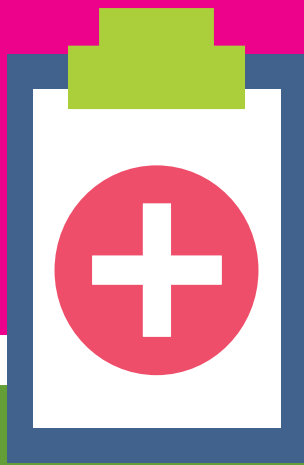


Caring for

145,000

sick children per year

*Annual Report
& Accounts 2014*



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 (Ear, Nose and Throat) 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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Chief Executive's Foreword

Dear Colleague

I am delighted to present Temple Street's 2014 Annual Report to you and to confirm that it was another year of innovation and progress at our hospital when we cared for up to 145,000 six children, young people and their families.

So to give you a flavour of our activities and achievements, let me share with you some of the highlights which are outlined in more detail in this Report.

As you will see this Report illustrates 'Temple Street in numbers' throughout its content to show you the sheer numbers of children we look after as in-patients and out-patients across all of our various Departments and specialities. For example, 15,700 children were in-patients in 2014 with an average length of stay of 3.9 days, there were 76,000 visits by children and their parents and guardians to our Outpatients Department (OPD) and 47,500 children attended our Emergency Department (ED).

Just before the end of 2014, the National Paediatric Nephrology Programme at Temple Street reached a significant milestone in that the 100th kidney transplant was conducted since the programme was set up in 2003 and 19 children were transplanted that year making it the busiest year to date.

On average 34 children are born with Spina Bifida (SB), which has been described as the most complex congenital physical disability compatible with life, affecting multiple body systems and it is estimated 500 children live with this condition in Ireland. In 2008, Temple Street became the national neurosurgical care centre for all children under six years of age and since that time our hospital has also been the national specialist care centre for all children born with SB.

Our SB Model of Care is shared care between the local team and our specialist team in Temple Street and we strive to ensure that the child receives the best care as near to home as possible. While initial funding was provided for SB when services transitioned to Temple Street, it was unfortunately subsumed into the greater needs of the neurosurgical specialty as a whole. As a result the specialist needs of the child with SB in their entirety have been greatly under-estimated and services vary significantly depending on geographical location. However given the complexity of healthcare needs of children with SB, specialist multidisciplinary care is the gold-standard.

So as a result of reported service inequities and the need to develop and improve services, the Temple Street SB Team undertook a review of the health and therapy needs of children with SB and their access to local and specialist services between January 2013 and August 2014 kindly funded by the excellent work of the Temple Street Foundation.

The report arising from this research was officially launched on 3rd September 2014 in the Mansion House, D2 and one of the key findings from the report showed that even though these children have extremely complex needs, 54% of them do not have access to a Multidisciplinary Team (MDT) clinic despite the fact that 69% of children with SB over three years use a wheelchair, 93% of them over five years require continence support and 64% of them have a VP shunt to manage hydrocephalus.

Following publication of the report, the SB Team met with representatives from the DoH and HSE to highlight the business plan that had been compiled previously which demonstrated the need to increase service provision and the associated costs and to highlight recommendations arising from the research. Essentially the ideal from a health as well as cost perspective is to avoid secondary health complications such as obesity, renal failure, mental health issues, orthopaedic deformity.

As a result SB services at Temple Street were allocated €500k in the 2015 HSE Service Plan, which will fund the most critically needed additional healthcare professionals. However there remains a need for the HSE to expand resources further to adequately fund an optimal service for children with SB and ensure complex healthcare needs are met.

2014 also saw the opening of the newly significantly upgraded 22 bedded St Joseph's/ Top Flat Ward at Temple Street. Over 1,900 children are admitted to the Top Flat Ward every year. This upgrade was carried out at a cost of €2 million, with almost €1.65 million coming from charitable donations also through the Temple Street Foundation.

The newly refurbished ward which had not seen any significant improvements since the 1930's, when hospital services and patient care were very different to today, has been redeveloped into a mix of four and two bedded units with four single isolation rooms. The four isolation rooms have been fitted with an air-pressurised controlled environment, essential for the treatment of patients vulnerable to infection, especially cystic fibrosis patients. One of the single rooms is also fitted out to monitor children with uncontrolled epilepsy. In addition the Top Flat refurbishment 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.

Temple Street continues to advocate for healthy eating and exercise for children and in 2014 our W82GO Healthy Lifestyles programme team started training community teams so that the successful W82GO programme can be introduced in several pilot sites around the country. The community programme will focus on four – seven year olds who will be accessed via the school health check. Teams in Cork and Mayo were the first to be trained.

In September 2014, Temple Street launched a new campaign to help increase hand hygiene compliance, prevent hospital acquired infection and bring the Hospital in line with the HSE required standards. The initiative resulted in compliance increasing from 62% in May 2014 to 85% in November 2014. The 2015 target is 90%.

With regard to major capital projects, we were delighted with the completion of the laboratory and Operating Theatre (OT) extension comprising a three storey development in 2014 and work also commenced on the development of an additional clinical space in the ED to include a two bay Rapid Access Treatment (RAT) room and increased and improved waiting space.

On the financial front, 2014 proved to be an exceptionally challenging year with increasing costs occurring at a time of reducing income. Maintaining activity levels and avoiding service reductions necessitated on-going and extensive engagement with the HSE re underlying funding, in the context of activity and acuity levels. Such discussions ultimately resulted in a HSE Revenue Allocation uplift, from €80,475,000 in 2013 to €89,838,000 in 2014, an increase of 12%, thereby enabling effective breakeven for the financial year to be attained.

To finish this Foreword, I would like to thank every member of the staff at Temple Street who every day shows their determination in making a unique contribution to the development of national acute paediatric services in ways that ensure that children families are at the heart of service provision. This spirit of determination is central to our culture and values. I would also like to acknowledge our staff's commitment to the new children's hospital project that lies ahead and their ambitious, optimistic and proactive approach to change.

I would also of course like to especially thank our Chairman, Mr Sean Sheehan for his support, direction and leadership and thank his fellow members of the Board for their commitment and expertise in ensuring that we deliver safe, high quality and patient centred care.

Mona Baker
Chief Executive Officer

Chairman's Review

Dear Reader

I have pleasure in presenting the 2014 Annual Report of Temple Street Children's University Hospital.

Details of the many challenges and opportunities which arose in 2014 are contained in the Chief Executive's Foreword and in the Report itself.

Temple Street is a hospital with a long and outstanding tradition over the last 140 years in caring for some of the sickest children and young people from all over Ireland and their families. This tradition has always focused on respecting the dignity of human life, caring for the sick with compassion and professionalism and promoting excellence and equality, quality of care and accountability in line with our mission and values.

My fellow Board members and I are especially focused on patient safety where the key commitment is to provide safe and effective high quality care in an environment that is caring, appropriate and safe for our patients, their families and our staff and visitors.

In this regard I was delighted to see Temple Street's participation in both voluntary and mandatory external Quality Assurance programmes during 2014 and the completion of the self-assessment process for the National Standards for Safer Better Healthcare (NSSBHC) as detailed in this Annual Report. In July 2014, our Chief Executive, Mona Baker also launched the 'Seven Rocks of Quality Improvement' to further illustrate our commitment to providing a safe, quality service.

Furthermore the Governance, Quality and Patient Safety Committee is a sub-committee of the Board, under the chairmanship of Dr. Michael Drumm. This Committee ably assists the Board in fulfilling its responsibilities relating to the delivery of the highest standard of quality care to patients through the active promotion of communication, collaboration and engagement between patients, their families and hospital staff and the implementation of some of the initiatives as described above.

However as in all human endeavours mistakes can and do happen. In Temple Street where we are focused on promoting a culture of openness and accountability in line with our mission, when a mistake does occur, members of our staff can feel confident to openly report the mistake in the knowledge that there are support structures in place through our Protected Disclosure Policy. We will then learn from the mistake and make whatever changes and amendments are necessary to procedures, protocols, systems or services to ensure the mistake does not happen again.

In addition to my role as Chairman of Temple Street, I was also privileged to be appointed by the Minister for Health, Dr James Reilly, T.D. to the CHGB (Children's Hospital Group Board) in August 2013. 2014 was another year of intense activity on the NCH (New Children's Hospital) project after the decision in October 2013 to co-locate the hospital on the St. James Hospital site and bring together Temple Street, Our Lady's Children's Hospital Crumlin and the National Children's Hospital, Tallaght under the direction of the CHGB and the NPHDB (National Paediatric Development Board). The NPHDB is responsible for the design, planning, building and equipping of the new children's hospital and the CHGB is overseeing 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.

In September 2014, the NCH design and architects teams (UK's BDP Architects and Ireland's O'Connell Mahon Architects) were announced and set to work immediately by exploring concepts, collecting and reviewing hospital user input and accessing many alternative solutions

and considerations for all areas of the design, with a view to securing planning permission.

A Hospital Design Working Group was formed to consider high level options for the location of the departments within the hospital as part of Stage 1 Design. The Hospital CEOs, including Mona Baker, then nominated representatives from all disciplines to act as champions in their area of expertise to work with members of the project team under the direction of John Pollock and Phelim Devine from NPHDB and lead architect, Benedict Zucchi from BDP. The Youth Advisory Council also shared their ideas and enthusiasm for child and adolescent friendly design.

And so the development of designs that would maximise the benefits of having so much expertise in one building were progressed, enabling the best connections between departments, facilities and amenities in preparation for the planning application in mid-2015. At the same time work was progressing on the design and configuration of two new satellite centres to be located at Tallaght Hospital and James Connolly Hospital, Blanchardstown. Planning application for these new centres is scheduled to be made at the same time as the new children's hospital in mid-2015.

Our vital role as an acute paediatric hospital serving some of Ireland's sickest children continues and so we will continue to invest in our staff and infrastructure with the help of our tremendous fundraising colleagues, the CHGB, the HSE and the Department of Health. We believe this continued investment will ensure our staff are trained and skilled at the cutting edge of technology and ensure a high quality and professional service is delivered to the estimated one million children that will pass through our doors between now and late 2019, (the proposed opening date of the NCH) offering them the best chance of a successful outcome.

Temple Street is also continuing to develop strategic and collaborative partnerships with Our Lady's Children's Hospital, Crumlin, the National Children's Hospital, Tallaght, all the acute paediatric services across the country and our affiliated academic institutions. We believe this will further help us create the conditions that will enable a quality, comprehensive uniting of the three Dublin based paediatric hospitals that will ultimately shape and lead the delivery of national paediatric services.

We look back on 2014 and consider the exciting developments in Temple Street that Mona Baker has outlined in her Foreword and which you will read more about in this Report and we look forward to even more progress on the NCH project. The NCH is the central component of a broader process of transformation in paediatric healthcare within the wider National Model of Care for Paediatrics and Neonatology.

The Board acknowledges with admiration, the dedication of staff at all levels, to provide highly specialised patient care day after day alongside education and research, despite all the challenges faced by them and the hospital over the last couple of years.

I wish to express my sincere appreciation to the members of the Voluntary Board with whom I serve for their tireless commitment to promoting the mission, vision and values of the hospital, their leadership and support of the hospitals activities and for ensuring that we stay on strategy as defined by our Statement of Strategic Intent 2013 – 2017.

I hope you enjoy reading this Report and will continue to follow the life and times of Temple Street over the coming years.

Sean Sheehan
Chairman

Board of Directors



Sean Sheehan
Chairperson



Siobhain Brady
Deputy Chairperson



Mona Baker
Chief Executive



Grainne Bauer
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





SECTION I NURSING

TEMPLE STREET IN NUMBERS

15,765

children were admitted
as in-patients in 2014

4,819

children were
admitted to the
Day Ward

485

children were admitted to
St Gabriel's Ward (which
specialises in neurosurgery
and craniofacial surgery)

230

children were admitted to
the PICU (Paediatric
Intensive Care Unit)

270

children were admitted to
the Respiratory Cystic
Fibrosis (CF) Unit

Nursing

The nursing service at Temple Street Children's University Hospital experienced many challenges in 2014 with the start of many changes at senior nursing level. Although the agenda and plans for the new children's hospital increased over 2014, the nursing staff continued to demonstrate their commitment to the delivery of quality safe patient care which is evidence based and in line with best practice.

Nursing staff have continued to be involved and lead various projects and initiatives in service improvements, policy development, practice development, audits, education and training, particularly in relation to the hospital's development agenda.

One of the major changes in Temple Street's Nursing Department took place in June 2014, when Director of Nursing, Suzanne Dempsey took up a new role as Group Director of Nursing for the Children's Hospital Group (0.5 WTE). Suzanne continued part time as Director of Nursing in Temple Street for the remainder of 2014 with support from the Divisional Nurse Manager (DNM) Team who alternated the cover for the backfill of the Director of Nursing position to the end of the year.

Marie Corbett, DNM left Temple Street for an Assistant Director of Nursing position in Galway University Hospital in August 2014.

COLLABORATION WITH NURSING COLLEAGUES IN OLCHC (OUR LADY'S CHILDREN'S HOSPITAL CRUMLIN) AND NCH (NATIONAL CHILDREN'S HOSPITAL) TALLAGHT

The Joint Nursing Executive (JNEC) continued to meet every two months in 2014 and agreed on the following objectives;

- Leadership development initiatives for staff nurses
- Collaboration with key stakeholders
- Workforce planning
- Standardisation of the nursing assessment process
- Establish a JNEC newsletter to communicate to wider nursing group

The first joint Nursing Executive newsletter was circulated to all nursing staff in 2014 and highlighted joint collaboration and initiatives and focused in the critical and renal departments.

A VERY SPECIAL RECOGNITION OF EXCELLENCE (ROE) AWARD DECEMBER 2014

A great celebration took place in December 2014, when Mary Morley, Night Sister received a Recognition of Excellence award. Mary was recognized for her professionalism and dedication in a vital role covering night shifts as the most senior nurse in charge for more than twenty five years. Mary was joined by her daughter and many colleagues and friends to celebrate the well deserved award.



Suzanne Dempsey, DON, Mary Morley, Mona Baker, CEO, Emma (Mary's daughter) and Catherine Lee, HR Director.

CROKE PARK WELCOMES TEMPLE STREET NURSING STAFF INPUT

The Croke Park venue welcomed the the band, 'One Direction' in May 2014. As this involved one of the largest junior audiences to attend this venue, it required a team of experts to be involved in the management for all possible eventualities and emergencies. The collaborative approach between the HSE's Emergency Management Team, Croke Park, Gardai and Temple Street senior Nursing Staff worked extremely well. Nursing and Medical Staff at Temple Street's ED were on standby for all eventualities and thankfully the event went off without any negative issues and was enjoyed by all who attended.

CULTURAL ANALYSIS PROJECT

Over a six week period in late 2014, a collaborative project was co-ordinated by MCO projects and commissioned by the NCH Group Board to look at the culture across the three paediatric hospitals. The overarching group was chaired by Suzanne Dempsey, Group DoN with representation from the three children's hospitals including Gráinne Bauer who represented Temple Street. Over a six week period, a survey, one on one interviews, focus groups involving a cross representation of staff in the hospital took place. An open event was hosted in the front parlour to assist in getting views on the values and culture in the organisation.

Results from the project will be collated by MCO projects and plan to be ready for distribution in 2015.

BED MANAGEMENT

While bed management continues to deal with seasonal challenges, 2014 has been a year that has seen some patient quality improvements come to fruition. In relation to scheduled care the Day of Surgery Admission (DOSA) process has improved greatly through advancements in the administrative management of admissions in addition to the introduction of the DOSA Lounge (September 2014). This process has greatly improved the patient experience for planned surgical admissions and our day of surgery admission rate regularly exceeds that of the national target of 75% on a monthly basis.

In line with the National Clinical Programme for Elective Surgery, this new unit enables the bed management Team to maintain an effective day of surgery admission process for suitable surgical patients. The DOSA Process allows for patients to present to the hospital fasting on the day of their planned surgery. A successfully implemented DOSA process can provide benefits in terms of reduced cancellation rates, cost efficiency, patient friendly admission policies and a potential reduction in rates of hospital acquired infection.

In relation to unscheduled care, 2014 has seen the introduction of a new pathway for orthopaedic trauma patients returning to the hospital on the day of surgery. These patients no longer need to re-attend ED and be re-triaged, most patients can now present directly to the Day Ward having been provided with the relevant information on the day of their initial presentation.

SENIOR CHILDREN'S NURSING NETWORK

At a JNEC meeting in 2013 it was felt that we needed to forge greater links with the regional paediatric units. We were also keen to work more closely with the Paediatric Clinical Care Programme. Hence, following a meeting with Mary Murray, Paediatric Nurse Lead, Letterkenny Hospital and Grace Turner Programme Manager, the concept of a Children's Nursing Network was born.

The inaugural meeting co-hosted by the JNEC and the Paediatric Care Programme was held on 27th February 2014 in Stewart's Hospital, Palmerstown, Dublin.

Professor Alf Nicolson and Dr John Murphy, National Consultant Leads for Paediatrics and Neonatology in conjunction with the lead nurses presented their work to date and outlined their future plans for this programme.

In addition, Elish Hardiman, CHG, CEO gave an update on the work of the Children's Hospital Group Board and the plans for the new hospital and the recently announced satellite centres. Dr. Michael Shannon and Ger Shaw, Office for Nursing and Midwifery Services, HSE were in attendance to support this initiative. All regional paediatric units were represented. It was agreed to host four such meeting yearly.



Pictured from left to right, Suzanne Dempsey, Prof Alf Nicholson, Eilish Hardiman, Dr John Murphy, Grace Turner, Geraldine Shaw, Marian Connolly, Geraldine O'Regan and Mary Murray.

The winter season continues to be challenging with 2014 seeing a high number of patients with seasonal illnesses requiring isolation. November and December were particularly busy for the hospital as we managed high numbers of daily admissions and unfortunately continue to experience 'trolley waits'. Escalation plans were enacted and we worked well with our colleagues in OLCHC and NCH, Tallaght.

The Bed Management Department was refurbished in December 2014 thanks to PAC funding. The waiting area for patients and families is much improved and the working environment is better suited for the needs required. The new visual hospital is a helpful tool for managing flow on a daily basis and is particularly useful in escalation management.

FAMILY ADVISORY COMMITTEE TEMPLE STREET (FACTS)

The Engagement Advisory group changed their name to FACTS, following several consultations within the group and more widely across the hospital and commissioned a designer to design a new logo to represent FACTS.

Gráinne Bauer continued to chair the Committee and the plan to increase membership in 2015. The Committee offered their deepest condolences to Committee member Bernie Priestly on the death of her daughter Catriona on 1st April 2014. Bernie continued

to be involved in the Committee. Parents from the group were also invited to engage with the NCH Group in late 2014.

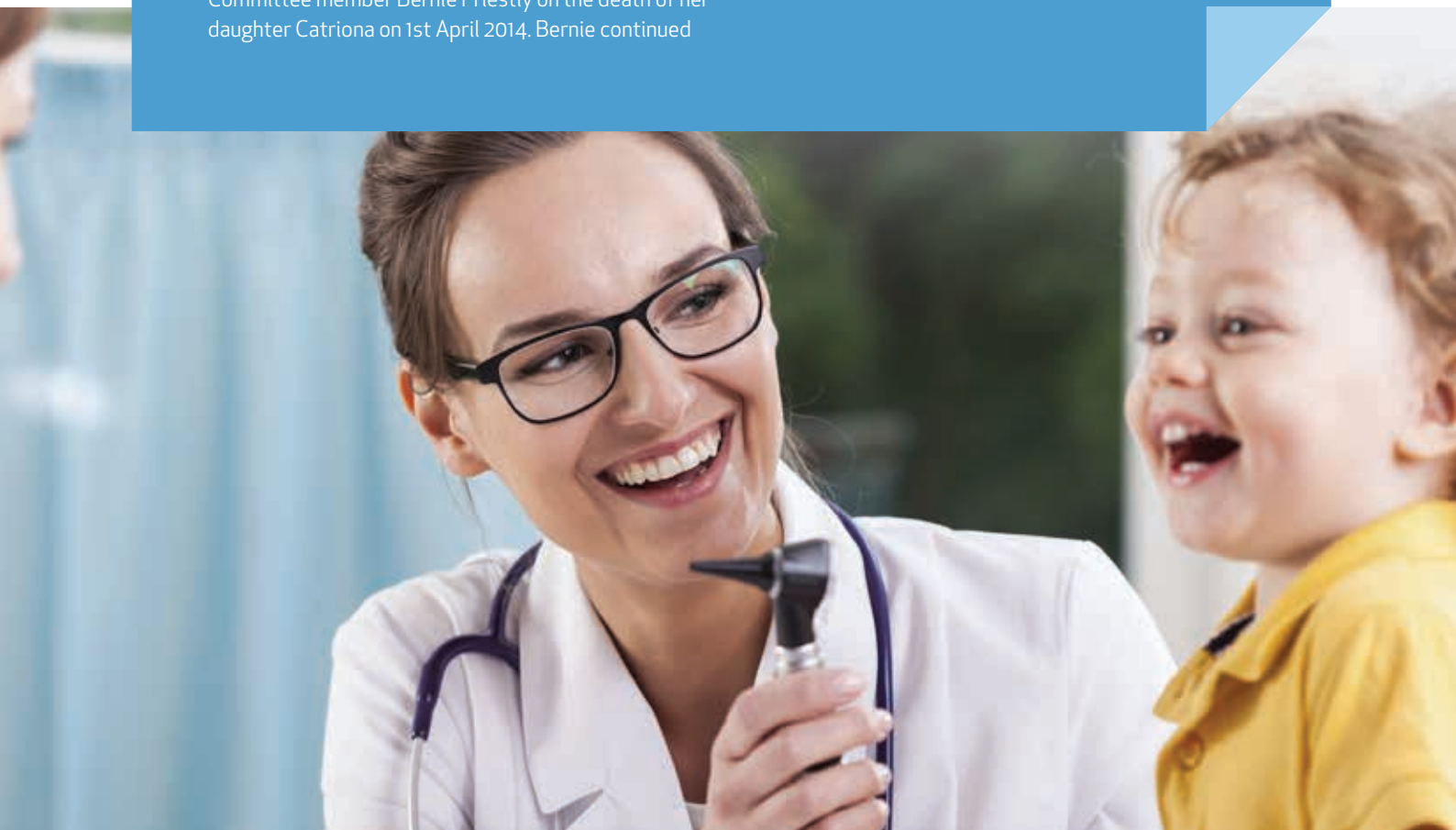
PLANS TO TRANSITION CHILDREN TO ADULT SERVICES

Further plans continued in 2014 to develop a hospital plan to assist children preparing for transition from Temple Street to adult services. A multidisciplinary group, chaired by nursing staff progressed this important piece of work.

FINANCE

The Department of Nursing was given a devolved and continued reduced budget of €23.3 with final actual spend of €23.24.. 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.

Our mental health patients continue to require intense managing with monitoring of the effect to our overall budget. Late in 2014, the respiratory season arrived and this meant high numbers of children requiring specialist support and requiring high dependency care which added to normal nursing requirements and increased agency nurses to meet demand.



National Specialties Division

(1) St Gabriel's Ward

St Gabriel's is an acute 14 bedded ward specialising in the care of infants and children who require assessment and surgical intervention for neurosurgical and craniofacial conditions. These children require a higher level of nursing input and 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 within allocated resources. Currently, neurosurgical patients over four weeks of age and under six years and children greater than six years requiring multi-specialist input are cared for on St Gabriel's ward. Children up to 16yrs who require craniofacial surgery, general surgery, ENT, airway surgery, orthopaedics and plastic surgery are also cared for on St Gabriel's.

Patient Activity to St Gabriel's Ward 2014

Total no of patients admitted to St Gabriel's not including internal transfers	485
Total no of neurosurgical patients	299
Total no of craniofacial patients	41

DEVELOPMENTS/REFURBISHMENTS

The following refurbishments were carried out in 2014 to enhance the delivery of quality care to patients and their families.

- Painting of the ward. Colours were chosen in consultation with all staff. Feedback was also received from some parents.
- The installation of air conditioning in all patient rooms and at the nurses' station allowing all children to be cared for in a climate controlled environment.
- Installation of coloured LED lighting along the corridor.
- Installation of a multisensory bubble tube and purchase of multisensory appropriate toys. These were purchased in consultation with the Play Therapists.
- The relocation of the linen press and conversion of the old linen press into a small parents/ meeting room allowing parent's privacy when receiving their child's diagnosis/prognosis. It is also used as a meeting room where parents can meet with members of the Multidisciplinary Team.



REHABILITATION

St Gabriel's Nursing Staff continue to work closely with all members of the Temple Street MDT (Multidisciplinary Team) and the National Rehabilitation Hospital (NRH) promoting individualised holistic care with child and family, identifying specific needs and setting therapy goals.

PAEDIATRIC INTERNATIONAL RESEARCH STUDY (PINS)

St Gabriel's Nursing Team was chosen to take part in a paediatric international research study and is the only team in the RoI taking part in this international study. The aim of the research is to test the use of eight KPIs (Key Performance Indicators) to promote a positive care experience. KPI's are used to collect information on key aspects of care with the intention of using this information to improve quality of care.

Each cycle consists of collecting data over an eight week period through patient surveys, observations of nursing practice, reviewing nursing documentation and interviewing parents and patients in relation to their experience of nursing care while in hospital. The first data collection commenced on 17th November 2014 and is due to be completed in January 2015. Areas for improvement will be highlighted and changes made accordingly before cycle 2 commences. The hope is that the results will influence on-going practice improvements within children's services. The PINS research project has been embraced by all staff on St Gabriel's Ward and we look forward to the data collection and implementation of a new change which will benefit the patient and their family.

NEUROSURGICAL NURSE COORDINATOR UPDATE

Neurosurgical Service	2013	2014
Total Inpatients	356	376
Total Outpatients	1920	2020

IN-PATIENTS

These patients mainly include children with brain tumours, head injuries, hydrocephalus secondary to congenital disorders, Spina Bifida, craniofacial disorders and epilepsy.

OUTPATIENTS

Outpatient numbers are over **2000** at present since neurosurgery commenced in Temple Street. These are patients that have been seen and continue to be seen at the Neurosurgical Outpatients by our four Consultant Neurosurgeons. This figure excludes craniofacial, neuro-oncology and epilepsy, all of which are seen as inpatients on a daily basis. Most of these patients are given a number for immediate contact with the Neurosurgical CNS (Clinical Nurse) to discuss guidance given following an OPD (Outpatients Department) appointment.

By way of comparison, at the end of 2009 when the service was very new, just 676 appointments were made. At the beginning of 2009, we had 144 patients on the books whereas there are now 1,150 children returning for regular outpatient review.

The Neurosurgical Nurse Coordinator has an essential role in coordinating care and supporting the service user throughout their hospital stay. Education and support to the service user is paramount in providing high quality care.

Once the child and family are discharged they are reassured with contact details to link with the Neurosurgical Nurse if they have any queries or concerns. This phone service is also available to Public Health Nurse's, GP's and referring hospitals.

The Neurosurgical Nurse works very closely with all MDT members. The MDT meeting takes place every Wednesday, chaired by the Nurse Coordinator. This is where all MDT members attend and discuss current inpatients and outpatients needs.

We also liaise closely with our neurosurgical colleagues in OLCHC and Beaumont Hospital, D9 with regard to any children who may be admitted for VNS/Epilepsy surgery.

AUDIT & RESEARCH

A parent questionnaire was devised to gain insight into information needs of a parent of children with hydrocephalus. Findings were used to develop a booklet. *'Does your Child have Hydrocephalus?'*

(2) Renal service

Paediatric nephrology is a key paediatric tertiary specialty providing expert care for children with diseases of the kidney and urinary tract. Paediatric nephrology integrates directly with paediatric urology and with the Renal Transplant Team who provide the surgical expertise to support a Renal Transplant Team which is directed by paediatric nephrologists.

The Renal Clinic based on St Michaels C Ward is responsible for the delivery and co-ordination of ambulatory care for the paediatric nephrology patient and their family. It is the hub of the nephrology service over-seeing care of the renal child in the community, home dialysis, pre-emptive transplantation preparation, post-transplant care and transition to adult services. We work closely with our colleagues in OLCHC, and also in Beaumont Hospital, D9 to foster and develop communication and a quality service for the paediatric nephrology patient.

Over the last 10 years the National Paediatric Nephrology Programme has taken over the provision of renal transplantation for children in Ireland. The results of our Paediatric Kidney Transplantation Programme are exemplary and compare well with the best international standards. Over the last 5 years, as the demand for paediatric transplantation has increased, the National Paediatric Renal Transplant Programme has worked closely with the Beaumont Hospital to develop a live related renal transplant programme to enable the parents and close relatives of children with end stage renal failure to receive a pre-emptive renal transplant. Where children are already on dialysis we are working to facilitate live related donation to minimise the time a child spends on dialysis.

RENAL SERVICE ACTIVITY 2014:

Renal diseases such as nephrotic syndrome, glomerulonephritis, nephritis, hydronephrosis and kidney failure amongst others in children are rare with incidence and prevalence varying depending on the condition.

- **100 CHILDREN** in Ireland have received a kidney transplant in childhood in the last 10 years
- **19 CHILDREN** were transplanted in Temple Street in 2014 making it the busiest year to date
- **65 CHILDREN** with a kidney transplant are under active follow up in our clinic
- **EIGHT CHILDREN** a year develop end stage renal failure requiring dialysis/transplantation
- **22 CHILDREN** are currently waiting for a kidney transplant
- Attendance in the Renal Clinic increased by 44% in 2014 with an average of 1,777 patients passing through the Clinic on St Michael's C Ward alone.

PROJECTED ACTIVITY

The National Paediatric Nephrology Programme cares for approximately 750 new outpatients per year. In addition we see 2,500 review patients in clinic annually. Clinic waiting times vary on the basis of the clinical indication - children with acute illness requiring urgent review are seen almost immediately; children requiring routine review may have to wait up to one year.

Approximately 30% of our patient referrals are from Dublin based GPs - we are currently working with our colleagues in general paediatrics and General Practice to try and better define referral pathways and to provide guidelines as to how some of the more common paediatric nephrology conditions might be managed in the community. This will require the development of the Model of Care and service planning to include referral pathways and protocols, which will allow the development of a national service for paediatric nephrology to the same standard delivered in Temple Street.

It is envisaged that this will be possible with the appointment of a Renal Co-ordinator to assist in developing this service over the coming years and the move to the NCH.

STAFF DEVELOPMENTS

There are currently 3.7 Whole Time Equivalent (WTE) Consultants working across two sites in paediatric nephrology. This number will increase this year with the appointment of two further Consultants. There

are currently 2 CNS (Clinical Nurse Specialist) (Lisa Edwards and Marie Bates) working within the Renal Out-patients Department.

Lisa Edwards is undertaking a Diploma in Quality and Patient Safety in the RCPI. Marie Bates was recently appointed as Renal CNS and Sheila Boyle CNM3, has taken a leave of absence.

The CNS provide cover for the Nephrology Clinic four days a week and also have an emergency drop-in clinic for our dialysis and transplant patient group. We oversee all management, education, support and holistic care for the patient and their families in the community. Due to the record number of patients transplanted last year and the increase in neonatal detection of renal complications, multi-cultural changes and advancements in monitoring and treatment options, the demands on clinic and the CNS are increasingly growing.

With the arrival of two new Consultants this will pose further pressure on nursing resources in a highly specialised area of paediatric care. The ability for the CNS to function within the five competencies as laid out by the NMBI is currently restricted due to the priority of delivering a safe service at ground level with such increased activity.

Lisa Edwards and Marie Bates attended the Paediatric Nephrology Nurses Special Interest Group conference in Nottingham in 2014.

There is currently 1 HCA who assists with clinic three mornings a week.

We have recently had approval for and appointed a secretary who is responsible for reconciling clinic attendances and follow up service.



Courtney Kealy from Slane, Co. Meath who was the first kidney transplant recipient when the hospital commenced its National Paediatric Transplantation Programme in 2003.

SERVICE DEVELOPMENTS

The Nephrology Team has continued to promote transition clinics and we work closely with our colleagues in Beaumont Hospital and CUH to provide a high quality safe service for our young people. Lisa Edwards is working on the transition programme for the hospital and development of documentation and transition policy for use across all areas.

Lisa Edwards is also working with the MDT in a new project to develop a pre-emptive transplantation programme for the child and their families to support them with the future requirements of a transplant and the physical, social and psychological care they will require to ensure a successful outcome and a quality service.

FUTURE DEVELOPMENTS

The growing service requirements continue to be hampered by restricted space in the Renal Department. Therefore, we are undertaking to develop a new floor in the main OPD which will allow for a higher quality service for immunosuppressed patients and growth of the nephrology service. It is envisaged that this project will be completed in 2016.

The Renal Team is involved with the planning of the Nephro/Urology Department design for the NCH.

Marie Bates is participating in training and support of nursing staff delivering peritoneal dialysis in Laura Lynn in conjunction with Baxter Healthcare.

(3) St. Brigid's Ward and Metabolic OPD

The Nursing Department within the National Centre for Inherited Metabolic Disorders (NCIMD) has been proactive particularly within the area of quality improvement.

The Clinical Trial Research Nurse (CTRN) participates in international metabolic projects (e.g. International Niemann-Pick registry and the Hunter Outcome Survey).

Nursing staff on St. Brigid's Ward, following training, are now actively involved in a clinical drug trial. They receive on going protocol updates from the CTRN. Trial documentation maintained by nursing staff is reviewed on a three monthly basis by external auditors with excellent feedback.

The introduction of a nursing huddle at 1100hrs and 1430hrs by the CNM2 has proven very successful for effective and efficient communication and is currently in the process of being audited.

The Clinical Education Facilitator (CEF) following discussion with parents of children newly diagnosed with a metabolic disorder discovered that families became confused when meeting lots of people from different disciplines within the team and then could not remember who people were. The CEF therefore identified a need for a booklet describing the various individuals in the team and came up with the booklet 'Who's Who in the Metabolic Team when your child is born with a Metabolic Disorder'. This booklet is available on www.metabolic.ie

Restructuring of the nursing staff mix within the Metabolic OPD also took place and this comprised the replacement of one staff nurse position with a Health Care Assistant (HCA) and the other staff nurse position with a CNM2. This has proven to be both beneficial for patient care and overall management of the Metabolic outpatient service.

Nursing is very active within the Metabolic Quality Improvement Group. Areas for improvement are identified, changes implemented and evaluated (e.g. Time Flow Project by the CNM2 in Metabolic OPD).



Salem Alhaq, the 100th kidney transplant recipient at Temple Street with his mother Marwa



Kidney transplant recipient, Joshua O'Halloran, aged 16 years with his parents Francis and Olivia

(4) Spina Bifida Service

Orla McMahon, Clinical Nurse Specialist was joined by Emer Aldridge, to support the Spina Bifida service in 2014. At the end of the year, there were a total of 26 new-born children with Neural tube defects referred for care to Temple Street Children's University Hospital.

Year	New born children with Neural Tube defects
2014	26
2013	35
2012	21
2011	45
2010	45
2009	29

OVERVIEW OF ACTIVITY IN 2014

- The total number of patients with neural tube defects in the service at the end of 2014 is 323

Inpatient admissions in 2014:

- Total admissions of Spina Bifida patients = 98
- New Neural Tube defects = 26

OPD activity

- Spina Bifida MDT clinic: Once a month:
Numbers attended = 167
- Other neurosurgical clinics = 140
- Urology clinics: (eight clinics with visiting consultant) 74 patients seen

EXPANSION OF SERVICE IN 2014

Foetal neurosurgical clinic, Holles Street.

The Spina Bifida CNS now attends the foetal neurosurgical clinic in Holles street with Mr Darrach Crimmins, Consultant Paediatric Neurosurgeon. This clinic, due to demand, is now twice monthly.

This provides much needed counselling to expectant mothers.

Urology clinics

Urology clinics for children with Spina Bifida have been facilitated by a visiting consultant from the end of 2013 and are on-going.

Urodynamics

From November 2014, Videofluoroscopy urodynamics has been available to Spina Bifida patients. Five sessions (five patients) can be accommodated in the Radiology Department per month.



L-R - Sinead, Lara and Mark Bayliss from Bray, Co. Wicklow at the launch of the Spina Bifida Services Report.

L-R - Emily Fitzsimons (Naas, Co. Kildare), Eimear Culligan, Senior Physiotherapist, Dr Jane Leonard, Consultant Paediatrician, Sarah Governey, Senior Occupational Therapist, Temple Street and Sean Nelson (Sallins, Co. Kildare) at the launch of the Spina Bifida Services Report at the Mansion House, Dawson Street, Dublin on 3rd September 2014.

Critical Care Division

(1) Operating Theatre (OT)

ACTIVITY

A total number of 6,658 patients passed through the doors of the OT Department in 2014 despite difficulties with resources.

DEVELOPMENTS

One of the key events of the year was the opening of a new six bay recovery room, four of which are staffed. This new build also provided the OT Department with an equipment storage room where we can safely store large pieces of vital and expensive equipment.

Over the past year, the Department has been involved in many quality improvement projects. One key project involved a MDT looking at improving the experience of the Surgical Day Ward patient by streamlining the admission process and ensuring OT's start on time which initially focused on one day per week has now been rolled out across the week.

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 OT 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 OT Department manager regularly huddles with the MDT 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.

Nursing and medical staff from OT and ICU collaborated on a quality initiative involving the 'Formula One' handover for critically ill children when transferring from theatre to ICU.

The cross hospital collaboration continued over 2014 between the OT Departments of the two children's hospitals on the Perioperative Course 2014 -2015 and has been very successful.

There has been frequent contact with the Course Coordinator, Clinical Facilitators and RSCI. The students on the course have completed a two week rotation in each Department where they got exposure to the specialties of each hospital, and the feedback from this has been very positive on all sides. It is planned that this collaboration will continue for the next academic year 2015 -2016.

From November 2013-2014, Anne O'Brien, OT Department Manager was seconded to the post of Scheduled Care Planner (across three existing children's hospitals).

Anne O'Brien was working on a project to increase OT utilisation rates, contribute to the development of cross site team working, communication, governance and develop a patient centred quality improvement culture across the three paediatric hospitals. A cross hospital scheduling App has been developed to record and report on the number of theatre sessions utilized across the three hospitals.

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

(2) Paediatric Intensive Care Unit (PICU)

Temple Street has a nine bedded PICU and 487 children (from 0 – 16 years) were admitted to this Unit in 2014. 28% of these admissions were neonates and approximately 15% were neurosurgical related admissions. The median length of stay in the Unit was three days in 2014.

The Nursing Team in the PICU is made up of a

- Divisional Nurse Manager
- Clinical Nurse Manager (CNM) 3
- CNM2 (x five WTEs)
- Staff nurses (48 WTEs)
- Clinical Education Facilitator (CEF) x 2
- Clinical Audit Nurse
- ICIP (IntelliVue Clinical Information Portfolio) Nurse
- HCA (Healthcare Assistant) x 2



The wider team comprises an Administrative Assistant, Pharmacist, Dietitian, Physiotherapist, Social Workers and Chaplain. Six new staff joined the team in 2014 and the attrition rate was 6.5%.

EDUCATION

- Two Staff members completed the Post Graduate Course in Critical Care and three candidates undertook the Foundation Programme which is run jointly with OLCHC
- One staff member undertook the BSc in Nursing Studies
- Staff also partook in
 - in-house and national training (e.g. Leading in Uncertain Times, Leadership and Empowerment)
- Neo-Natal study days and an Effective Feedback study day

We also ran Senior Staff study days where staff were updated on all new equipment and any changes that had occurred over the previous months

CVVH (Continuous Veno-Venous Hemofiltration) Team continue to run twice yearly study days for new and established team members.

PAEDIATRIC RETRIEVAL SERVICE

The Paediatric Critical Care Retrieval Service commenced, on a pilot basis from Monday 13th October 2014. It will be known as the Irish Paediatric Acute Transport Service (IPATS), as part of the National Transport Medicine Programme (NTMP). The pilot phase will last six months from this date. The service will not be formally launched until the end of this phase, at which time a full review will take place to establish the feasibility, safety and sustainability of the programme.

- Organ Retrieval Team will initially begin operating three or four days a week. We hope to have five days per week covered in the coming months. National holidays and weekends will not be covered as yet.
- The hours of service will be from 10:00 until 20:00hrs. The team must return to base by 20:00hrs.
- All requests for service must be made by 16:00hrs for calls in the Dublin region (e.g. Tallaght). Calls from the South, West and North West will have to be received earlier in order to have the team back at base by 20:00hrs referral. The decision to travel will be that of the IPATS Consultant, and will depend on the place, time and nature of the referral.
- The service will support the transfer of critically ill infants and children from the referring hospital to the PICU in Temple Street or Our Lady's Children's Hospital Crumlin. Referrals to the general wards will not be facilitated.

- The patient must be accepted by a Paediatric Intensivist in either hospital in addition to any specialist service (e.g. Cardiology). Request for the referral and Organ Retrieval Team must go through the PICU referral phone line 1890213213. Arrangements outside of this will not be considered.
- IPATS retrieve patients aged from six weeks corrected gestational age to the eve of their 16th birthday. The Neonatal Team retrieve all babies under six weeks corrected gestational age or < 5kgs weight.
- The team will be dispatched from Temple Street. OLCHC will be hopefully joining the service at a later date.

OTHER DEVELOPMENTS

- In December 2014, Standard Concentrations were introduced into ICU
- There were a number of collaborative projects between Temple Street and OLCHC in 2014 including the Annual Joint CNM Away Day, the Foundation Programme, Surge Plan training, the implementation of the Bridge Phone, quarterly cross hospital meetings, the introduction of AnaConda Guidelines, a Parent Satisfaction Survey, PicaNet and the implementation of Research/Audit QI Projects
- One of our CEF (Clinical Education Facilitators) was awarded 2nd Prize at the REACH Nursing and Research Conference in DCU in June 2014. The research presentation focused on a 'Nurses experience of dealing with death and dying in PICU'. PICU staff also presented at the Temple Street 5th Annual Research Study Day.

SOCIAL

- The PICU staff celebrated six weddings and the birth of four babies in 2014. 20 PICU staff participated in our annual Dublin to Kilkenny cycle and 15 brave staff members took part in the 'Hell and Back' challenge as a team building exercise.



Medical Division

(1) Emergency Department (ED)

The Emergency Department (ED) activity remained high with a total of 52,000 attendances in 2014. This is significantly higher than either of the two other paediatric EDs.

The Senior Management Team also undertook a lean project to help improve patient flow within the ED and as preparation for the renovations that are due to start in 2015.

Ms Orla Callender started work in the ED in 2014 as an ANP (Advanced Nurse Practitioner). Ms Elaine O'Rourke was also added to the NMBI register as an ANP.

Two staff members successfully completed the Graduate Diploma in (Children's) Emergency Nursing.

Mr John Corcoran and Ms Deborah Cullen became nurse prescribers in the ED. The ED also hosted the cross-hospital Clinical Nurse Managers (ED) study day.



(2) Outpatients Department (OPD)

In 2014 the OPD welcomed the appointment of Damien Corcoran as the Ambulatory Care Manager (CNM3).

The OPD nursing, administrative and other clinical staff worked together on a number of projects including the HSE Special Delivery Units (SDU) Outpatient programme and a lean project for patient flow in the Orthopaedic Department.

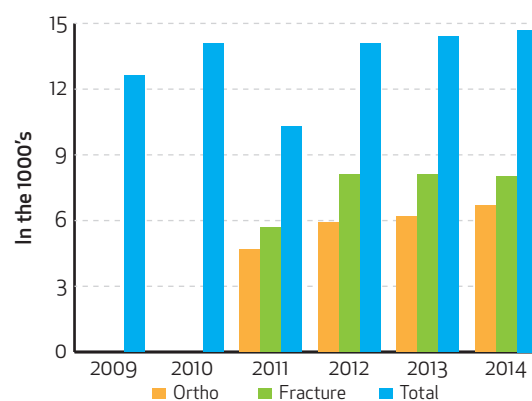
The Diabetes Service appointed Mairead O'Neill (CNM2) as part of the national programme for paediatric diabetes to ensure greater access to insulin pump therapy for those under five years of age.

Ellen Rohan retired from the dermatology service in 2014. Unfortunately the dermatology service was reduced considerably during the 2nd part of 2014 due to unforeseen circumstances. However due to the flexibility of the nursing, administrative and NCHD staff, a reduced service to patients continued for the remainder of the year.

The Orthopaedic Department welcomed the addition of Oonagh Keane in 2014. The Nursing Team undertook a number of quality improvement projects in 2014 including the development of a virtual clinic in conjunction with the ED for the management of specific fractures and the development of a care pathway for patients attending the Ponsetti Clinic.

Activity remained high in the department particularly in the summer season when there is an increase in the number of trauma / fracture clinic attendances (see attendances below).

TABLE 1: TOTAL NUMBERS OF PATIENTS ATTENDING ORTHOPAEDIC AND FRACTURE CLINIC IN OUTPATIENTS FROM 2009-2014



SUMMARY OF CONSULTANT CLINIC ACTIVITY

- Numbers shown are in the thousands and relate to the total number seen in the orthopaedic, fracture and total overall figures in Table 1.

(3) Diabetes

2014	
Newly diagnosed	39
Transfer In	9
Transfer to adult services	35
Transfer to local services	4
Pump Starts	25
Number of visits nurse (DNC5W clinic)	548
Number of New Appointments	33
Number of Return Visits	515
DNA	7.12%

TELEPHONE CONTACTS

The Diabetes Nursing Team has provided dedicated telephone times for parents to contact the team for routine calls to discuss the ongoing 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 2014 telephone contacts to and from the Diabetes Nursing Team amounted to 7,759 calls. We had written to all parents last year advising them of the routine times the DNS (Diabetes Nurse Specialists) are available for calls. We have reviewed and monitored its efficiency and its effectiveness throughout the year and at present we not have a plan to alter the current service.

NEWLY DIAGNOSED

There were 39 newly diagnosed children during the year and we had nine children transferred from other hospitals around the country.

The age profile of the children that were newly diagnosed and transferred in varied from the very young child to the older teenager aged fifteen years.

In some instances, children with diabetes need to attend other consultants in Temple Street and at all times, we try to facilitate these appointments on the same day that the child is attending the Diabetes Clinic. St. Michaels C is the ward where most of the newly diagnosed children are admitted to when they are diagnosed. The staff there provides excellent care

and attention to the children and their families. As the number of children being diagnosed has increased, they were also cared for in St. Brigid's Ward. Education and training has been provided to these wards.

Younger children when presenting with diabetes are very unwell. They are at increased risk of cerebral odema and they need specialized care as their mortality risks are also increased. This represents the need to have a designated area where the staff is acutely aware of the needs of the child in DKA (Diabetic Ketoacidosis) and the Diabetes Nurses will continue to provide on-going support and education for the staff.

Also the profile of some of the patients from a socially disadvantaged background offers its own challenges and the number of telephone contacts and appointments are much greater as it reduces the number of hospital admissions and improves their overall diabetes control thus improving life-long outcomes. The aim is also to empower the child and family to become more independent when caring for their diabetes.



NURSING ACTIVITY

The diabetes nurses have changed the appointment systems previously being offered to children and parents. Now a designated time: 2-3 times per month is set aside for nursing appointments. This offers the families' time to attend for educational updates and training and joint appointments are also offered with members from the MDT.

We also provide three emergency slots per week for any family that may need an urgent appointment. This is proving to be a more systematic approach to offering appointments and also providing a structure to base the service on.

These numbers do not represent the children that we see weekly in Dr Nuala Murphy's and Dr Ciara McDonnell's clinics as numbers attending the service has increased and also with a new consultant we are now offering a HbA1c drop in clinic twice a month where children can attend for a repeat HbA1c to monitor their progress between clinic visits. The diabetes nurses attend every clinic and offer ongoing advice and support. We also liaise closely with the MDT during and after the clinics providing a comprehensive service.

We have also introduced a clinic on a Wednesday afternoon where young people with a high HbA1c attend and see the DNS and the dietician for a six week period and we have demonstrated that with intensive appointments that the HbA1c is reduced. This has proved to be very successful over the past number of months that we now provide more slots for these ongoing appointments and intensive care regime.

Martina Hardiman, HCA started working in the clinic in 2014. She assists the Nursing Team by doing weight, height and HbA1c on all children who attend the Wednesday morning clinics. This has been of great benefit to the service by allowing the DNS offer a comprehensive review of each patient and provide ongoing education and support to the families.



The Diabetes Nurse Team (from left to right) Fiona Corcoran, Mairead O'Neill, Yvonne Hayden, Norma O'Shaughnessy and Dymphna Devenney.

TRANSFERS

The age of transfer for adolescents is sixteen years. However it is at the discretion of Dr Murphy and Dr McDonnell when a young person is transferred to adult services or if there are extenuating circumstances. Also if the child is attending another consultant in Temple Street we liaise with them so the young person can be transferred jointly at the same time to the same adult health care facility.

We start the preparation to adult services at fifteen years of age. The children and family are offered the Mater Hospital, Beaumont Hospital or Blanchardstown Hospital. Dr Murphy has a young person's clinic in the Mater Hospital.

In 2012 a transfer clinic was set up with Beaumont Hospital where there team attended here and met the young people due to move to Beaumont, the first visit to Beaumont the young people will be accompanied by members of the team from Temple Street. There were 35 young people transferred to adult services in 2014 and there were four children transferred back to their regional areas for follow up.

INSULIN PUMP THERAPY

The pump service in Temple Street continues to grow and develop. 25 children started on pumps in 2014. Education was provided to another family however they did not want to proceed to pump therapy once training was completed.

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 three-four 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 Temple Street Diabetes Team is recognised as a National Paediatric Pump Centre and we are 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 DNS and dieticians. We also have our cohort of patients that need on going care, education and support.

TRAINING AND DEVELOPMENT

Dympna Devenney has coordinated education and training on the Abbott glucometer that is in use throughout the hospital. 370 staff from a cohort of 500 had an uptake on the training.

The Diabetes Module was successfully completed by 19 students in 2014. This again proved to be very successful and very well evaluated. This module was delivered by the rest of the diabetes nurses as Dympna Devenney was away on unplanned leave.

The Diabetes Team provided two x one day information sessions on diabetes care for the child and young person. These days were open to staff from Temple Street, OLCHC and NCH Tallaght.

The Team also provided a Pump Education Study Day for diabetes professionals throughout Ireland. Orientation was provided for three new staff members on Michaels C Ward. All intern students were offered two formal diabetes education sessions, and all interns were provided with education on the use of the glucometer.

OTHER TRAINING AND EDUCATION SESSIONS

The Diabetes Team has implemented more time efficient education sessions for parents who want travel education when going on holidays. These are offered as group sessions on two separate days and parents are offered a choice of days and times. These sessions were open to families of children who were diagnosed within the previous 18 months. These sessions provided the families with information on planning trips abroad and offered them an opportunity to meet with other families.

School education sessions were also offered in group situations where teachers SNA's and other relevant school staff were given the opportunity to come in for education and support that is required to care for a child in a school setting. These schools were separated into children using insulin pumps and children having injections.

We also offered education sessions at various intervals for schools and crèches independently if there were children newly diagnosed throughout the year.

We aim to provide these sessions again in 2015 as they are proving to be very efficient and effective way of providing education and support. It also improves efficiencies in nursing time.



MEETINGS WITH DIVISIONAL NURSE MANAGER

Jenny Carey, DNM, has been very supportive throughout 2014 and has provided tremendous help through a very challenging year.

One of our nursing colleagues moved to another service for a period of time from September to December while this did impact on the service the team worked together and provided a comprehensive service to the children and families.

Regular planning meetings have been in place throughout the year. The date is planned in advance and an agenda is circulated prior to the day to discuss and negotiate how we can bring the service forward. We also review the services, its achievements and challenges. This gives all team members an opportunity to set objectives and work collaboratively.

We also ask Medical Representatives to attend, to update all staff on current developments in the Pediatric Diabetes Management.

OUTSTANDING ISSUES

The Diabetes Nurse Team has updated the current care plans, policies and guidelines that are used in Temple Street.

The Diabetes Team is currently without a Health Care Assistant (HCA) who assists the nursing staff with the diabetes clinic on a Thursday afternoon. This is an additional clinic since Dr McDonnell commenced in Temple Street. This is proving to be a difficulty as the nurses now have to weigh, measure and do the HbA1c's on all children attending this clinic. This means that we are not utilizing our knowledge and skills providing the necessary education and support to the children and their families while attending the clinic.

The HCAs that assist in the Wednesday morning clinic has proven to be of great benefit to the team as the DNS can provide ongoing education in the clinic setting. This is an issue that the DNS would be keen to address in 2015 as we strive to monitor the knowledge of the children and families attending the service and provide ongoing support and education at each visit.

ON-GOING EDUCATION

All of the DNS attended the in house education and the 2014 Pediatric Diabetes Nurses Specialist Annual Conferences.



(4) Neurology

STAFF UPDATE

CANP (Mat leave Nov 2014)

Suzanne Crowley – WTE 1

CNS

Therese Nestor – WTE 1

Suzanne Keily – WTE.5

CNM2

Siobhan O'Malley – WTE 1

Daisy O'Donnell – WTE .5 (1 PL per 4 weeks)

HCA

Aoife Carey – WTE 1

CLINICS

Neurology clinics – three per week including epilepsy and general neurology clinics and approximately 60-90 patients attend per week.

Epilepsy /surgical clinic – this is a weekly clinic attended by approximately five – eight patients per week.

Narcolepsy – this is a monthly clinic and is attended by approximately 10 patients per month.

EMG/NCV – this is a monthly clinic and is attended by four patients at each clinic. The CNS/HCA is present with the Consultant and patient during invasive procedures which take approximately 30 minutes per patient. In advance of the procedure families are contacted by CNS to explain the procedure.

Movement clinic – this clinic takes place twice per year approximately and approximately 12 patients attend each of these clinics.

Alternating Hemiplegia in Childhood (AHC) – this clinic takes place twice per year and is attended by approximately eight patients on each occasion.

VNS /Consultant – this clinic takes place every month and approximately five patients are seen at each clinic with a CNS present. There are 26 active VNS patients with two on the waiting list.

VNS Nurse Led – this clinic takes place every week and two patients are seen at this clinic on a weekly basis.

CNS/HCA review all patients' charts in advance of each clinic and ensure all planned investigations are complete (e.g. MRI/Genetics etc. to ensure that all attendances are appropriately timed).

Following each clinic, the CNS ensures all planned investigations or admissions have been arranged and ordered and liaises with the relevant hospital based or community based MDT as required.

At all clinics, the CNS organises and run the clinics. The CNS takes the patient's history and presents these patients to the consultants, similar to the role of the NCHD.

NURSE LED PHONE CLINICS

This is available Monday-Thursday from 8am -12 midday. Calls (approximately 20 – 30 per day) are received on an answering machine and a message on the machine explains to the caller how the service works.

All charts are requested and the return call is made when the medical notes are available. All interactions are documented in medical notes.

Call may relate to on-going epilepsy management, investigations, and common childhood ailments that should be dealt with by the GP for example. Calls can generate multiple follow up calls depending on the nature of the inquiry. All calls are recorded in a diary as yet not captured on IPIMS.

PATIENTS SEEN OUTSIDE OF CLINIC DAYS – 1-2 DAILY

These patients may or may not be pre-arranged. This may include patients who are on high dose steroids and who require Weigh/BP/Urine. Ideally these patients should be seen by local PHN/GP but increasingly these patients have been refused due to lack of equipment to do BP checks in young children/babies. Other patients may be attending for education sessions regarding their epilepsy for example. We have discouraged 'drop ins' to the Neurology Department for safety and efficiency reasons.

KETOGENIC PATIENTS

There were 14 active patients in 2014. Three patients were established on a diet in 2014 and three patients were weaned off the diet in 2014.

The CNS and Dietician met with all prospective patients for ketogenic diet for an education session in 2014. Pre-ketogenic diet 'blood work ups' were ordered and the results were evaluated and discussed with the Consultant Neurologist.

Intensive family education sessions were provided in advance of admission for establishment of diet. If for an admission this is arranged by the CNS. The CNS closely involved during in patient stay providing education/ support to family and ward based nursing staff. All supplies and equipment needs were arranged by the CNS.

Outpatient based education sessions were arranged for patients starting on modified diets and on-going support was provided by the CNS via the telephone service.

A research study in partnership with Metabolic Laboratory relating to Carnatine levels in this patient group was also commenced.

Medical Teams also used the Neurology CNS as a resource regarding knowledge of appropriate compatible drugs for people on the ketogenic diet during 2014.



ADMISSIONS

The following admissions were arranged and coordinated by CNS during 2014.

ELECTIVE

LP to Day Ward approximately one per month - 12 patients in 2014. The Neurology HCA assisted with all LP's on the Day Ward.

Muscle Biopsies - 10 per year approx. HCA collects biopsy sample from OT and delivers sample to Histopathology.

Telemetry - 86 patients IN 2014. The CNS identifies and liaises with EEG colleges to manage the waiting list and prioritise patients.

Elective - neurology admissions have decreased as most investigations and assessments are carried out in the Neurology Department.

OPD /PROCEDURES

Completed by the CNS in the Neurology Department as a day case/procedure.

Skin Biopsies – approx. 12 per year. Time 1-2 hours

Tensilon Test – approx. 4 per year. Time 2 hours +

Ischaemic Forearm Tests – approx. 4 per year. Time 2 hours +

EPILEPSY SURGERY

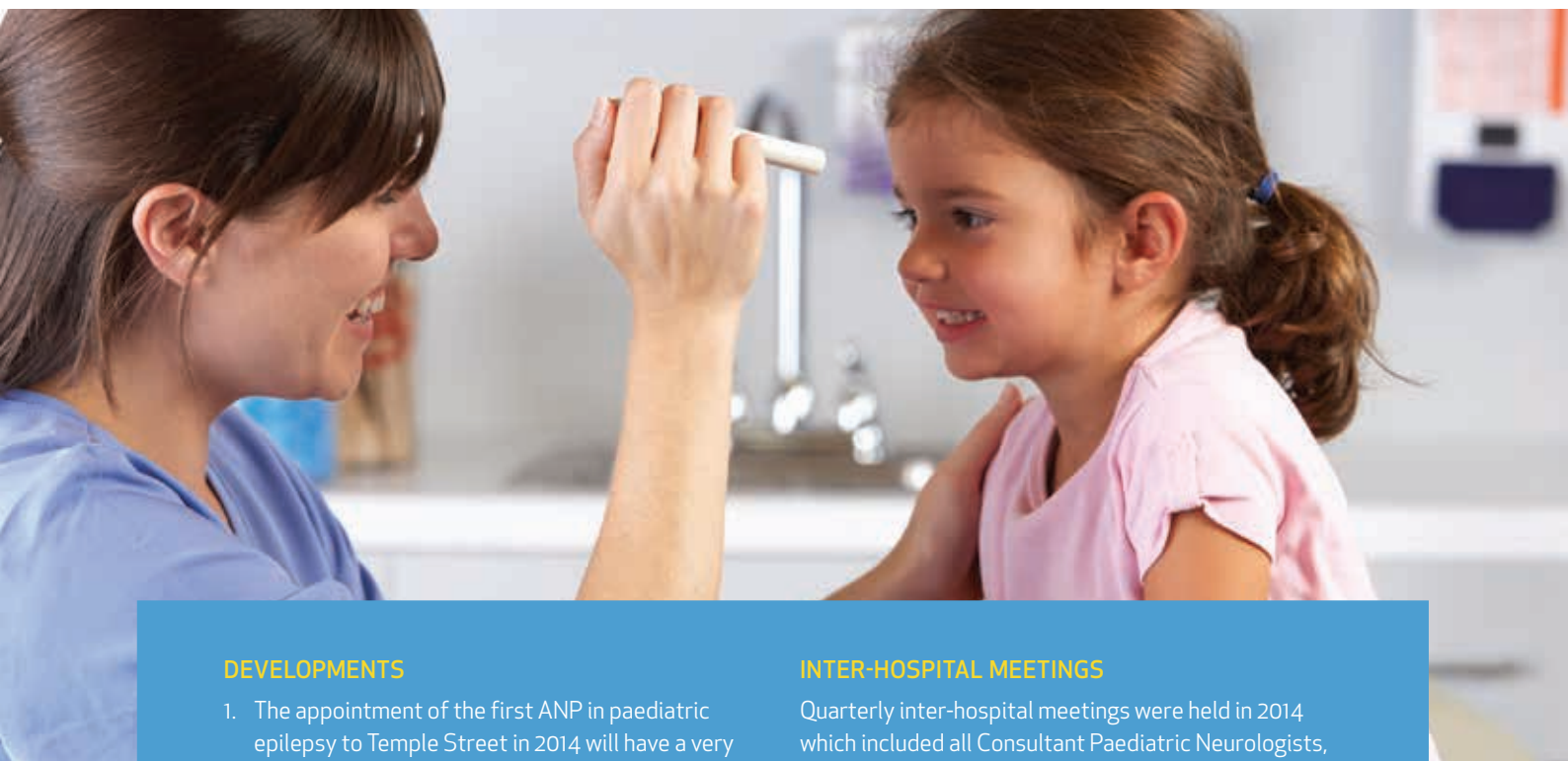
The total number of surgeries in 2013 was 13 and three in 2014 (excluding VNS patients).

Five to ten educational sessions were provided by the CNS to parents every week in 2014.

RESEARCH

The CNS was involved with the following research projects in 2014;

- DCU research on disclosure of epilepsy diagnosis among families,
- TCD research into the role of CNS in epilepsy
- TCD research into fathers and their experience into looking after children with chronic neurological disorders
- UCD Genetic research into Exome sequencing into the cause of Epilepsy



DEVELOPMENTS

1. The appointment of the first ANP in paediatric epilepsy to Temple Street in 2014 will have a very positive impact on delivery of our service to Epilepsy Patients.
2. The Narcolepsy Clinic was developed to meet the needs/demands of an increasing number of patients presenting with this chronic debilitating condition. The clinic is largely nurse led with input from the consultant the service has been developed by the CNS and operates similarly to the Epilepsy service (e.g. offering a telephone management).
3. The genetic research is giving hope and some answers to parents with regard to their child's condition.
4. The use of video in assisting with diagnosis is proving essential as parents are offered the service of sending video of their child's seizures / movements into the Neurology Team (CNS or HCA) for review and discussion with the Consultant Neurologist. This usually leads to diagnosis and speedy management of the patient, similar to a rapid access clinic.
5. Delays are often experienced in the neurology clinics and in order to distract children while their parents are waiting for the Consultant, iPads have been purchased.
6. The developmental of a new Neurology Department with funding from the Temple Street Foundation is very exciting for all the families we see and the wider Neurology Team.

INTER-HOSPITAL MEETINGS

Quarterly inter-hospital meetings were held in 2014 which included all Consultant Paediatric Neurologists, NCHDs and nurses from the outside Dublin and complicated cases were presented for expert opinions.

Professional Development included attendances by neurology nurses at the following

- PET (Paediatric Epilepsy Training) May 2014
- Epilepsy Master Class – May 2014
- Epilepsy Expert Day – Nov 2014
- UK Ketogenic Conferences – Jan/May 2014
- Multiple Sclerosis Master Class – June 2014
- Oslo Narcolepsy Conference – Jan 2014
- Weekly Temple Street in-house neurology teaching sessions
- Inter-hospital epilepsy educational sessions for nurses twice a year delivered by the CNS

Surgical Division

Top Flat

Top Flat is the largest Ward in the hospital providing inpatient services to up to twenty-two patients at any one time. The Ward is staffed by one CNM2, two CNM1, a CEF and twenty-one staff nurses. Top Flat gained the second CNM1 and CEF in the latter half of 2014. Please see below for numbers related to services provided.

As seen in the table above, Top Flat provides care to mainly medical patients, but does care for surgical patients at times, making it a busy and dynamic working/learning environment.

In 2014 Top Flat isolation cubicles were identified as the most suitable environment to care for patients with the Ebola virus, should a patient present with the illness.

Training regarding the use of Personal Protection equipment was provided to all staff by the Infection Control Team. The Management Team on the ward carried out 'fit testing' for all staff to ensure correct mask fitting. Top Flat continues to provide the Telemetry service in the hospital in close collaboration with the Neurology Team.



Dan Martin (Irish professional cyclist) with Hrishikesh Shenoy, aged six years at the official re-opening of Top Flat Ward in January 2014.

WARD INITIATIVES

- In view of the large size of the ward and number of patients cared for, the Management Team on Top Flat introduced Team Nursing on the ward. Team nursing uses an approach whereby the care of a patient is distributed among members of a group, working in a coordinated effort toward a common goal of providing qualitative comprehensive nursing care to children and their families. This initiative has garnered very positive feedback from staff and in particular students who found it to be very beneficial and made for an effective learning environment. The management plan to carry out an audit on Team Nursing in 2015 to gauge its success and benefits.

ADMISSIONS TO TOP FLAT WARD - 2014

N.B Total Admissions is the sum of Inpatient Admissions, Daycases and Ward Transfers In to Top Flat

	Inpatient admissions	No Daycases	Ward Transfer In	Total Admissions	Bed Days
Medical					
Elective	170	2	10	182	684
Non Elective	109	0	35	144	707
Medical Total	279	2	45	326	1,391
Psychiatry					
Non Elective	3	0	2	5	59
Psychiatry Total	3	0	2	5	59
Surgical					
Elective	238	7	23	268	534
Non Elective	88	0	8	96	328
Surgical Total	326	7	31	364	862
Total	608	9	78	695	2,312

Source BIU, ICT Department, Temple Street

- In winter 2014, Top Flat cared for the largest amount of inpatients on Non-Invasive Ventilation outside of the PICU/NHCU. The team on Top Flat has worked closely with the Department of Nurse Education and Practice Development and the Respiratory Team to care for these specialised patients using the best evidence based care available. The CEF also liaised with the Department of Nurse Education and Practice Development of care plans and observation charts in relation to non-invasive ventilation. Staff have attended various study days, and have received ward based teaching sessions, to ensure competence in practice and quality care is delivered. Two sets of parents received training from nursing staff and the Respiratory Team and were deemed competent to care for the children receiving non-invasive ventilation in the home.

TRIALS & AUDITS

- Action Plans were put in place in view of metric results, one of which was devising a new fluid balance in conjunction with the Department of Nurse Education which will be introduced in 2015. Metric results have improved as a result of these action plans put in place.
- National hand hygiene audits took place in Top Flat and results from October/November 2014 show 93% compliance, which is above the national target rate of 90%.
- In 2014, the Minister of Health mandated the implementation of a Paediatric Early Warning System in all Acute Hospital/Paediatric Units. Temple Street, OLCHC, Portiuncula and Limerick Regional Hospitals were invited to test the draft Early Warning System documents. The two wards selected as pilot sites in Temple Street were Top Flat and St. Michael's C. The will last six weeks from January 26th until March 7th 2015. The CEF and CNM2 from Top Flat were invited to view the first draft of the PEWS chart and provide feedback on same, prior to staff training and commencing of the pilot in January 2015.

EDUCATION & TRAINING

Top Flat attended the

- Fisher and Paykel Conference in May 2014.
- Respiratory Study Day held in Temple Street.
- Effective Feedback Study Day.

QUALITY IMPROVEMENT PROJECTS

Senior staff members were encouraged by the Top Flat CNM2 to initiate local quality improvement projects in 2014 below are a list of the projects put in place, all of which have received positive feedback.

- Interactive Board
- Update Folder
- 5 Moments of Documentation
- ED link nurse
- Named Nurse Boards.
- Parent Information Leaflets

PLANNED SERVICE DEVELOPMENTS FOR 2015

- Carry out PEWS trial, and provide feedback which will shape the national PEWS chart. Assist in the hospital roll out of PEWS.
- Carry out audit on Team Nursing.
- Encourage staff to become actively involved in auditing and quality improvement projects.
- Continue to formulate nursing care and provide input to non-invasive ventilation inpatient service.



Dylan Doyle, aged four years from Dublin with Dan Martin (Irish professional cyclist) cutting the red ribbon at the official re-opening of Top Flat Ward in January 2014.

Day Ward

The Day Ward which is open Monday – Friday from 7am to 7pm comprises 18 bed spaces, up to 14 of which are utilised for a second intake of patients at 11.00hrs each day. This second intake necessitates the use of the Ward Treatment Room and the Clinical Nurse Managers' Office as an interview / observation and documentation area for patients. These patients may not be allocated a bed until the first intake of patients, at 7am are discharged. By using these rooms as 'reception rooms', patients have their pre-operative review and documentation done in a timely fashion to enable theatres to commence on time.

PATIENTS TREATED ON THE DAY WARD INCLUDE:

Surgical:

- General Surgery
- ENT
- Plastics
- Ophthalmology
- Orthopaedics
- Urology
- Respiratory-patients having bronchoscopy under GA
- Juvenile Arthritis (JA) patients-having joint injections under GA
- Removal of sutures /dressings under sedation
- Dental Services under GA

Radiological:

- MRI – patients having scans under GA
- MRI patients sent from x-ray following sedation to recover on the Day Ward
- CT Scans-done under GA or Sedation
- Thyroid Scans on Neonates –Full Day admission for IV cannula, bloods, scan, and review by team, medication and teaching by nursing staff.
- DMSA Scans –IV Cannula, visits x2 to x-ray with up to 3hours between, then review by team.
- MAG3 Scans- IV Cannula, Scan and review by team.
- MCUG- babies under 6months/patients with a long history of renal problems-IV Antibiotics over half to one hour, then x-ray. Older children may go to theatre first to have catheter insertion +/- Cystoscopy and then to x-ray department, catheter removed and patient returns to Day Ward for full recovery.

Medical patients for:

- Transfusions – Blood/Platelets.

- Infusions-Immunoglobulin's/ Pamidronate/ Steroids/ Venofer/ Rituximab. These may be for one day every two, three, four or five weeks or on two or three consecutive days monthly.
- IV Antibiotics- Patients who have been discharged as in-patients to return each day to the Day Ward for IV antibiotics which may be from one day to six weeks. Team review and discharge plan is facilitated by Day Ward Nursing Staff.
- Blood tests- Children needing sedation.
- Lumbar Puncture (LP) and blood tests for neurology patients, restricted to Mondays for the present.
- Botox clinic one Friday per month with Dr Jane Leonard. The Botox is administered under sedation with Enthanox and under Ultrasound in the Day Ward treatment room.
- Juvenile Arthritis (JA) patients for joint injection/s +/- sedation or Enthanox in the Day Ward treatment room.
- Patients who are admitted for titration of Propranolol and observation following treatment. Full day admission under the Consultant Dermatologist for treatment of haemangioma.
- EEG recording under sedation.

Day Treatment places:

Day Treatment places are given to patients who do not require a Day Ward bed but have their procedure done in the treatment room on the Ward.

These include;

- Patient for change of dressing and/or removal of sutures (e.g. following Otoplasty).
- Flushing of Central Lines and changes of dressing.
- Vaccinations for children who have had a previous allergic reaction to same (each Wednesday).
- Patient for weight check following discharge and review by Team +/- Dietician.
- Clinical Nurse Specialist (CNS) in Peg/Stoma Care reviews some of her patients in the Day Ward. Many of these patients have infection control issues.
- ECG tracings carried out by nursing staff for wards and clinics both Private and Public on request. Thursday afternoon 'clinic' for GP's/ Child and Adolescent Centre Mater Hospital. These clinics are organised by nursing staff on the Day Ward which includes making appointments, informing parents and ensuring records of tracings go to Dr Franklin's clinic to be reviewed and reported.

Mandatory training:

All staff members completed their mandatory training for the year.

Projects:

- CNM1 Completed a Quality Initiative Course over six months which entailed a team approach to improving Hand Hygiene Compliance on the Day Ward.
- CNM2 Quality Initiative from 2013, improving the flow of patients from the Day Ward to Theatre, has been further developed from two to three days per week. This is also set to advance to five days in early 2015.
- A new pathway for orthopaedic trauma patients returning to the hospital for treatment was developed in co-operation with the Bed Manager. This allows patients who have attended the ED with an injury to return the following morning directly to the Day Ward where all their relevant documentation will be available.

Unfortunately no funds have, as yet, become available to refurbish the Day Ward treatment room but the Day Ward will be applying for PAC funding for,

- Painting of full ward
- Refurbishment of floor covering
- Replacement of window blinds
- Air Conditioning
- The provision of a full time Play Specialist
- Replacement of patient trolleys.

St. Michael's B Ward

WARD INITIATIVES

- **Parental Information Leaflet:** when babies are admitted to St Michael's B (SMB) Ward, they receive a vast amount of information verbally. It was therefore felt necessary to produce a 'Parent's Information Leaflet' to assist parents and this was researched and compiled in 2014 by Ciara O'Prey, Laura Keogh and Orla Kelly.
- **'Bare Below Elbows' initiative:** This initiative was introduced to the Ward following a few significant outbreaks of infection within the SMB HDU (High Dependency Unit). All personnel entering SMB must adhere to the strict protocol in place which includes hand washing and bare below elbow. It took some time to change the culture of certain disciplines entering the Ward but SMB staff gave 100% commitment to ensuring the new protocol was adhered to.

All patients also now have individual microwavable sterilisers, baby baths, and thermometers. An industrial dishwasher was installed in the Milk/feed kitchen to sterilise the microwavable sterilisers.

- **New Born Screening (NBS):** The Ward's management committed to putting a system to improve the management of NBS at Ward level in place during 2014 and a change in handover practice and the use of communication boards meant a significant improvement in the NBS standards in 2014. This remains an on-going process.
- **Categories of Care:** Currently the SMB CEF and CNMI are working on a piece regarding the Categories of Care within our HDU but this is still in its infancy.
- **Cost saving initiative:** Due to the amount of waste following the discharge of a patient, Laura Keogh put a cost saving initiative in place to try and guard against overstocking of certain patient supplies (i.e. nappies, nappy bags, suction catheters etc).. Since this initiative has commenced there has been a marked improvement, and a heightened awareness amongst staff regarding the cost of supplies.

EDUCATION

- Two members of our senior staff will be sitting their 'Lactation Consultant' exams in 2015 and will be a great benefit not only to our area but to the other wards.
- There is a significant interest in palliative care amongst SMB staff and one of our staff members is starting the hospice course in 2015 and another will commence the Level II NMBI course - Caring for a child with a life limiting condition.
- Our CEF (Clinical Education Facilitator) attended a conference titled 'Enhancing the Clinical Learning Environment' that was extremely beneficial. Currently we are looking at 'preceptorship' within our area and also nursing competencies.

FUTURE

- We hope to look at a tracking system for breast milk / donor milk like the 'Lac track' which is currently used in maternity hospitals in 2015.
- Following feedback from staff we would also like to run a Neonatal Surgical Study Day or workshop.

Nurse Education and Practice Development Department

Nurse Education

The annual nursing graduation ceremony took place on the 11th June 2014. The 2009 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 TSCUH badges.

23 students successfully graduated from the BNCG programme and were awarded their hospital medals from both Temple Street Children's University Hospital (TSCUH) and the Mater Misericordiae Hospital. A further 30 students graduated with a Higher Diploma Children's Nursing certificate and were also presented with the Temple Street medal on the day.

It has been a long tradition in Temple Street, that one student from each cohort is awarded a Gold Medal in recognition of outstanding contribution throughout the course, both clinically and academically. In 2014, Ms Mary Keogh was chosen from the undergraduate group to receive this prestigious award and Ms. Lisa Swaine was selected from the Higher Diploma Group.

The 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 and Mona O'Brien was selected by the students as the recipient of this award.

During the calendar year 2014, the Nursing Department facilitated the clinical placements for 307 student nurses. 41 students were also facilitated for work experience. The breakdown of nurses is as follows;

Student type	Number of Students for 2014
Post-Registration Students (Higher Diploma in Children's Nursing)	63
Graduate Diploma Students (Critical Care Nursing and Emergency Nursing)	(9 PICU) (7 ED)
Undergraduate Student Nurses (Integrated General and Children's)	137
Seconded Students (Student Nurses from our partner services)	107

Research: 4th Annual Nursing Research Seminar

The 4th Annual Nursing Research Seminar titled *"Collaboration in care: Working together to advance children's nursing practice"* took place on Wednesday 12th February 2014 in St. George's Hall, Temple Street. Over 60 nurses from around the country attended the day where a total of 10 presentations were delivered which showcased the excellent research and quality initiatives undertaken by a number of nurses working in this hospital along with our colleagues in OLCHC and the NCH, Tallaght. The keynote speakers on the day were Dr Amre Shahwan (Consultant Neurophysiologist, Temple Street) whose presentation "When it all comes together" focused on multidisciplinary collaborative research, while Professor Eileen Savage's (School of Nursing & Midwifery, UCC) presentation on "Parents and children as collaborators in chronic illness self-management" gave rise to much discussion and facilitated the exchange of ideas between participants.



*Temple Street Nurse Graduates
pictured at the Prize Giving 2014*



Research day - 2014 - Suzanne Dempsey, Professor Eileen Savage (School of Nursing & Midwifery, UCC), Jane Gunn, Mary Walsh, Suzanne Hopkins, Priyanka Gulab, Michelle Doyle

The prize for best presentation on the day was awarded to Ms Mary Walsh, Gastrostomy/Stoma Care CNS for her excellent presentation titled 'Quality Improvement while building collaborative partnerships with patients and parents' and prize for best poster was awarded to Ms Jane Gunn, Cleft Nurse CNS. Ms. Gunn went on to win the poster prize at the Royal of College of Surgeons, Annual Research Conference. The Nursing Research Committee would like to thank all those supported, participated and attended this seminar.

Quality Initiatives

The 'Leading in Uncertain Times' projects continued in 2014 and were facilitated by Marie Corbett (Temple Street) and Aishling Mulligan (OLCHC).

Case Reviews

As part of the Nursing Department's quality and safety agenda, a series of case reviews were presented in 2014. 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 nursing Quality, Practice & Research Co-ordinator, Nursing Executive and other appropriate committees and disciplines.

Education sessions are provided locally or hospital wide as necessary.

Paediatric International Nursing Study Update (PINS)

The PINS project is a collaboration between the University of Technology, Sydney (Lead Researcher, Professor Val Wilson, co-joint appointment with Sydney Children's Hospitals Network) & University of Ulster (lead researcher Professor Tanya McCance). The study is conducted in collaboration with children's hospitals and children's units in general hospitals across a number of countries in Europe and Australia with 12 organisations involved. A core set of eight KPIs have been developed from primary research undertaken by Tanya McCance at the University of Ulster, focusing on the unique contribution of nursing to the patient experience, including:

1. Patient involvement in decisions made about their nursing care
2. Time spent by nurses with the patient
3. Respect from the nurse for patient's preference and choice
4. Nurse's support for patients to care for themselves, where appropriate

A framework for measurement was subsequently developed comprising tools to measure the eight KPIs:

- Parent surveys
- Patient and family stories
- Observations of practice
- Review of patient records and staff interviews.

The first data collection cycle was completed on St Gabriel's Ward between 17th November 2014 and 18th January 2015.



SECTION II

KEY SPECIALITIES

TEMPLE STREET IN NUMBERS

75,958

There were 75,958 visits by children and their parents and guardians to Temple Street's Outpatients Department in 2014 to see Consultants and other specialist healthcare professionals

1,138

of these visits were to the Audiology Department

2,940

of these visits were to the Child Psychiatry Department

1,782

of these visits were to the Metabolic Department

2,748

of these visits were to the Plastic Surgery Department

15,130

of these visits were to the Ophthalmology Department

National Centre for Inherited Metabolic Disorders

The National Centre for Inherited Metabolic Disorders (NCIMD) is the tertiary referral centre for the investigation and management of children suspected of having an Inherited Metabolic Disease (IMD).



It provides specialist care for children and adults living with IMDs via a MDT including medical staff, nurses, dietitians, psychologists, social workers, laboratory staff, a play specialist and administrative staff.

OUTPATIENT CLINICS

The continued advancement of diagnostic techniques and increased recognition of the complexity of inherited metabolic disorders led to a significant increase in new patient referrals in 2014. The quarterly Metabolic Outreach Clinic in Limerick and monthly clinics for patients with MPSI post-transplant in OLCHC, continue.

The Adult Metabolic Service at the Mater Misericordiae University Hospital (MMUH) continues to be developed with the successful transfer of a small number of adult patients with complex IMDs to this service in 2014. The majority of complex adult patients continue to be followed here at the NCIMD.

Further expansion in this area is planned and it is hoped that a greater number of adult patients will transfer in the coming year.

INPATIENT SERVICE

The development of new specific innovative therapies for IMDs led to an increase in the number of day case admissions to St Brigid's Ward for Enzyme Replacement Therapy (ERT) in 2014. This trend is likely to continue as new therapies continue to be developed and implemented in clinical practice. The NCIMD continues to be involved in on-going international clinical trials for the development of ERTs.

RESEARCH

Ms Eithne Losty, Clinical Trials Research Nurse, NCIMD commenced in January 2014 and has been instrumental in driving forward the strong commitment to high quality research within the Department.

The NCIMD is currently involved in eight international clinical trials, clinical surveillance programmes and outcome surveys (e.g. for patients with Lysosomal Storage Disorders, Galactosaemia, Homocystinuria etc). We work in close collaboration with our colleagues in the Adult Metabolic Service and Clinical Genetics on numerous research projects funded through the Medical Research Charities Group (MRCG), the Health Research Board (HRB) and the Children's Fund for Health (CFFH), Temple Street. These include 'Identification of the genes causing developmental delay with mitochondrial dysfunction in the Irish Traveller population' and 'Galactosaemia, a modifiable multi-system glycosylation disorder'.

Many NCIMD staff had the opportunity to present their research at various national and international meetings and to publish their findings in peer reviewed journals. Particular credit goes to Dr Siobhan Neville who won a prize for best presentation at the Joint Irish Paediatric Association/Irish & American Paediatric Society Annual Meeting in Cork for her work on 'Friedreich's ataxia in classical galactosaemia'.

QUALITY IMPROVEMENT

An internal quality initiative was launched in Autumn 2014 with a number of QI projects undertaken including the development of a new Metabolic Website to promote the services of the NCIMD and enhance patient care.

A number of booklets and leaflets have been developed for the service including a ward information booklet, a 'who's who' guide and leaflets detailing specific investigations.

Dr Crushell organised and chaired a Master Class in Metabolic Disorders as one of the RCPI Master Class series.

All staff disciplines continue to mentor and teach students rotating through the department.



Genetics

The genetics clinics in Temple Street are staffed by two part-time consultants, Professor Andrew Green and Dr Sally Ann Lynch, each of whom provide a weekly half-day out patient clinic, and urgent ward consultation service, and by a full time genetic counsellor Debby Lambert. These medical staff members are ably supported by Caroline Hume, Administrative Officer.

The service sees both adults and children, and in 2014, 36% of people seen were adults. In 2014, the service saw 847 outpatients at 375 appointments, and 52 inpatients.

As genetic conditions can affect several family members, we often see more than one family member at an appointment. The service sees patients not only referred from Temple Street consultants, but patients from the north Dublin, Meath and Louth area, referred by their own GP or local consultant.

The service sees a wide range of patients, including children with unexplained developmental delay or autism, children with unexplained congenital malformations, adults and children with inherited heart disorders, families with chromosome disorders and rare single gene disorders. There is a significant demand for the service, and currently there are over 300 patients waiting to be seen in the genetic clinic. Each referral to the service is triaged by the Clinical Team to ensure that the referral is appropriate, and the clinic has a low non-attendance rate of 10%.

The service is tightly linked with the clinical genetics service provided by the National Centre for Medical Genetics in Our Lady's Children's Hospital, Crumlin, which provides a wider clinical and laboratory genetic services for the country. This Centre has recently been renamed the Department of Clinical Genetics, Our Lady's Children's Hospital, Crumlin.

GENETICS PUBLICATIONS 2014

Title	Loss-of-function HDAC8 mutations cause a phenotypic spectrum of Cornelia de Lange syndrome-like features, ocular hypertelorism, large fontanelle and X-linked inheritance.
Authors	Kaiser FJ, Ansari M, Braunholz D, Concepción Gil-Rodríguez M, Decroos C, Wilde JJ, Fincher CT, Kaur M, Bando M, Amor DJ, Atwal PS, Bahlo M, Bowman CM, Bradley JJ, Brunner HG, Clark D, Del Campo M, Di Donato N, Diakumis P, Dubbs H, Dymont DA, Eckhold J, Ernst S, Ferreira JC, Francey LJ, Gehlken U, Guillén-Navarro E, Gyftodimou Y, Hall BD, Hennekam R, Hudgins L, Hullings M, Hunter JM, Yntema H, Innes AM, Kline AD, Krumina Z, Lee H, Leppig K, Lynch SA , Mallozzi MB, Mannini L, McKee S, Mehta SG, Micule I; Care4Rare Canada Consortium, Mohammed S, Moran E, Mortier GR, Moser JA, Noon SE, Nozaki N, Nunes L, Pappas JG, Penney LS, Pérez-Aytés A, Petersen MB, Puisac B, Revencu N, Roeder E, Saitta S, Scheuerle AE, Schindeler KL, Siu VM, Stark Z, Strom SP, Thiese H, Vater I, Willems P, Williamson K, Wilson LC; University of Washington Center for Mendelian Genomics, Hakonarson H, Quintero-Rivera F, Wierzbica J, Musio A, Gillessen-Kaesbach G, Ramos FJ, Jackson LG, Shirahige K, Pié J, Christianson DW, Krantz ID, Fitzpatrick DR, Deardorff MA.
Year	2014
Citation	Hum Mol Genetics 23(11):2888-900
Title	Vocal cord paralysis in association with 9q34 duplication.
Authors	Gadancheva VG, Casey JP, Russell JD, McDaid J, Betts DR, Lynch SA .
Year	2014
Citation	Clin Dysmorphol.23(3):105-8.
Title	A chromosomal 5q31.1 gain involving PITX1 causes Liebenberg syndrome.
Authors	Seoighe DM, Gadancheva V, Regan R, McDaid J, Brenner C, Ennis S, Betts DR, Eadie PA, Lynch SA .
Year	2014
Citation	Am J Med Genet A. 164(11):2958-60.
Title	Genetic heterogeneity in Cornelia de Lange syndrome (CdLS) and CdLS-like phenotypes with observed and predicted levels of mosaicism.
Authors	Ansari M, Poke G, Ferry Q, Williamson K, Aldridge R, Meynert AM, Bengani H, Chan CY, Kayserili H, Avci S, Hennekam RC, Lampe AK, Redeker E, Homfray T, Ross A, Falkenberg Smeland M, Mansour S, Parker MJ, Cook JA, Splitt M, Fisher RB, Fryer A, Magee AC, Wilkie A, Barnicoat A, Brady AF, Cooper NS, Mercer C, Deshpande C, Bennett CP, Pilz DT, Ruddy D, Cilliers D, Johnson DS, Josifova D, Rosser E, Thompson EM, Wakeling E, Kinning E, Stewart F, Flinter F, Girisha KM, Cox H, Firth HV, Kingston H, Wee JS, Hurst JA, Clayton-Smith J, Tolmie J, Vogt J, Tatton-Brown K, Chandler K, Prescott K, Wilson L, Behnam M, McEntagart M, Davidson R, Lynch SA, Sisodiya S, Mehta SG, McKee SA, Mohammed S, Holden S, Park SM, Holder SE, Harrison V, McConnell V, Lam WK, Green AJ , Donnai D, Bitner-Glindzicz M, Donnelly DE, Nellåker C, Taylor MS, FitzPatrick DR.
Year	2014
Citation	J Med Genet.51(10):659-68.
Title	Females with de novo aberrations in PHF6: clinical overlap of Borjeson-Forssman-Lehmann with Coffin-Siris syndrome.
Authors	Zweier C, Rittinger O, Bader I, Berland S, Cole T, Degenhardt F, Di Donato N, Graul-Neumann L, Hoyer J, Lynch SA, Vlasak I, Wieczorek D.
Year	2014
Citation	Am J Med Genet C Semin Med Genet. 166C(3):290-301.
Title	Towards the identification of a genetic basis for Landau-Kleffner syndrome.
Authors	Conroy J, McGettigan PA, McCreary D, Shah N, Collins K, Parry-Fielder B, Moran M, Hanrahan D, Deonna TW, Korff CM, Webb D, Ennis S, Lynch SA , King MD.
Year	2014
Citation	Epilepsia. Jun;55(6):858-65. doi: 10.1111/epi.12645. PMID: 24828792

Title	Excellent outcome with de novo 15q13.3 microdeletion causing infantile spasms--a further patient.
Authors	Allen NM, Conroy J, Shahwan A, Ennis S, Lynch B, Lynch SA , King MD.
Year	2014
Citation	Am J Med Genet A. 164A(7):1863-6. PMID: 24700477
Title	Craniofacial bony defect with developmental abnormality of facial bones, dental malalignment and ectopic neural tissue in the internal auditory meati--a new syndrome?
Authors	Colleran GC, Hayes R, Kearns G, Kavanagh P, Moylett E, Lynch SA .
Year	2014
Citation	Eur J Med Genet. 57(6):302-5.PMID:24705061
Title	Atypical Alstrom syndrome with novel ALMS1 mutations precluded by current diagnostic criteria.
Authors	Casey J, McGettigan P, Brosnahan D, Curtis E, Treacy E, Ennis S, Lynch SA .
Year	2014
Citation	Eur J Med Genet. Feb;57(2-3):55-9. PMID: 24503146
Title	The variable phenotypes of KCNQ-related epilepsy.
Authors	Allen NM, Mannion M, Conroy J, Lynch SA , Shahwan A, Lynch B, King MD.
Year	2014
Citation	Epilepsia. 2014 55(9):e99-105. doi: 10.1111/epi.12715.
Title	A new genome scan for primary nonsyndromic vesicoureteric reflux emphasizes high genetic heterogeneity and shows linkage and association with various genes already implicated in urinary tract development.
Authors	Darlow JM, Dobson MG, Darlay R, Molony CM, Hunziker M, Green AJ , Cordell HJ, Puri P, Barton DE
Year	2014
Citation	Molecular Genetics & Genomic Medicine Jan;2(1):7-29 PMID: 24498626
Title	Large-scale discovery of novel genetic causes of developmental disorders. The Deciphering Developmental Disorders Study; The Deciphering Developmental Disorders Study.
Authors	Multi-authors including SA Lynch, AJ Green
Year	2014
Title	Unexpected genetic heterogeneity for primary ciliary dyskinesia in the Irish Traveller population.
Authors	Casey J, McGettigan P, Healy F, Hogg C, Reynolds A, Kennedy B, Ennis S, Slattery D, Lynch SA .
Year	2014
Citation	European Journal of Human Genetics
Title	The impact of the metabotropic glutamate receptor and other gene family interaction networks on autism.
Authors	Multi-authors including Jillian P. Casey and Andrew Green
Year	2014
Citation	Nature Communications 2014; 5:4074
Title	Convergence of genes and cellular pathways dysregulated in Autism Spectrum Disorders.
Authors	Multi-authors including Jillian P. Casey and Andrew Green
Year	2014
Citation	American Journal of Human Genetics 2014; 94(5):677-694

GENETICS GRANTS

- Identification of the spectrum of recessive disease genes causing developmental delay syndromes in the Irish Traveller population. Dr. SA Lynch Principal Investigator MRCG/HRB/Children's Fund for Health Temple Street €228,264
- Integrating tertiary genetics practice with mainstream medicine Dr SA Lynch, Principal Investigator, UCD Seed funding €11,730 April 2014-Sept 2015-03-16
- Shire Pharmaceuticals €5,000, Dr SA Lynch, Principal Investigator additional support for UCD seed funding educational grant

INVITED PRESENTATIONS:

- **SA. Lynch** What in a genome? James Connolly Memorial Hospital Cardiac Study Day, March 2014
- **J. Casey**. *UCC Molecular Cell Biology with Bioinnovation Masters*. Presentation entitled 'Deciphering the genetic code; SNPs, array CGH and Next-generation sequencing' UCC School of Biochemistry and Cell Biology, Cork, November 2014.
- **J. Casey**. *Royal College of Physicians Metabolic Master Class*. Presentation titled 'An exome-sequencing based look at rare metabolic disorders' Royal College of Physicians Ireland, Dublin, June 2014.
- **J. Casey**. *UCC School of Biochemistry and Cell Biology Seminar Series*. Presentation titled 'The impact of Next-Generation Sequencing technology on finding rare disease genes in the Irish and Irish Traveller populations' University College Cork, January 2014.

PLATFORM PRESENTATIONS:

- **J. Casey**, J. Matthews, **SA. Lynch**. Genetics eLearning for healthcare professionals. *Temple Street Children's University Hospital Research and Audit Day*, Dublin, June 2014.
- **J. Casey**, E. Crushell, J. Hughes, D. Cox, B. Elnazir, M. White, H. Dorkins, S. Ennis, H. Murphy, **SA. Lynch**. Known knowns, known unknowns and unknown unknowns – the challenges of exome data analysis. *Temple Street Children's University Hospital Research and Audit Day*, Dublin, June 2014.

- **SA. Lynch**, R. O'Shea, J. Turner, A. Ward, M. Byrne, **J. Casey**. New approaches to bridge the gap between research and primary health care in Ireland. *European Society of Human Genetics Conference*, Milan, Italy, June 2014.
- **J. Casey**, P. McGettigan, E. Crushell, D. Slattery, **A. Green**, S. Ennis, **SA. Lynch**. Lessons learned from Next-Gen studies in a consanguineous population. *Genomic Disorders 2014: The Genomics of Rare Diseases*, Cambridge, London, United Kingdom, March 2014.
- D. Lambert, New Developments in Perinatal Medicine - Royal College of Physicians of Ireland. June 19th 2014. My presentation was 'Genetic Counselling and Prenatal Diagnosis'.

POSTER PRESENTATIONS:

- **SA. Lynch**, R. Tarrant, K. Fitzgerald, C. McGorrian, J. Galvin, J. O'Byrne, S. Steward, **J. Casey**. Integrating tertiary genetics practise with mainstream medicine. *Irish Society of Human Genetics Conference*, Dublin, Ireland, September 2014.
- **J. Casey**, P. McGettigan, E. Crushell, D. Slattery, **A. Green**, S. Ennis, **SA. Lynch**. Behind the scenes: The hidden challenges of exome sequencing in consanguineous populations. *European Society of Human Genetics Conference*, Milan, Italy, June 2014.
- **J. Casey**, E. Crushell, J. Hughes, D. Cox, B. Elnazir, M. White, H. Dorkins, S. Ennis, H. Murphy, **SA. Lynch**. Known knowns, known unknowns and unknown unknowns- latest results from our exome sequencing studies. *Our Lady's Children's Hospital Research and Audit Day*, Our Lady's Children's Hospital, Crumlin, Dublin, Ireland, May 2014.
- **SA. Lynch**, J. Turner, R. O'Shea, A. Wilson, P. O'Keane, M. McEvoy, A. Ward, M. Byrne, **J. Casey**. New approaches to bridge the gap between research on rare disorders and primary health care in Ireland. *Our Lady's Children's Hospital Research and Audit Day*, Our Lady's Children's Hospital, Crumlin, Dublin, Ireland, May 2014.
- **J. Casey**, R. O'Shea, J. Turner, A. Ward, M. Byrne, **SA. Lynch**. Improving patient care through translation and education. *Northern Ireland Rare Disease Partnership Conference (Joint North South Event)*, Riddel Hall, Belfast, United Kingdom, Feb 2014.

AWARDS

- Best Platform Presentation award for: **J. Casey**, E. Crushell, J. Hughes, D. Cox, B. Elnazir, M. White, H. Dorkins, S. Ennis, H. Murphy, **SA. Lynch**. Known knowns, known unknowns and unknown unknowns – the challenges of exome data analysis. *Temple Street Children's University Hospital Research and Audit Day*, Dublin, June 2014.
- Best Poster award at for: **J. Casey**, R. O'Shea, J. Turner, A. Ward, M. Byrne, S.A. Lynch. Improving patient care through translation and education. *Northern Ireland Rare Disease Partnership Conference (Joint North South Event)*, Riddel Hall, Belfast, United Kingdom, Feb 2014.

Also, as part of this work we have developed a microsite holding information useful for health care professionals on clinical genetics <http://www.ucd.ie/medicine/rarediseases/>

We have a guidelines booklet which can be downloaded and are populating it with other educational videos. This is work in progress.

Within this microsite we have six animated videos which have had ~15,000 views collectively held on Youtube UCD)

LINKS TO ANIMATION VIDEOS ON YOUTUBE

Understanding Genetics & Rare Diseases (Playlist)
<http://bit.ly/UCDGeneticsPlaylist>

Video 1 X-linked Recessive
<http://bit.ly/X-linkedRecessive>

Video 2 Autosomal Recessive Disorders
<http://bit.ly/AutosomalRecessive>

Video 3 Autosomal Dominant
<http://bit.ly/AutosomalDominant>

Video 4 Consanguinity (Cousin Marriage)
<http://bit.ly/CousinMarriage>

Video 5 Reciprocal Translocation
<http://bit.ly/RecipTranslocation>

Video 6 Robertsonian Translocation
<http://bit.ly/RobsTranslocation>

W82GO Healthy Lifestyles Programme



BACKGROUND

Childhood obesity is a growing problem in Ireland with one in four children now overweight or obese. As a multi-faceted health issue, obesity is associated with a number of environmental and genetic conditions. In addressing the problem of childhood obesity, research has shown that the best results stem from group treatment programmes which are family-based and use a combination of cognitive behaviour strategies with a focus on lifestyle change. Using evidence-based practice, Temple Street developed a multi-disciplinary outpatient programme for the treatment of children who are obese and who have comorbidities, known as the W82GO Healthy Lifestyles Programme. The main purpose of the programme is to facilitate lifestyle change by targeting the family's dietary aspects, increasing physical activity levels, and addressing the psychological aspects of healthy behaviours. The programme empowers the families to bring about and sustain behavioural change which is key to a healthy lifestyle.



W82GO TEAM OFFICE

In May, the W82GO Team moved into its new office located in 13 Gardiner Place with help from senior management, the projects office and the technical services department. Prior to this the team operated from shared spaces around the hospital. We would like to thank the Endocrine Team for sharing their resources on the 3rd floor of the OPD building with us for so long.

W82GO TEAM EXPANSION

The W82GO Team opened its arms to welcome several new members in 2014 funded by the Health Promotion and Improvement Office in the HSE. Mbonisi Ncube now provides much needed full-time administration support. Our part-time additions, two dietitians, Physiotherapist and Psychologist have increased the programme's accessibility through their work in clinics and on the evening group programme. With new members came new ideas, and the team has been very innovative in overcoming the challenges of addressing the waiting list within the confines of available resources.

HSE COMMUNITY TRAINING PROGRAMME

Part of the funding received from the HSE was used to train community teams so that the W82GO programme could be introduced in several pilot sites around the country. The Temple Street team is currently delivering the training programme which comprises three modules. The community programme will focus on four

to seven year old children who will be accessed via the school health check. The Cork and Mayo teams are undergoing the training at present with Laois-Offaly and Dublin 15 on the agenda for 2015.

ECOG CONFERENCE IN SALZBURG (AUSTRIA)

The European Childhood Obesity Group is a pan European network dealing with paediatric obesity. A three day conference was held in Salzburg (Austria) from November 13th – 15th which was attended by four W82GO Team members. Dr Sam Doyle presented a research study on how often children who are obese suffer with pain and moving difficulties and was presented with the silver prize on behalf of Dr Grace O'Malley and Mark Elmes.

PARENT'S INFORMATION SESSION

At the end of November 2015, the team held an information session for parents of children under seven years old in St George's Hall, Temple Street. As the evening group programme caters for ages seven upwards, this session was developed to support families who are tackling the issue of obesity. During the two hour session, the MDT outlined some of the key elements involved in the W82GO Healthy Lifestyles Programme with the aim of providing families with helpful information.



RESEARCH

Congratulations to Dr Grace O'Malley, who recently completed her HRB Health Professionals PhD. Grace's research examined a specific area of childhood obesity treatment: integrating mobile health technology into a paediatric obesity service.

Dr Sam Doyle is currently conducting research looking at the metabolic and emotional health of children who are obese before and after the W82GO programme. The study will also assess the effect of paediatric obesity on emotional health and wellbeing before and after the twelve month programme.

Amy Brogan, a Clinical Psychologist in training with Trinity College Dublin, is carrying out her PhD supported by the W82GO Team. Amy's study aims to

- Investigate children's understanding of the causes of their weight gain using a network analysis approach.
- Investigate parents' understanding of the causes of their child's weight gain and contrast this understanding with the children's network.

St. Clare's Unit

St. Clare's Unit (SCU) 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 (TUSLA).

The staff team comprises 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 2014, the Unit offered approximately 2,000 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.



THERAPY

When a child or young person has been sexually abused they may have lots of feelings which they find hard to cope with. Parents can often be uncertain about how to help and may require support themselves. Therapy aims to help them to address their experiences and feelings associated with them. It aims to give children and families confidential and supportive space to talk about how they are feeling and to help them cope with it. St. Clare's Unit offers a range of therapies including individual therapy for children, group therapy, family therapy and parent support.

CONSULTATION

St. Clare's Unit provides consultation to other services when required. For example, there may be concerns about a child's sexual behaviour but in the absence of a specific concern about sexual abuse we may provide sessions to professionals who work with the child to help them in thinking about what the child may benefit from, for example, therapeutic support, education and staff consultancy.

TRAINING

We provide training to services across the country on the area of child sexual abuse.

During 2014 we provided training to the following:

- Child & Family Agency
- D. Psych Sc., UCD
- D Clin. Psychology, TCD

- M. Soc. Sc. (Social Work) UCD and TCD
- Placements to Social Work and Counselling Psychology Students from TCD.

OTHER DEVELOPMENTS AND INITIATIVES IN 2014

- Co-hosted a successful conference in November 2014 with St. Louise's Unit, OLCHC, titled '*What Do I Need to Know? Navigating Intimate Boundaries and Privacy in Children's Lives Today*'. The conference was held at Croke Park Convention Centre and approximately 150 professionals attended. Several of our clinicians presented skills based workshops and the conference received coverage in the national media.
- Took a lead role in the process focussing on the Unit's move to the NCH and amalgamation with St. Louise's Unit, OLCHC, whilst striving to ensure that the service will continue to provide a centre of excellence.
- Ensured continuous improvement of the therapeutic environment of the Unit.
- Devised information leaflets to explain our service to children, young people and parents in an accessible, reader friendly manner.
- Participated in an on-going fashion in a multi - agency research project '*Helping Children Tell: Identifying factors that facilitate disclosure of child sexual abuse*'.



- Further developed service for children of pre – school age, which led to their waiting times for assessment to be reduced.
- Increased media presence, including an article in the Irish Times Health Supplement detailing the work of the Unit, as well as highlighting the impact of child sexual abuse.
- Increased quality assurance measures and service innovations. For example, reduced the waiting time between assessment and therapy for children by implementing a new referral pathway.
- Continued to advocate for children's rights to be safeguarded. For example, there have been increasing requests from the legal system for children's confidential information to be released. SCU has taken a lead role in highlighting the difficulties that this can create as well as influencing policy / legislation in this area. Following joint submissions with other agencies, the Law Reform Commission and the Criminal Law (Sexual Offences) Bill 2014 have recommended changes which if implemented may lead to children's rights in this area being protected to a greater extent.





SECTION III CLINICAL AND PATIENT SERVICES

TEMPLE STREET IN NUMBERS

Temple Street is an acute national paediatric hospital

143,790

attendances were recorded in Temple Street's wards, OPD (Outpatients Department) and ED (Emergency Department) in 2014

86,297

of these children were from Dublin North City and County

11,148

of these children were from Dublin South City and County

3,584

of these children were from Co Louth

1,316

of these children were from Cork City and County and 458 were from Kerry

Physiotherapy Department



PHYSIOTHERAPY DEPARTMENT MISSION STATEMENT

'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' (TSCUH).

The passing of every year brings new challenges for the provision of physiotherapy services in our existing therapy space in Temple Street. Patient therapy needs are becoming increasingly complex, services continue to grow to meet 21st century demands and the infrastructure designed to meet the need up until 2010 has now been well and truly outgrown. The planned move to the new children's hospital (NCH) in 2020 is therefore foremost in our minds.

In 2014 a team of 17 full time and part time therapists provided a wide range of diagnostic and intervention physiotherapy services for patients in our local catchment area in tandem with tertiary physiotherapy services for patients attending Temple Street from all over the country.

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.

ACTIVITY AND ACHIEVEMENTS

In 2014 we offered over 14,000 appointments to children from 0 – 16 years attending Temple Street. Our core business took place from Monday to Friday and we also continued to provide a very busy weekend and Bank Holiday service. Our emergency 'out of hours' service continued to run 24/7, 365 days of the year.

Multiple research projects/audits and quality assurance initiatives were ongoing in the Physiotherapy Department throughout 2014. Two physiotherapists were involved in multidisciplinary quality improvement training programmes run by the Royal College of Physicians (RCPI). These programmes have been sponsored by the hospital for the past two years.

The Physiotherapist who was awarded a HRB Clinical PhD Fellowship in 2011 completed her three year investigation into the usability of a smartphone application for adolescent obesity management and obtained her doctorate degree. The multidisciplinary W82GO Team developed and delivered a training programme and training pack to clinicians working in teams around the country. This national training remit will continue in 2015 as additional funding to provide it has been secured from the HSE.

The Children's Fund for Health (CFFH) project appraisal (PAC) 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 was completed in 2014 and launched at a special event in the Mansion House in September 2014. As a result of this research project, the attendant publicity and political lobbying by the MDT, €350k has been earmarked for Spina Bifida service development in Temple Street in the HSE Acute Hospital Division Operational Plan 2015.

Physiotherapists involved in the care of children with Cystic Fibrosis (CF) in the three Children's Hospital Group (CHG) centres completed the roll out of an educational CF booklet for parents in 2014. Funding will be sought in 2015 to enable printing in professional booklet form.

The focus for the Physiotherapy Department in 2015 will continue to be *'The Voice of the Child'*; placing the experience and voice of the child at the centre of how the physiotherapy service is planned and delivered.

Clinical Nutrition & Dietetics

The Department has had a very busy year with increased complexity of patients noted in many areas. Each member of the Department assessed an area of clinical practice and presented information at our Clinical Effectiveness Day in November 2014.

At this Clinical Effectiveness Day, we presented data on our Outpatients Clinics which showed that we are referring an increasing number of patients with allergies. A patient satisfaction survey carried out showed the majority of patients would recommend our service to their family and friends.

The Metabolic Dietitians reviewed patients with Phenylketonuria. Different age groups were surveyed to see how much dietetic intervention and advice helped to improve their blood PHE levels in each age range. Dietitians Cliona Godwin and Roisin Gallagher found growth faltering Infants met their targets for weight gain with increased dietetic contacts.

Aishling Sheils and Amy Craddock completed an audit of the children who underwent renal transplant and this showed the importance of dietetic advice for this patient group. Valerie Kelly whilst working in PICU undertook 'A review of energy intake in the first 48 hours after admission to PICU'.

As a result of this audit Valerie highlighted the need to focus on providing early nutritional support to children over 1 years of age. Eimear Forbes undertook an audit to look at lipid profile & Vitamin D status in Ketogenic patients. Other topics reviewed included weight outcomes in patients on the high dependency unit and dietary intervention in children with Maple Syrup Urine Disease.

The Dietetic Department also contributed data for the fifth consecutive year to the annual 'Children's Nutrition Survey' which looks at the prevalence of malnutrition risk in children admitted to hospital.

RESEARCH

Marianne O'Reilly completed research into anorexia patients attending Temple Street for the past three years in 2013 and was successful in getting her research titled 'Anorexia Nervosa (AN) in inpatients at a Children's Hospital (2005-2011)' published in the Irish Medical Journal in July 2014.

Fiona Ward had a research paper published in the Journal of Human Nutrition & Dietetics in February 2014 titled 'A review of staffing levels and activity in paediatric dietetics'.

'Hospital to Home: The paediatric Home Enteral feeding review' research was presented at the Hot Topics - Nutricia Paediatric Symposium in Dublin in May 2014, and published in the Irish Medical Journal.

Suzanne Boland completed a retrospective analysis of metabolic control of MSUD (Maple Syrup Urine Disease) patients who were taking vitaflo metabolic products.



Nutrition student, Rachel Sheane carried out a plate waste audit titled 'Food service at Temple Street Children's University Hospital' and the results of this was presented at the Temple Street Audit Day by Eimear Mahon in July 2014.

The Department continues to liaise with our community colleagues. An education session was given by Aishling Sheils to the Multidisciplinary Team in North Great George's Street for families of children with moderate to severe feeding behaviour issues. Children are referred to the community dietetic services where available for on-going review as close to their home as possible.

KNOWLEDGE AND EXPERTISE

The Dietetic Department is committed to continuous learning and sharing their knowledge and expertise with others.

Cathy Monaghan, our Diabetes Dietitian, presented a theory and practical session titled 'Identifying and Counting Carbohydrates' to the DCU Nursing Diabetes course. The 'Counting Carbohydrates' presentation was also made to parents and children with type 1 diabetes and another presentation titled "Holidays and Type 1 Diabetes - dietary considerations" was presented to parents.

Kizzy Moroney presented 'Dietetic interventions to support growth and nutrition' at the Spina Bifida research launch in September 2014 and gave an update to Temple Street surgeons titled 'Neonatal nutrition - post-operative in NHDU Temple Street CUH' in November 2014.

Our senior dietitian for the Ketogenic diet, Eimear Forbes, presented 'Dietary Therapies for Epilepsy' to staff at the Laura Lynn Foundation as part of a study day on epilepsy in February 2014. Eimear also presented 'TPN and the Ketogenic diet' to the Ketopag Dietitians group (UK & Ireland).

Aoife Fitzgerald presented at the annual Continuing Education Programme for nursing staff nationally on 'Caring for a child with Inherited Metabolic Disorders and their families.'

Jenny McNulty has been involved with the development of European Guidelines for the management of patients with Homocystinuria.

The W82GO programme has been rolled out nationally and two teams from Mayo and Cork/Kerry have attended Temple Street for education on how the programme is run in this hospital. A dedicated part time senior dietitian started with the programme in September 2014 and developed new resources for education as part of the MDT.

Valerie Kelly, Kizzy Moroney & Eimear Forbes updated the Paediatric TPN guidelines for the Irish Nutrition & Dietetic Institute (INDI) Nutrition Support Guide.

Valerie Kelly, Aishling Sheils and Eimear Forbes were all involved in presenting and/or organising the National INDI Paediatric Dietetic Study Day held in November 2014. Aoife Fitzgerald, Aishling Sheils and Eimear Mahon updated the 'Paediatric Energy requirement' section for the INDI Nutrition Support Guide.

STUDENT TRAINING

Two TCD /DIT Dietetic students underwent their successful clinical training with the Temple Street Department of Clinical Nutrition & Dietetics in 2014.



Speech and Language Therapy

In 2014 2,237 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. Compared to 2013, this means that an additional 239 children attended the service and an additional 600 appointments were provided, bringing the number of appointments to 3,300.

The SLT service in Temple Street is provided by 6.4 WTE staff, comprising 1 WTE Head of Department, Ms Pauline Ackermann; 1 WTE Clinical Specialist SLT, Ms Tanya Gilroy; and 4.4 WTE Senior SLT, provided by Ms Sharon Keogh, Ms Maeve Sharkey, Ms Cathy McQuillan, Ms Noirin Carroll, and Ms Roberta Fleming.

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. Finally, the SLT Team seeks to educate and support colleagues within the organisation by developing their knowledge of speech, language, communication and feeding issues, by means of presentations at education sessions (e.g. Nursing) or team meetings (e.g. St Clare's Unit).

In addition to a very busy clinical service, the SLT staff has focussed on projects to clarify and streamline the administrative processes that operate in the department, particularly those that underlie the management and allocation of new referrals, in the context of IPIMS and requirements of the HSE Special Delivery Unit. A departmental file audit process was developed and piloted, and it will be broadened in scope in 2015.

In 2014 the SLT Department continued its involvement in research through three projects, all kindly funded by the Children's Fund for Health (CFFH).

In the first instance funding was received to systematically evaluate the outcomes delivered by the Hungry Hippos programme, which was developed by 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. Data collection for this project commenced in 2014.



The SLT Department 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 in the United States.

Our Department collaborated with Dr Triona Sweeney, Research Fellow, with regard to a feasibility study 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. This project is due to conclude in 2015.

The SLT Department was active in the Health and Social Care Professions (HSCP) community in Temple Street, through close multidisciplinary working as well as committees in the hospital. In particular, in February 2014 Ms Pauline Ackermann was appointed as HSCP representative to the Executive Management Committee, for a three-year term.

At the end of 2014 the Department commenced its annual review and performance management process early, with a view to being ready for another busy year ahead. Having satisfied the competencies required by the organisation, staff identified their training needs for 2015, as matched to the needs of children who are coming through our service; in particular, the Department will continue to support Ms Tanya Gilroy in her post-graduate study of Cleft Palate Speech through the University of Sheffield.

Staff will undertake a number of quality projects, which include plans to standardise, in collaboration with the Physiotherapy Department, the management of facial palsy; development of a protocol, in collaboration with the Neurosurgical Nurse Coordinator for the management post-operatively of dysphagia in children with posterior fossa tumours; and a review of the role of the SLT in the acute paediatric setting in regards to Mental Health, to highlight just a few.

Within the resources available, and mindful for the increasing demand for SLT services, in 2015 the Department looks forward to again working together with their colleagues from across all parts of the organisation to achieve its mission of delivering a high quality, responsive service.

Audiology

INTRODUCTION

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

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

ASSESSMENTS PERFORMED

- 1) Pure Tone and Play Audiometry
- 2) Tympanometry
- 3) Acoustic Reflexes
- 4) Performance
- 5) Cochlear Microphonics, 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)

ACTIVITY LEVELS

There were 3,246 assessments and BAHA appointments in 2014, up from 3,217 in 2013.

The weighted total for 2014, where an adjustment is made for the complexity of assessments, was 2,093.50 hours. This is a significant increase compared with the 2013 total of 1,667 hours.

The increase in activity was due to the Department having a full complement of staff throughout 2014, which had not been the case in 2013.

WAITING TIMES

The waiting time between receipt of referral and the date of the first hearing assessment decreased from 12 months in January to 3 months in December 2014.

This was as a result of having full staffing during 2014 and the continuation of initiatives first introduced in 2011.

Service developments, review of changes to the service that were introduced in 2012 and 2013 and research

AN IMPROVED SERVICE FOR ENT PATIENTS

In March 2014, an additional nurse-led clinic was introduced on a Monday morning, with the Audiology Department providing cover on the same day (i.e. Audiology provided cover for two Nurse-led clinics per week in 2014, up from one in 2013).

From 22/09/2013 till year end, two appointment slots were made available for the diagnostic evaluation of children that were developmentally under three years of age, on the day of their ENT appointment. This service development was reviewed in early 2014 and it was decided that the arrangement would continue.

Throughout 2014, the appointment slots were consistently made available during ENT clinics.

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

BONE ANCHORED HEARING AID (BAHA) PROGRAMME

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

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

37 BAHA appointments were attended during the course of 2014, up from 25 in 2013.

In June 2014, Temple Street Audiology and ENT staff spoke at an information evening for parents of BAHA users and prospective users, that was organized by Deafhear.ie.

CLINICAL AUDIT - CHANGE IN TRAINING FOR NEW STAFF AND MORE GUIDELINES

A clinical audit took place in 2014, that measured clinical practice compliance with reference to departmental standards. A poster about the audit was presented at the Temple Street Audit Day in December 2014 and an award was received for the poster.

More standards have been put in place following the audit. Reference documents were created for otoacoustic emission testing and history taking. Feedback given to new employees during supervised sessions was recorded and the formal assessment of new employees' performance was planned, following a period of training.

CHANGES TO REPORT WRITING

Following a review of the evidence base, correction factors were introduced for Soundfield assessments. Recommended wording was introduced for report writing.

RESEARCH

Work continued with Temple Street's Speech and Language Therapy (SLT) Department and the National University of Ireland, Galway on a Central Auditory Processing Disorder research project.



Chaplaincy



2014 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 collective after-hours, 'on-call' service for 2014 translated collectively to 38 days overtime for the three 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. Again this year, various concerts took place in the chapel area, providing a welcome 'lift' for all in the hospital community. The relaxation area continued to be a big hit and very well utilised space with staff and parents alike. Many people have commented that it is a safe, de-stressing, reflective space, in a busy, frenetic place.

Chaplains provided bereavement support to forty two families, during the acute mourning period in the mortuary. Chaplains provided a respectful Removal Service for families, on leaving the hospital mortuary. Follow-up support by telephone and the 'drop-in' bereavement support service was appreciated by bereaved families. Chaplains continued to help organise the Annual Remembrance Service, meeting with many families bereaved throughout the year.

Twenty seven families requested and received the sacrament of Baptism for their critically ill children in 2014.

In 2014, we also continued to be involvement in multi-disciplinary, external and 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 training course. Two Clinical Pastoral Education students came on pastoral placement of twelve weeks duration, from the Mater Misericordiae University Hospital (MMUH).

There was a marked uptake in peer support / debriefing, with many colleagues requesting one-to-one and group support. Chaplains are part of a multidisciplinary group of staff, under the auspices of the HR Department, who are trained in debriefing methods. Ongoing training for staff offering peer support/debriefing will take place in 2015. PICU and chaplaincy continued to offer regular debriefing support according to staff needs. This initiative is a welcome and helpful, and a healthy way for staff to deal with the impact of work related stress from daily traumatic events and death. 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 diverse needs of children, families and staff, offering pastoral, emotional and spiritual support, and ensuring that people are heard and supported, as they struggle with the difficulty and stress of a sick child in hospital.

Our greatest resource is our self, our presence, and our ability to relate to one another.

Play Department

The Play Department is managed by a Senior Play Specialist. There is a team of Play Specialists, CE Scheme Play Assistants, CHI Volunteers and student who work in the Playroom, Multi-sensory room or on the wards.

The Play Department comprises a large central playroom, multi-sensory room and garden, run by a Play Specialist. In the playroom there is a wide range of play activities for children from babies to those in their early teens. The playroom is opened from 9.30 – 12.15 and 13.00 – 16.00 hrs. Monday to Friday.

The Multi-Sensory Room (MSR) is a controlled environment offering many benefits to the wellbeing of children and young people who have been hospitalised. The room proves to be very beneficial to children with intellectual and learning disabilities, physical restrictions, hearing and visual impairment or behavioural disorders. There is a referral system in the MSR. The interactive garden is a special oasis for children within the hospital to get close to the natural elements of nature.

The Play Team provides a wide range of normal play activities in the playroom and on the wards. The Play Specialist provides specialised play on the wards. They prepare children for all medical and surgical procedures using play as a medium. They distract them during the procedure and follow up with post

procedural play. They also provide play programmes for long term children to enhance their development during their hospital stay.

The Play Department 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.

The Play Team hosted a wide range of visitors to the hospital last year – the Jr Einstein Science Club, Ana & Elsa from Frozen, Mickey and Minnie Mouse and the Sleeping Beauty pantomime.

During 2014 the Play Team arrange different trips for the children of the hospital in association with various organisations. 40 Families attended the 10th Anniversary of Dream Night in Dublin Zoo in June. And there were trips to football matches, the cinema and concert trips.

In 2014 the Play Department received funding from the Children's Fund for Health (CFFH) to maintain and grow the range of activities for children.

Peata, the Pet Therapy programme continues last year with Max and Buttons visiting fortnightly with their owners but sadly Max retired in December.



Seasonal events

EASTER EVENT

The playroom, wards, front hall and long corridor were decorated. All children received photography from the Green Screen (children are superimposed into a themed photography). The Easter Bunny visited every ward with Easter eggs and there was face painter and Easter arts activities.

HALLOWEEN EVENT

The hospital was decorated and the children visited the Back Parlour for photography. Each child and young person received a gift from the entertainers.



SUMMER SUPER HERO THEMED EVENT

The playroom, wards, front hall and long corridor were decorated. Green Screen was in the back parlour for all children and young people to visit and have their photograph taken. Each child/ young person received a gift from a super hero.



CLOUDLANDS

The Play Department in conjunction with Helium provide Cloudlands which is an Arts and Technology programme for teenagers organised every Wednesday from October to June. This programme won an award at the Allianz Business to Arts Award in September 2014.



cloudLANDS

CHRISTMAS EVENT

The hospital was decorated. Each child and young person received a Christmas Gift. There were lots of visitors including Elsa and Ana and various choirs and the Sleeping Beauty pantomime was staged in the playroom.

There were family trips to see Santa at Dublin Zoo, Slane Castle, Cineworld and the annual City Santa Flight

SATURDAY CLUB

Two entertainers such as musician, magician, clown doctors or beautician and two Play Specialist visit the wards providing entertainment and arts and craft activities every fortnight on a Saturday.



SECTION IV

QUALITY AND RISK

TEMPLE STREET IN NUMBERS

15,765

children were admitted
as in-patients in 2014

301

of these children were
admitted for endocrinology
related treatment

100

new born children were admitted
from maternity hospitals with a
variety of medical and surgical
related issues

1,719

of these children were
admitted for nephrology
related treatment

1,428

of these children
were admitted for
general surgery

1,665

children were admitted for
orthopaedic related surgery
and treatment

Patient Safety and Quality Improvement

"Every system is perfectly designed to get the results it gets"
(Guiding principle of Institute for Healthcare Improvement)

Temple Street Children's University Hospital 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

QUALITY IMPROVEMENT PROGRAMME



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

The self-assessment process for the **National Standards for Safer Better Healthcare (NSSBHC)** was completed. This allowed the hospital to develop a focussed quality improvement and patient safety programme through a process of assessment and implementation of quality improvement initiatives.

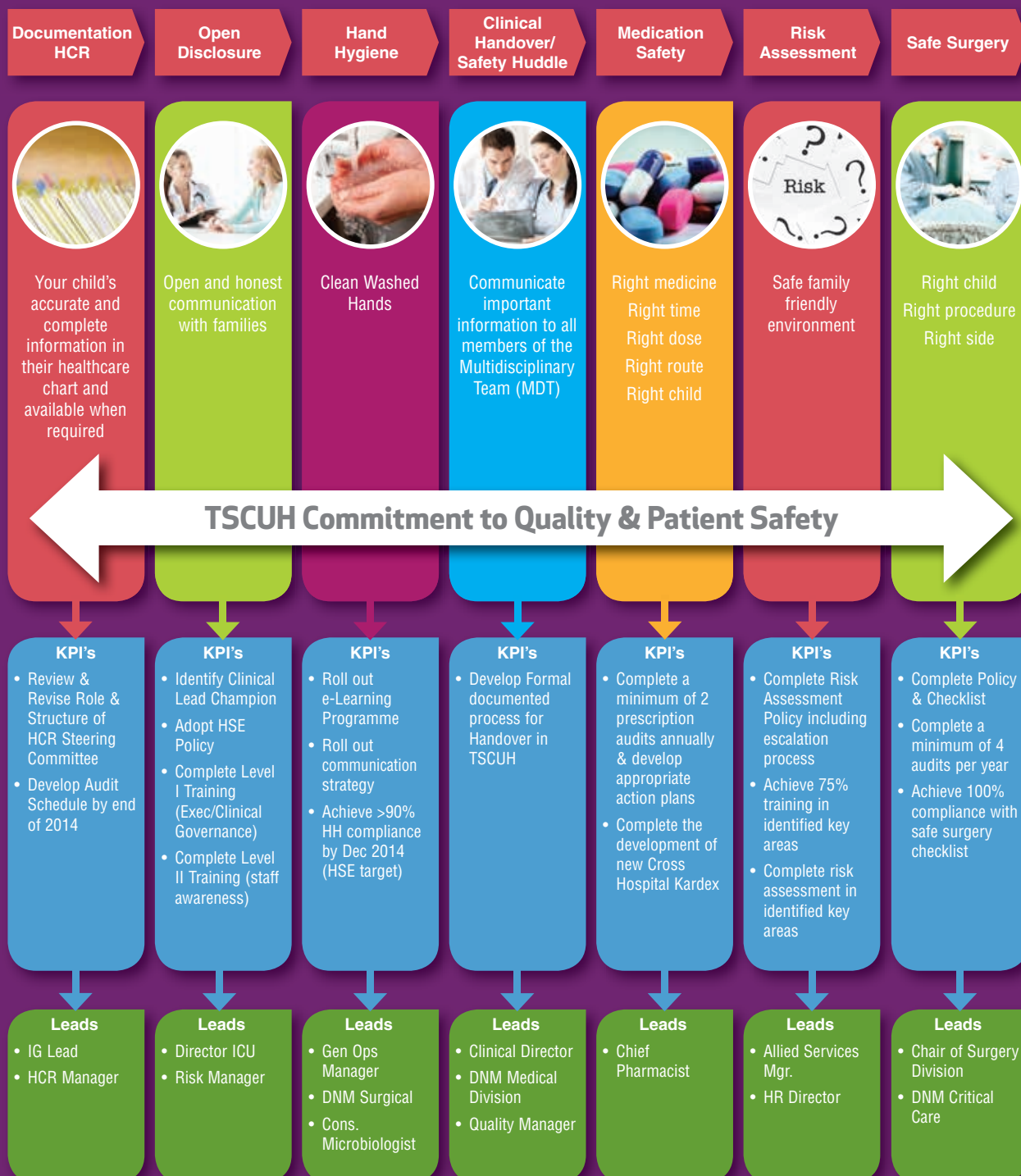
The hospital's Assessment, Quality Improvement (QI) Plan and shared learning was presented at National Standards for Safer Better Healthcare (NSSBHC) HSE Learning Summit 1.12.2014.



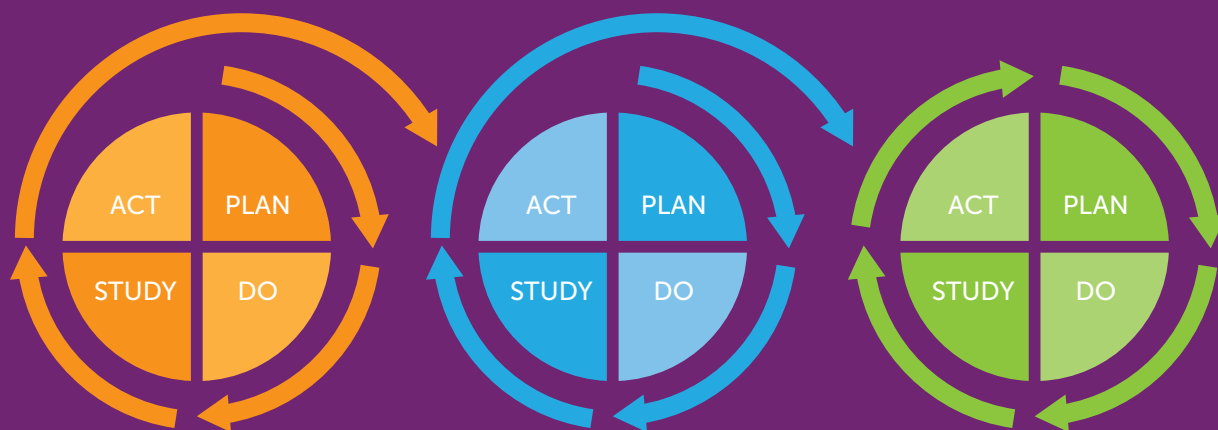
In July 2014 Mona Baker, CEO, Temple Street launched "Take a Minute - Continuing to provide a Safe Quality Service" QI programme, which is referred to as our "7 Rocks" of QI.

Take A Minute...

Continuously Providing a Safe Quality Service



Legend: IG Lead - David Wall (Head of ICT), HCR Manager - Tom Moran, Director ICU - Dr Kevin Carson, Risk Manager - Paula Day, General Operations Manager - Tony O'Rourke, DNM Surgical - Susan Mulrane, Consultant Microbiologist - Dr Robert Cunney, Clinical Director - Dr Colm Costigan, DNM Medical Division - Jenny Carey, Quality Manager - Ellis Murphy, Chief Pharmacist - Reena Patel, Allied Services Manager - Fergus Ashe, HR Director - Catherine Lee, Chair of Surgery Division - Mr John Caird, DNM Critical Care - Grainne Bauer.



“Everybody in Healthcare really has two jobs when they come to work everyday: to do their work and to improve”
(Dr Paul Batalden, IHI)

In 2014 the hospital linked with both RCPI and HIQA/IHI to provide education and training programmes to hospital staff to develop a critical mass of Quality and Patient Safety Champions.

Four multidisciplinary teams completed the **RCPI Quality & Patient Safety Programme** using the PDSA small steps of change cycle as well as team development processes. Improvement initiatives focussed on hand hygiene, medication safety, standardised care for fractures and Cystic Fibrosis.

10 hospital staff enrolled and completed the HIQA/ IHI (Institute for Healthcare Improvement) OPEN SCHOOL FOR HEALTH PROFESSIONALS. Learning modules focused on quality Improvement, patient safety, leadership, patient and family centred care.

In April 2014 the Quality Department presented a poster at the ‘International Forum for Quality and Patient Safety 2014’ in Paris titled;

“Improving the experience of the surgical day ward patient by streamlining the admission process and ensuring theatre/s start on time one day per week.”

This poster also received Best Poster prize at the Temple Street Audit Day in June 2014.



Quality, Risk and Safety

RISK MANAGEMENT PROGRAMME

The Hospital's Risk Management Programme continued to promote a proactive risk management culture in the organisation throughout 2014. The process is managed by a multidisciplinary Quality, Risk & Safety Committee, chaired by the CEO, which receives information and reports through the hospital's incident reporting function and sub-committees in respect of all risk issues. The Committee has a dual reporting relationship to the Executive Management and Clinical Governance Committees.

The Terms of Reference, Membership and Reporting Structures of the Quality, Risk & Safety Committee were reviewed as part of a boarder review of Governance Structures commissioned by the Board of Directors. The Committee continued to meet on a monthly basis and reviewed and analysed trends in relation to the patient's experience and adverse events affecting patients, staff and visitors.

The Health & Safety Committee, Healthcare Records Steering Committee, Radiation Safety Committee and Medical Devices and Procurement Committee provided quarterly up-dates on progress against their Action Plans for 2014.

A number of system reviews were undertaken and the recommendations were monitored and where appropriate the learning was shared. The hospital's commitment to Quality and Patient Safety remained as a standing item on the Committee's agenda. The Committee was provided with regular up-dates on the 'Take a Minute' quality initiatives to provide a safe quality service in the areas of Healthcare Records/ Documentation, Open Communication, Hand Hygiene, Clinical Handover, Medication Safety, Safe Environment and Safe Surgery.

The organisation continued to play an active role in the Voluntary Hospital Group's Risk Management Forum (Risk Management, Health & Safety and Radiation Safety) at Advisory, Executive and CEO level and ratified a number of forum publications during 2014 including 'Guidance notes on attending an inquest,' 'Revised biological agents risk assessment template,' 'standardisation of crash numbers,' 'Revised framework for loaning and borrowing of RIMD' and 'Framework for the prevention and management of behaviour that challenges.'

The Committee also adopted the HSE Safety Incident Management Policy and Policy on reporting of 'Serious reportable events.'

The organisation's Corporate Risk Register was reviewed and monitored throughout 2014 by the Risk Register Review Group. It was also reviewed by the Executive Management Committee and Board of Directors on a quarterly basis.



SECTION V OPERATIONS, PROJECTS AND TECHNOLOGY

TEMPLE STREET IN NUMBERS

47,432

children attended Temple Street's ED
(Emergency Department) in 2014

907

children returned to the ED
for a second time for
treatment in the ED in 2014

48,338

The total attendances
at ED was 48,338

3,671

children attended
ED clinics in 2014

Human Resources

The Human Resource (HR) Department offers HR services across the organization both at strategic and operational levels. The Department strives to deliver a quality HR service to 1,050 (approx). staff in order to support the delivery of care to patients and a quality service to all stakeholders.

Though 2014 was another challenging year for the HR Department which reflected both internal and external pressures, the Department delivered a service that was responsive to national and hospital strategic objectives as well as supportive to operational needs and the delivery of the hospitals service.

HR SERVICE CHANGES

Changes to HR services in 2014 saw the emergence of a contemporary HR service model which reflects current service needs and which can also be developed and expanded to meet future changes.

These reconfigurations supported the use of common Human Resource Management and Payroll processes across the three HR functions (Corporate, Medical and Nursing) promoting consistencies and efficiencies.

Nursing Payroll and Bank Administration services (Trina Farrelly) co-located with Corporate Payroll services. The introduction of the dedicated role of Human Resource Information Systems Manager (Aoife Rafferty) further enhanced the Department's capabilities to manage employee data, develop reports and use information to the benefit of all stakeholders. Emphasis on expanding the use of information systems continued with developments continuing in the areas of ESS and the Department's local use of Recruitment and Training systems.

Corporate HR expanded its recruitment functions with the establishment of a centralized and dedicated Recruitment Administration function (Ruth Kearney) broadening to support the recruitment of nursing student groups.

Another significant change in 2014 saw the retirement of Frances Dunne, Superannuation Administrator and the appointment of Gareth Stokes as her replacement working in conjunction with Rita Brady in her Superannuation Manager role.

REFORM AND EFFICIENCY MEASURES

Reform and efficiency measures outlined in the Public Service Stability Agreement 2013-2016 (AKA The Haddington Road Agreement) placed exceptional demands on HR services to administer. Key measures included re-definition and increase in whole time hours, increment freezes, salary deductions, overtime rates and revision of new entrant new salary scales.

An additional significant change was the introduction and implementation of new Public Service Sick Leave Regulations requiring amendment to pay procedures and changes to the overall management of employee sickness absence across the hospital. The HR Department staff facilitated information workshops to support staff and managers on the introduction of the new scheme.

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 2014 was 3.5% (National HSE Target - 3.5%). Working within the hospitals employment control framework, the monthly average WTE (Whole Time Equivalent) was 970 with a payroll cost of €66.6 million and a staff turnover rate of 21% (including NCHD's and Post Registration Nursing Students). 2014 saw an increase in the total number of retirees to 14 (six staff retired in 2013).

LEARNING AND DEVELOPMENT

The Department continued a strong emphasis on promoting and supporting staff Learning and Development in line with the hospitals Learning and Development Strategy under the themes – today, tomorrow and now.

Though with limited resources the Department supported facilitated workshops on Interview Skills, Managing Performance and Personal Development Planning (PDP) and Customer Service and Quality Improvement.

Study leave and funding to attend conferences, present at conferences and also follow up study programmes were supported within allocated funding.

STAFF WELLBEING

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 general wellbeing, mental wellbeing, physical and information sessions.

The Department supported a series of Lunchtime Talks which were facilitated by Paul Marsden, Organisational Psychologist. Talk themes included team building, conflict management and building resilience.



ICT

2014 was an exciting and progressive year for ICT developments in Temple Street. The Hospital took its first steps in the transition to an Electronic Patient Record (EPR) with the launch of our clinical portal in November 2014. The portal is initially available in neurosurgery and endocrinology with plans to roll out to remaining departments in February 2015. The portal represents the first phase of a 4 phase transition to an EPR.

PATIENT ENTERTAINMENT SYSTEM

Following on from the success of the patient entertainment system (Lincor) in Topflat, the Temple Street Foundation has generously agreed to fund extending the system to all beds. The Hospital hopes to commence this project in 2015.

ICT TECHNOLOGY DAY

The second annual ICT Technology Day was held in September 2014 hosted by the ICT Department. The ICT 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.

NNBSL (NATIONAL NEWBORN BLOOD SCREENING LABORATORY)

The Hospital completed the rollout of the National New-born Bloodspot Screening System (Specimen Gate) in the National New-born Bloodspot Laboratory (NNBSL). In recognition of the success of the project the Hospital received an Irish Healthcare Awards commendation for the projects focus on improving patient care, innovation and collaboration.

BLOODTRACK

The Hospital completed phase I and Phase II of the national blood tracking and traceability project (Blood Track). Phase I involved the tracking of blood into and out of refrigerators, recording arrival of blood in high volume usage areas e.g. ICU, theatre etc. Phase II involved recording arrival of blood on ward and recording fate of unit at ward level in all remaining hospital departments Phase III is scheduled to commence in 2016.

GP COMMUNICATION

In order to improve communication with GP's the hospital implemented Healthlinks. Healthlinks is the national programme which transfers patient information electronically in a secure manner to GP's. Phase I involved the transmission of lab results. Later phase will include additional information around Emergency Department and outpatient attendances. In future it is also planned to receive referrals electronically from GP's.

FUTURE DEVELOPMENTS

The Hospital completed the tender process for a Speech Recognition/Digital Dictation System and Therapy Management System. Project implementation will begin in 2015. Additional new developments planned for 2015 include wifi for patients, out-patient check-in kiosks, electronic staff rostering and single sign on.

Projects

Major Capital Projects

The additional accommodation at laboratory level comprised a series of review rooms for analysis and interpretation of lab results in addition to on call facilities. This development facilitated the relocations of these functions from the Clinical Laboratory and subsequently freed up clinical space within the laboratories.

The additional accommodation at OT level has provided a dedicated six bay recovery area adjacent to the OT and an equipment bulk store which allows for the specialised bulk equipment to be stored outside the operating theatres when not required during surgical procedures.

ENDOSCOPY/DECONTAMINATION UNIT

In Q3 2014, works commenced on the development of a dedicated Endoscopy Decontamination Unit. This facility, when completed, will comprise two dual chamber washer disinfectors, a drying cabinet and height adjustable wash and rinsing sinks. The facility is also designed to provide independent dirty and clean rooms with interconnecting corridor with controlled access.

The environment is further enhanced by providing an air flow system as a preventative measure for cross contamination. The project will be completed in Q2 2015.



THEATRE RECOVERY & LABORATORY EXTENSION

April 2014 saw the completion of the Laboratory & Theatre extension at a cost of €1.9 m source of funding HSE capital grant.

This development comprised a three storey extension to the side of the Theatre & Laboratory building.



EMERGENCY DEPARTMENT (ED)

Works commenced on the development of additional clinical space in the ED in Q4 2014 with a view to the project being completed in Q3 2015. The project when completed will provide additional clinical space including an additional two bay Rapid Access Treatment (RAT) room plus additional waiting space with improved triage facilities. The cost of the project is €690k funding source HSE capital grant.

Minor Capital Projects

SURGICAL FLAT - FOUR BEDDED UNIT

With the completion of the OT Recovery Room in April 2014 and recovery relocating to the new facility, this offered an opportunity for the development of a further four beds in the Surgical Flat Ward. This area was developed to provide a four bedded unit each bed with medical bed head trunking and gases. Works were completed in August 2014 and the unit is now fully operational as part of the Surgical Flat Ward.

PHARMACY

Q1 2014 saw the completion of the final phase of the Pharmacy Development. The project has provided increased footprint for the pharmacy with specialised pharmaceutical shelving, workstations, storage areas and improved security systems with access control.



ADDITIONAL ULTRASOUND ROOM



The completion of the OT and Laboratory extension freed up space adjacent to the Radiology Suite. The Ultrasound Room involved the conversion of a non-clinical space into a clinical space. The project was completed in December 2014. The funding was fully supported by D.I.D. Electrical via the Temple Street Foundation.



DENTAL UNIT

2014 saw the advancement of the development of a Dental Unit at Temple Street. Detailed design, tendering and enabling works were completed in 2014 with the facility scheduled for completion in Q2 2015. Enabling works required extensive excavation of the basement area of the hospital to maximise footprint available. The Unit when completed will provide a Dental Room, Sub-waiting Area and Disabled WC.

General Operations

In 2014, the General Operations Department oversaw the management of the day-to-day operations of the Support Service Function throughout the hospital, while adopting a collaborative and an interdisciplinary approach to the service delivery within the following departments:

- Clinical Engineering
- Hygiene
- Portering Services
- Catering and Household Services
- Technical Services

Below is a brief summary report for 2014, from each of these departments.

HYGIENE

In March 2014, a Working Group was set up to examine the reasons behind non-compliance to hand hygiene practices and to roll out new initiatives to improve compliance amongst all grades of staff.

The Group set a target to achieve 90% hand hygiene compliance by the end of the year, to help prevent hospital acquired infection amongst the children treated and cared for in Temple Street and also to bring the hospital in line with the Health Service Executive (HSE) required targets.

This involved setting a programme for change and to the forefront, the two areas for change identified were Education & Training and Communications. The Group met on a weekly basis for the first six months and made significant changes to the way in which hand hygiene education and training was delivered, the perception of hand hygiene amongst the multidisciplinary teams around the hospital and the communication of initiatives, audits and audit results to all. The findings of HSE Hand Hygiene Audits in November 2014 noted a compliance rate of 85.2%. The Group will continue in their work until the expected target 90% compliance is achieved and sustained.

In September 2014, the Health Information and Quality Authority, (HIQA) carried out an unannounced on-site

monitoring assessment at the hospital. The assessment measured our compliance against two of the NSPCHCAI specifically;

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

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

During the course of the assessment, HIQA did not identify any immediate serious risk to the health and welfare of the patients receiving care in the areas assessed. The findings within the published report identified full compliance to hand hygiene practices amongst the small sample chosen and noted some observations requiring corrective action within the physical environment, a resultant Quality Improvement Plan (QIP) was put in place.

The Senior Management Team undertook 16 unannounced hygiene audits within the clinical environment, throughout the year.

**(LEAN HANDS
FOR TEMPLE STREET!**



CLINICAL ENGINEERING

The Clinical Engineering Department oversaw the introduction of the following:

- Novalung Interventional Lung Assist System for extra pulmonary gas exchange within the Intensive Care Unit
- Patient Controlled Analgesia Pumps
- MRI Patient Monitoring and Video Laryngoscopes
- Irish Paediatric Acute Transport Service (IPATS)
- All new monitoring with Oximax Technology for OT
- New Olympus camera system and Bronchoscopes
- New Operating table
- New Trilogy Ventilators
- New Patient Hoists
- New CFM6000 cerebral monitor for ICU
- Use of Anaconda in ICU- method to deliver anaesthetic agent to ventilated patients
- New supplier of nitric oxide gas
- Installation of central monitoring in Surgical Flat.

PORTERING SERVICES

In addition to providing a comprehensive service on a 24 / 7 basis to all Departments throughout the hospital, portering oversaw the management of all waste and chemicals. Two Dangerous Goods Safety Audits were carried out and the findings identified observations and non-conformances, all of which were promptly closed out.

The following dangerous goods were transported to and from the Hospital during 2014:

- Clinical Waste
- Patient Specimens
- Medical Gases
- Pathology Chemical Waste
- Radioactive Material.

The Dangerous Goods Safety Advisor (DGSA) provided training on transport of specimens, hazardous waste, chemical safety and chemical safety risk assessment. The hospital exceeded the targets laid out in Waste Management Changing Our Ways- Department of Environment (1998), while 78% of all waste generated (Clinical & Non Clinical) was recycled / recovered.

CATERING AND HOUSEHOLD SERVICES

- The Food Safety Committee met on five occasions.
- The Environmental Health Officer undertook two inspections; non compliances identified were promptly closed out.
- The annual unannounced external audit on Food Safety and Hygiene within Catering and Household Department took place in November 2014. A score of 92% compliance was achieved, up 5% on 2013. Non compliances identified were promptly closed out.
- Microbiological testing of ready to eat foods commenced in August 2014, the Catering Department sent food samples for analysis on a monthly basis, the results of which were all within the required standards.

TECHNICAL SERVICES

The Technical Services team oversaw the completion of the following minor projects;

- Installation of a new Air Handling System within St Gabriel's Ward
- Installation of a new Hot Reverse Osmosis System within CDU
- Duct cleaning programme in critical care areas
- Up-grade of emergency lighting and exit signage.



SECTION VI FUNDRAISING IMPACT AND WAYS TO GIVE

TEMPLE STREET IN NUMBERS

6,658

procedures were
carried out in Temple
Street's OT in 2014

142

neurosurgical
procedures were
conducted

971

orthopaedic surgical
procedures were
conducted

688

plastic surgical
procedures were
conducted

1,287

ENT (Ear, Nose and Throat)
procedures were
conducted

874

general surgical
procedures were
conducted

Fundraising

The Fundraising Office was set up in 2000 with the sole purpose of raising funds to make Temple Street a better place. Since it was established it has raised more than €40million for the hospital, with €32million already invested.

This amazing achievement is all thanks to our wonderful army of supporters, fundraisers, ambassadors and network of volunteers. These people work tirelessly to ensure that our little patients get the care and treatment they deserve.

Here is a snapshot of some of the amazing transformations that have been made possible thanks to fundraised money...



Patient and Parental Support (€2.9million invested since 2000)

- Pet Therapy - €5k annually
- Sibling Clubs - €4k annually
- Bereavement Counselling - €13k annually
- Home Away from Home, Fontenoy Street – €1 million

Life-Saving Equipment (€13.4million invested since 2000)

- MRI Scanner - €2million
- CT Scanner - €1.3million
- Tandem Mass Spectrometer - €500k
- Patient Entertainment System (Top Flat) - €160k
- Neurosurgery Equipment (SonoWand invite, Stealth Station, OPMI Pentero) - €2million



Creating a Caring Environment (€11.5million invested since 2000)

- The redevelopment of St. Joseph's Ward (Top Flat) - €1.65million
- The redevelopment of Surgical Flat (including equipment) - €1million
- Neurosurgery Equipment - €2million
- The redevelopment of St. Michael's C Ward into a designated space for children with kidney problems - €1.25million
- The redevelopment of Intensive Care Unit - €2.5million
- The redevelopment of St. Michael's B Ward - €1.5million
- New Cystic Fibrosis and Respiratory Outpatient Unit - €3.1million
- Multi-Sensory Room (110k) and Garden (€40k)

Before...



...after



Today's Research, Tomorrow's Treatment (€3.3million invested since 2000)

On top of equipment purchases, hospital redevelopment, and patient and parental support, research remains a key priority in Temple Street with many research projects being funded on an annual basis.

To find out more about Fundraising and the amazing ways in which you can help our little patients and families please visit **www.templestreet.ie**



SECTION VII **REPORTS AND FINANCIAL STATEMENTS**

FOR THE YEAR ENDED 31 DECEMBER 2014

CHILDREN'S UNIVERSITY HOSPITAL

REPORTS AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2014

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DIRECTORS AND OTHER INFORMATION

DIRECTORS

Mr. S. Sheehan (Chairperson)
 Ms. S. Brady (Deputy Chairperson)
 Ms. M. Baker (Chief Executive)
 Mr. J. Caird (Chairperson of Medical Board)
 Ms. G. Bauer (Director of Nursing)
 Mr. J. Fitzpatrick (Finance Director)
 Ms. M. Cullen
 Dr. M. Drumm
 Mr. F. MacCumhaill
 Mr. D. McGrath
 Mr. F. McManus
 Sr. M. Rock
 Ms. P. Shovlin

SECRETARY AND

Mr. P. Mahony

REGISTERED OFFICE

Children's University Hospital
 Temple Street
 Dublin 1

CHARITY REGISTRATION NUMBER

CHY229

COMPANY REGISTRATION NUMBER

351404

BANKERS

Bank of Ireland
 2 College Green
 Dublin 2

AUDITORS

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

CHILDREN'S UNIVERSITY HOSPITAL

DIRECTORS' REPORT

The directors present their annual report and audited financial statements for the year ending 31 December 2014.

1. CORPORATE GOVERNANCE

Company Structure

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

Code of Governance

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

Appointment of Directors

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

The current directors of the company are set out on page 2 and have served throughout the year except where noted below:

Dr. Stephanie Ryan resigned as an executive director on 30th September 2014 following completion of her term of office as Chairperson of the Medical Board. Mr. John Caird, the incoming Chairperson of the Medical Board, was appointed an executive director on the same date.

Ms Grainne Bauer, the recently appointed Director of Nursing, was appointed as an executive director on 20th February 2015. This followed the resignation of Ms Suzanne Dempsey from that respective role and as an executive director on the same date.

Organisational Management

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

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

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

Risk Management

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

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

The Governance, Quality and Patient Safety Committee is a sub-committee of the Board of Directors and assists the Board in fulfilling its responsibilities relating to the delivery of the highest standard of quality care to patients through the active promotion of communication, collaboration and engagement between patients, their families and hospital staff.

The Clinical Governance Committee is a multidisciplinary Committee and is chaired by the Clinical Director who reports upwards to the Governance, Quality and Patient Safety Committee. The role of the Committee is to ensure that there are appropriate mechanisms in place to monitor the effectiveness and quality of clinical care to children and their families; to facilitate shared learning and examples of good practice across all disciplines; to ensure learning from adverse events and co-ordinate and monitor action plans arising from internal and external reviews as well as provide oversight to hospitals adherence to National standards. The Clinical Director and Quality Manager meet the Governance, Quality and Patient Safety Committee bi-annually to report on activities of the Clinical Governance Committee.

The Quality, Risk and Safety Committee, comprising of a Multi-disciplinary Team and reporting to the Clinical Governance Committee and Executive Management Committee, is chaired by the Chief Executive and has responsibility to:

- Co-ordinate, oversee, prioritise and integrate clinical and non-clinical risk management and continuous quality improvement initiatives across the hospital;
- Promote a culture in which clinical and non-clinical risk and quality management will continue to develop as an integral and seamless component of the care process.

A policy on Protective Disclosures of Information puts a framework in place to ensure that where a concern about a healthcare professional is raised, it can be dealt with in a fair and transparent manner.

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

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

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

Employee Matters

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

Environmental Matters

The company seeks to minimise adverse impacts on the environment from its activities whilst continuing to address health, safety and economic issues. The company has complied with all applicable legislation.

CHILDREN'S UNIVERSITY HOSPITAL

DIRECTORS' REPORT

2. COMPANY AIMS & OBJECTIVES

Charitable Objectives

The mission statement for the Hospital is:

*By caring for the sick, we participate in the healing ministry of Christ;
We honour the spirit of Catherine McAuley and the Sisters of Mercy;
We pledge ourselves to respect the dignity of human life;
to care for the sick with compassion and professionalism;
to promote excellence and equity, quality and accountability.
In our friendly and caring environment,
we strive to promote the highest quality of care for all
with dignity, compassion and respect.
We value our staff and encourage their development.*

The charitable activities of the hospital are to:

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

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

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

2015 key objectives

The 2015 Service Plan for Children's University Hospital forms the basis of the Service Level Agreement between the Hospital and the Health Services Executive. It sets out, at a high level, the type and volume of services that the Hospital will provide in 2015 within the allocated resources and in line with our Financial Plan. In 2015, there are a number of high level key objectives:

Access

- To provide services which are accessible in the right place at the right time and in line with best practice guidelines.
- To deliver acute paediatric care to the funded level to a secondary care population within our catchment area and to a tertiary population in specified services.
- To pro-actively manage scheduled and unscheduled activity levels in line with resource allocation, agreed activity levels and (SDU) Special Delivery Unit requirements.

Clinical Integration

To drive the development of existing cross hospital collaborative initiatives including clinical service integration and the roll out of the Clinical Directorate structures with Our Lady's Children's Hospital, Crumlin (OLCHC) and the National Children's Hospital, Tallaght (NCH) in conjunction with the Group CEO.

Corporate Integration

To assist in the design, engagement and planning in preparation for the New Children's Hospital through participation and engagement at all levels with input from key stakeholders into the Definitive Business Case for the new hospital.

Quality

To investigate the feasibility of participation in external accreditation programmes, as a precursor for the future of hospital licensing, ensuring compliance with proposed legislative requirements.

The Service Plan sets out key goals, under ten overarching themes, through which the above high level objectives will be attained. The ten themes are:

- Quality and Patient Safety
- Financial Framework
- Development Agenda:
 - Paediatric Services Integration
 - National Children's Hospital
- Access
- Service Developments
- Workforce
- Communications
- Corporate and Clinical Governance
- Capital Projects and Infrastructure
- Key Performance Indicators

For each theme a set of defined goals has been identified and timeframes agreed, against which the success of this Service Plan will be measured.

A number of key factors influenced the development of the 2015 Service Plan, including:

- The Statement of Strategic Intent, developed in 2012 as part of the hospital's Development Agenda, which continues to help shape the future and direction of Children's University Hospital.
- The National Standards for Safer and Better Healthcare (HIQA) developed as part of the Patient Safety First Initiative and hospital licensing.
- The culture of hygiene awareness that has been prioritized by the Board of Directors at Children's University Hospital and associated action plan.
- The economic and financial environment, expected funding levels and requirements for cost containment initiatives and value for money.
- The Hospital's Quality Improvement Program for 2015.

3. REVIEW OF PERFORMANCE AND ACHIEVEMENTS FOR THE YEAR

Proactive planning in 2014 for efficient use of infrastructural, human and financial resources were critical to ensuring that activity targets, as agreed with the HSE, were materially attained despite the ever challenging financial environment. The trends in activity levels, which should be considered in the context of capacity constraints, funding challenges and increased complexity trends, can be demonstrated as follows:

- In-Patient discharges increased by 3% to 7,809;
- Day cases remained static at 7,962;
- A&E attendances decreased by 1% to 52,024
- Out-Patient attendances decreased by 1% to 75,891.

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

Average length of stay remained static at c. 3.9 days.

The Hospital incurred a financial loss of €18,000 for 2014 (2013: €646,000) thereby bringing the cumulative deficit at year-end to €1,400,000 (2013: €1,382,000). The HSE Allocation for 2014 amounted to €89,838,000 (2013: €80,475,000). Further details are set out in Section 4 below and in the body of the financial statements.

There were a number of noteworthy achievements and events during the year, including:

- **Renal Transplantation** - The Renal Transplantation Team at Temple Street conducted 19 transplants in 2014 which was the most transplants conducted in any one year since the hospital started its national transplant service in 2003. As well as being a record year for transplant numbers in children, 2014 was also the year in which the hospital's transplant program undertook its 100th kidney transplant.
- **Bilateral Cochlear implant programme** - July 2014 saw the conducting of the first bilateral simultaneous and sequential cochlear implants under the Temple Street and Beaumont cochlear implant programme. 30 bilateral sequential implants were conducted before the end of the year, facilitating hearing and communications skills in children.
- **Hand Hygiene** - In September 2014, Temple Street launched a new campaign to help increase hand hygiene compliance, prevent hospital acquired infection and bring the Hospital in line with HSE required standards. The initiative resulted in compliance increasing from 62% in May 2014 to 85% in November 2014. The 2015 target is 90%.
- **Hospital website** - A completely re-designed and re-developed hospital website (www.cuh.ie) was launched containing much more engaging, user friendly, dynamic and up to date content.
- **Capital Developments** - A three story extension to the Theatre and Laboratory buildings was completed in April 2014. The project, which cost €1,900,000 and was funded by the HSE, resulted in additional clinical space for laboratory analysis and interpretation and the provision of additional recovery bays within theatre. Other significant capital projects which commenced in 2014, and will be completed in 2015, included the development of additional clinical space in the A&E department (cost €700,000) and of an endoscopy decontamination unit (cost €500,000).
- **ICT Developments** - Significant ICT developments included:
 - Commissioning of a patient entertainment system in Top Flat, with plans now in place to extend it to all wards. The system, which provides controlled bedside access to TV, movies and radio to patients, is being funded by the Children's Fund for Health;
 - Initiation of the first step in the Hospital's transition to an electronic patient record with the launch of the Orion Clinical Portal in Neurosurgery and Endocrinology. Rollout to the remainder of the Hospital is planned;
 - Completion of the rollout of the national new-born bloodspot screening system (Specimen Gate) in the National New-born Bloodspot Laboratory (NNBSL). The Hospital received a commendation at Irish Healthcare Awards for the project's focus on improving patient care, innovation and collaboration;
 - Implementation of the Healthlinks system, thereby improving communication with GP's and enabling the electronic transmission of laboratory results.

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

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

4. RESULTS

2014 proved to be an exceptionally challenging year in financial terms with increasing costs occurring at a time of reducing income. Maintaining activity levels and avoiding service reductions necessitated ongoing and extensive engagement with the HSE re underlying funding levels. Such discussions ultimately resulted in a HSE Revenue Allocation uplift, from €80,475,000 in 2013 to €89,838,000 in 2014, an increase of 12%. The Revenue Allocation net of adjustments amounted to €88,836,000 (2013: €81,055,000). The adjustments relate to release and deferral of capital and revenue funding receipts.

Other Income amounted to €13,167,000 (2013: €16,715,000). Of the €3,548,000 (21%) reduction, €2,383,000 can be attributed to reductions in private insurer income, reflecting reduced statutory charges, shorter lengths of stay and a provision made regarding certain historic claims.

Expenditure in 2014 amounted to €101,986,000 (2013: €98,413,000). Pay related costs amounted to €70,823,000 (2013: €70,459,000), an increase of €364,000. Included within this are increased pension related costs of €420,000.

Non Pay related costs increased by €3,070,000 to €29,112,000 (2013: €26,042,000). Of this amount, €1,489,000 is attributable to increased clinical related spend, €1,034,000 to outsourced clinical spend and the balance to both increased operating costs and provisioning for bad debts.

An Operating Profit of €17,000 was recorded for 2014 (2013: Operating Loss of €643,000). After accounting for Interest and Bank Charges, the deficit recorded amounted to €18,000 (2013: deficit of €646,000).

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

5. GOING CONCERN

The company had a cumulative deficit of €1,400,000 at 31 December 2014 (2013: €1,382,000). The initial Allocation for 2015, as advised by the HSE, amounted to €87,776,000, a reduction of €2,062,000 (2.3%) on the final 2014 Allocation level. When incremental expenditure is considered, the financial challenge facing the Hospital for 2015, based on current funding levels, is projected at c. €3,200,000. Included within this amount is €600,000 attributable to projected increased pension related costs.

In assessing whether the financial statements should be prepared on a going concern basis, the directors have given due consideration to management's on-going discussions with the HSE regarding revenue and capital funding for the year ending 31 December 2015 and potential cost saving measures which may be introduced if such discussions prove unsuccessful.

The Hospital is dependent upon the on-going support of the HSE to provide adequate funding to enable it to continue to provide services. The HSE has indicated that it will continue to engage with the Hospital in relation to the financial challenges and management expect its continued support in this regard.

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

6. EU LATE PAYMENTS REGULATIONS

The regulations impose a legal requirement on bodies to make interest payments in respect of invoices that are paid in excess of 30 days after receipt. In so far as is permitted by cashflow constraints, it is company policy to settle all invoices within the appropriate timeframe. The interest paid under the terms of the regulations amounted to €Nil (2013: €Nil).

CHILDREN'S UNIVERSITY HOSPITAL DIRECTORS' REPORT

7. PRINCIPAL RISKS AND UNCERTAINTIES

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

The principal risks identified are set out below:

- The company is providing increasingly complex medical procedures, with the associated underlying clinical risks, reflecting the development of core specialities and the general advancement of medical knowledge and practices;
- The company is subject to increasingly stringent compliance in the areas of hygiene, infection control and health and safety. While the company places the highest importance on minimising risks to patients and staff, continued developments in these areas could result in additional compliance costs;
- The company relies principally on HSE funding to deliver its services. As such, it is subject to the annual agreement of budgets, determination of funding and increasingly stringent and specific Board and Corporate governance compliance arrangements. The company may also be affected by changes in healthcare policy;
- The company is dependent upon skilled and competent staff in order to maintain activity levels and ensure a safe delivery of service to patients. Employment control initiatives and adherence to the European Working Time Directive pose challenges in this regard;
- The draw on human resources, organisational knowledge and skill sets, away from core hospital business, to assist with the integration of paediatric services within the Paediatric Hospital Group, poses an increasing challenge;
- The company provides medical services, the demand for which may be affected by factors beyond its control. The accident and emergency pressures continue to be a challenge and are monitored on a daily basis;
- The decreasing numbers with private healthcare cover, increasing capacity in the system and declining rates are posing an ongoing challenge to income levels.

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

8. POST BALANCE SHEET EVENTS

There were no significant post balance sheet events.

9. BOOKS OF ACCOUNT

The directors believe that they have complied with the requirement of Section 202 of the Companies Act, 1990 with regard to books of account by employing personnel with appropriate expertise and by providing adequate resources to the financial function. The books of account are maintained at Children's University Hospital, Temple Street, Dublin 1.

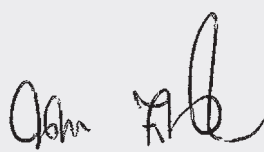
10. AUDITORS

Deloitte & Touche, Chartered Accountants and Statutory Audit Firm, continue in office in accordance with Section 160(2) of the Companies Act 1963.

Signed on behalf of the Board:



Sean Sheehan
22 May 2015w



John Fitzpatrick

STATEMENT OF DIRECTORS' RESPONSIBILITIES

Irish company law requires the directors to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the company and of the profit or loss of the company for that period. In preparing those financial statements, the directors are required to:

- select suitable accounting policies for the company financial statements and then apply them consistently;
- make judgements and estimates that are reasonable and prudent; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The directors are responsible for keeping proper books of account which disclose with reasonable accuracy at any time the financial position of the company and to enable them to ensure that the financial statements are prepared in accordance with accounting standards generally accepted in Ireland and comply with Irish statute comprising the Companies Acts, 1963 to 2013. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The directors are responsible for the maintenance and integrity of the corporate and financial information included on the company's website.

INDEPENDENT AUDITORS' REPORT

TO THE MEMBERS OF CHILDREN'S UNIVERSITY HOSPITAL

We have audited the financial statements of Children's University Hospital for the year ended 31 December 2014 which comprise the Profit and Loss Account, the Balance Sheet, the Cash Flow Statement and the related notes 1 to 21. The financial reporting framework that has been applied in their preparation is Irish law and accounting standards issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland (Generally Accepted Accounting Practice in Ireland).

This report is made solely to the company's members, as a body, in accordance with Section 193 of the Companies Act, 1990. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

RESPECTIVE RESPONSIBILITIES OF DIRECTORS AND AUDITORS

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

SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Reports and Financial Statements for the year ended 31 December 2014 to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

OPINION ON FINANCIAL STATEMENTS

In our opinion the financial statements:

- give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland, of the state of the affairs of the company as at 31 December 2014 and of the loss for the year then ended; and
- have been properly prepared in accordance with the Companies Acts, 1963 to 2013.

EMPHASIS OF MATTER – GOING CONCERN

In forming our opinion, which is not modified, we have considered the adequacy of the disclosures made in Note 1 to the financial statements concerning the Company's ability to continue as a going concern. These conditions, along with the other matters explained in Note 1 to the financial statements, indicate the existence of a material uncertainty which may cast significant doubt about the Company's ability to continue as a going concern. The Company is dependent on the ongoing support of the HSE to provide adequate funding to enable it to continue to provide services. The HSE has indicated that it will continue to engage with the Hospital in relation to the financial challenges and management expect its continued support in this regard. On that basis the directors have prepared the financial statements of the Company on a going concern basis. The financial statements do not include the adjustments that would result if the Company was unable to continue as a going concern.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY THE COMPANIES ACTS, 1963 TO 2013

- We have obtained all the information and explanations which we consider necessary for the purposes of our audit.
- In our opinion proper books of account have been kept by the company.
- The financial statements are in agreement with the books of account.
- In our opinion the information given in the directors' report is consistent with the financial statements.
- The liabilities of the company exceed the assets of the company, as stated in the balance sheet and, in our opinion, on that basis there did exist at 31 December 2014 a financial situation which, under Section 40(1) of the Companies (Amendment) Act, 1983, may require the convening of an extraordinary general meeting of the company.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

We have nothing to report in respect of the provisions in the Companies Acts, 1963 to 2013 which require us to report to you if, in our opinion, the disclosures of directors' remuneration and transactions specified by law are not made.



Thomas Cassin

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

22 May 2015

PROFIT AND LOSS ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2014

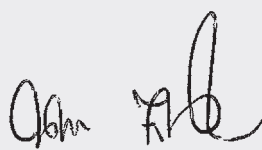
	Notes	2014 €'000	2013 €'000
TURNOVER			
- Revenue grants	3	88,836	81,055
- Other income	4	13,167	16,715
		102,003	97,770
COSTS			
Staff costs	5	(70,823)	(70,459)
Non pay costs		(29,112)	(26,042)
Depreciation		(2,051)	(1,912)
TOTAL COSTS		(101,986)	(98,413)
OPERATING PROFIT/(LOSS)		17	(643)
Interest payable and similar charges	6	(35)	(28)
Interest receivable		-	25
LOSS ON ORDINARY ACTIVITIES	8	(18)	(646)
Accumulated loss at beginning of year		(1,382)	(736)
Accumulated loss at end of year		(1,400)	(1,382)

All recognised gains and losses for both the current year and the previous year have been reflected in the above profit and loss account and arise from continuing activities.

The financial statements were approved by the Board of Directors on 22 May 2015 and signed on its behalf by:



Sean Sheehan



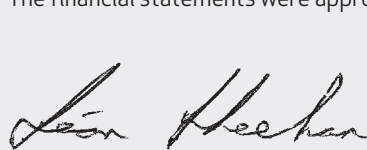
John Fitzpatrick

BALANCE SHEET

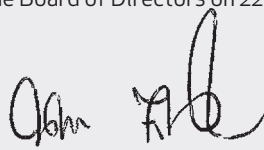
AS AT 31 DECEMBER 2014

	Notes	2014 €'000	2013 €'000
FIXED ASSETS	9	2,795	2,794
CURRENT ASSETS			
Stocks	10	1,744	1,961
Debtors	11	3,975	3,549
Grants receivable		9,304	9,749
		15,023	15,259
CREDITORS: (Amounts falling due within one year)	12	(16,422)	(16,640)
NET CURRENT LIABILITIES		(1,399)	(1,381)
TOTAL ASSETS LESS CURRENT LIABILITIES		1,396	1,413
CAPITAL GRANTS	13	(2,795)	(2,794)
NET LIABILITIES		(1,399)	(1,381)
FINANCED BY			
Share capital	14	1	1
Profit and loss account		(1,400)	(1,382)
SHAREHOLDERS' DEFICIT		(1,399)	(1,381)

The financial statements were approved by the Board of Directors on 22 May 2015 and signed on its behalf by:



Sean Sheehan



John Fitzpatrick

CASH FLOW STATEMENT

FOR THE YEAR ENDED 31 DECEMBER 2014

	Notes	2014 €'000	2013 €'000
NET CASH OUTFLOW FROM OPERATING ACTIVITIES	15	(420)	(1,460)
RETURNS ON INVESTMENT AND SERVICING OF FINANCE			
Interest paid and similar charges	6	(35)	(28)
Interest received		-	25
NET CASH OUTFLOW FROM RETURNS ON INVESTMENT AND SERVICING OF FINANCE		(35)	(3)
CAPITAL EXPENDITURE			
Payments to acquire fixed assets		(3,074)	(5,314)
NET CASH OUTFLOW BEFORE FINANCING		(3,529)	(6,777)
FINANCING			
HSE grants received in relation to fixed assets		1,592	2,486
Fundraised capital grants		1,482	2,828
NET CASH INFLOW FROM FINANCING ACTIVITIES		3,074	5,314
DECREASE IN CASH	16 & 17	(455)	(1,463)

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2014

1. GOING CONCERN

The Company is dependent upon the HSE providing adequate funding to ensure that it can meet its liabilities as and when they fall due. The Company had a cumulative deficit of €1,400,000 at 31 December 2014 (2013: €1,382,000). The initial Allocation for 2015, as advised by the HSE, amounted to €87,776,000, a reduction of €2,062,000 (2.3%) on the final 2014 Allocation level. When incremental expenditure is considered, the financial challenge facing the Hospital for 2015, based on current funding levels, is projected at c. €3,200,000. Included within this amount is €600,000 attributable to projected increased pension related costs.

In assessing whether the financial statements should be prepared on a going concern basis, the directors have given due consideration to management's on-going discussions with the HSE regarding revenue and capital funding for the year ending 31 December 2015 and potential cost saving measures which may be introduced if such discussions prove unsuccessful.

The Hospital is dependent upon the on-going support of the HSE to provide adequate funding to enable it to continue to provide services. The HSE has indicated that it will continue to engage with the Hospital in relation to the financial challenges and management expect its continued support in this regard.

For these reasons, the directors believe that it is appropriate to continue to adopt the going concern basis in preparing the financial statements. The financial statements do not include any adjustments that would result if the company was unable to continue as a going concern.

2. STATEMENT OF ACCOUNTING POLICIES

Basis of preparation

The financial statements have been prepared under the historical cost convention and in accordance with accounting standards generally accepted in Ireland and Irish statute comprising the Companies Acts, 1963 to 2013.

Turnover

Revenue grants and other income

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

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

Outpatient and road traffic accident income

This income is accounted for on a cash receipts basis.

Retrospective pay awards

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

Tangible fixed assets and depreciation

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

Equipment:	5 years
Computer equipment:	3 years

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 DECEMBER 2014

2. STATEMENT OF ACCOUNTING POLICIES (CONTINUED)**Stocks**

Stocks are valued at the lower of cost and net realisable value. Cost comprises expenditure incurred in the normal course of business in bringing stocks to their present location and condition. Full provision is made for obsolete and slow moving items.

Capital grants

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

Foreign currencies

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

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

Leases

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

Pensions

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

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

Contributions received are credited to the Profit and Loss Account as they are received. Payments made under the scheme are charged to the Profit and Loss Account as they fall due.

Refunds of Contributions are charged to the Profit and Loss Account when notification is received from the Department of Health and Children to make a payment to an employee who is leaving the scheme.

A new Single Public Service Pension Scheme (Single Scheme) commenced with effect from 1st January 2013. The Scheme applies to all pensionable first time entrants to the Public Service, as well as former public servants returning to the Public Service after a break of more than 26 weeks. Benefits are calculated by reference to "referable amounts" for each year's service that are uprated by the CPI as notified by the Minister. All contributions deducted from members wages/salaries are remitted to the nominated bank account of the Department of Public Expenditure and Reform and not credited to the Profit and Loss Account. In the opinion of the directors, the Department of Public Expenditure and Reform ("DPER") is responsible for this Single Scheme and payments arising under this scheme to retiring employees are payable by the State.

Provision for doubtful debts

The ageing and recoverability of patient bills outstanding is considered at each balance sheet date and appropriate provision is made.

3. REVENUE GRANTS

	2014 €'000	2013 €'000
HSE revenue grants receivable	89,838	80,475
HSE revenue grants income released/(deferred)	199	(567)
HSE revenue grants transferred to other agencies	(829)	(449)
HSE revenue grants attributable to capital related items	(438)	-
HSE capital funding released	-	1,596
Other	66	-
Revenue grants	88,836	81,055

4. OTHER INCOME

	2014 €'000	2013 €'000
Patient income	5,696	8,861
Sundry income	574	604
	6,270	9,465
<i>Payroll deductions:</i>		
Superannuation contributions (Note 20)	2,963	3,058
Pension levy	3,934	4,192
	13,167	16,715

5. STAFF NUMBERS AND COSTS

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

	2014 NUMBER	2013 NUMBER
Management	5	5
Administration	185	185
N.C.H.D.	81	80
Medical consultants	55	52
Nursing	418	408
Paramedical	179	182
Support services	55	59
	978	971

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 DECEMBER 2014

5. STAFF NUMBERS AND COSTS (CONTINUED)

	2014 €'000	2013 €'000
The aggregate payroll costs of these employees were as follows:		
Wages and salaries	61,398	61,450
Social welfare costs	5,185	5,189
	66,583	66,639
Pensions paid for the year (Note 20)	4,240	3,820
	70,823	70,459

6. INTEREST PAYABLE AND SIMILAR CHARGES

	2014 €'000	2013 €'000
Interest paid and similar charges	35	28

7. TAXATION

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

8. LOSS ON ORDINARY ACTIVITIES

	2014 €'000	2013 €'000
The loss on ordinary activities is stated after charging/(crediting):		
Depreciation	2,052	1,912
Executive directors' emoluments	519	553
Capital grant amortisation	(2,052)	(1,912)
Operating leases: Land and buildings	190	150
Equipment	300	305
Auditor's remuneration exclusive of VAT:		
- Audit	25	25
- Other assurance	7	7

9. FIXED ASSETS

	Improvements to Buildings €'000	Equipment €'000	Total €'000
Cost:			
At 1 January 2014	-	28,438	28,438
Additions	1,021	2,053	3,074
Transfers/Retirements	(1,021)	(222)	(1,243)
At 31 December 2014	-	30,269	30,269
Depreciation:			
At 1 January 2014	-	25,644	25,644
Charge for the year	-	2,052	2,052
Retirements	-	(222)	(222)
At 31 December 2014	-	27,474	27,474
Net book value:			
At 31 December 2014	-	2,795	2,795
At 31 December 2013	-	2,794	2,794

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

Expenditure capitalised during the year in respect of improvements to buildings has been transferred to the parent company at net book value along with the related capital grants. The amount transferred for the year ended 31 December 2014 amounted to €1,021,120 (2013: €3,973,444).

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

10. STOCKS

	2014 €'000	2013 €'000
Consumables	1,744	1,961

There are no material differences between the replacement cost of stock and the balance sheet amounts.

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 DECEMBER 2014

11. DEBTORS (AMOUNTS FALLING DUE WITHIN ONE YEAR)

	2014 €'000	2013 €'000
Maintenance and in-patient charges	2,932	2,589
Sundry debtors and prepayments	1,043	960
	3,975	3,549

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

	2014 €'000	2013 €'000
Bank overdraft	4,012	3,557
Trade and sundry creditors	4,512	4,015
PAYE/PRSI	1,915	1,874
Pay accruals	1,869	2,057
Non-pay accruals	3,349	3,370
Deferred grants	765	1,767
	16,422	16,640

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

13. CAPITAL GRANTS

	2014 €'000	2013 €'000
At 1 January	2,794	3,366
Capital grants received during the year	1,592	2,486
Fundraised capital grants	1,482	2,828
Capital grant write-back:		
- Amortisation	(2,052)	(1,912)
- Other write-backs or transfers	(1,021)	(3,974)
At 31 December	2,795	2,794

14. SHARE CAPITAL

	2014 €'000	2013 €'000
Authorised:		
1,000 ordinary shares of €1 each	1	1
Issued:		
1,000 ordinary shares of €1 each	1	1

15. RECONCILIATION OF OPERATING PROFIT / (LOSS) TO NET CASH OUTFLOW FROM OPERATING ACTIVITIES

	2014 €'000	2013 €'000
Operating Profit/(loss)	17	(643)
Depreciation	2,052	1,912
Increase in debtors	(426)	(880)
Increase in non-capital creditors	329	2,443
Capital grant write-back	(2,052)	(1,912)
Decrease/(increase) in stocks	217	(218)
Increase in net Department of Health and Children balance	(557)	(2,162)
Net cash outflow from operating activities	(420)	(1,460)

16. ANALYSIS OF CHANGES IN DEBT

	At 01/01/2014 €'000	Cash Flow €'000	At 31/12/2014 €'000
Bank overdraft	(3,557)	(455)	(4,012)

17. RECONCILIATION OF NET CASH FLOW TO MOVEMENT IN NET DEBT

	2014 €'000	2013 €'000
Decrease in cash in the year	(455)	(1,463)
Net debt at 1 January	(3,557)	(2,094)
Net debt at 31 December	(4,012)	(3,557)

18. CONTINGENT LIABILITIES

The directors are satisfied that there are no contingent liabilities.

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 DECEMBER 2014

19. FINANCIAL COMMITMENTS

Capital commitments

At 31 December 2014, the Company had outstanding contractual commitments in respect of building projects amounting to €498,000 (2013: €808,845).

Lease commitments

Annual commitments exist under non-cancellable operating leases as follows:

	Land and Buildings €'000	Equipment €'000	Total €'000
Expiring:			
Within one year	-	-	-
Between two and five years	190	300	490
More than five years	-	-	-
	190	300	490

20. PENSION SCHEME

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

In the year ending 31 December 2014, €2,963,495 (2013: €3,057,505) was retained and treated as income and €4,240,141 (2013: €3,819,893) was paid to pensioners.

Whilst the VHSS scheme is a defined benefit scheme, the company has availed of the multi-employer scheme exemption from the disclosure requirements relating to defined benefit schemes in FRS 17 para. 9(a), on the grounds that the company's deemed contributions, as determined by the Department for Health and Children, are set in relation to the current service period only (i.e. are not affected by a surplus or deficit relating to the past service of its own employees or any other members of the scheme). On this basis the scheme is considered for disclosure purposes as a defined contribution scheme and no further disclosures are required.

A new Single Public Service Pension Scheme (Single Scheme) commenced with effect from 1st January 2013. The Scheme applies to all pensionable first time entrants to the Public Service, as well as former public servants returning to the Public Service after a break of more than 26 weeks. Benefits are calculated by reference to "referable amounts" for each year's service that are uprated by the CPI as notified by the Minister. All contributions deducted from members wages/salaries are remitted to the nominated bank account of the Department of Public Expenditure and Reform and not credited to the Profit and Loss Account. In the opinion of the directors, the Department of Public Expenditure and Reform ("DPER") is responsible for this Single Scheme and payments arising under this scheme to retiring employees are payable by the State.

21. PARENT COMPANY AND RELATED PARTY TRANSACTIONS

Parent company

The company is a wholly owned subsidiary of Mater Misericordiae and The Children's University Hospitals Limited, a company incorporated in the Republic of Ireland. The net amount owed by the Mater Misericordiae and The Children's University Hospitals Limited to the company at 31 December 2014 was €76,148 (2013: €46,468). Mr Sean Sheehan, Chairperson and Ms. S. Brady, Deputy Chairperson, are non-executive directors of both entities.

Fundraising body

During the year, the Children's Fund for Health Limited provided the company with €1,921,296 (2013: €3,621,882) in respect of fundraised capital grants and other non-capital amounts. Of the non-capital amounts, €376,127 (2013: €721,416) comprised of research related grant receipts (out of a total for research grant receipts, from all sources, of €438,864 (2013: €1,208,889)). This income and related expenditure are netted in the financial statements.

As at 31 December 2014: €149,891 (2013: €85,476) was due from the Children's Fund for Health Limited to the company. Ms. S. Brady is a non-executive director of both the Children's University Hospital and the Children's Fund for Health Limited.

CHILDREN'S UNIVERSITY HOSPITAL

SUPPLEMENTARY INFORMATION

(NOT COVERED BY THE INDEPENDENT AUDITORS' REPORT)

APPENDICES TO THE PROFIT AND LOSS ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2014

APPENDIX I - OTHER INCOME

	<i>Appendix</i>	2014 €'000	2013 €'000
Patient income	III	5,696	8,861
Sundry income	IV	574	604
		6,270	9,465
Payroll Deductions:			
Superannuation contributions		2,963	3,058
Pension levy		3,934	4,192
		13,167	16,715

APPENDIX II - TOTAL COSTS

	<i>Appendix</i>	2014 €'000	2013 €'000
Non-pay costs	V	31,163	27,954
Pay costs	VI	70,823	70,459
		101,986	98,413
Interest and charges	IX	35	28
Interest receivable	IX	-	(25)
		102,021	98,416

APPENDIX III - PATIENT INCOME

	2014 €'000	2013 €'000
Road traffic accidents	65	343
Maintenance charges	5,614	7,997
Miscellaneous	17	521
	5,696	8,861

APPENDIX IV - SUNDRY INCOME

	2014 €'000	2013 €'000
Canteen	517	543
Parents' accommodation	57	61
	574	604

APPENDICES TO THE PROFIT AND LOSS ACCOUNT (continued)

FOR THE YEAR ENDED 31 DECEMBER 2014

APPENDIX V - NON-PAY COSTS

	<i>Appendix</i>	2014 €'000	2013 €'000
Bad debts		191	(121)
Medicines		10,614	10,342
Blood and blood products		356	352
Pathology		2,830	2,815
Medical and surgical appliances		4,855	3,870
X-Ray		438	453
Medical equipment		1,359	1,131
Food		481	466
Heat, light and power		897	1,132
Cleaning and washing		1,735	1,690
Furniture, crockery and hardware		138	160
Bedding and clothing		28	19
Maintenance		1,029	990
Transport and travel		227	207
Finance	VII	234	239
Office	VIII	3,384	3,018
Sundries		336	319
Security		370	326
Depreciation		2,052	1,912
Capital grant write back		(2,052)	(1,912)
Professional Fees		1,661	546
		31,163	27,954

APPENDIX VI - PAY COSTS

	2014 €'000	2013 €'000
Administration	9,978	9,814
Common contract	10,649	10,641
Medical - Other	7,717	7,957
Nursing	23,503	23,245
Paramedical	12,155	12,313
Catering, housekeeping etc.	2,208	2,310
Maintenance	373	359
Gratuities	947	857
Superannuation refunds	66	78
Pensions	3,227	2,885
	70,823	70,459

APPENDIX VII – FINANCE

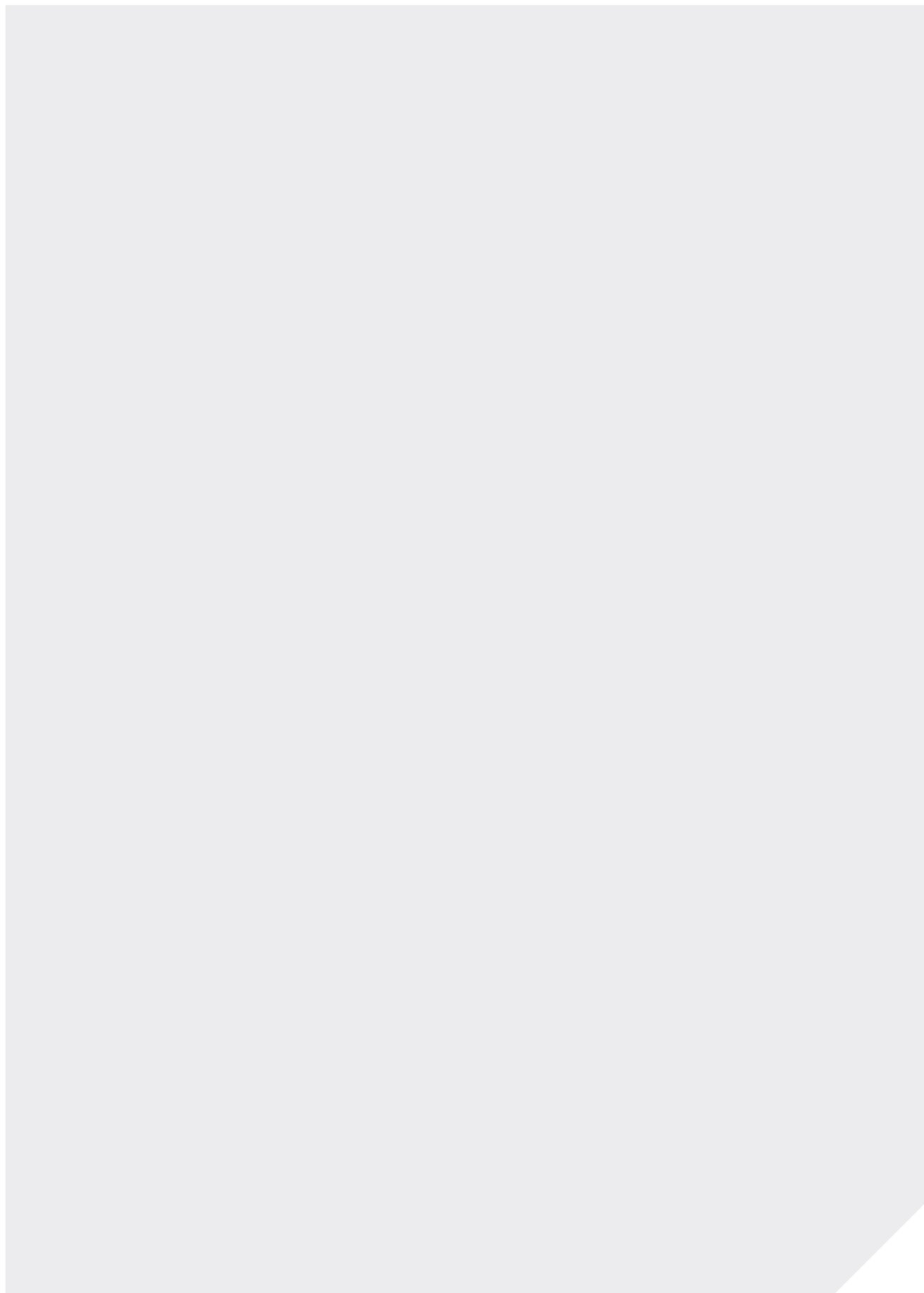
	2014 €'000	2013 €'000
Insurance	210	255
Legal fees	24	(16)
	234	239

APPENDIX VIII - OFFICE

	2014 €'000	2013 €'000
Equipment and office expenses	1,856	1,835
Printing and stationery	645	562
Telephone	236	196
Advertising, recruitment and courses	134	118
Postage	252	201
Rent	261	106
	3,384	3,018

APPENDIX IX – INTEREST AND CHARGES

	2014 €'000	2013 €'000
Interest and charges	35	28
Interest receivable	-	(25)



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WHO CAN GET INVOLVED

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

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

TRICK OR TREAT!



Host a party and help sick kids at Halloween

CHRISTMAS RAFFLE



Largest Annual Fundraiser

Get festive and raise funds by selling raffle tickets at Christmas

CREATE YOUR OWN EVENT

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

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BY POST



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

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