus on the building project, to which they bring construction, architectural, engineering, planning and procurement expertise and experience. They also reflected the involvement of key stakeholders in this large-scale, complex and hugely important development.

A further milestone was reached in September 2013 when the Minister announced that Eilísh Hardiman had been selected as CEO of the Children’s Hospital Group. And then in November 2013, the Minister announced that John Pollock had been selected as Programme Director of the NPHDB and both these appointees have the full support of Temple Street to drive this priority project to completion.

By the end of 2013 a shared services group was in place which was focused on identifying the facilities which can be shared between the new children’s hospital and the adult hospital so as to optimise the build. The contract notice for the procurement of a new design team was published and pre-application planning discussions had commenced. A review of the satellite urgent care centres configuration was underway and St James Hospital was leading on the decant work required on the site. The aim was to appoint the design team by Spring 2014, following which a design will be prepared and planning application submitted.

So as we look back on 2013 and the rich 140 years before it, we enter the exciting era of the new children’s hospital, with a renewed energy and commitment. We also must use our highly valued Statement of Strategic Intent as our guiding light through changeable waters. Temple Street has always been a pioneer in the development of children’s healthcare and we will continue that pioneering role as we unite with our colleagues and friends across the paediatric care arena to prepare for the new hospital and the future of children’s healthcare in Ireland.

Sean Sheehan
Chairman
BOARD OF DIRECTORS

Sean Sheehan
Chairperson

Siobhain Brady
Deputy Chairperson

Mona Baker
Chief Executive

Suzanne Dempsey
Director of Nursing

John Fitzpatrick
Finance Director

Fionn Mac Camhaill

Phil Shovlin

Sr. Margherita Rock

Frank McManus

Dr. Stephanie Ryan

Derek McGrath

Dr. Michael Drumm

Mary Cullen
Theme one of the six themes in Temple Street’s Statement of Strategic Intent

PUT THE EXPERIENCE AND VOICE OF THE CHILD AT THE CENTRE OF HOW SERVICES ARE DESIGNED AND DELIVERED
CARING TO MAKE A DIFFERENCE

NURSING
During 2013, the nursing service at Temple Street continued 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 Hospital’s Development Agenda.

FINANCE
The Department of Nursing was given a devolved and continued reduced budget of €23.3 with final actual spend of €23.245k. Once again a great achievement and my gratitude is extended to all nursing staff. The continuous monitoring and re-engineering of our processes with the redeployment of staff as needed to ensure that safe levels of care are maintained.

STAFF TURNOVER

<table>
<thead>
<tr>
<th></th>
<th>Starters</th>
<th>Leavers</th>
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<tr>
<td>2012</td>
<td>72.76</td>
<td>83.99</td>
<td>353.41</td>
</tr>
<tr>
<td>2013</td>
<td>56wte*</td>
<td>82wte*</td>
<td>410.64wte **</td>
</tr>
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*Bank is represented as starters and leavers as 0 WTE
**Figures are inclusive of Bank and Agency Actual paid WTE

INAUGURAL JOINT NURSING AWAY DAY

Cross collaboration with colleagues at OLCHC and NCH, Tallaght

The Joint Nursing Executive commenced in 2012 but the inaugural joint leadership ‘Away’ day for the senior nurse managers from the three paediatric hospitals took place in 2013. Networking and getting to know one another as well as receiving presentations from key people including Dr David Vaughan, Maureen Flynn and Liz Hayes. Many of the sessions were interactive and allowed colleagues to interact and network.

ICT AND NURSING
In April 2013, the new Patient Administration system – IPIMs went live and for the first time in the hospital, the system included a bed management module which clearly highlights the location of patients in each ward. The nursing team embraced this new change in technology practices. The theatre operating system also commenced in April 2013, supported and driven by the nursing team in Theatre. The Intensive Care Clinical patient system which commenced in 2012, continued in 2013 with nursing staff successfully welcoming this completely new way of using technology for direct patient care. Overall the nursing in Temple Street have embraced the new technologies that have been in corporated into the way that business operates in the hospital.

NATIONAL SPECIALITIES DIVISION

ST. BRIGID’S WARD AND METABOLIC OPD

The Temple Street Metabolic Disorders Nursing Team

The Nursing Metabolic team continued to be proactive ensuring that we provide a quality service with a strong focus on education for our patients and staff.

The annual Metabolic Week once again focused on education sessions which were provided for a wide variety of healthcare professionals in the hospital, resulting in the request to provide similar information sessions on a more regular basis.

Two senior staff nurses produced a new booklet for patients and families titled ‘Welcome to St Brigid’s Ward.’

A number of junior staff nurses were supported with producing information leaflets for parents explaining some
of the tests that are unique to St Brigid’s Ward. The leaflets included information on Lactate/Pyruvate ratio, Glucose and Lactate Profile and Oral Glucose Loads.

The annual study day, “Caring for a child with an Inherited Metabolic Disorder” took place in September 2013 and was attended by nurses from Temple Street, PHN’s, and nurses from other centres around Ireland. It was evaluated as an ‘excellent’ study day.

Three nurses presented posters at the European Connect, the European LSD Nurses Meeting in Brussels, receiving a recognition award for their work.

The CNMIII and the CEF presented a joint “End of life” case review at the monthly Nursing Case Presentations which provided a forum for open discussion and was very well received.

Three staff nurses were provided with education and training for performing Skin Biopsies, increasing the number to six nurses who are now performing a skill which is considered an advanced nursing practice.

The CEF attended a Senior Leadership Training course in the RCSI, collaborating with three members of the Metabolic Unit resulting in the successful introduction of a quality improvement initiative for the unit.

A senior staff nurse completed her Masters in Child Health, successfully conducting her research thesis on “Mothers experience of caring for children receiving gastrostomy feeding at home.”

The CNMIII presented her findings on “Parental Opinion on the Introduction of Outreach Clinics” at the annual research conference at Temple Street.

An audit has been completed on the ‘new referrals to Metabolic Outpatient’s triage system’ by the Metabolic Clinical Nurse Specialists. The triage system allows for some new referrals to be fast tracked to admission thus avoiding unnecessary OPD attendances. It has proven to be a very successful initiative.

ST MICHAEL’S C WARD

St Michael’s C provides the National Paediatric Renal Transplant and Haemodialysis service.

There are nine inpatient beds and a four stationed Haemodialysis (HD) unit and the renal outpatient service is also based on the unit.

In 2013, there were nine renal transplants – five from the deceased donor pool and four from living donors. All patients who receive a kidney transplant have an extensive work-up. The demand for kidneys always remains the same regardless of the number of transplants. There are approximately 20 children currently on the waiting list and approximately 10 more beginning the “work-up” process.

In addition to those transplanted in Ireland, two patients were referred to transplant centres in the United Kingdom – 1 for liver and kidney transplant and 1 for the paired kidney donor pool.

In 2013 the Haemodialysis Unit continued to provide a six day service. During this time up to 14 patients received chronic dialysis resulting in:

- Haemodialysis sessions: 1,423
- On call sessions: 21
- Holiday Dialysis: 1 patient (3 sessions)
- Year end 2013- total of 10 patients on HD.
The Haemodialysis Unit also completed seven poster presentations that were accepted and presented at IPNA – International Paediatric Nephrology Association Meeting in Shanghai, China.

There are three Nursing Teams led by a CNM 1 and each team has led out on different projects on the ward to improve our overall care and service provided.

- Team Karen’ is completing updating the St Michael’s C Ward Information Booklet.
- ‘The Pink Team’ led out on producing new information booklets for children & families on post-transplant medication (Tacrolimus, Cellcept & Prednisolone) and discharge post-transplant information leaflet.
- ‘The Rainbow Team’ introduced the red apron being worn during drug rounds to help minimise interruptions during this process.

St Michael’s C Ward was one of the pilot areas in the hospital to lead out on Implementation of a Nursing & Midwifery Metric System in HSE Dublin North Healthcare Services. The ward has five staff members who are metric’s collectors and each month a designated collector collates results for previous month which is fed back to staff via a Nursing Metric’s Board on the ward and to staff individually.

NEUROSURGERY

Children from across the country aged from four weeks to 16 years of age who require assessment and surgical intervention for neurosurgical and craniofacial conditions are looked after in St Gabriel’s Ward in Temple Street, which is an acute 14 bedded ward.

These children require a higher level of nursing input and must be cared for by staff who are highly skilled and educated in this specialised area. St Gabriel’s ward is committed to delivering a high quality service to children and their families in a safe sustainable manner with allocated resources.

St Gabriel’s is staffed by one CNM2 [Senior Clinical Nurse Manager], two CNM1’s [Junior Clinical Nurse Managers] one Clinical Education Facilitator, 18 other nursing staff, a healthcare assistant and a ward clerk.

Nursing staff education and training is on-going to maintain a safe evidence based practice and implement changes in practice as required.

In 2013, neurosurgical nursing education and training focused on the following topics;

- Epilepsy surgery/VNS Surgery
- Test dose of ITB Pumps – Care Plan/care pathway for children admitted for test dose of intrathecal baclofen
- Neuro Endocrine disorders

Telemetry: During the refurbishment of the Top Flat Ward in 2013, telemetry patients were cared for on St Gabriel’s Ward which worked to establish links and improved communication between St Gabriel’s and the neurology teams, nurse specialists and EEG technicians.
Rehabilitation: St Gabriel’s nursing staff continued to work closely with all members of the Multidisciplinary Team (MDT) in 2013 promoting individualised holistic care with child and family, identifying specific needs and setting therapy goals. Nursing staff were also encouraged to attend patient MDT’S and case conferences which worked to improve communication between St Gabriel’s and the National Rehabilitation Hospital (NRH.)

Craniofacial patients: All craniofacial patients are cared for post operatively in a High Dependency Unit (HDU) setting ensuring close monitoring for 24 hours. There is also constant liaison with the craniofacial nurse specialist and establishment of educational opportunities on the care of the craniofacial patient for nursing staff in St Gabriel’s Ward as required. In 2013, a nurse travelled to Great Ormond Street Children’s Hospital (GOSCH) to retrieve a patient who underwent craniofacial surgery and application of a ‘Red Frame.’ Education and liaison between Temple Street and GOSCH was paramount in developing Guidelines/Care Plans and check lists in caring for this and other craniofacial patients.

Examples of staff education and training on the care of craniofacial patients included:
- Care of Red Frame – Care Plan and Checklists
- Update of craniofacial Care Plans
- Pre-admission booklet
- Discharge advice

DEVELOPMENT OF NEUROSURGERY RELATED BOOKLETS IN 2013 (IN CONSULTATION WITH THE NEUROSURGICAL NURSE SPECIALIST)
- ICP monitoring for Parents
- Neurosurgical orientation booklet for students/new staff
- Neurosurgical Workbook

STUDY DAYS AND CONFERENCES IN 2013 ATTENDED BY ST GABRIEL’S WARD NURSING STAFF:
- On-going clinical learning ward sessions
- Study Days attended in Beaumont, NRH and OLCHC
- Neurosurgical Benchmarking United Kingdom (UK) – staff nurses have accompanied the neurosurgical nurse specialist to UK for bench marking meetings
- Master class in neurosurgery – Alder Hey Hospital, Liverpool
- Neurosurgery Conference, Bristol
- Planning for Neurosurgery – Study Day, Temple Street, January 2014
- Paediatric International Nursing Study, Belfast

NEUROSURGICAL AND CRANIOFACIAL PATIENT ACTIVITY 2013

Neurosurgery
- In 2013, there were 462 infants and children admitted for assessment and surgical intervention for neurosurgical conditions and 1,258 outpatient attendances.

Plastic Surgery
- In 2013, there were 1,331 infants and children admitted for assessment and plastic surgery (including craniofacial) related interventions and 2,578 outpatient attendances.

SPINA BIFIDA SERVICE
In 2013 there were a total of 35 new-born children with Neural Tube defects referred for care to Temple Street, an increase of 14 patients from 2012.

<table>
<thead>
<tr>
<th>Year</th>
<th>New born children with Neural Tube defects</th>
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<tbody>
<tr>
<td>2013</td>
<td>35</td>
</tr>
<tr>
<td>2012</td>
<td>21</td>
</tr>
<tr>
<td>2011</td>
<td>45</td>
</tr>
<tr>
<td>2010</td>
<td>45</td>
</tr>
<tr>
<td>2009</td>
<td>29</td>
</tr>
</tbody>
</table>

Total number of Neural Tube patients currently in the service at end of 2013 = 288.

OVERVIEW OF SERVICES PROVIDED
- 35 newly diagnosed children with Neural Tube defects attended the service in 2013.
- All 35 patients met and received education from the Spina Bifida nurse.
- 10 of these patients also had ante-natal meetings with the spina bifida nurse either in the maternity hospital or in Temple Street.

INPATIENT ADMISSIONS IN 2013
In addition to the 35 new patients to the service, there were 64 re-admissions of Spina Bifida patients in 2013.
- 29 of these were shunt related, resulting in 20 shunt revisions.
- 4 for general surgery/bowels.
- 11 admissions due to urology problems.
- 7 due to orthopaedic surgeries.
- 11 admissions were due to various other reasons.

Total inpatient admissions (new plus re-admissions) = 97.
SPINA BIFIDA OPD VISITS ACTIVITY

168 children were seen in the Spina Bifida clinic last year. Spina Bifida children have multiple OPD appointments in other clinics in addition to the Spina Bifida clinic. Children who have problems between Spina Bifida clinic appointments are seen in other neurosurgery clinics. It is estimated about 150 neural tube patients are seen in neurosurgical clinics outside of Spina Bifida clinics.

NURSE LED CONTINENCE CLINIC

*Catheterisation and urology*

- 20 patients and parents received training in intermittent catheterisation.
- This compares to 22 children in 2012. Children receive training when clinically needed or to assist continence if child greater than 3-4 years.

MEDICAL DIVISION

EMERGENCY DEPARTMENT (ED)

The ED had an annual patient attendance of approximately 52,000 cases (aged 0-16 yrs) in 2013.

A new Rapid Assessment & Treatment Unit (RATU) was opened on 25th February 2013 as part of the quality improvement programme in the provision of health care in the paediatric emergency setting. The primary focus of the RATU is to stream children presenting with minor illnesses and minor injuries (including patients with a GP referral) classified as triage category 4 & 5. 95% of patients who attended the RATU were admitted or discharged within six hours which met the six hour standard for ED attendances as recommended by the EMP.

Ms Annemarie Dowling (CNM3) was part of the Steering Group that developed and rolled out the Irish Children’s Triage System. This is the first national tool that should be followed for the prioritisation and assessment of paediatric patients presenting to an Emergency Department (ED) in Ireland. This tool was successfully piloted in six Emergency Departments including Temple Street in 2013. It will be rolled out nationally in 2014.

DIABETES

PATIENT PROFILE

<table>
<thead>
<tr>
<th>Year</th>
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<th>Transfer In</th>
<th>Transfer to adult services</th>
<th>In-patients stays</th>
<th>Pump starts</th>
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<td>12</td>
<td>46</td>
<td>48</td>
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The diabetes nursing team has also provided dedicated telephone times for parents to contact the team for routine calls to discuss the on-going management of their child’s diabetes. However all parents are informed that the team can be contacted via the hospital bleep system for emergencies.

IN 2013 TELEPHONE CONTACTS TO AND FROM THE DIABETES NURSING TEAM WERE 8,347 CALLS

INSULIN PUMP THERAPY

The pump service in Temple Street continues to grow and develop. The service in 2013 has seen 27 children started on pumps. The nursing time spent on educating children and families on how to use insulin pumps takes on average 18 hours. The education is divided over 3-4 days however on some occasions this has had to be extended if the family or staff were not happy with the practical issues or the progression of the education. The diabetes team in Temple Street is recognised as a national pump centre and is getting referrals from all areas of the country. During this year there has been some progress with regional centres being set up and the appointment of Diabetes Nurse Specialist (DNS) and dieticians.
DIABETES COLLABORATION

Temple Street continued its liaison with colleagues in the other two paediatric hospitals. As a team in Temple Street we have had team meetings and are currently drafting policies on high HBA1c, DNA policies and the newly diagnosed education sheet has been revised and it is hoped that when finished it will be easy to audit ensuring that all children and young people are getting the same standardised education.

The current clinic sheet that the medical team uses has been revised and it is hoped after the trial period these will be used though out the Dublin region initially.

ORTHOPAEDICS

The DDH (Development Dysplasia of the Hip) clinic has showed an increase in patient activity and led to increase in staff over time.

Policy and competencies sheets on the removal of K-Wires was developed. Bora Duruer Senior Plaster Technician has been deemed competent and completed the competencies sheets for removal of K-Wires.

Developments of information booklets:
- A parent information leaflet on the removal of K-Wires was developed and printed.
- A parent Hints and Tips leaflet was developed on care of CTEV patients in boots and bars and printed.

RESUSCITATION TRAINING

<table>
<thead>
<tr>
<th>Course</th>
<th>Staff</th>
<th>Course Duration</th>
<th>Trainers</th>
<th>Courses facilitated</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS (HCP)</td>
<td>Nursing, physiotherapists</td>
<td>5.5 hours</td>
<td>5</td>
<td>358 staff trained (74 classes)</td>
<td>270</td>
<td>435</td>
</tr>
<tr>
<td>BLS (Heartsaver)</td>
<td>HCA’s, porters, allied health professionals</td>
<td>4 hours</td>
<td>6</td>
<td>38 staff trained (9 classes)</td>
<td>46</td>
<td>61</td>
</tr>
<tr>
<td>PLS</td>
<td>Nursing and NCHD’s</td>
<td>10 hours</td>
<td>8 per course</td>
<td>2 coordinated by RTO. (6 CUH candidates per course). RTO instructed on 2 other PLS courses.</td>
<td>15</td>
<td>24</td>
</tr>
<tr>
<td>APLS</td>
<td>Nursing, NCHD’s, Consultants</td>
<td>2 days face to face (20 hours in total). VLE component 20 hours</td>
<td>16 per course</td>
<td>1 [5 CUH nursing staff attended, 24 medical staff]. 4 members of Nursing Staff attended APLS in other venues. RTO instructed on one other APLS.</td>
<td>10 nursing, 24 medical</td>
<td>7 nursing, 24 medical</td>
</tr>
<tr>
<td>BLS Training for parents</td>
<td>Parents</td>
<td>1 hour</td>
<td>6</td>
<td>55 sets of parents trained in BLS.</td>
<td>49 sets of parents trained in BLS</td>
<td></td>
</tr>
<tr>
<td>BLS training for parents of a child with a Tracheostomy</td>
<td>Parents</td>
<td>1 hour (one to two sessions required).</td>
<td>1</td>
<td>5 sets of parents trained for BLS for a child with a tracheostomy.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Training for parents in recognition of anaphylaxis and use of the Anapen</td>
<td>Parents</td>
<td>45 minutes</td>
<td>1</td>
<td>8 sets of parents trained in 2013 by RTO.</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>BLS, cardiac arrest management and simulation training for NCHD’s.</td>
<td>Medical, Surgical, Emergency and Anaesthetic NCHD’s</td>
<td>1 hour</td>
<td>3</td>
<td>7 sessions were facilitated in January and 6 in July.</td>
<td>7 sessions facilitated in January and 7 in July</td>
<td></td>
</tr>
</tbody>
</table>

RTO – 266 staff trained by RO
OTHER STAFF – trained 65 between April and August 2013.
BLS classes were also facilitated by BLS instructors Annemarie Cullinane, Eadaoin White, Catherine McGauran and Jimmy Doyle.
NURSE EDUCATION

Scenario training – Four ward based simulation training sessions were provided by the RTO incorporating cardiac arrest management, cardiac arrest rhythm recognition and use of the defibrillator. These were facilitated in ICU, Surgical Flat, ED and SMB.

Post-registration student nurses also received an educational session incorporating the structured approach to the clinically deteriorating child and a scenario which were facilitated by the R0.

Lectures and demonstrations on basic life support for the child with a tracheostomy were given to hospital HCA’s and also agency nurses prior to the discharge of patients from CUH.

NCHD training – as detailed in activity table.

Audit – An audit on the Emergency Trolleys was carried out in September.

This was undertaken to audit the practice surrounding the use and disposal of single use bag valve masks, Magill forceps and face masks. From the results the policy on the emergency trolleys will be amended to enhance cost saving measures and hygiene standards.

Parental training – 13 sets of parents trained in CPR by R0. Eight sets of parents trained in anaphylaxis. 5 sets of parents trained in CPR for a child with a tracheostomy. Seven parental trainers were renewed.

CRITICAL CARE

Children’s Pain Control Service

It is well recognised that pain, whether it is associated with an injury, procedure, chronic illness or an unknown cause, affects the physical and emotional well-being of children and interferes with their recovery from illnesses.

In 2013 the Pain Control Service continued to provide both inpatient and outpatient services to those experiencing acute and chronic pain including children with rheumatologic conditions.

Key achievements for 2013

- Daily acute pain round reviews in conjunction with consultant anaesthetists evaluated the efficacy of analgesia, incidence of side-effects and current pain scores in children post surgery.

A TOTAL OF 592 PATIENTS RECEIVED ANALGESIC INFUSIONS INCLUDING PCA, NCA, EPIDURAL OR NERVE BLOCK INFUSIONS

- Continued expansion of the provision of Entonox to various medical and surgical teams for the management of procedural pain including children requiring PICC line insertion and manipulation of fractures and casting.

- As the only hospital in Ireland that offers a chronic pain clinic to children struggling with chronic pain, there are an increasing number of referrals for this service. Hence Dr. Kevin Carson, Clinical Director, PICU, Temple Street, now runs a clinic twice monthly in conjunction with the Pain Clinical Nurse Specialists and with on-going multidisciplinary support from physiotherapy, psychology, psychiatric and social work departments.

- In conjunction with PICU staff and pharmacy, an individualised weaning schedule was developed and implemented for children receiving opioids and sedatives for greater than five days, to minimise withdrawal symptoms. This individualised weaning schedule is monitored by the Pain CNS’s once the patient is discharged from PICU to the wards.

- Provided on-going support to the rheumatology service.

- Collaboration continued with our colleagues in the other national children’s hospitals to provide ongoing education programmes for nurses & medical staff relating to management of children’s pain both in Temple Street & to other hospitals, including the provision of two pain study days in Temple Street.

- Children’s pain management education sessions were provided to nursing & medical staff as well as lectures to undergraduate and post graduate nursing students and FETAC HCA students.

SURGICAL DIVISION

DAY WARD

This 18 bedded unit has seen a growth in attendance as more and more patient care is delivered in a day case setting, avoiding the need for patients to remain in hospital overnight for treatment this in line with our same day admission patients have increased through put ensuring greater efficiency in the utilization of staff and resources.
TOP FLAT

Temple Street patient Hrishikesh Shenoy, aged six years, Dublin 2, pictured with Irish professional cyclist and world number 6, Dan Martin enjoying the new Patient Entertainment System on the newly refurbished Top Flat Ward.

This area has seen the largest change particularly in the physical infrastructure and we now have a fantastic ward which has seen the facilities for parents and children greatly enhanced. As part of the refurbishment of this area a patient entertainment system (LINCOR) was installed for each patient and has been a great success for Patients and Parents, and has the capacity to become a clinical system in the future.

The ward has three four bedded areas, two two bedded and four single isolation room three of which are up to a very high standard with lobbied cubicle, fully air controlled in line with best practice in infection, prevention and control.

Patients and staff moved back to the ward in October 2013. Before the refurbishment Top Flat was a mixed Medical/Surgical unit following the move back we have strived to introduce a core ward concept and where possible the is mostly a medical unit, enhancing expertise for staff and a clearer pathway for patients.

SURGICAL FLAT

In line with a core ward concept we have continued to develop surgical flat as a surgical unit caring for the following specialties, ENT including Cochlear Implants, Plastic surgery including Cleft Lip and Palate, and elective and emergency Orthopaedic surgery.

Following the completion of the Operating Theatre renovation the ward will expand into the recovery space and this will facilitate either on increase in beds if required or as we are proposing an admission suite to facilitate our increasing number of same day admissions.

ST MICHAEL’S B

The NHDU/Neonatal unit continues to see an increase in neonatal surgical activity with a total inpatient going from 351 for 2011 to 562 in 2012 and an average length of stay reduced from nine days to six days. The average length of stay in St Michael’s B Ward for 2013 was 6.28 days.

NEW SERVICE

The appointment of a gastrostomy/stoma nurse in September 2013 has offered a greatly enhanced service for the patients attending Temple Street, particularly out patients. This post was achieved from savings due to the reconfiguration of Top Flat.

Work has also begun on standardising care plans and pathways for this group of patients, also ongoing work on achieving cost saving in relation to consumables has been undertaken.

QUALITY INITIATIVES

Experiences of the Surgical Day ward patient – this project involved a multidisciplinary team looking at improving the experience of the Surgical Day Ward patient by streamlining the admission process and ensuring operating theatres start on time while initially focusing on one day per week.

Joint ward project involving Clinical Nurse Managers from St Michael’s ward (Renal & Diabetes Ward) and from St Bridget’s ward (Metabolic Ward) – The Managers had attended a two day program “Leading in Uncertain Times”. Both wards amalgamate at the weekends and holiday periods over Christmas & Easter.

The CNM’s (Joanne O’Brien and Michelle Lawlor) led out on a Quality Initiative project to enhance care provided to theses specialist patients group across both nursing teams and to promote team cohesiveness thereby creating a productive working environment.

Staff from both wards completed a questionnaire, which was followed up by a joint staff meeting between both wards and later in the year a joint study day attended by most of the staff from both wards, with topics covered from both specialised areas that staff had requested in the questionnaire. The study day achieved ABA Category 1 approval and was well evaluated. Staff felt that all of the above has had a positive effect on both wards and nursing teams.

Paediatric Trigger Tool – Healthcare awards Biomis May 2013 – Winner Patient Safety category for enhancing a culture of patient safety – presented to the Temple Street Paediatric Trigger Tool Team. The Nursing representatives on the PTT continue to play in an important part in the overall project.

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 2013, the case reviews continued monthly with input from a cross section of wards and departments 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. 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.
NURSE EDUCATION AND PRACTICE DEVELOPMENT DEPARTMENT

The annual Nursing graduation ceremony took place on May 10th, 2013. The 2008 BSc in Children’s and General Nursing (Integrated) and the 2011 Higher Diploma in Children’s Nursing groups were presented with their graduation scrolls and Temple Street badges.

26 students successfully graduated from the BSc programme and were awarded their hospital medals from both Temple Street and the Mater Hospital. A further 28 students graduated from the Higher Diploma Children’s Nursing course and were also presented with the Temple Street medal on the day.

It has long been the tradition in Temple Street, that a student is awarded a Gold Medal in recognition of their outstanding contribution throughout their course both clinically and academically.

In 2013, Ms Sinead Kirwan was chosen from the undergraduate group to receive this prestigious award and Ms. Laura Moore was selected from the Higher Diploma Group.

For the first time, a Preceptor of the Year award was presented to a member of staff considered by the graduates to be an exceptional support and role model in the clinical setting, displaying compassion and kindness towards children and families, and patience and enthusiasm for teaching. Mr John Corcoran was selected by the students as the first recipient of this award.

During the calendar year 2013, the department facilitated the clinical placements for 291 student nurses. 34 students were also facilitated for work experience. The breakdown of nurses is as follows:

<table>
<thead>
<tr>
<th>Student type</th>
<th>Number of Students for 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-Registration Students</td>
<td>30</td>
</tr>
<tr>
<td>(Higher Diploma in Children’s Nursing)</td>
<td></td>
</tr>
<tr>
<td>Graduate Diploma Students (Critical Care Nursing and Emergency Nursing)</td>
<td>4 (PICU)</td>
</tr>
<tr>
<td>Undergraduate Student Nurses</td>
<td>135</td>
</tr>
<tr>
<td>(Integrated General and Children’s)</td>
<td></td>
</tr>
<tr>
<td>Seconded Students</td>
<td>120</td>
</tr>
<tr>
<td>(Student Nurses from our partner services)</td>
<td></td>
</tr>
</tbody>
</table>

LEADERSHIP DEVELOPMENT TRAINING

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.

Temple Street hosted the study day held in May 2013 and was well attended by 38 Clinical Nurse Managers and Clinical Education Facilitators from across the three sites. Staff nurses will be the focus for attention from a leadership development perspective in 2014.

NURSING RESEARCH

The Nursing Research Committee organised the 3rd Annual Nursing Conference ‘Making life better for Children: Nurse-led innovations in Temple Street’ which took place on Thursday the 14th of February 2013.

The keynote speakers were Dr Jonathan Drennan (UCD), ‘Making life better for children: incorporating research and evidence-based practice into the delivery of Nursing Care’ and Dr Veronica Lambert (DCU) ‘Building collaborative research partnerships: breaking the cycle of invisibility and demystifying the veil of secrecy surrounding epilepsy.’

There were 71 attendees and the programme received very positive evaluation. The award for the best presentation went to Ms Claire McCabe, a staff nurse on St Michaels C Ward for her presentation titled ‘An evidence-based change to nursing handover practice on St Michaels’ Ward’, and the 2013 Nursing Research Bursary was awarded to Gráinne Bauer and Marie Corbett for their project ‘Promoting a cultures of engagement in a paediatric hospital – establishing an engagement advisory group’.

The committee finalised it’s terms of reference and produced a bookmark highlighting the work of the nursing research committee which was distributed at the nursing graduation in May.
NURSING POSTERS AND PRESENTATIONS

KEY ACHIEVEMENTS AND AWARDS

The following senior nursing staff members successfully attained their Masters in Leadership and Management Development with the RCSI;

- Marie Corbett, DNM.
- Grainne Bauer, DNM.
- Clara Murtagh, CNM2.
- Anne McCabe, CNM2.
- Ms. Jane Gunn won an award for best poster presentation at the Annual Trinity College Dublin Nursing & Midwifery conference.

NURSING METRICS

The value of the work of nurses is very difficult to define. Nursing metrics are agreed care indicators of measurement for nursing care, which can be monitored against agreed standards (Foulkes, 2011).

In 2012 the Nursing and Midwifery Planning and Development (NMPD) in Dublin North implemented a quality initiative “Nursing and Midwifery Metrics” in twelve healthcare services.

Temple Street came on board to trial metrics in a children’s hospital setting. Three wards were selected to take part in the trial; St. Michael’s C, The Day ward and Surgical Flat.

Metrics are collected using the, ‘Test your Care Software’ system. This IT system provides reports individualised to each ward, indicating targets achieved using a traffic light and a percentage system. The traffic light system enables staff identify when the quality of care being delivered has fallen below the required standard of care through a visual colour coded traffic light effect.

The Nursing Metrics Committee met for the first time in March 2013. The aim of the committee is to provide a framework for measurement of fundamental nursing care through the development of evidence based indicators. The vision of this committee is to improve patient and family care, safety and nursing performance within each department of Temple Street.

Following the trail of the metrics in Temple Street, and in collaboration with our colleagues in OLCHC, the NCH Tallaght and other regional children’s departments, children’s nursing metrics were further refined. These metrics were again trialed in the original three wards. Nursing staff fully engaged with the Metrics Committee and provided invaluable feedback. The metrics committee has put in place the systems to facilitate the rollout of Nursing Metrics throughout the Hospital in 2014. Metrics to be recorded throughout the hospital are as follows; Medication Storage and Custody, Medication Administration, Nursing Documentation, Observations and Day case.

Metric results are available to the ward areas to see. The results are discussed by the Nursing Executive team as part of the performance and quality dashboard weekly and also at the Clinical Nurse Managers’ meeting to ensure there is ownership and sustainability of the initiative across the organization. The Director of Nursing presents the data quarterly at the Board of Management meeting, assuring them the quality of the nursing care provided is of the highest possible standard.

Feedback from nurses utilizing metrics has been very positive; metrics successfully motivates nurses to strive to improve targets for improved patient outcomes and experiences.
HOSPITAL SCHOOL

Temple Street Children’s 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.

ACTIVITIES AND ACHIEVEMENTS IN 2013

SATELLITE CLASSROOM

A new satellite classroom was opened on Top Flat Ward in late 2013. This has improved the quality of access to the patients on Top Flat and Surgical Flat Wards. The classroom provides:
- access to school for all pupils on the ward to a classroom.
- an opportunity for a small group to interact and learn.
- reflects a more normal experience of school which enhances peer learning and co-operative learning.

VOICE OF THE CHILD

Pupils, artist in residence and school staff created the following to celebrate the Voice of the Child:
- Pupils created portraits of themselves and expressed their experience of hospital using speech bubbles.
- An Animated movie – A Day in the Life of Temple Street. Puppets created by the pupils were used in the movie.
- A Temple Street timeline.

STUDENT PLACEMENTS

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.

KIDS CLASSIC FROM THE NATIONAL CONCERT HALL

Gráinne Hope (cello), Dr Julie Maizel (flute) and Nicholas Grennell (conductor) of Kids’ Classics music outreach programme, supported by the National Concert Hall and the Community Foundation for Ireland, bring Beethoven to life at the bedside of Joseph Buckley and Daniel O’Connell in St. Philomena’s Ward of Temple St Children’s University Hospital.

Kids’ Classics brings classical music into the children’s hospital every month for light-hearted workshops about composers and musical instruments, as well as up-close and personal live performances at patient bed-sides. Kids’ Classics has reached over 2,000 sick children and their families in Dublin’s three children’s hospitals since 2011, initially through monthly visits with workshops in each schoolroom and general ward visits, to now engaging with intensive care units, kidney dialysis units and medical staff so that the programme has become tailored to the needs of each hospital. The National Concert Hall is working with hospital partners and current funders to secure support for the project into 2014 and beyond. For more information see www.nch.ie
SCHOOL ENROLMENT

907 pupils were on roll for the Calendar Year 2013

632 primary pupils

275 post primary pupils

OVERVIEW OF SERVICE

Pupils are enrolled for various lengths of time:

- For one-off stay.
- One-off stay followed by repeat enrolments.
- For set days each week to receive hospital treatment.
- For pupils who may not have a base school due to long-term illness and other.

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.

SCHOOL 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.

WORKSHOPS

POETRY BOOK LAUNCH

One of our long term pupils launched a poetry book “The Colours of Life” and donated all the proceeds to the Renal Units of Temple Street and Our Lady’s Hospital for Sick Children, Crumlin.

SCHOOL SELF-EVALUATION

As an initial focus of self-evaluation the school evaluated the quality of teaching and learning in literacy and a three year plan is now in place.

STATE EXAMINATIONS

The school facilitated a number of students to sit their Junior Certificate examinations – June 2013.

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 expertise and commitment to the School Board of Management.
The Play Department is managed by a Senior Play Specialist who is supported by a team of Play Specialists and assistants who work in the playroom, multi-sensory room and on the wards.

The aim of the Play Department is to provide a happy stimulating environment where play can occur naturally. To facilitate this we have a large central playroom, run by a Play Specialist who is assisted by CE Scheme Play Assistants, CHI volunteers and students. The Play Specialist, assistants and volunteers in the playroom provide a wide range of play activities for children from babies to those in their early teens. Patients from the wards attend the playroom from 9.30 – 12.15 and 1.30 – 4.00 Monday to Friday. There is a Play Specialist on St. Michael C Ward St. Brigid’s Ward, Top Flat Ward and the Day Ward.

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

The Play Department continues to run a Pre-Admission Club once a month on a Saturday, in conjunction with the nursing staff to prepare children for their elective surgery admission.

Our team hosted a wide range of visitors to the hospital in 2013 including Mickey and Minnie Mouse, Peppa Pig, Snow White, Prince Charming, musicians to name a few.

During the year the play team arranged different trips for the children of the hospital in association with various organisations.

10 families attended the circus,

40 families attended Dream Night in Dublin Zoo and went to the Cinema.

25 children and their families were invited to visit Festina Lenta Horse Riding School in Bray for an action packed fun day with horses, ponies, carriage rides, drumming and beading workshops, BBQ and music.... It was an amazing day out and some kind celebrities came along too including Danny from the Script, Keith Barry, Sponge Bob.

The Play Department received funding through the fundraising department to continue a number of events for children in 2013:

- Pet Therapy programme called Peata - 1,865 children benefited from the Max and Buttons visits.
- Seasonal Events at Halloween, Christmas and Easter - Each child /young person in the hospital receives a gift from the themed entertainer. The children / young person who is able to visit the green screen (this is a screen where children are superimposed into photography) received their photograph. The events included entertainers and props include the. Easter Bunny, Santa, face painting, nail art glitter tattoos, art & crafts, decorations on the wards and play areas.
- Saturday Club, - two entertainers visited the wards and the Play Staff provided arts and craft activities every fortnight.

One member of the Play Therapy team also completed the Quality Improvement Programme with the RCSI in 2013.
Theme two of the six themes in Temple Street’s Statement of Strategic Intent

PROMOTE COLLABORATIVE APPROACHES IN POSITIVELY INFLUENCING THE DEVELOPMENT OF ACUTE PAEDIATRIC SERVICES
NEPHROLOGY AND KIDNEY TRANSPLANTATION

Temple Street marked ten years of performing life-changing kidney transplants in June 2013

80 children have received new kidneys at Temple Street since 2003

35% increase in live related donors

2012 was the busiest year ever for kidney transplants at Temple Street

At a special event in Croke Park on Saturday 29th June, 250 children and their families gathered to mark 10 years of kidney transplantation at Temple Street. 80 of these children had received a transplant at Temple Street since 2003; 22 from a living donor (a parent or close relative) and 58 from a deceased donor (when the kidney is retrieved from someone who has died but who carried a donor card.) Over the ten years, the youngest recipient of a new kidney was two years of age and the oldest was 17 years. The children came from all over the country including Dublin, Cork, Sligo, Donegal and Wexford.

At the time of the event 20 children were on the waiting list for a new kidney and Temple Street and the Irish Kidney Association (IKA) renewed their appeal for people to carry a donor card. Cards are easy to obtain by contacting the IKA on email: donor@ika.ie, on Freetext; DONOR 50050 or on LoCall; 1890 543 639 or dropping into your local pharmacy to pick up one. Once the card arrives it is important that the donor signs it and let their families know of their decision.

Speaking about developments at the National Paediatric Renal Transplant and Haemodialysis Unit at Temple Street, Dr Atif Awan, Consultant Nephrologist at the hospital said

“Our strong multi-disciplinary team continues to work to get as many children whose kidneys have failed, or who were born without normal kidney function, off dialysis as quickly as possible. We currently have 20 children waiting for a new kidney. We work in close partnership with the National Renal Transplant Team based in Beaumont and are very grateful for all their efforts on our behalf.

“Since our service started in 2003 we have seen a 35% increase in the number of live related donors, where the child receives a kidney from a parent or close relative. By increasing rates of live related donation we can reduce the amount of time children are on dialysis; schedule their surgery to ensure they are in optimum condition for their transplant operation; and avoid a potential wait for a suitable deceased donor kidney to become available.”

“Kidney transplantation is a much more cost effective solution for the State. Five years of dialysis can cost up to €400,000 per child – a kidney transplant has a once off cost of €30,000 for the 1st year and about €10,000 per year thereafter.” continued Dr Awan.

Also speaking at the event to mark 10 years of performing kidney transplants at Temple Street, Sheila Boyle, Senior Nephrology Nurse at Temple Street Children’s University Hospital said “In 2012 we conducted 16 transplants which was our busiest year ever – the number is increasing because of more live donor transplants and more people carrying donor cards. The informed decision by more and more people to carry donor cards means so much to the lives of our young patients. In our experience when transplantation involves a deceased donor, the transplant plays a hugely positive role in the grieving process for the friends and families of the donor at a distressing time, something we are acutely aware of here in Temple Street. Carrying a donor card is an incredibly positive decision and one that we encourage everyone to consider.”
To make a real and lasting difference to children who attend the Renal Transplant and Haemodialysis Unit at Temple Street Children’s University Hospital, you can donate by visiting www.templestreet.ie or calling +353 1 878 4344.

You can request a donor card from the Irish Kidney Association in one of the following ways:

- Email: donor@ika.ie
- Freetext DONOR to 50050
- Lo call 1890 543 639
- By post: Freepost, Donor House, Irish Kidney Association, Park West, Dublin 12
- Alternatively you can collect a donor card at your local pharmacy
- You can also sign the back of your driving licence to indicate your wishes.
- You can download the Organ Donor Ecard from the App. Store or the Google Play Store.
The multidisciplinary team made up of doctors, nurses, physiotherapists, dieticians, pharmacist, social workers and chaplains working together in PICU have continued to provide care to critically ill children from all over the country. In 2013 there were 502 admissions to the unit.

**IN MARCH 2011, THE NATIONAL PICU REFERRAL SERVICE COMMENCED.**
This allowed clinicians from all over the country to access expert advice and to also request a patient transfer to a tertiary paediatric intensive care bed. Calls are received in Temple Street PICU and bridged to PICU in OLCHC.

375 calls were received from referring hospitals throughout 2013

**NEUROSURGERY**
Since 2009, when Temple Street became the national referral centre for neurosurgical patients under six years of age there has been a steady increase in the number of neurosurgical patients admitted. In 2013, there were 63 neurosurgical admissions. The PICU is continuing to develop its expertise and access to resources as a neuroscience ICU e.g. point of care, CFAM monitors, cranial blood flow Doppler studies and ICP monitoring.

**RENAL REPLACEMENT**
Renal replacement therapy continued to develop in 2013 with particular emphasis on training more nursing staff to undertake this treatment modality. The treatment is collectively managed by the Intensivist, Nephrologist and nursing staff depending on the patient’s condition or reason for intervention. In 2013, PICU treated 17 patients with either continuous veno-veno haemofiltration (CVVH) or total plasma exchange (TPE) with treatments ranging from 24 hours to 220 hours. The use of TPE is increasing as a treatment strategy for neurology patients with neurology patients with immunologically mediated conditions.

**NEW PICU INITIATIVES**

**NOVALUNG (ILA MEMBRANE VENTILATOR)**
In 2013, Dr Kevin Carson introduced the Novalung to PICU. The staff in ICU embraced this new treatment.

This was the first time the Nova Lung had been used in a paediatric patient as a bridge to transplant in the UK or Ireland. The patient had a diagnosis of Cystic Fibrosis and had end stage respiratory disease. 24 hours later the patient was transferred by air ambulance transport to the UK for a lung transplant. The patient received the transplant, did well and was subsequently discharged home.

**GLAMORGAN PRESSURE SCALE**
In 2013 we introduced the Glamorgan pressure scale. This is a tool for measuring the condition of pressure areas in our critically ill patients and particularly those who are immobile for any length of time and at risk of developing pressure area compromise. This will be audited in 2014.

**PARENT INFORMATION BOOKLET**
A parents’ information booklet was completed in 2013. This introduces parents to PICU and the multidisciplinary team. The booklet also informs them about the general working of the unit and explains the various pieces of equipment that are used in the treatment of their children.

**PRESENTATIONS**
PICU staff made presentations at national and international conferences in 2013.

**EDUCATION IN PICU**
Five nurses successfully completed the Higher Diploma ICU programme. In 2013, for the first time, TSCUH PICU staff participated in a certificate level Foundation Programme with staff in OLCHC with plans to continue involvement going forward. Dr. Dermot Doherty and Annette Hanlon, CNM 3, completed the Diploma course in Leadership and Quality in Healthcare. Michelle Sheerin, CNM 2, completed a MSc in Clinical Practice, Nursing Studies and Hilary Barry, Ward Administration completed a Diploma in Healthcare Management.

**ICIP**
The ICIP clinical information system came on stream at the end of November 2012. During 2013 nursing and medical staff embraced this new technology and they have developed its functionality and data reporting.

**OVERVIEW**
During 2013, the multidisciplinary Team in PICU have continued to provide excellent clinical care against the background of a challenging economic climate. Many of the therapeutic advances made during the year are dependent on high tech equipment. We are indebted to the Fundraising Department and individual donors who support allows us to provide this world class service.
Over **6000** patients passed through the doors of the Operating Department despite the fact that one theatre was closed for the majority of 2013 for cost containment purposes

One of the key events of the year included the introduction of the new operating room information management system (ORMIS) which provides an electronic patient record of procedures and assists in providing up-to-date data to analyse efficiencies and other relevant information.

Over the past year, the department has been involved in some quality improvement projects. One key project involved a multidisciplinary team looking at improving the experience of the Surgical Day Ward patient by streamlining the admission process and ensuring operating theatres start on time while initially focusing on one day per week. This project is currently being rolled out to other days in the week. Members of the team included Ms Eilis Murphy, Quality, Standards & Service Planning, Dr Kay O’Brien, Consultant Anaesthetist, Ms Denise Traynor, Clinical Nurse Manager, Day ward and Ms Anne O’Brien, Theatre Manager.

Another exciting initiative currently underway in the department is the expansion of the practice of ‘Huddling’. A ‘Huddle’ is recognised internationally as providing a quick staff meeting which improves communication by ensuring staff are aware of plans and possible issues for the day. It has been found to reduce risks thereby promoting a culture where questions can be raised and also promotes teamwork in an area. Currently the nursing staff huddle at least three times a day, first thing in the morning, when the on call staff come on duty around midday and late in the afternoon. The manager of the department regularly huddles with the multidisciplinary team as required. It is hoped that by introducing this practice into each operating room for every list that any potential risks will be identified and will also increase efficiencies.

Over the past few months the Clinical Educational Facilitators from the two operating departments at Temple Street and Our Lady’s Children’s Hospital Crumlin have been collaborating on the creation of specialist modules within the existing perioperative course. While these modules are designed for the students participating on the course involvement in this process by our own staff will be both motivating and exciting, and will enhance the personal and professional development of all staff. It is hoped that this course will commence in September 2014.

In November 2013, Theatre Manager Anne O’Brien was seconded to the post of Scheduled Care Planner (across three children’s hospitals). The project that Anne is working on is to increase theatre utilisation rates, contribute to the development of cross site team working, communication, governance and developing a patient centred quality improvement culture across the three paediatric hospitals.

Throughout 2013 the staff in the Operating and Project Departments were busy with the design and plans for the development of a new Recovery and Equipment Rooms. It is envisaged that this additional floor space will be a great asset to the department and will add value to the quality of care given to the patients in recovery given the extra space available in each bay.

As in other years the MDT in the department strive to continue to give optimum care to each and every patient who comes to Theatre.

**ST. CLARE’S UNIT**

St. Clare’s Unit offers a service to children and families where sexual abuse is a concern. The service has been established since 1988. Referrals are received from the Child and Family Agency. The staff team consists of professionals with training in Social Work, Clinical Psychology, Counselling Psychology, Psychotherapy and administrative support. The catchment area covers Dublin North City and County. The service is available to children from pre-school age up to eighteen.

During 2013, the Unit offered approximately **2000** appointments to children and families.

Our work can be categorised into the following areas:

**ASSESSMENT**

When there is a concern that a child may have been sexually abused, the Child & Family Agency ask us to help find out what has happened, to offer an opinion on what the child has disclosed and to think about how the child and family can be helped.
OTHER DEVELOPMENTS AND INITIATIVES IN 2013

- We co-hosted a successful conference in March 2013 with St. Louise’s Unit, Our Lady’s Hospital Crumlin titled ‘Permission to Speak: What Next? Effectively listening to children.’ The conference was held at Croke Park Convention Centre and opened by Frances Fitzgerald, Minister for Children. Approximately 150 people attended. Several of our clinicians presented skills based workshops and the conference received coverage in the national media.

- Three members of the team presented at an international conference (ISPCAN Dublin).

- The Unit was re-furbished to improve the therapeutic environment for children.

- Information leaflets were devised for the purpose of explaining our service to children, young people and parents.

- Two members of the team completed substantive training: Post Graduate Dip in Psychotherapy (Play Therapy) and MSc. Child Forensic Studies.

- On-going participation in a multi-agency research project ‘Helping Children Tell: Identifying factors that facilitate disclosure of child sexual abuse.’

- Further development of our service for children of pre-school age, which led to their waiting times for assessment to be reduced.

NATIONAL CENTRE FOR INHERITED METABOLIC DISORDERS

The National Centre for Inherited Metabolic Disorders (NCIMD) provides multidisciplinary care for children and adults living with inherited metabolic disorders. 2013 was a busy year for the NCIMD as the number of referrals and consultations continues to increase due to increased awareness of the variety of presentations of metabolic disease.

CLINICS

The employment of a temporary adult Consultant Metabolic Physician (Dr Gregory Pastores) at the Mater Hospital in 2013 has moved the adult program forward and it is our hope that as the Mater service expands that more adults will be transitioned in the coming year. The Adult PKU clinic in the Mater Hospital commenced in May 2013 and the CNS’s from Temple Street were involved in the establishment and running of same.

Outreach clinics in Limerick continued with excellent feedback from patients. Once funding and staffing allows we hope to expand this program to enable a multidisciplinary metabolic clinic at the other main paediatric centres including Cork and Galway hospitals.

RESEARCH

NCIMD was involved in multiple research projects amongst all disciplines and we were delighted to secure funding through various research funds to fund a metabolic research nurse whose focus will be to facilitate, encourage and perpetuate the culture of high quality research.

Many NCIMD staff presented their research at national and international meetings and published their research in peer reviewed journals. A key project that was awarded in 2013 was the identification of genetic causes of developmental delay amongst children of the Traveller population. Audits were performed and presented by nursing and dietetic staff.

TREATMENTS

Ongoing advances are being made in the treatment of previously considered untreatable metabolic disorders. Patients of NCIMD are partaking in international treatment trials, particularly the lysosomal storage disorders. In 2013 we transferred patients with Hurler syndrome to Manchester for bone marrow transplantation as this service is no longer available to them in Ireland (since the retirement of Dr O’Meara). The team at Manchester is excellent and have been extremely welcoming to our families yet we hope that a transplant physician specialising in metabolic disorders will soon be appointed locally.

LIFE LIMITING DISORDERS

Despite recent advances, many metabolic disorders continue to be fatal in childhood. We work very closely with the life limiting diseases liaison nurse and social work team to try to improve the quality of life for these children and their families affected by terminal illness.
EDUCATION/AWARENESS

The Metabolic Week was held from Monday January 28th to February 1st. It was launched in conjunction with a leaflet produced by the Traveller Group, Travact. The then Junior Minister for Health, Mr. Alex White officiated at the opening which was held in George’s Hall, Temple Street. We received a very positive feedback from many sources about this week. A Cake Bake was held by the team during Metabolic week which raised almost €1000 to help fund the dedicated educational/play area in the out-patient department.

The Metabolic Dietetic team continued to co-ordinate the health curriculum which is an activity based peer learning tool for PKU patients attending the Nurse-Dietetic led clinic. Activities and lesson plans continue to be developed by the MDT to support learning through play. An example of this is a story book for 3-5 year olds has been written by Jenny McNulty and Jill Moore (Play Specialist). The story book explains the dietary management of PKU in child friendly terminology. The story will be published in 2014 and story books for other conditions are in the process of being developed.

GLOBAL DIVERSITY AT TEMPLE STREET

To celebrate Global Diversity Day on Wednesday 22nd May 2013 and to acknowledge the excellent and proactive way in which Temple Street approaches diversity especially cultural diversity, Temple Street conducted a media outreach campaign.

As part of this campaign we had a package on the RTÉ TV Morning Edition Show and on Newstalk’s Sean Moncrief Show which comprised interviews with national and non-national staff and non-national parents. We also had a full page article in the Medical Independent.

Members of Temple Street’s Diversity Committee, Dr Zai Edworthy, Senior Clinical Psychologist, Respiratory Department and Ms. Julie Howley, Principal Mental Health Social Worker, Temple Street acted as principal spokespersons.

As we are all aware Irish society became more diverse in the late 1990s due to factors such as the increasing number of non-nationals, greater participation of women in the workplace and the changing age profile of the workforce.

Temple Street has sixty different ethnic groupings within our immediate catchment area of North Dublin and 25% of our Emergency Department attendances are from different ethnic backgrounds. This all means that potentially children from any one of up to 199 nations could be admitted to the hospital at any time. In addition 13% of staff in the hospital are non-nationals.

So as a result of all of these changes, the hospital’s management recognises and supports the need to create a genuine atmosphere of celebrated diversity to acknowledge the differences and the different needs that staff and patients and to highlight that being diverse in skills and understanding helps to create a more cohesive workforce and therefore a more comprehensive approach to healthcare.

And so the Temple Street Diversity Committee was born in September 2000 comprising a multi disciplinary team and since that time the Committee has undertaken a number of ‘diversity centric’ activities. These include:

- Development of a Diversity Policy.
- Interpretative Services. The most popular requests for our translation services come from the following nationalities: Romanian, Polish, Portuguese, Lithuanian, French, Russian, Chinese & Mongolian.
- Translation of health literature into most popular languages.
- Development of guidelines on the management of Racially Induced Incidents.
- Directional signage in different languages on wards and around the hospital.
- Diversity Day events.
- Intercultural Awareness Training (including Train the Trainer sessions).
- Staff Intercultural Awareness Training.
- The opening of a Multifaith Room.
- The set up of a Consultative Forum.
- Project Work including
  - Roma Cultural Mediation Project (link with Access Ireland).
  - Suicide Prevention Project (link with Pavee Point).
  - Mental Health Project (link with Traveller Health Unit).
Theme **three** of the six themes in Temple Street’s Statement of Strategic Intent

SUPPORT CREATIVE, CUTTING EDGE INTERDISCIPLINARY LEADERSHIP AND DECISION-MAKING AND BUILD ON OUR REPUTATION FOR CLINICAL EXCELLENCE
PHYSIOTHERAPY

The Physiotherapy Department mission statement reads ‘In a friendly family centred holistic environment, we strive to provide the highest quality of care to each and every child referred to The Physiotherapy Department of Temple Street Children’s University Hospital’.

In a hospital celebrating 140 years caring for sick children, throughout 2013, the Physiotherapy Department of our renamed Temple Street Children’s University Hospital (TSCUH) was 46 years old.

Thanks to a much needed expansion build carried out by the Hospital Projects Department over a decade ago, followed by an extensive refurbishment funded by the CFFH (Children’s Fund for Health) almost four years ago, our small department has become as child and family friendly as we can make it. Nevertheless, the move to a national children’s hospital is keenly anticipated so children with significant illness/injury or delayed development attending the new hospital will receive physiotherapy in a child friendly, spacious, purpose-built setting in the future. The physiotherapy team will no doubt appreciate this change as much as our patients and their families.

In 2013 a team of 16 full time and part time therapists provided a wide range of diagnostic and intervention physiotherapy services to children living in North Dublin and children referred to Temple Street from all over the country for specialist treatment. Our therapy team was ably supported by our physiotherapy assistant and our administrator, both of whom played a key role in ensuring that our patients and their families felt welcome in physiotherapy when they were referred into our service.

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 included the multidisciplinary W82GO Paediatric Obesity Service.

PHYSIOTHERAPY ACTIVITIES AND ACHIEVEMENTS IN 2013

In 2013 the Temple Street Physiotherapy Department offered almost 14,500 APPOINTMENTS to children from 0-16 years attending Temple Street.

Aside from our more general in, out and day patient services we continued to provide 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 and we also provided a weekend and Bank Holiday service and provided 24 hour emergency physiotherapy cover every day of the year.

The report from a two year pilot metabolic physiotherapy programme 2011-2012 which tracked the progress of Metabolic Patients attending Temple Street who receive Enzyme Replacement Therapy (ERT) treatment was completed and the findings presented at the hospital audit day in December 2013.

The physiotherapist who was awarded a HRB Clinical PhD Fellowship in 2011 continued her three year investigation into the usability of a smartphone application for adolescent obesity management. This year the HSE sanctioned special funding for the W82GO Obesity Service to complete the recruitment of a multidisciplinary team for Temple Street in 2014. This team will develop a multidisciplinary training programme and pack to deliver to clinicians working in teams around the country from 2014 onwards.

The CFFH project appraisal committee supported a multidisciplinary service development application for the Spina Bifida Service in 2012. The funding secured the services of a senior physiotherapist and a senior occupational therapist for eighteen months commencing in early 2013. These therapists provided clinical intervention for patients with Spina Bifida attending Temple Street while working on a national research project ‘The Health and Therapy Needs of children with Spina Bifida in Ireland’. This research is due to be completed in 2014.

Other areas of research, audit and service development in physiotherapy during 2013 included: An audit of the Orthopaedic Ponseti Service; Commencement of a Torticollis research project; and completion of National Assessment and Treatment Guidelines for Children with Plagiocephaly or Torticollis.

The focus for our department in 2014 will be ‘The Voice of the Child’, placing the experience and voice of the child at the centre of how the physiotherapy service is designed and delivered.
OCCUPATIONAL THERAPY

The Occupational Therapy [OT] Department provides therapeutic in-patient and outpatient services to children under the care of a consultant in Temple Street. In 2013 we celebrated our ‘sweet’ 16th birthday within the hospital, which coincided with a party to launch our newly renovated and expanded department. This was a great success and many colleagues from various areas around the hospital came to find and visit OT for the first time.

STAFFING

2013 was a busy year for change within the Occupational Therapy Department with a therapist happily going on maternity leave, the resignation of a long standing member of the team as she returned home to Northern Ireland, a change in Administrator and a change of manager as an existing team member took over the role.

The second half of 2013 also entailed two vacancies coming up within the Mental Health Occupational Therapy Service at St Frances’ Clinic which resulted in the unfortunate withdrawal of services to the Paediatric Liaison Service and Early Assessment Teams.

On a positive note however, a research Occupational Therapist joined the OT team in March of 2013 to work with children with Spina Bifida within the Neurosurgery Service. The remaining four therapists of the Occupational Therapy Department continued to provide clinical services to the teams on Neurology, Orthopaedics, Burns and Plastics, Rheumatology and Neurosurgery. Resources with the department were also restructured to provide priority clinical in-patient services to other hospital areas as we saw an almost fivefold increase in General Medicine referrals in 2013, which kept us very busy.

RESEARCH

The OT Department was committed to research in 2013.

An OT working alongside her Speech and Language Therapy (SLT) colleague on the ‘Hungry Hippos’ Programme gratefully secured funding from the Temple Street Research Department to support the data collection for research into the effectiveness of the programme. This programme is a joint OT & SLT initiative which also receives support from Dietetics Department to treat children with sensory food aversions within a peer group setting. This funding also meant that many resources and utensils used in the programme were updated and more child friendly.

2013 saw the initiation of data collection for research into the national service needs of children with Spina Bifida. In 2012 the Neurosurgery Team secured research costs from the Fundraising Department for two research posts between Occupational Therapy and Physiotherapy. In March of this year the Occupational Therapist took post and worked collaboratively with her physiotherapy colleague to commence data collection by distributing national questionnaire to service providers, children and their families, and facilitating focus groups with parents and teenagers nationally. An extensive literature review of best practice within this field was also commenced and links with each university established.

NEW DEVELOPMENTS

As we settled into our newly renovated surroundings, we added a few child friendly finishing touches which included a TV to occupy young children having procedures in our splinting room, a new Wii balance board for our teens, and updated suspended swings and equipment to enable Sensory Integrative therapies for our children.

Temple Street OTs initiated a new project group with Occupational Therapy colleagues in Our Lady’s Children’s Hospital Crumlin (OLCHC) and LauraLynn Service to compile Palliative Care Seating Guidelines. This body of work was commenced and will be drafted and peer reviewed, before being published and distributed to national occupational therapists working with children at End of Life.

Work continued in the writing of a document for OTs working in the area of feeding. This document is being produced by a group established by OTs from Temple Street, CRC and OLCHC and involves OTs working within all areas of care including community paediatrics, acute medicine, disability organisations and specialised feeding teams.

The OT attached to the Neurosurgery team participated in a team audit to review the feasibility and safety of changing the team’s referral policy. This enables OT to accept referrals from Clinical Nurse Specialist and Ward Managers and other HSCP colleagues.

The Neurology OT attended the hospital initiative and training on the Quality Improvement Programme; and contributed to the Neuroscience Quality Improvement project which examined how neurosurgical patients attending for outpatient consultant reviews would have their MRIs completed prior to attending these appointments.

The OT department was also kindly awarded funding through a Fundraising PAC application to develop the service to children with life limited conditions and severe acquired brain injuries. The funds were used to buy specialised equipment to meet the postural needs and comfort care for these children which we extremely important. This invaluable resource of appropriate equipment will allow us to facilitate the discharge of these children home, or to transition these children to other care facilities such as Laura Lynn House.

The OT attached to the neurosurgery service attended the British Academy of Childhood Disability Annual Scientific Meeting along with the team. This was held in Birmingham.
To support the Continued Professional Development (CPD) of staff members a structured rota of in-service training was re-established and different staff attended training in:

- British Academy of Hand Therapy Level One.
- Facilitator training of the SOS Feeding Programme.
- Upper limb hyper-tonicity course, London.
- Movement Disorder Study day in London.
- Visual-Vestibular Assessment and Treatment Course.

**DIETETICS**

**RESEARCH AND EVIDENCE BASED PRACTICE**

In the area of audit and research the Dietetic Department have had a busy and successful year. Marianne O’Reilly presented her poster at the British Association of Parenteral and Enteral Nutrition (BAPEN) annual conference ‘A prospective, randomised, open labelled trial to examine the clinical efficacy of an oral nutritional supplement with regards to improving the nutritional status of undernourished children (2-10 years) in the hospital and community setting over 6.’

Posters from the CF team by Marianne O’Reilly (Dietitian) and Aishling Sheils (Renal Dietitian) were presented in Barcelona and Shanghai respectively. Marianne was successful in getting abstracts published in the ‘Proceedings of Nutrition Society’ journal and the ‘European Respiratory Society’ Journal. In the metabolic unit, Suzanne Boland is undertaking a retrospective analysis of metabolic control of MSUD patients, who are taking Vitalfo metabolic products.

The ‘Home Enteral Feeding’ research project continued in 2013, with a dietitian employed to conduct qualitative research to close off the project. The Dietetic Department had their inaugural Dietetic ‘Clinical Practice Review’ day. Every member of the department presented a quality activity, audit or research that they had completed in the previous 12 months. This was a very successful day for all presenters and attendees and the clinical practice review day will now become an annual event.

The Dietetic Department also contributed data for the fourth consecutive year as part of the annual ‘Childrens’ Nutrition Survey’ which looks at the prevalence of malnutrition risk in children admitted to hospital.

**KNOWLEDGE AND EXPERTISE**

The Dietetic Department has continued to share their dietetic knowledge and expertise by presenting at numerous conferences.

- Eimear Forbes presented ‘The use of the Ketogenic diet in a patient with Fever Induced Refractory Epileptic Encephalopathy (FIRES)’ at the European Ketogenic Dietitians meeting in April 2013.
- Margaret Macauley presented on the dietary management of Inherited Metabolic Disorders at ‘The Management of Metabolic Disorders’ course, Dublin.
- Our Diabetes Dietitian, Cathy Monaghan presented two components of the DCU nursing course; ‘Food & type 1’ and ‘Practical Carbohydrate Counting’.

At a European level the metabolic team is representing dietetics at European consortiums that have been set up to produce guidelines for management of both HCU and Galactosaemia. Anne Clark, and Jenny McNulty sit on the Galactosaemia and HCU groups.

**W82GO PROGRAMME**

Kizzy Moroney and Fiona Ward represented dietetics on three occasions for media and government meetings in 2013. The members of the W82GO MDT and the INDI met with the Irish government in June 2013 in the Oireachtas where a presentation and Q&A session took place on how to tackle childhood obesity in Ireland. The outcome after continued negotiations with the HSE included funding for more services to the W82GO programme to train community centres to roll out the W82GO programme across the country. A new 0.5 Senior Dietitian will start in September 2014 to join the obesity service at Temple Street.

**INNOVATIVE APPROACHES IN PATIENT EDUCATION**

The dietetic teams continue to employ novel approaches to educating patients regarding their dietary needs. The Metabolic Dietetic team co-ordinate the health curriculum which is an activity based peer learning tool for PKU patients attending the Nurse-Dietetic led clinic.

Activities and lesson plans continue to be developed by the MDT to support learning through play. An example of this is a story book for three-five year olds has been written by Jenny McNulty and Jill Moore (Play Specialist). The story book explains the dietary management of PKU in child friendly terminology. The story will be published in 2014. In Neurology, Eimear Forbes (Ketogenic dietitian) and the CNS for Ketogenic diet, Daisy O’Donnell held an education and cooking day for patients on the ketogenic diet.

**STUDENT TRAINING**

The successful training of Trinity/DIT Human Nutrition and Dietetic students continued in 2013. The students designed and filmed health promotion messages on ‘reading nutrition labels’ and ‘choosing healthier snack options’. These health messages will be used on the W82Go app.
A third video message was filmed to aid PKU patients to read nutrition labels and choose low protein products. The Dietetic Department also had a nutrition student, Rachel Sheane from UCD on a nine month placement with us. This is the first nutrition student to join our department, which is a really positive collaboration to make with our academic partners at UCD.

AUDIOLOGY

Temple Street has the largest paediatric audiology facility in the Republic of Ireland, with an allocation of 3.5 WTE audiology professionals.

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

AUDIOLOGY 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, AB word lists, BKB SIN)

AUDIOLOGY ACTIVITY LEVELS
3,217 audiology assessments were performed in 2013, down from 3,624 assessments in 2012.

The weighted total for 2013, where an adjustment is made for the complexity of assessments, was 1,667 hours. This is a slight decrease from the 2012 total of 1760 hours.

The reduction in activity was due to:
1) A staff member that had left in September 2012 not being replaced until July 2013.
2) Maternity leave without cover.

WAITING LISTS
2013: Despite a decrease in activity levels, the number of children on the waiting for a hearing assessment decreased by approximately 25% during the course of 2013.

This was as a result of the continuation of initiatives first introduced in 2011.

SERVICE DEVELOPMENTS

An Improved Service for ENT patients
In 2013, the Audiology Department introduced a more comprehensive service for children attending ENT clinics.

Since 22/09/2013, two appointment slots have been made available for the diagnostic evaluation of children that are developmentally under three years of age, on the day of their ENT appointment.

As a consequence, the number of hospital attendances has declined for younger children requiring both ENT consultation and audiological assessment.

Bone Anchored Hearing Aid (BAHA)
In 2012, The Audiology Department at Temple Street 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. BAHA’s may also be used in cases of single-sided deafness.

As part of the process to determine candidate suitability for an implantable device, twenty appointments were attended during the course of 2013.

Three patients had a BAHA fitted in 2013 and two post fitting review appointments were attended.

Training and assessment of MSc Audiology graduates
In 2011/2012, the HSE provided sponsorship for 10 students to undertake an MSc in Audiology at the University of Manchester or Southampton University.

Starting in October 2012 and finishing in October 2013, a new clinical training programme was undertaken by the returning graduates – the Irish Certificate of Clinical Competence in Audiology (ICCCA).

Following completion of Practice Educator training, two members of the Audiology Department provided training and assessed the clinical competence of MSc graduates in 2013, as part of the ICCCA programme.
In 2013 almost **TWO THOUSAND** children attended the Speech and Language Therapy (SLT) service in Temple Street for assessment, diagnosis and treatment of their speech, language, communication and feeding difficulties.

This was in line with the number of children assisted in 2012, in spite of the department operating with a 10% reduction in staffing for most of 2013.

Children and families from around the country attended SLT under the specialities of Cleft Palate, Craniofacial, Neurology and Neurosurgery, while children also attended through referral by Ear, Nose and Throat specialists, Neonatologists and Paediatricians, the Department of Mental Health, and the Metabolic service, amongst others.

As a service, our focus is two-fold; not only do we assess, diagnose and treat the issues related to our patients’ speech, language and communication, and their feeding, eating, drinking and swallowing skills, we also seek to support our children and families by facilitating the necessary local supports for them through referral to, as well as integrated, shared care with, disability services, early intervention teams and primary care services.

In 2013 we further built on our close working relationships with the SLT Department in OLCHC by developing a joint approach to the assessment and reporting of feeding issues during Videofluoroscopic Swallow Studies (VFSS) in the two hospitals.

2013 saw another year of the successful Hungry Hippos feeding programme, developed and run by staff of the SLT and Occupational Therapy departments, for children who are selective eaters, being weaned off tube feeding, have sensory aversions, and/or present with difficult behaviour related to food.

Funding has been received from the Temple Street Children’s Fund for Health (CFFH) to evaluate the outcomes delivered by the Hungry Hippos programme on a systematic basis. Thanks to the CFFH the SLT Department also continued its close working with the audiology service in a research project concerning the development of norms for the behavioural test battery for the assessment of central auditory processing disorders. This research project is in collaboration with SLT, Audiology and Psychology colleagues in the National University of Ireland, Galway, as well as our colleague, Prof Teri James Bellis, based in the University of South Dakota, USA.

In 2013 the SLT Department implemented some small steps of change around accessing the views of our service users, by asking parents attending our out-patient services, on two separate dates in the year, how their visit could have been better that day. All of the answers were positive, though some small adjustments were made for instance in appointment times for a particular family, which meant that they could make appropriate child-care arrangements for siblings. Some of the answers we received include:

- ‘Couldn’t be better. My child needs to see you and I learn from how you interact with him and feedback to him when he gets it wrong.’
- ‘Everything on today’s visit went as planned. No complaints.’

Finally, in October 2013 we bid farewell to Dr Triona Sweeney, Clinical Specialist SLT in Cleft Palate Speech and an international expert clinician and researcher in this area. Triona retired after 35 years of service in Temple Street and was given a rousing send-off by her Temple Street colleagues and friends, and parent association representatives, in the presence of her very proud family.

While we are sad to see Triona go, our Department looks forward to collaborating with Triona in 2014 in regard to a feasibility study, funded by the CFFH, which aims to see if parents can be trained in speech therapy for children with cleft palate speech problems and to test the success of that training programme.

The SLT department looks forward to building on the successes of 2013, in order to meet the challenges of 2014.
MEDICAL SOCIAL WORK

During 2013, the members of the Medical Social Work Department continued to support patients and their families throughout the Hospital. The members of the Department provided psychosocial support in situations of serious acute and chronic illness and complex family circumstances and patient deaths, to approximately 1,800 patient and their families.

During the year, our Department became involved in lobbying and advocating for a large number of patients affected by the shortage in community services due to the current economic crisis. This work revolved around:

a) Medical Cards: The well publicised controversy around medical cards had a real impact on hospital patients in 2013. Families who had previous received medical cards for their children based on their medical need found that these cards were being reviewed and, in some cases, withdrawn. Together with our medical colleagues, the Department was involved in advocating and lobbying the appropriate authorities within the HSE to explain each situation and advise as to the real need for such a card for children with serious ongoing illnesses. This time consuming work will continue until a clear policy is developed for children with ongoing illnesses and their independent right to a medical card (regardless of their family income).

b) Homelessness: This year, the Department saw an increase in the number of families referred who are homeless. In particular, a new phenomenon of whole families living in hotel type accommodation was encountered. Obviously, it is very distressing for families who are already under a lot of pressure because of their housing situation to deal with a child’s illness. Together with other issues such as parenting alone, parental mental health issues and addiction issues, this work required a multiagency approach to ensure that families were provided with the support they require. Again lobbying and advocacy was undertaken on behalf of those families to connect them in with the appropriate support services in the community.

c) Child Protection Referrals: Our referrals in the area of Child Protection were almost 600 this year. This area of work is now an increasing area of working, ensuring that each case referred is appropriately assessed to ensure that any concerns that the Hospital encounters in relation to child protection are appropriate referred to our child protection colleagues in the community.

In addition the number of families who lost a child in 2013 sadly increased with a total of 61 hospital patients dying in 2013 (compared to 50 in 2012). Our work with parents and siblings in providing individual, couples and group bereavement counselling, as well as our Parent’s Bereavement Information Day continues.

We again invited bereaved siblings who are based outside of Dublin to come to the Hospital for a one day workshop to explore their bereavement and be involved in “Remembering” exercises. This complemented the support that they are being provided through their families, communities and local services. A new group of six bereaved parents who have been through our services previously have volunteered to become involved with the Hospital to support and advice around our bereavement services and to continue the strong tradition of parental involvement in this work.

2013 saw a large turnover of staff within our department due to maternity leaves of various permanent members of staff. While this experience was unprecedented for the department, great efforts were made by everyone to fill the gaps left and ensure that the services continued at its usual high standard. Everyone’s efforts were well appreciated.

CHAPLAINCY

2013 was another busy year for the Chaplaincy Department. Two full time and one part time chaplains, operating a twenty-four/seven service, offered pastoral, emotional and spiritual support to the children, families and staff of the hospital. The after-hours, ‘on-call’ service for 2013 translated collectively to 36.24 days overtime for chaplains.
The chapel space continued to be very well used by both staff and families, to include quiet time for reflection, organised services, mindfulness meditation (run by the HR Department), parent and staff massage initiatives and a variety of collaborative services between the hospital school and chaplaincy. Several concerts took place in the chapel, which provided a welcome lift for children, families and staff. The relaxation area continued to be a big hit with staff and parents alike, especially as 2013 was a particularly busy and stressful year in Temple Street.

Chaplains provided bereavement support during the acute mourning period in the mortuary, to forty four families. Follow-up support was offered by telephone and the ‘drop-in’ bereavement support service was appreciated by many families. Chaplains continued to help organise the Annual Remembrance Service, meeting with many families bereaved throughout the year.

TWENTY TWO families requested and received the sacrament of Baptism for their children in Temple Street.

One chaplain successfully attained her Master of Science (MSc.) Degree in Bereavement Studies, while another undertook a postgraduate diploma in Children, Bereavement and Loss. One chaplain attended a conference on ‘Working with Adolescent Grief’ by Internationally-renowned bereavement expert, Danai Papadatou.

2013 saw chaplaincy continued involvement in multi-disciplinary, in-hospital staff education. Chaplains continued to link in a supportive and collegial manner with fellow chaplains and colleagues in our sister hospital in OLCHC. One chaplain provided input on the Life-Limiting Conditions course. Several Clinical Pastoral Education students came on pastoral placement from the Mater Misericordiae University hospital during 2013.

There was a marked uptake in peer support / debriefing, with many colleagues requesting one-to-one and group support. One chaplain collaborated with a PICU colleague to offer a pilot programme of regular debriefing support according to staff needs. This initiative was welcomed by many PICU staff as a helpful and healthy way of dealing with the impact of working daily with seriously ill and dying children and their families. This initiative continues to be an on-going part of staff support.

In an increasingly difficult environment of budget deficits, stretched personnel and services, chaplains continue to respond to the needs of children, families and staff, offering pastoral, emotional and spiritual support, and ensuring that people are heard and supported when struggling with difficult and emotive issues.

In the end, poised as we are between the ‘mess and the mystery, the greatest resource we have to offer is our self, our presence to one another.’
Theme **four** of the six themes in Temple Street’s Statement of Strategic Intent

**FOSTER THE COMMITMENT, ENERGY AND EXPERTISE OF STAFF APPROPRIATE TO THE NEEDS OF A COMPLEX HEALTH SERVICE**
TEMPLE STREET STAYS GREEN
TEMPLE STREET WINS PRESTIGIOUS GREEN AWARD FOR THIRD YEAR IN SUCCESSION

For the third year in succession Temple Street Children’s University Hospital won an award at the Green Awards Ceremony which was held in Dublin in mid April 2013.

The hospital won the Green Transport Award and Fergus Ashe, Allied Services Manager was there to accept the Award on behalf of the hospital.

Congratulations to Fergus Ashe and the Allied Services Department who run the hospital’s commuter centre Travelways and to Vinny (Ervin Vucaj) who administers the Taxsaver and Cycle to Work Schemes.

Congratulations also to all the staff of the hospital who have switched to alternative modes of transport and who are now, walking, running, cycling or talking the train, Dublin Bus, Bus Éireann, Matthews, Wexford Bus, Luas, Dart etc. Many staff have availed of the Taxsaver and Bicycle to Work Incentive Schemes.

The Travelways Commuter Centre last year processed almost €300k of ticket and bicycle sales. 96 staff purchased bicycles last year, an increase of 30% on the previous year. Staff by moving to alternative modes of transport and away from cars have reduced the hospital’s carbon footprint and saved a minimum of 325,000 kgs of CO₂ in the last year. Other initiatives such as redevelopment of the hospital appointment card with Healthcare Records and the Development Office’s initiative with Q-Park on the provision of alternative parking at an affordable rate from parents/Guardians visitors and staff of Temple Street helped the hospital to win this prestigious award.

As we constantly strive to improve our standards within the Hospital across all departments, this award is a great testament to the hard work and commitment of the team and all the staff of the hospital.

PROJECTS OFFICE

In 2013 we continued the planned capital development programme here at Temple Street. The main focus of the capital development in 2013 was concentrated on the construction on two major infrastructural projects with much of the design and enabling works having been completed in the previous year. The two major projects saw the development of the Theatre Suite & Laboratory facilities as one project and the second being the extension and refurbishment of Top Flat Ward.

In addition to the two major developments a number of minor projects were also completed.

TOP FLAT WARD EXTENSION AND REFURBISHMENT

This project saw the refurbishment and extension to the ward to provide three multi bedded units, two bedded units and four single rooms. The development made provision for an en-suite facility to service each patient area. Three of the single rooms were developed with a positive/negative air controlled system to provide the highest standards of infection control. The fourth single room was developed and fitted out with specialised Telemetry equipment which is used in the diagnosis and treatment of patients attending our Neurology service. The refurbishment also provided a number of ancillary rooms including a satellite school room with access for patients across the hospital, a ward kitchen, patient consultation room & clinical treatment room.
Although the ward had undergone a number of minor refurbishments over the years this was the first major refurbishment of the ward since the 1930’s and as such many of the original elements of the building fabric had to be replaced or upgraded as they were part of the original construction of the building back in the late 1700’s. Some of the works involved the removal of the original floor boards, bracing of the floor joists and other structural works to the building fabric.

The ward is located on the second floor of the hospital in the oldest part of the building and all the construction works were carried out in the live hospital environment. The works were managed on the basis that the areas of the hospital adjacent to the ward continued to function during construction.

Construction commenced in April 2013 and the Ward reopened in November 2013 at a cost of €2.0 million.

**THEATRE RECOVERY & LABORATORY EXTENSION**

2013 saw commencement of the construction phase of a new three storey building to house a new six bay recovery unit and a major equipment bulk store at the operating theatre level (Level 2.)

Over the last number of years due to space constraints and other development in the hospital, the recovery department has been located in a number of areas. These areas are adjacent to the theatre suite namely, in a recessed area off the main corridor in the Theatre suite, in the site of the old Intensive Care Unit & high dependency unit after it relocated to its new facility.

At laboratory level (Level 1) a series of offices and reporting rooms at laboratory level, with improved disabled WC facilities for the Public and staff. The offices and reporting room facilitated the relocation of many of the administrative tasks & functions which were being carried out in the clinical laboratory areas. This in turn allows for the development of the clinical laboratory areas with the space vacated. Construction on this project was 80 % complete by the end of 2013 with a view to completion within the first quarter of 2014. This project was a key factor in the development of Top Flat ward as this new building formed the lower two floors below the extension to the Ward.

**RADIOLOGY**

The refurbishment of the Radiology waiting & general areas was completed in 2013. The choice of colours, lighting and products has managed to transform these areas to a bright cheerful environment for our patients their families and the staff. The refurbishment works were carried out on a phased basis as the department had to remain fully operational during the works.
PNEUMATIC TUBE

The transportation of specimens and results to and from the lab prior to this install has been a series of negotiating stairwells and corridors. The installation of the Pneumatic Tube specimen transportation system was completed in 2013. This saw a series of stations installed in a number of wards and clinical areas (Michaels B, Michaels C, Emergency Department and Phlebotomy) with a Pneumatic Tube transport system to and from these areas to various locations within the lab (i.e. central station, Microbiology, Haematology and Bio Chemistry.) Prior to this installation staff were required to travel to and from the lab a number of times each day with specimens and results.

The system took 12 weeks to install and is managed locally by the Laboratory Team and the supplier has remote monitoring & access to the system as necessary.

FOUR BEDDED UNIT ST. PHILOMENA’S

Following the relocation of a number of teams to Harry Clarke House on 6, North Frederick Street, a new four bedded patient area was developed at the rear of St. Philomena’s Ward. This four bedded facility was developed to provide an escalation facility for the Emergency Department. Each bed space is serviced with a suite of power sockets, medical gases’ and angle poise examination light.

ST. CLARE’S CONSULTATION & TRAINING ROOM

With continuing pressure on space within the unit to provide more clinical space, it was agreed to reconfigure a number of rooms to facilitate a training facility and additional clinical treatment space which could also act as a multidisciplinary team meeting space.
ST. FRANCES CLINIC SCHOOL REFURBISHMENT

The space that had been previously occupied by the school in St. Frances Clinic was identified for the development of additional clinical therapy/treatment rooms and a hot desk environment for clinical staff. The development provided three clinical therapy rooms which included one larger room to facilitate the multi-disciplinary team meetings and therapies offered by the various clinical professionals operating out of St. Frances Clinic and across the wider hospital campus. With the on-going requirement for greater access to clinical therapy space it was agreed that the rooms would not be dedicated to any particular team and are available to all teams via a booking system managed from the clinics office base. The ‘hot desk’ room has four work stations and offers an admin base for a number of the clinical teams.

RAPID ACCESS TREATMENT UNIT (RATU)

An area in the Emergency Department (ED) which was previously being utilised for storage and office space was vacated and redeveloped to provide a clinical treatment area where patients with certain conditions could be treated thus reducing waiting times and improving the patient experience in ED.

The room was developed to provide four patient treatment bays with each bay serviced by a suite of medical sockets, medical gases and angle poise lamp. A separate area within the room was fitted out for use as a plaster area station. The room also has two ‘admin hot desks’ for accessing patient information, viewing of X-Ray viewing etc.
Theme five of the six themes in Temple Street’s Statement of Strategic Intent

**FOCUS ON CONTINUOUS QUALITY IMPROVEMENT TO ENSURE HIGH QUALITY, EFFECTIVE, AND SAFE PATIENT CARE**
**PATIENT SAFETY AND QUALITY IMPROVEMENT**

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.

We strive to improve the experience of our service users through the lens of engagement by

- Implementing evidenced based standards,
- National policies, procedures/guidelines
- Using quality improvement methodologies
- Risk management processes

**RISK MANAGEMENT PROGRAMME**

The Hospital’s Risk Management Programme continued to promote a proactive risk management culture in the organisation throughout 2013. The process is managed by a multidisciplinary Quality, Risk & Safety 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 Quality, Risk & Safety Committee met on a monthly basis throughout 2013. The Terms of Reference, Membership and Reporting Structures of the Quality, Risk & Safety Committee was reviewed as part of a boarder review of Governance Structures commissioned by the Board of Directors. The Committee reviewed and analysed trends in relation to the Patient’s Experience and adverse events affecting patients, staff and visitors. A number of system reviews were undertaken and the recommendations were monitored and where appropriate the learning was shared.

The organisation continued to play an active role in the Voluntary Hospital Group’s Risk Management Forum at Advisory, Executive and CEO level and ratified six forum publications during 2013 including “An Introduction to Risk Management Handbook”, “Patient Transfer Framework” and “Safer Patient Handling”.

The hospital was represented at the launch of the HSE/CIS collaborative initiative on “Open Disclosure” and training for staff will be a key quality initiative in 2014.

The Committee welcomed the HSE National Policies on “Safe Surgery” and “Consent” and Working Groups were developed to oversee the implementation of these policies across the hospital.

The organisation’s Corporate Risk Register was reviewed and monitored throughout 2013 by the Risk Register Review Group. It was reviewed by the Executive Management Committee and Board of Directors on a quarterly basis.

**QUALITY IMPROVEMENT PROGRAMME**

The Clinical Governance structures and reports further developed in 2013 to provide oversight and monitoring of patient care and outcomes.

In 2014 Temple Street participated in both voluntary and mandatory external Quality Assurance programmes.

The self-assessment process for monitoring hospitals progress in relation to the **National Standards for Safer Better Healthcare** commenced. These standards drive quality improvement and patient safety through a continuous process of assessment and monitoring implementation of quality improvement initiatives.

**HIQA – National Standards for Safer Better Healthcare**

Central Decontamination Unit (CDU) maintained ISO 13485 and Medical Device Directive 93/42 EEC Certification.

We are the only publically funded hospital in Ireland to have achieved this.

Six multidisciplinary teams completed the **RCPI Quality & Patient Safety Programme** and an open day was held in December to showcase the Quality Initiative Projects to hospital staff and the Board of Directors.

The Quality Initiative ‘**Enhancing the Journey for Patients Attending Phlebotomy Department**’ won the award for **Best Project** at the completion of the programme. The improvement methodology used in this programme was PDSA small steps of change cycle.

This project focussed on implementing a number of actions using ‘small steps of change’ and PDSA cycles to reduce average waiting times from 40-60 minutes to 10 minutes, thereby improving the patients’ experience.
In May 2013 the Hospital’s Paediatric Trigger Tool Team won the Biominis Healthcare Innovation Award for Patient Safety for their Quality Improvement Initiative, “Enhancing a Culture of Patient Safety by using the Paediatric Trigger Tool (PTT) to measure harm”. A poster of this project was also presented at the International Forum for Quality and Patient Safety 2013 in London.

The Hospital participated in a pilot project with the HSE on the development of National Quality Indicators, and continues to work on developing clinically appropriate Quality Initiatives for Paediatric care.

The hospital was a pilot site for National Patient Safety Culture Survey. The results of the survey were reviewed and a Quality Improvement plan focusing on key issues was identified:

- Clinical Handover / transitions.
- Development for Quality and Patient Safety Dashboard for Clinical Governance and Quality and Risk Committee.
- Feedback is given at various patient safety forums and to relevant head of department for feedback and dissemination to staff.
- Defined Quality programme for 2014.
- Linking with RCPI and HIQA/IHI to provide education and training programmes to develop a critical mass of Quality and Patient Safety Champions.
GENERAL OPERATIONS

CLINICAL ENGINEERING
In 2013 the Clinical Engineering Department introduced Novalung and Anaconda respiratory support systems, within the Intensive Care Unit. The use of this Anaconda system is the first of its kind to be used in Ireland on paediatric patients, and the Novalung the first use on paediatric patients in Ireland and the UK. New anaesthetic machines were also installed within the Theatre Suites.

The Clinical Engineering Department has been very involved with the equipping and the design for the Paediatric Transport Equipment for the National Transport Medicine Programme and continues to be integral in bringing the latest cutting edge technology to the patient, while improving patient experience and outcomes.

HYGIENE
The Hygiene Operations Team developed and implemented Quality Improvement Plans by continuous measuring performance against agreed Key Performance Indicators and using the findings from the following measurements:

- Staff and Patient Satisfaction Surveys.
- Findings of Multidisciplinary Hygiene Audits.
- Annual Hygiene Awareness Event.
- Service Users Engagement.
- Hygiene Initiatives.
- Networking with partner sites.

The fifth Annual Hygiene Awareness Event took place in October 2013. The aim of the event was to highlight best practice in Hygiene Services and to promote the role that staff, patients and visitors have in ensuring the hospitals Hygiene Standards are compliant.

Children from Temple Street and the Girls National Primary School, Gardiner Street participated in an Art Competition held in conjunction with the event. The title of the competition was "Bugs Are Mean, Keep Your Hands Clean".

The management team undertook 20 unannounced hygiene audits throughout the year. Hygiene audits that did not achieve the required standard were subsequently re-audited to ensure compliance.

PORTERING
The Portering Department provided 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 deliver our services to existing and new developments within the hospital. The Head of Portering Services and twenty five full time and part time staff oversee the provision of this service.

TECHNICAL SERVICES DEPARTMENT
The Technical Services Department has a preventative maintenance programme in place, while addressing the issues identified in the findings of all hygiene audits. Additional minor project works completed included,

- Legionella Risk Assessment and subsequent remedial works.
- Replacement and installation of Air Conditioning Units within EMBU, Nuclear Medicine and the Chart Library.
- Replacement of hand hygiene sinks throughout St. Michaels B Ward.
- Design work completed on Phase 3 Energy Up-grade System.

CATERING AND HOUSEHOLD DEPARTMENTS
In 2013, funding was allocated to upgrade Top Flat Ward kitchen and St Bridget’s Ward kitchen in line with industrial standards. Funding was also allocated to replace the flooring within the main kitchen with a ‘pour on resin covering’. These works were completed while still providing a food service to our customers in the Temple Café.

- The Food Safety Committee met on eight occasions.
- The Environmental Health Officer undertook two inspections, non compliances identified were promptly addressed.
The annual external audit on Food Safety and Hygiene within Catering and Household took place in November 2013. A score of 87% was achieved, down 3% on 2012, but this year the Formula Room was also included in the audit. Non compliances identified were promptly addressed.

All Catering & Household staff and some of the Formula Room staff undertook the EHOA’s Primary Course in Food Safety 2013.

The flooring in the main kitchen was upgraded to a resin flooring.

Top Flat Ward kitchen was upgraded to an industrial grade kitchen, as part of the ward refurbishment.
Theme six of the six themes in Temple Street’s Statement of Strategic Intent

ENHANCE THE ROLE OF TEACHING AND RESEARCH THROUGH A COMMITMENT TO BEING A LEARNING ORGANISATION
HUMAN RESOURCES
The Human Resource Department is responsible for the provision of Human Resource services both at strategic and operational level throughout the hospital and the service it provides is multifaceted. The Department strives to provide HR service excellence across the hospital supporting services deliver on goals, providing HR Intelligence through improved data access and supporting staff to develop to their full potential.

REFORM AND EFFICIENCY MEASURES
2013 was a challenging year for the Department primarily due to the requirement to implement the reform measures outlined in the Public Service Agreement 2010-2014 (Croke Park Agreement) and most significantly the additional efficiency measures outlined in the Public Service Stability Agreement 2013-2016 (The Haddington Road Agreement).

During July 2013 the HR Department implemented the Terms & Conditions of the Haddington Road Agreement which saw an increase in staff’s weekly hours, salary deductions for some grades and deferred Incremental Credits for all staff grades.

While this was a difficult period for all staff the hospital recognises the efforts made by staff to incorporate the additional hours in a way that gave improved access to services and at the same time delivered some savings and efficiencies to the hospital.

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

The hospitals average absenteeism level in 2013 was 4.1% (National HSE target 3.5%). Working within the hospitals employment control framework the monthly average WTE was 964.6 WTE with a payroll cost of 66.6 million and a staff turnover rate of 20%. A total of five staff were eligible to avail of the governments Incentivised Career Break Scheme ICB and a total of seven staff retired.

ELECTRONIC ACCESS FOR STAFF TO THEIR PERSONNEL/PAYROLL RECORDS:
In January 2013 the Human Resources Department launched online Leave Management via the HR ESS portal. This allows employees more access, control, and responsibility for their own annual leave records, in particular instant access to their annual leave balance. Managers can now access the ESS portal allowing them to electronically authorise time off, provides a calendar view of the team absences which assists with better resource planning and tracking of their teams attendance.

The ESS portal is available via a ‘Remote Access’ tool allowing an employee to view their payslip or request leave at home or from a mobile device. The Human Resources Department is working to ensure new and exciting developments are introduced via the ESS portal during the next 12 months allowing the employee and manager further access and control over their HR personal data.
LEARNING & DEVELOPMENT

In conjunction with the launch of the hospitals Statement of Strategic Intent the HR Department led out on the development of the hospitals Learning and Development (L&D) Strategy which was launched in May 2013. The L&D strategy draws on themes and feedback from the hospitals leadership and development workshops and identifies five key principles for creating a continuous learning organization to include: creativity and learning, empowerment, leadership, future focus and service excellence.

1. CREATIVITY & LEARNING
   - Encourage experimentation and willingness to try new things
   - Be ambitious and proactive about change
   - See learning as occurring in a variety of situations both on and of the job
   - Develop a strong research and development culture across the hospital

2. LEADERSHIP
   - Develop our leadership capacity at all levels
   - Develop leadership that is empowering and enabling and that supports informed decision making and increased effectiveness
   - Improve our communication/mediums/two way dialogue

3. EMPOWERMENT
   - Engage staff in playing a leading role in all issues/challenges
   - Build confidence/creating learning opportunities at all levels
   - Ensure all employees have the core skills required to deliver in their role today and also in the future/
   - Provide more development opportunities for employees. Help employees see development opportunities.

4. FUTURE FOCUS
   - Prepare for the transitions to NPH and help people to prepare for the future
   - Make time to focus on the future/work it through/road map the future
   - Encourage new Initiatives/approaches consider a longer term perspective

5. SERVICE EXCELLENCE
   - Continue to deliver the quality service in line with the existing CUH ethos
   - Meet the challenge of day to day operations while creating a culture of continuous improvement
   - Build our robustness in how we work with Service based performance management – Use of information/data analysis

RECOGNITION OF EXCELLENT (ROE) AWARDS

The Hospital held its first presentation for 2013 of the Recognition of Excellence (RoE) Awards & the CEO Recognition Award on Wednesday, 15th May, 2013. This was an extra special Recognition of Excellence event to celebrate our 140th Anniversary.

The RoE Awards were awarded to Ms. Margaret Galligan & Ms. Valerie Ryan, Telephonists, Switchboard (Non Clinical) and Ms. Sinead Crowley, Senior Psychiatric Social Worker, SFC (Clinical).

The CEO Recognition Award was awarded by Ms. Mona Baker, CEO to Ms. Grainne Dowdall, CHIC Co-Ordinator in recognition of her work in managing the TV 3 series at short notice whilst still undertaking her own role.

Mona Baker & Grainne Dowdall

LONG SERVICE AWARDS

The Annual Long Service Awards were also held on Wednesday, 15th May, 2013 as part of the Hospitals celebration of their 140th Anniversary. A total of 193 staff received recognition of their service to TSCUH in the following areas:

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The Hospital commissioned special commemorative awards with the new Hospital logo incorporating the 140th year anniversary on each one. Staff who were recognised for their 15 years service received a sterling silver pen, for those with 20 years services, a crystal paperweight incorporating the logo was awarded and for 30 years+, each staff member received a Newbridge silver clock.

A great afternoon was had by all who attended and a special thanks to all those who attended the ceremony.
The action plan to deliver training and learning was broken down under the headings of learning for today, tomorrow and now and underpinned by the revised Performance Management policy and staff Personal Development Planning (PDP). Hospital supported external training, courses and conferences were facilitated through the HR department in addition to supported learning for staff in a less formal environment in the form of Lunchtime Talks facilitated by Mr. Paul Marsden, Organisational Psychologist. Talk themes included; Team Building, Conflict Management and Building Resilience.

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 and the promotion of staff exercise and fitness opportunities during 2013.

ICT

2013 was another exciting and progressive year for ICT. In addition to completing a number of projects approval was received to go to tender for a number of others.

PATIENT ADMINISTRATION/THEATRE SYSTEMS

The Hospitals agreed in 2013 to replace its existing Patient Administration (PAS) and Theatre systems (which had been in use since the early 90’s) with the HSE national PAS (IPiMS) and Theatre (ORMiS) systems. The project commenced in 2012 and the Hospital successfully went live with IPiMS and ORMiS in April 2013.

LINCOR

As part of the refurbishment of Top Flat a bedside patient entertainment system (Lincor) was installed. Lincor provide TV, radio and movies to the patients and their parents from the comfort of their bed. The system comes equipped with 2 headphones which allows each patient to watch the programme they wish without disturbing any other patients. In 2014 it is hoped to roll out internet access, educational content, online survey for patients and parents as well as utilising the screen for bedside clinical access. It is hoped to extend the system to all beds in the future.

ICT TECHNOLOGY DAY

The first ever technology day was held in 2013 hosted by the ICT Department. The technology day showcased a number of the technologies and systems in use within the Hospital and planned for introduction. Staff who attended found it educational, informative and fun. Due the success of the event It is planned to host the event annually.

NNBSL

On behalf of the HSE the Hospital tendered, procured and implemented a national newborn bloodspot screening system (Specimen Gate) in the National Newborn Bloodspot Laboratory (NNBSL) which is located at TSCUH. The NNBSL went live with the first two modules in 2013 with the final module scheduled for 2014.

The ‘Heel Prick Test’ screens all newborn babies for six rare conditions. The screening ensures that any babies with these rare conditions are identified and treated as early as possible. Screening is carried out by the NNBSL based at TSCUH. Specimen Gate is a world recognised solution and will assist the NNBSL in their operation as well as allow screening results to be accessed online by public health nurses and regional maternity hospitals thus improving patient care.

EMPLOYEE SELF SERVICE PORTAL

As part of our on-going service improvements Employee Self Service (ESS) was introduced in 2013. ESS allows staff to track on their leave online as well as access their payslips, P60’s and other resources online. ESS removed the need to print and distribute these documents, allows staff real time access to their leave entitlements and as well as reducing time taken to approve leave requests.

ENTERPRISE RESOURCE PLANNING

Following the successful upgrade of Agresso the Hospital financial and procurement system, online requisitioning as well as the replacement of all remaining manual order books was completed in 2013. Staff within the Hospital now order all their supplies on line. The systems allow allows managers to approve invoices online allowing prompt supplier payment.

BUSINESS INTELLIGENCE

Activity reporting to the Board of Directors and Executive improved with the introduction of the online balance scorecard and CEO dashboard. Hospital activity along with key performance indicators are now reported monthly to the Board and Executive. It is planned to integrate further hospital systems in 2014 and 2015 and expand the number of KPI’s.
FUTURE DEVELOPMENTS

As part of the Hospitals strategy to use ICT to improve patient care and as a enable the Hospital received funding approval to tender for a Speech Recognition/Digital Dictation system, Therapy management System and e-Rostering. It is hope to have the tender process complete by year end and commence the projects in 2014.

RESEARCH

From early 2013 the Department of Research had regular meetings with our counterparts at the National Children’s Research Centre (NCRC) and a representative from the National Children’s Hospital, Tallaght, to discuss similarities in research themes and structures across three hospitals. We were then invited to work on a submission to the shared services committee of the New Children’s Hospital Group Board (NCHGB). This generated a lot of discussion nationally but the end result was that the NCH Project Brief included a Research and Education Block incorporating an institute for child and adolescent health.

Working with Prof Eileen Treacy and Suja Somanadhan from the National Centre for Inherited Metabolic Disorders (NCIMD), a ‘Clinical Research in Rare Disease’ day was held on March 1st. Ms Avril Daly from GRDO and Ms Anne Lawlor, the mother of a daughter with 22q11.2 Deletion Syndrome were guest speakers and the hospital was represented with presentations from Renal, Neurosurgery, Medical Genetics, Neurology, the National Newborn Bloodspot Screening Laboratory, and the Paediatric Surveillance Unit. The day was well attended and the feedback from participants was very positive.

A Research Update Day was held on Friday 26th April in St. George’s Hall. Eleven Temple Street staff members or affiliates presented their original research projects and results. The standard was incredibly high and our judging panel had a difficult time choosing the winner but the prize was given to Dr Danielle McLaughlin for a project carried out in Trinity College Dublin and jointly funded by the Children’s Fund for Health and the NCRC in Crumlin, on “BMP signalling disruption in the foregut of the Adriamycin mouse model of Oesophageal Atresia/Tracheo-Oesophageal Fistula”.

Audit/Research Days were held in June and December 2013, and the excellent guest speakers [Dr. Orla Doyle, Lecturer in UCD School of Economics, “Supporting Vulnerable Families – Does It Work?” and Dr Mary Ryan, Consultant in Paediatric Emergency Medicine, Alder Hey Children’s Hospital, Liverpool, “Paediatric Emergency Care – what the future holds”] attracted a large audience for both. It was rewarding to observe the high standard of Temple Street studies being presented on the days, as well as an excellent turn out of staff members who came to support and to hear about the work that is going on.

Professor Martin Maiden from the Department of Zoology at Oxford University was an invited speaker in September 2013 and gave an inspiring talk on “Epidemiology in the Genomic Era: Evolution & Population Structure in Bacterial Pathogens”. The EMBU is now collaborating with Professor Maiden and using some of his specialist techniques in research projects.

The North Dublin Hospital Group was renamed as the North Dublin Voluntary Forum and the Temple Street Department of Research were pivotal in organising a “Lifespan Diabetes Research Conference” on 14th November 2013. The day included national and international keynote speakers and Dr Nuala Murphy represented Temple Street with her presentation on “National Audit of Children’s Diabetes – planning for a sweeter future”.

There were 36 RESEARCH PROJECTS approved by the Research and/or Ethics Committee in 2013.

One of these, led by Dr Joanne Hughes on our site, was an international industry-led clinical trial studying enzyme replacement therapy in Lysosomal Acid Lipase Deficiency.

We were delighted to receive some external funding in 2013:

- Dr Sally Ann Lynch (Medical Genetics) was awarded a HRB/MRCG Joint Funding Scheme award in collaboration with the Children’s Fund for Health (CFFH) on “Identification of the genetic causes of developmental delay with mitochondrial dysfunction in the Irish Traveller Population”.

- Mr John Caird (Consultant Paediatric Neurosurgeon) was awarded a research grant for a Neurosurgical Fellowship by De Puy Synthes.

The Department of Research continues to work closely with the CFFH to ensure that funds for research are allocated in a fair and transparent manner. To this end, a Scientific Review Group (SRG), comprising a core of external experts and a more fluid group of internal representatives, was set up in 2013. The remit of this SRG is to review applications for research project grant funding and to make recommendations on funding to the CFFH.
In 2013, Prof Triona Sweeney [A Parent Delivered – Therapist Supervised Articulation Intervention Programme for Children with Repaired Cleft Palate], Dr Patrick Gavin [Analysis of the anti-viral IFN-α JAK/STAT pathway in Hepatitis C (HCV) infected children], Mr Dylan Murray [Understanding the mechanisms underpinning the influence of age and craniosynostosis on the regenerative capacity of cells & tissues] and Mr John Gillick [Structural and Molecular basis of Persistent Bowel Symptoms after Pull-Through Operation for Hirschsprung’s Disease, co funded with the National Children’s Research Centre, Crumlin] were put forward and subsequently approved for research project funding.

The Department of Research also awarded CFFH Seed Funding grants to Psychology, Metabolic, Nursing, OT/Physiotherapy and EMBU during the course of 2013 – this funding supported small, stand-alone projects as well as small projects with a view to acquiring larger grants in the future. Twenty-five CFFH-funded Research Conference Travel grants also increased the dissemination of the research that is being performed in this hospital and helped to increase our research profile internationally.

LIBRARY SERVICES

In 2013, Temple Street Library Services continued to connect staff with information expertise and promote open access resources. Temple Street Library Services also continued to collaborate with other Libraries to streamline information provision and ‘do more with less’.

The all-staff current awareness piloted in 2012 was rolled out in full in 2013 to include a Weekly Web Roundup and thus expand awareness of the most recent developments in global healthcare research as well as evidence-based medicine and nursing. It also highlights developments open access, healthcare education and social media. This weekly current awareness bulletin also promotes the Library as central to knowledge and research dissemination within the hospital.

Library Services continued to increase supports for staff and students engaged in formal and informal learning. Information literacy sessions continued and staff uptake of 1-2-1 sessions continued to rise throughout 2013. These sessions are offered to all and promote usage of the hospital’s resources while also educating users in searching the Library databases [Medline, CINAHL, PsycInfo, Health Business Elite], as well as research-oriented general internet searches. Athens remained a vital library resource in 2013, affording remote access to the library’s e-resources.

The number of staff seeking literature searches also increased exponentially reflecting the strengthening commitment to research and evidence based clinical care within the hospital. Library Services continued its collaborative involvement with the Nursing Research Group and the Clinical Audit Committee.

Despite staffing and funding challenges in 2013, it remained the mission of Library Services’ to espouse national and international healthcare information standards in its policies and practices.

Library Services in Temple Street recognises the need for a collection and services supporting the needs of staff committed to Evidence-Based Medicine and Evidence-Based Nursing. 2013 saw many staff members availing of ongoing research support to facilitate broader or more long-term projects. 2013 saw the introduction of more streamlined library metrics to clarify the purpose of article requests and information searches. These have demonstrated for example, that article requests made by staff are overwhelmingly for the purpose of either direct patient care or service improvement.

Library Week with its book amnesty and quiz, was another 2013 success in Library outreach and promotion. Similarly, Library Services’ contributions to The Pulse staff newsletter detailed and promoted the new services offered to staff and students.

The updated Literature Request form in 2013 offered staff a breakdown of the search method employed and requested feedback on the quality and precision of results. This functioned to both educate requesters on search strategy formulation and also acquire valuable feedback on usefulness of results in mutually-beneficial exchange.
Continuing professional development for Library staff provided by courses and conference attendance during 2013 informed Library practices and developments and were passed on to staff in the form of information currency and streamlined searches. The opportunity to liaise with other healthcare library staff has also proved invaluable in forging a more broadly collaborative relationship with other healthcare libraries thus even further promoting Temple Street’s reputation for excellence and partnership.

2013 saw Library Services strengthen links with future NPH partners in OLCHC and AMNCH libraries thus aligning policy, collections and services. 2013 also saw further collaboration with Lenus, the Irish Healthcare Repository with a view to expanding the store of TSCUH research held by Lenus.

2013 proved to be another year of expansion and development for Library Services. Developments in the areas of open access, library partnership, information literacy and the development of a research repository mean 2014 will see further challenges and change. Library Services will evolve to meet these changes and developments in a spirit of innovation and collaboration.
WAYS TO GIVE

TOGETHER WE CAN MAKE IT BETTER

The Children’s Fund for Health (CFFH), which is based at Temple Street, was set up in 2000 with the sole purpose of raising funds to make Temple Street Children’s University Hospital a better place. The foundation works with individuals, businesses and organisations in the community to ensure that this, and future generations of sick children get the treatment they deserve. None of what is achieved by the foundation would be possible without the generous support of donors, fundraisers and a great network of volunteers.

During 2013, €5.5 million was raised, all of which was generated through fundraising activities and the incredible strength of support received.

Over €3.8 million was spent improving hospital wards and purchasing pieces of vital life-saving equipment, ensuring Temple Street stays at the forefront of paediatric medicine.

2013 HIGHLIGHTS INCLUDE

- The re-development of St Joseph’s Top Flat Ward at a cost of €2 million, with more than €1.65 million coming from charitable donations. Each year more than 1,900 children are admitted to this ward however, before the renovation it had not seen any improvements since the 1930’s.
- Over €650,000 was spent on purchasing vital life-saving equipment including dialysis machines, incubators and ventilators.
- This year saw 1,250 people join Temple Street’s ‘Miracle Club’ pledging to give a monthly donation to Temple Street. This saw our income from monthly donors increase by 110%.
- Income from Corporate Partnerships grew by 43%. The Foundation also secured a number of new high value partnerships.

The CFFH is a registered charity which has its own governance structures and separate Board of Directors, responsible for governing the operations of CFFH. For further information please visit www.templestreet.ie

HOW TO DONATE

IN PERSON

Visit us at our office located in the hospital with your donation:
Children’s Fund for Health
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:
Children’s Fund for Health
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 or send us an email for more information to info@templestreet.ie

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

Facebook: Temple Street Children’s University Hospital
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.

DID YOU KNOW?

If your donation to Temple Street Children’s University Hospital is €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. Check out our website www.templestreet.ie for a full list of ways you can support!

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. 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.

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 with logistics on campaigns. We are so grateful to volunteers for their commitment, hard work and dedication to our cause.

THANK YOU FOR SUPPORTING US!

“We firmly believe that our supporters are part of the lifesaving team in Temple Street Children’s University Hospital. When people ask me what difference a donation makes, I reply that donations allow us to make the ordinary, extraordinary. Every gift, when combined with thousands of other gifts, transforms children’s lives. That’s the simple truth,”

- Denise Fitzgerald, CEO, Children’s Fund for Health
Finance

Proactive planning in 2013 for efficient use of infrastructural, human and financial resources were once again critical to ensuring that activity targets, as agreed with the HSE, were materially attained despite the ever challenging financial environment.

The 2013 Revenue Allocation from the HSE, before adjustments, amounted to €80,475,000 (2012: €78,523,000), an increase of 2.5%. 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 regarding approved service developments and other cost pressures. The Net Allocation, post adjustments, amounted to €81,055,000 (2012: €79,423,000), an increase of 2%. The adjustments relate to release and deferral of capital and revenue funding receipts.

Other income amounted to €16,715,000 (2012: €18,677,000). The reduction of 11% reflects the non-recurring nature of a significant 2012 private insurer settlement and decreasing numbers presenting with private health cover.

Expenditure in 2013 amounted to €98,416,000 (2012: €98,593,000). Pay related costs amounted to €70,459,000, a decrease of €853,000 on 2012. The decrease reflects reductions arising from the Haddington Road Agreement and 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 €26,045,000 increased by €1,208,000, primarily reflecting approved service development expenditure.

The Loss on Ordinary Activities for 2013 amounted to €646,000 (2012: €493,000), thereby bringing the Accumulated Loss at the end of year to €1,382k (2012: €736k). The Hospital remains dependent upon the on-going support of the HSE to provide adequate funding to enable it to continue to provide services.

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

- ED attendances decreased by 1% to 52,519;
- In-patient discharges decreased by 8% to 7,579;
- Day cases decreased by 6% to 7,949;
- Out-patient attendances decreased by 5% to 76,770.
- Average length of stay increased from 3.53 days to 3.9 days.

The above should be considered in the context of capacity constraints in 2013 (reflecting closures for refurbishment) and increased complexity trends.

Capital expenditure amounted to €5.3m in 2013 comprising building improvements of €4m and equipment additions of €1.3m. The most significant building project was the €2m refurbishment of Top Flat/St Joseph’s Ward, incorporating a mix of four and two bedded units with four single isolation rooms. Asset retirements, transfers and depreciation amounted to €5.9m.

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.

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

John Fitzpatrick
Finance Director
Profit & Loss Account Extract
for the Year Ended 31 December 2013

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th></th>
<th>2012</th>
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<tbody>
<tr>
<td></td>
<td>€'000</td>
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<td>€'000</td>
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<tr>
<td><strong>TURNOVER</strong></td>
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<tr>
<td>Revenue grants (net)</td>
<td>81,055</td>
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<td>79,423</td>
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<tr>
<td>Other income</td>
<td>16,715</td>
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<td>18,677</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>97,770</td>
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<td>98,100</td>
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<td><strong>COSTS</strong></td>
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<tr>
<td>Staff costs</td>
<td>(70,459)</td>
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<td>(71,312)</td>
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<td>Non pay costs</td>
<td>(26,045)</td>
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<td>(24,837)</td>
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<td>Depreciation</td>
<td>(1,912)</td>
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<td><strong>LOSS ON ORDINARY ACTIVITIES</strong></td>
<td>(646)</td>
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<td>(493)</td>
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<td>Accumulated loss at beginning of year</td>
<td>(736)</td>
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<td>(243)</td>
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<tr>
<td><strong>Accumulated loss at end of year</strong></td>
<td>(1,382)</td>
<td></td>
<td>(736)</td>
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## Balance Sheet

**as at 31 December 2013**

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<tr>
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<th>2013</th>
<th>2012</th>
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<tbody>
<tr>
<td><strong>€’000</strong></td>
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<td><strong>FIXED ASSETS</strong></td>
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<td>3,366</td>
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<td><strong>CURRENT ASSETS</strong></td>
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<td>Stocks</td>
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<td>Debtors</td>
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<td>Grants receivable</td>
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<td>15,259</td>
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<td><strong>CREDITORS: (Amounts falling due within one year)</strong></td>
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<td><strong>NET CURRENT LIABILITIES</strong></td>
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<td>(735)</td>
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<td><strong>TOTAL ASSETS LESS CURRENT LIABILITIES</strong></td>
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<td>2,631</td>
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<td><strong>CAPITAL GRANTS</strong></td>
<td>(2,794)</td>
<td>(3,366)</td>
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<td><strong>NET LIABILITIES</strong></td>
<td>(1,381)</td>
<td>(735)</td>
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<td><strong>FINANCED BY</strong></td>
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<td>Called-up share capital</td>
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<tr>
<td>Profit and loss account</td>
<td>(1,382)</td>
<td>(736)</td>
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<tr>
<td><strong>SHAREHOLDERS’ DEFICIT</strong></td>
<td>(1,381)</td>
<td>(735)</td>
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