



SPotLight on  
**Children's Voice  
& exPeRiENCE**

Annual Report & Accounts 2015

# Creating a Centre of Excellence

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

to **Care** for  
Childrens  
Health



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# THE YEAR at a GLANCE



## JANUARY

Joe Schmidt, Ireland Rugby Coach lines out for Epilepsy Ireland at the Aviva Stadium with Sean Delaney, Joar Ryan, and James Devine who all have epilepsy and attend the epilepsy service at Temple Street. These 'men' ask us to be 'Be Seizure Aware' by remembering **TEAM**.

- **T** – Take care to protect the person
- **E** – Ensure you stay with them
- **A** – Allow the seizure run its course
- **M** – Move the person on to their side when the seizure is over

European Epilepsy Day 2015 followed on February 10th. For more information please visit [epilepsy.ie](http://epilepsy.ie)

## FEBRUARY

### ICT/ORION Clinical Portal rollout

The Clinical Portal was rolled out to the entire hospital on 3rd February, having previously been live in the two sponsor areas of Endocrinology and Neurosurgery since November 2014. The Clinical Portal is one of the key steps on the journey from the current hard copy patient chart to an Electronic Patient Record (EPR).

### New Director of Nursing (DoN)

Ms Grainne Bauer was appointed at the new DoN at Temple Street in February. Grainne had previously been the DNM of the Critical Care Division from 2010 to January 2015.

### Emergency Department (ED) Construction

The extension and refurbishment of the ED commenced on 23rd February and during 2015 the development focused on providing an increased waiting area, a new reception area, an additional two bay RATU (Rapid Access Treatment Unit), two additional single treatment rooms, an extended triage area, a centralised storage of major disaster equipment, relocation of office space within the ED and a courtyard.



*Director of Nursing, Grainne Bauer*



## MARCH

### ICT/IPiMS upgrade

On 18th March, the ICT Department successfully upgraded IPiMS to version 3.2.

### Nurse Graduation

Friday 27th March marked the graduation ceremony for 28 students from the 2010 BSc. in Children's and General Nursing and for 27 students from the 2013 Post Registration, Higher Diploma in Children's Nursing.

### Endoscopy Decontamination Unit

A state of the art Endoscopy Decontamination Unit was opened and this is now a reference site for HSE standards.





Four year old, Kate Burke with her mum, Runagh from Claremorris, celebrating the 100th kidney transplant in Temple Street

## APRIL

### Temple Street marks 100th kidney transplant

On 27th April, Temple Street held an event to mark the 100th kidney transplant conducted in the hospital since the National Paediatric Transplantation Programme started in 2003.

2014 was the busiest year for transplantation with 19 children receiving a life-changing kidney transplant from living and deceased donors. In the two years preceding that, a further 25 children received a kidney transplant.

### Temple Street as an outstanding energy efficient hospital

On 25th April, the Minister for Communications launched the Public Sector Energy Efficiency Performance Report at Temple Street as the hospital is widely acknowledged as being extremely energy efficient.

## MAY

### [www.craniofacial.ie](http://www.craniofacial.ie)

The craniofacial team, led by Mr Dylan Murray, Consultant Craniofacial, Plastic and Reconstructive Surgeon, launched its new website ([www.craniofacial.ie](http://www.craniofacial.ie)) in May. The website for parents of children with craniofacial disorders and HCPs comprises information on these disorders, the make-up of the craniofacial team, R&D and how to support the work of this team.

### ICT/ORMIS upgrade

The ORMIS upgrade was successfully completed in mid-May.



Minister for Health, Leo Varadkar visiting St Michael's B Ward



## JUNE

### Minister for Health visit

Leo Varadkar, Minister for Health visited Temple Street on Wednesday 10th June to see 'first hand' some of the wonderful work undertaken in the hospital and to hear about our preparation for the transition to the new children's hospital. The Minister toured the Operating Department, where 6,500 children undergo surgical procedures every year and the ED where 49,000 children are seen every year. The Minister also visited parents and babies in St Michael's B Ward where neonates and babies under six months are cared for.

### [www.metabolic.ie](http://www.metabolic.ie)

The team at the National Centre for Inherited Metabolic Disorders (NCIMD) launched a new website ([www.metabolic.ie](http://www.metabolic.ie)) in June 2015. The website for parents of children with metabolic disorders and HCPs comprises information on these disorders, the make-up of the metabolic team, news and events and how you can support the work of this team.

### Hugh's Garden

Hugh's Garden, a new outdoor sanctuary for children and parents attending Temple Street at 43 Belvedere Place (just around the corner from Mountjoy Square) was officially opened with Temple Street support in June. The 'woodland themed' Garden which will be open from 9am – 6pm every day is for use by all families who are spending time at Temple Street, and who might need some peace and quiet and time away from the hospital. Parents can gain access to the Garden by asking for a code from the ward or department their child is attending. The Garden has been donated and opened by Ade Stack and Marty Curley, in memory of their baby son, Hugh, who passed away in Temple Street in August 2013 at just eight months old. Hugh's House is a new, privately owned six-family residential facility providing accommodation for families of seriously ill children from outside Dublin who are spending time at Temple Street.

### Helping deaf children hear and talk

In June 2015, Temple Street in partnership with their colleagues in the National Paediatric Cochlear Implant Programme team at Beaumont Hospital, Dublin 9 announced that 25 first bilateral simultaneous and 40 first bilateral sequential cochlear implants had been conducted in Temple Street since July 2014.



Jack Harmes and Ade Stack at the opening of Hugh's Garden

# THE YEAR at a GLANCE (continued)



## JULY

### Transplant Service

The Renal Transplant Team (as part of National Kidney Transplant Service Beaumont Hospital) met requirements for EU Directive 2010/53/EU on standards of quality and safety of human organs for transplantation in July 2015.

## AUGUST

The planning application for the new children's hospital was submitted to An Bord Pleanála on 10th August which included plans for the new children's hospital on the St. James's Hospital, D8 site and for two Paediatric OPD and Urgent Care Satellite Centres at Tallaght Hospital and James Connolly Memorial Hospital Blanchardstown. In the lead up to the submission of the planning application, there were over 1,000 hours of engagement and consultation with staff from the existing three children's hospitals (including Temple Street) the Clinical Leads in Paediatric Specialities, with families, young people and children who are former or current users of the service, as well as with residents from the local Dublin 8 area. This extensive consultation process has led to the development of a world-class building which has been designed to enable staff to deliver the best possible clinical care for children and young people, while also seeking to provide a pleasant environment for staff and families



Michelle Korrane, Young Pharmacist of the Year

## SEPTEMBER

### Young Pharmacist of the Year

Michelle Korrane, Temple Street's Antimicrobial Pharmacist and Senior Clinical Paediatric Pharmacist won the Pinewood Young Pharmacist of the Year Award 2015 on 22nd September 2015 recognising that hospital pharmacists play a vital role in medicines management within the secondary care setting and those in their infancy years of the profession can hint at leadership excellence that inspires others.

### Dental Unit

The new Dental Unit opened in August 2015.





## OCTOBER

### Hand Hygiene Compliance

Temple Street achieved > 90% compliance in the October National Hand Hygiene Audit. The national target is 90%.

### Pathology

Temple Street received INAB (Irish National Accreditation Board) and EU Blood Directive 2002/98/EC compliance.

## NOVEMBER

### Central Decontamination Unit

Temple Street achieved ISO 13485 & MDD 92/42/EEC certification following a three day Re-certification Audit and is now the only publically funded hospital in Ireland to have achieved this status.

### ICT updates

- The ICIP upgrade and BGA integration was completed on 3rd November
- The Radiology RIS/PACS upgrade was completed on 13th November
- The EDM Ward Ordering system was implemented on 30th November

### ED refurbishment

The refurbishment of ED (Phase 1) was completed in November 2016.

Mark Wells, ICT Support Team  
assisting Lorraine Culloty,  
CEO's Office



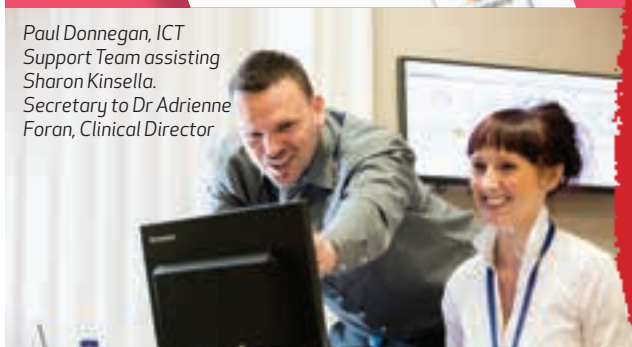
## DECEMBER

The 'National Model of Care for Paediatric Healthcare Services in Ireland' was published by the HSE and the Faculty of Paediatrics, RCPI. The chief authors were Professor Alf Nicholson, Consultant Paediatrician, Temple Street and Dr John Murphy, Consultant Neonatologist, Temple Street who are also the Joint Clinical Leads for the National Clinical Programme for Paediatrics and Neonatology

### ICT Windows 7

The Windows 7 roll-out was going on all year round.

Paul Donnegan, ICT  
Support Team assisting  
Sharon Kinsella,  
Secretary to Dr Adrienne  
Foran, Clinical Director



# CHIEF Executive's Review



## Dear Colleague

**It is both an honour and a privilege for me to present our 2015 Annual Report and to acknowledge that last year was another year of exciting activity and innovation at Temple Street where we cared for up to 145,000 children and teenagers through our in-patient, day case, Emergency Department (ED), outpatient services and specialities. I would therefore like to share with you some of the main highlights from the year that are profiled in this Report.**

In April 2015 we held an event to mark a really incredible milestone. The National Paediatric Transplantation Programme commenced in Temple Street in 2003 and 12 years later we marked the 100th child who had received a life changing and enhancing kidney transplant from living and deceased donors noting that the youngest recipient of a new kidney was only two years old and the oldest only 17 years of age. On that momentous occasion, Dr Michael Riordan, Consultant Paediatric Nephrologist, Temple Street commented that when a child's kidneys fail or when they are born without normal kidney function, it is devastating for them and kidney transplantation can be a means to regain a normal life without the rigorous routine of dialysis. He went on to say that results of kidney transplantation performed at Temple Street for the 101 children have been outstanding over the last 12 years, our transplant service has one of the best patient survival records in the world and long term outcomes for the transplantation are excellent by international standards.

In June we welcomed the then Minister for Health, Leo Varadkar, TD to Temple Street whereby Anne O'Brien, OT Manager facilitated a special visit to the OT Department and explained the intricacies of the work there, some of the challenges that are coming to the fore as a result of the difficulties in recruiting theatre nurses and highlighted that 6,500 surgical procedures are conducted in the OT every year.

I then had an opportunity to make a formal presentation to Minister Varadkar on key projects we are undertaking to deliver on our Strategic Plan and on how we are preparing for our transition to the new children's hospital. In this regard I would like to reiterate that throughout 2015 staff were involved at all levels in various User Groups and committees to prepare for the transition. The Hospital Design Coordinators Ms Fiona Ward and subsequently Ms Anne McGilivray who were seconded to the NPHDB (National Paediatric Hospital Development Board) also came to Temple Street on a regular basis to meet with staff so that they could raise any queries they had with regard to the new children's hospital. This process was also facilitated by Pauline Ackerman, our Transitioning Officer.

I would also like to take this opportunity to remind you that Sean Sheehan, Chairman, Temple Street Board of Directors is a member of the CHG (Children's Hospital Group) Board and the CHG Board oversees the integration of the three children's hospitals in advance of the move to the new children's hospital.

In mid-2014 after the National Hand Hygiene audit showed that the compliance rate at Temple Street in May 2014 was only 62%, hand hygiene compliance was reiterated as a key component to quality and patient safety and a multi-disciplinary Hand Hygiene Compliance Working Group (HHCWG) with clinical and non-clinical representation was formed. For the second half of 2014 and into 2015, the HHCWG worked to create a multi-modal approach to a 'Clean Hands for Temple Street' campaign and to promote the mantra that Hand Hygiene is everyone's responsibility. By May 2015, the National Hand Hygiene audits showed that Temple Street had achieved 89% compliance and 92% by October 2015. Staff are definitely now more aware of their responsibilities with regard to hand hygiene compliance and empowered to challenge poor practice.



## Six Strategy Themes

The most significant outcomes in terms of strategic direction are six critical themes identified as the priority focus of the hospital, and to which everyone in the hospital is committed. These are:

<b>The Voice of the Child</b> Put the experience and the voice of the child at the centre of how services are designed and delivered.	<b>Collaboration</b> Promote collaborative approaches in positively influencing the development of acute paediatric services.	<b>Interdisciplinary Working</b> Support creative, cutting edge interdisciplinary leadership and decision-making and build on our reputation for clinical excellence.	<b>Staff Empowerment</b> Foster the commitment, energy and expertise of staff appropriate to the needs of a complex health service.	<b>Patient Safety</b> Focus on continuous quality improvement to ensure high quality, effective and safe patient care.	<b>Learning and Development</b> Enhance the role of teaching and research through a commitment to being a learning organisation.
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During 2015 we were also delighted to see such significant progress on our capital projects to upgrade our facilities and provide a better environment for our patients to be treated in and for our staff to work in. A state of the art 'child friendly' Dental Suite was completed in Q4 2015 and located to the rear of OPD. In addition Phase 1 of the ED refurbishment was completed by November 2015 to create a new waiting area, reception area and RATU (Rapid Access Treatment Unit). I am confident that the completion of this project will greatly enhance the ED and the ability to treat and care for the 49,000 children and teenagers who attend that Department every year.

Another key development saw the establishment of a dedicated Clinical Services Department in July completing its separation from the former Clinical and Patient Services Department with a key objective of providing a line management reporting responsibility to the 15 HSCPs (Health and Social Care Professions) in Temple Street and promoting the long term CHG HSCP vision of service provision in a Clinical Directorate (CD) model. The CD model is a vital building block in the integration process spanning the three existing three children's hospitals to support clinical input and leadership to service delivery and business decision-making processes.

In terms of overall hospital volume in 2015, 19,751 children and teens were admitted to the hospital for in-patient and day case care in 2014, which included 1,790 general surgery admissions, 1,672 nephrology related admission, 1,812 orthopaedic related admissions, 2,565 ENT (Ear, Nose and Throat) related admissions and 686 neurosurgery related admissions. 53,591 children and teens attended our Outpatient Department (OPD) which included over 21,000 new attendances and 49,240 children attended our ED. As a national acute paediatric hospital, our patients continue to come from all over the country but the largest number of attendees, at 97,265, came from North and South County Dublin.

On the financial front proactive planning in 2015 for the efficient use of infrastructural, human and financial resources was critical to ensuring that activity targets, as agreed with the HSE, were materially attained despite the ever challenging financial environment. The Hospital worked closely with the HSE throughout the year in addressing these challenges and I would like to acknowledge this support. The Hospital returned a financial surplus of €499,000 for 2015, thereby reducing the cumulative deficit at financial year-end to €901,000. Further details are set out in the Financial Statements in Section 10 of this Report. The Directors were satisfied with the performance of the company for the financial year.

I hope you are as pleased as I am of all the work we undertook in 2015 and the progress we made. But of course none of this would be possible without the energy, enthusiasm and expertise showed by our 1,400 staff who continue to work with a spirit of collegiality and commitment towards the ambitious vision that we strive for in bringing the care of sick children into a new and better reality and working towards our six strategy themes as outlined here.

I would of course also like to thank Mr Sean Sheehan and fellow members of the Board, especially Grainne Bauer who took up post as our new Director of Nursing in February 2015 and who we welcomed to the Board. The Board has been unfailing in their commitment to Temple Street and in giving of their excellent strategic oversight and direction to ensure that we deliver a safe, expert and efficient service in a kind and respectful manner and that we continue to innovate in the provision of the very best and latest practice.

Finally I would like to pay tribute to the 145,000 sick children who pass through Temple Street every year and to their dedicated parents and families. Their care is entrusted to us and that is a wonderful honour and it absolutely behoves us to make a lasting difference to every child, every day.

**Mona Baker**  
 Chief Executive Officer

# MESSAGE FROM THE CHAIRMAN



## Dear Reader

**On behalf of the Board of Directors and in my role as Chairman, I have great pleasure in presenting the 2015 Annual Report of Temple Street Children's University Hospital.**

Temple Street is honoured and proud to provide medical and surgical treatment and care to up to 145,000 children and young people from all over Ireland every year, across an impressive range of specialities. We do this in line with our mission, ethos and values with respect, dignity and professionalism aiming for a dynamic and productive working and learning environment, where a commitment to deliver high quality, expert, compassionate and safe care is enshrined in everything we do.

We especially emphasise the delivery of safe care and therefore I was really pleased to see the opening of a state of the art Endoscopy Decontamination Unit in March 2015, which is now a reference site for HSE standards. I was also pleased to see that the Renal Transplant Team (as part of National Kidney Transplant Service Beaumont Hospital) met the requirements for EU Directive 2010/53/EU on standards of quality and safety of human organs for transplantation in July 2015.

Most notably the national Hand Hygiene audits showed that Temple Street achieved 92% compliance by October 2015 when the national target was 90% and I would like to offer my sincere congratulations to staff for the significant improvements they have made in this area. Simply speaking keeping our hands clean is the single most important way in which we can prevent children who attend Temple Street acquiring an infection.

In always striving for a dynamic and production working and learning environment, we also aim to always create a pleasant work environment where each member of staff is regarded as vital to the service and where his or her contribution is unequivocally valued. In this regard we produced a hospital Code of Conduct in September 2015, which represents a single shared ethos to assist all employees at every level in the delivery of that quality and safe care and reaffirms our commitment to always acting in a morally correct, ethical and legal manner. Overall this Code is however intended to promote and contribute to an evolution of the culture in our hospital recognising that how we treat each other, the support we give to our staff and how we contribute to their well-being in a positive working environment is a major predictor of the quality of the patient experience and outcomes.

In addition to my role as Chairman of Temple Street, I am honoured to be a member of the CHG (Children's Hospital Group) Board which oversees the integration of the three children's hospitals in advance of the move to the new children's hospital. In August 2015, a planning application was submitted to An Bord Pleanála following 1,000 hours of engagement and consultation with staff from the three children's hospital including Temple Street, the Clinical Leads in Paediatric Specialities and with families and children and young people who are former or current users of our services. In parallel with the planning process, staff engagement continued in the three children's hospitals as the focus moved to the interior design and integration of services to be provided in the new children's hospital and the two Paediatric OPD and Urgent Care Centres.



It is also envisaged that the new hospital will be a centre of a managed clinical network for paediatrics linking the regional and local paediatric units throughout the country. In this regard and as part of the 'integration' agenda we continue 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 which for Temple Street are the UCD School of Medical and Medical Science, the RCSI and the DCU School of Nursing and Human Sciences. We believe this will further help us create the environment that will ensure the best 'union' possible of the three Dublin based paediatric hospitals leading the delivery of national paediatric services and in line with the wider National Model of Care for Paediatrics Services in Ireland published in December 2015.

However our role as a national acute paediatric hospital will continue on the Temple Street site for at least another five years and so we will continue to invest in staff education and development and infrastructure. This acknowledges our desire to ensure that our staff members are always highly trained and skilled and seen as experts in their respective fields and services which aids the best chance of a successful outcome for the children that we care for. We cannot do this of course without the support, commitment and funding we receive from the Temple Street Foundation, CHG, HSE and Department of Health.

Finally I would like to officially welcome Grainne Bauer, Director of Nursing, Temple Street, Mr John Caird, Consultant Paediatric Neurosurgeon and Chairman, Medical Committee, Temple Street and Aveen Murray, Healthcare Management Consultant who all joined our voluntary Board of Directors in 2015. These three new Board members along with the other eleven members 'steered a very steady ship' but were also unfailing in their energy and enthusiasm for new developments at Temple Street whilst ensuring that we stayed 'on strategy' as defined by our Statement of Strategic Intent 2013 – 2017.

The Board also recognises the continuous commitment showed by all staff at all levels during 2015 as they worked to deliver high quality, expert, compassionate and safe care in the face of other challenges that the wider public healthcare arena brings.

So as I reflect on 2015 and on the contents of this Report, I look back on a year of innovation and development where our work was conducted in a respectful, positive, supportive environment, underpinned by our future in the new children's hospital.

I hope you take the time to reflect on this Report and savour the rich content that is presented within and feel as proud as I do for all that Temple Street achieved in 2015.

**Sean Sheehan**  
Chairman

# Board of



**Sean Sheehan**  
Chairperson



**Siobhain Brady**  
Deputy Chairperson



**Mona Baker**  
Chief Executive



**Grainne Bauer**  
Director of Nursing



**Mr John Caird**  
Consultant Paediatric  
Neurosurgeon and Chairman,  
Medical Committee



**Mary Cullen**



**Dr. Michael Drumm**

## Attendances at 2015 Board meetings

	Attendances
Sean Sheehan	All
Siobhan Brady	10/11
Mona Baker	All
Grainne Bauer	8/9
John Caird	7/11
Mary Cullen	8/11
Michael Drumm	10/11



# Directors



## Attendances at 2015 Board meetings

	Attendances
John Fitzpatrick	All
Fionn MacCumhaill	8/11
Derek McGrath	10/11
Frank McManus	4/11
Phil Shovlin	8/11
Sr.Marguarita Rock	4/11
Aveen Murray	2/4

# OUR CARE

## SECTIONS

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## 2015 ACTIVITY

**19,751**

Total number of admissions  
(in-patient and day case)

**1,790**

Number of general  
surgery admissions

**1,812**

Number of orthopaedic  
related admissions

**1,672**

Number of nephrology  
related admissions







Rebecca Lowry, Paediatric Intensive Care Nurse

# NURSING

## New Director of Nursing (DoN)

Ms. Gráinne Bauer was appointed as the new DoN at Temple Street in February 2015.

Grainne is a Registered Children's and General Nurse following successful completion of the integrated Temple Street and St Vincent's University Hospital children's and general nursing programme.

Following qualification, Grainne was a staff nurse in the Paediatric Intensive Care Unit (PICU) in Temple Street and later became Ward Manager following a two and a half year period working in Boston, USA. Gráinne also worked in Harcourt Street Children's Hospital as a Unit Nursing Officer during the closure of the hospital and move to Tallaght Hospital.

Grainne then returned to Temple Street where she worked as a Night Sister and later as Assistant Director of Nursing with responsibility for the Emergency Department (ED) as well as the introduction of the new one year post-registration student programme.

From 2010 to January 2015, Grainne was Divisional Nurse Manager (DNM) of the Critical Care Division at Temple Street.

Gráinne holds a Diploma in Nursing Management (RCSI); Bachelor of Business in Human Resource Management (NCI); and an MSc in Leadership and Management Development (Hons) (RCSI).

In her new role as DoN, Grainne is responsible for the nursing staff and Health Care Assistants who provide high quality nursing care. She has a strong interest in service user engagement and involving parents in the planning and decision making around the provision of care and in information technology as a tool to assist nursing staff.



## Nurse Graduation ceremony

Friday 27th March marked the NNUL graduation ceremony for 28 students from the 2010 B.Sc. in Children's and General Nursing and 27 students from the 2013 Post-Registration Higher Diploma in Children's Nursing.

## Recruitment and retention

Recruitment and retention of nursing staff especially in theatre and the PICU remained a key concern and challenge in line with other hospitals across the country. By April 2015 there were significant nursing deficits in OT and PICU impacting on service delivery.

Plans to recruit abroad and in the UK were explored as 70% of the new Temple Street graduates (Class of 30 completed in January 2015) had been attracted to work in Great Ormond Street Hospital, London with offers of free accommodation and higher salaries. In the interim and in order to provide a safe level of care, staff were relocated when possible and the use of agency staff was necessary.

30 nurses then completed the 2014 Post Registration Higher Diploma in Children's Nursing programme on 21st September 2015. 22 of these nurses took up positions in Temple Street to cover deficits in areas including theatre, PICU and other ward areas and further recruitment campaigns were developed to cover projected vacancies and plans to open more beds.

## Divisional Nurse Manager (DNM) update

There were also many changes within the senior management group as Susan Mulrane, DNM in the Surgical Division departed from Temple Street at the end of April to take up a nurse planner position in the HSE. Jenny Carey also left her position as DNM and took up her role as Operations Officer at the end of August after nine years in the nursing division. Two new DNMs, Charlotte O'Dwyer and Sharon Ryan took up their positions in January and April 2015 respectively.



Grainne Bauer, Director of Nursing





*Theatre Nurses Manju Varghese, Marie Kiely and Sarah McCartney*

### Operating Theatre

Due to the shortage of OT nurses, one theatre was closed from May 2015. Anne O'Brien, OT Manager focused on the theatre schedule and the potential for filling in sessions when surgeons and anaesthetists were on leave and also focused on on-going recruitment and training plans for new theatre nurses.

### Nursing Metrics

During 2015, the Nurse Practice Department led by Caroline O'Connor continued to roll out nursing metrics to remaining areas including theatre and PICU, capturing strong data enabling identification of areas requiring improvement.

### International Nurses' Day

In recognition of International Nurses' Day on 12th May 2015, a coffee morning was held in the hospital to commemorate this worldwide occasion and as a small acknowledgment for our nurses in the hospital. Old memorabilia and photographs were displayed on the day with great interest and feedback from all present.

### National Paediatric Retrieval

The Paediatric Retrieval Team comprising Temple Street and OLCHC nursing staff continued to provide a Monday to Friday service during 2015.



### Children requiring Mechanical Ventilation (outside of PICU)

During 2015 another key area of focus for the new DoN involved the overall management of children with complex needs requiring mechanical assisted ventilation outside of PICU. In April 2015 there were 10 children requiring this assisted mechanical ventilation and over 50% of these children required one to one nursing care not covered in the nursing budget. Delayed discharges relating to this cohort of patients also caused significant challenges to making beds available.

### Non-invasive ventilation

By July, the Department of Nursing had successfully recruited a Nurse Specialist to oversee non-invasive ventilation as part of winter planning. The Department also appointed an extra IV nurse to ensure cover seven days a week and assist with the NCHD team and patient experience.

### PEWS (Paediatric Early Warning System)

In early 2015, the Department of Health mandated (for quality and patient safety reasons) for the development and implementation of a national PEWS with immediate effect. The first pilot was completed in Temple Street by March 2015 and further changes needed on the PEWS tool were carried out before implementation to the wider hospital. The PEWS was officially launched in the RCPI on Friday 17th April.

Since launch the PEWS project continued to be a priority on the national, hospital and nursing service plans. The 'final' PEWS national training manual and guidance document was approved in September although training had commenced in August. As no funding was received for the implementation of the PEWS project, it was agreed with the nurse management and education teams to prioritise and involve the Clinical Nurse Educators with a 'train the trainer' approach for all nursing staff and to assist with the training of medical staff.



Following discussions with Professor Alf Nicholson, Temple Street Consultant Lead, involvement at NCHD level was also key to the successful implementation of the PEWS project and the Temple Street Local Implementation Group welcomed Dr Orla Walsh, NCHD Lead.

Training for medical staff was underway by July 2015 to ensure a collaborative team approach and that all members of the clinical staff are experienced in understanding their part in the successful implementation of PEWS to Temple Street.

By end 2015, the PEWS was rolled out fully to six areas in the hospital and the auditing of the documentation is still maintained by nursing staff at local level with reports to National Steering Committee. A national auditing system has yet to be agreed.

### Paediatric International Nurse Survey (PINS)

By the end of 2015, Temple Street was at Stage Two of an international study which is capturing in-depth information on the patient and family experience. Temple Street is the only Irish children's hospital involved in this study.



Debbie Cullen, Senior Staff Nurse, Emergency Department

### Emergency Department (ED)

Over the first quarter of the year, the ED experienced increased numbers of 'high acuity' patients with respiratory and gastrointestinal (GI) symptoms predominantly (i.e. there was a 100% increase on GI numbers from 2014 and many new strains of the virus were noted).

There were also significant issues regarding patients waiting overnight in the ED during Q1 but the building works commenced in the ED to increase the clinical footprint.

### Research

The 5th Annual Nursing Research Conference took place 5th March 2015. The guest speaker, Dr Joan Simons, Open University, Milton Keynes, UK presented her research on the effect of the environment on children and families in hospital. This presentation was extremely relevant given the current planning for the new hospital. The inaugural Temple Street Nursing Research Strategy was launched at the Research Conference.

### Infection Prevention and Control Committee (IPCC)

During 2015, the Infection Prevention and Control Committee actively examined the new expectations following the publication of the latest HIQA guidelines on unannounced visits.

Several areas were identified and prioritised including the need to introduce 'Care Bundles' into many aspects of care, lead by Susan Keane, CEF (Clinical Education Facilitator) with input from nursing, medical, laboratory and ICT teams. However, the most relevant aspect was the need to capture this care electronically and audit the data which presents a challenge. A subcommittee was convened in August 2015 to examine all aspects.

The infection control team also asked for Board support in relation to advocating for a Rotavirus vaccine programme as over 120 rotavirus positive cases presented in Q1, which showed a 50% from previous years and caused significant challenges in bed availability.

At the October 2015 IPCC meeting, Michelle Kirrane, Senior Clinical Pharmacist, Paediatric and Antimicrobial presented on the Restricted Antimicrobial policy. During this presentation, Michelle highlighted a consistent reduction in the numbers of restricted antimicrobial medications used with a cost saving of €39,000.

By October 2015, an internal communications campaign was also underway to encourage staff to participate in the influenza vaccination programme.

National Hand Hygiene audits commenced in October over a two to three week period and the results showed an 92% compliance rate which was 2% above the national target.



Dr Nandini Kandamany, Emergency Medicine Physician

### **Nurse X-Ray Prescribing**

Orla Callender, RANP (Registered Advanced Nurse Practitioner) ED, completed the 'Nurse Prescribing of Ionising Radiation' course with the support of Consultant colleagues in ED and Radiology.

Orla is also the first children's nurse in the CHG to prescribe ionising radiation for children. A second RANP in ED will commence the course in the near future.

### **Advance Nurse Practitioner (ANP) in epilepsy**

Suzanne Crowley's application for Advanced Nurse Practitioner (ANP) in children's epilepsy was fully accredited, assessed and approved by the Irish Nursing & Midwifery Board of Ireland (NMBI) and Suzanne commenced in the ANP role in mid-October.

### **Senior Children's Nursing Network (SCNN)**

A meeting of the SCNN took place on Wednesday, 30th September 2015 in the RCPI with representation from senior nursing staff across the majority of paediatric units in Ireland. The theme for this event was 'Children's Palliative Care', an area that spans the hospital and community.

### **IADNAM (Irish Association of Directors of Nursing and Midwifery) Conference**

The IADNAM conference took place on 1st and 2nd October in Galway Bay Hotel with a wide variety of speakers. The theme for this event was 'Knowing the Way, Showing the Way, Going the Way' which highlighted the importance of leadership at senior nursing level to assist in improving the patient journey. The conference provided an excellent opportunity to network and benchmark against other national and international centres.

### **NMBI (Nursing and Midwifery Board Ireland)**

On Tuesday, June 2nd two representatives from the NMBI spent the day in the hospital to thoroughly assess all aspects relating to the education and clinical experience nursing students receive in Temple Street.

The representatives visited three clinical areas and examined all relevant nursing documentation and interviewed students, educators, and managers. Their feedback was very positive with just two recommendations relating to documentation. Judith Foley, NMBI representative, remarked on the increased acuity of patients and the increased volume/turnover of patients since the previous visit in 2010.

### **Joint Nursing Executive Committee (JNEC)**

The Joint Nursing Executive Committee continued to collaborate across the three national hospitals and distributed the 2nd issue of the JNEC newsletter in June 2015 to ensure the wider nursing community was kept aware of the work at the nursing level across three sites.



*Sarah McCartney, Theatre Nurse*



Minister Alex White, Former Minister for Energy, meets Mary Morley, Night Sister on the occasion of her retirement

### A very special retirement

Mary Morley, Night Sister in Temple Street for over 25 years, retired on Friday the 17th April. A large turnout of staff across the hospital joined Mary in the Front Parlour to wish her well.

### Recognition of Excellence award

Frances Ennis, CNM (Clinical Nurse Manager) from the OT received the 'Recognition of Excellence' award in the clinical category for her outstanding work and dedication for over twenty five years and consistently going that 'extra mile' for her patients and colleagues. Frances was a very popular and much deserving recipient.

### FACTS (Family Advisory Committee Temple Street)

The FACTS, which welcomed five new members in June, continued to meet and focused on the plan for the new children hospital (nch). Representatives from the Committee attended the nch Family Forum to give their input on the planning and development of the new hospital.

The parents on FACTS also participated and contributed at many key committees including Clinical Governance, Governance, the Quality and Patient Safety Committee and the and the nch Family Forum.



### Transitional Care

A Transitional Care framework was drafted for Medical Board review as many specialties have challenges relating to the lack of a defined pathway from Temple Street to an adult hospital.

### Children's Hospital Group (CHG)

As the CHG Board and teams prepared for planning permission, the need for nursing input became ever more apparent, especially in relation to workforce planning, design of clinical areas, SOPs (Standard Operating Procedures) across all areas and ICT requirements.

### Clinical Directorate (CD) update

Discussions began with the DNMs and wider CNM network regarding the introduction of the Clinical Directorate (CD) structure and the wider implications for nursing. Meetings with the CHG and representatives from the three hospitals took place every six weeks and during Q3, the compilation of the job description for the 'new' Directorate Nurse Manager progressed.

### CHG/Director of Nursing (DoN) meetings

By October 2015, bi-monthly meetings with the CHG DoN and DoNs from Temple Street, OLCCH and NCH Tallaght commenced to discuss shared concerns especially the shortage of children's nurses in speciality areas, the on-going recruitment needs and the effect of vacancies on service delivery.

### SCNN (Senior Children's Nurses Network)

Two SCNN Steering Committee meetings took place in March and May 2015 where joint issues were shared and work was conducted to resolve potential gaps in the pathway of care especially relating to the discharge of more complex children which included the offer of training and assistance from a nursing perspective.

### Clinical Services Strategy

Workshops relating to a new Clinical Services Strategy were facilitated by Accenture during Q3 2015 with representation from the Temple Street Department of Nursing. The two main aspects relating to nursing concerned the Standardisation of Care Pathways and the potential for staff rotation across the three existing hospital sites.

### Design of new children's hospital (nch)

An extraordinary meeting with the JNE (Joint Nursing Executive) and nch Design Co-ordinator, Deirdre Coakley, took place in September 2015. The meeting provided a platform for the Nursing Departments across the three hospitals to examine and discuss nch plans.





# OPERATING THEATRE

6,305  
PATIENTS

patients passed through  
the doors of the OT  
Department in 2015

## Minister's visit

In June 2015 the Operating Department was chosen as a key department for the Minister for Health, Leo Varadkar, to visit. Anne O'Brien, Theatre Manager, addressed the Minister about the variety and complexity of the work carried out in the department. A total number of 6,305 patients passed through the doors of the OT Department in 2015 despite difficulties with nursing resources which resulted in the closure of one of our four theatres. Work is on-going to recruit and retain nursing staff for the Department. Recruitment of nurses for Operating Departments is a national issue.

Anne O'Brien also described to the Minister some quality improvement projects underway. One key project involved a multidisciplinary team looking at improving the experience of the Surgical Day Ward patient by streamlining the admission process and ensuring theatres start on time which initially focused on one day per week has now been rolled out to three days.

Anne also described another QI initiative where nursing and medical staff from OT and PICU collaborated on a quality initiative involving the 'Formula One' handover for critically ill children when transferring from theatre to PICU.

A former QI project - '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. The practice of 'Huddling' is now firmly embedded into the culture of the nursing management team.

## Endoscopy Decontamination Unit (EDU)

Following many years of planning and hard work a brand new state of the art Endoscopy Decontamination Unit was opened in 2015. The work on this dedicated unit commenced in 2013. The EDU manages endoscopes not only from the OT but also as required from the ENT and SLT Departments. The governance for the EDU was transferred smoothly across to the Decontamination Manager and is currently staffed from the compliment of staff in the OT. It is to the credit of the Capital Projects Department and all involved that we now have this up to date facility that meets all national standards.

## MDT

The growing demands on our service require the MDT, who work in the Operating Department, to manage change well in the dynamic world we work in. We embrace the new techniques and procedures that lead to better outcomes for our patients. As in other years the MDT in the OT Department strive to continue to give optimum care to each and every patient who come through the doors of the OT.

# CLINICAL NUTRITION & DIETETICS

## Audit and Research

The Department was actively involved in research and audit throughout 2015. Some areas studied and publications included:

- Energy requirements in children with cystic fibrosis (Marianne O'Reilly; supervised undergraduate project)
- Calcium and vitamin D intake and serum levels in galactosaemia patients (Aoife Fitzgerald, Orla Purcell, Christine Merrigan)
- Practices in prescribing protein substitutes for phenylketonuria (PKU) in Europe (Anne Clark co-author; published in Molecular Genetics and Metabolism)
- Biochemical profiles and growth parameters in a sample of patients with Maple Syrup Urine Disease (MSUD) (Jane Rice)
- Respiratory alkalosis in a lethargic newborn: measure ammonia! (Aoife Fitzgerald and Jenny McNulty; poster presentation at the Society for the Study of Inborn Errors of Metabolism)

Anne Clark was also involved in the development of a European Registry for Galactosaemia titled Dietetic Resource and Service Developments in the National Centre for Inherited Metabolic Disorders (NCIMD).

In collaboration with colleagues from the laboratory and ICT, the dietitians in the NCIMD developed and piloted a novel texting system to inform patients (or parents of patients) with PKU of the results of their regular blood tests. Previously, patients with PKU were telephoned each week by the dietitian with the results of their blood test to monitor phenylalanine levels. Now, patients will either receive a text message advising them that their levels are within normal limits, or in the event that the levels are outside of the recommended range they will receive a text message advising them to contact the NCIMD. The patient can then be reviewed over the telephone by the dietitian, and their dietary regimen amended as appropriate. This has helped with efficiencies within the dietetic service, as there are over 120 patients each week requiring blood test results and almost 50% of the PKU cohort are now signed up to this texting system. There are also cost savings to the hospital as a result of fewer telephone calls required. Patients have reported improved satisfaction as they can now engage with the service at a time convenient to them, and that it has also helped to motivate them to be more compliant.

A new website for metabolic patients and other healthcare professionals - [www.metabolic.ie](http://www.metabolic.ie) - was launched in June 2015, and the dietitians in the NCIMD were involved in developing content for this website, including information about the dietary management of a range of metabolic conditions, recipes and information about synthetic and low protein products.

Jenny McNulty and Jill Moore (Play Specialist) developed a story book for children with PKU called "Penny and Paul have PKU" which focuses on the importance of synthetic protein.



Kizzy Moroney, Senior Paediatric Dietitian

**50%  
PATIENTS**

with PKU are signed up to the new texting system, which is more efficient within the dietetic service



*Cathy Monaghan, Senior Diabetes Dietitian*

### Education and Training

A strong focus on education and training was maintained throughout 2015, and the Department remains committed to sharing dietetic expertise and acting as a resource for other dietitians and healthcare professionals in paediatrics nationally:

- Eimear Forbes and Aishling Sheils continued their participation in delivery of a 2-day postgraduate course in paediatric dietetics
- Aishling Sheils and Amy Craddock provided education to renal nurses on the nutritional management of children with renal disease
- Fiona Boyle delivered a session on metabolic dietetics to undergraduate students in Trinity College Dublin/Dublin Institute of Technology
- Marianne O'Reilly presented on nutrition in the critical care setting to nursing staff as part of the Postgraduate Diploma in Critical Care Nursing
- Eimear Forbes presented at two educational meetings on the ketogenic diet
- Niamh Kelly was involved in education of community dietitians and staff from the Central Remedial Clinic on the W82GO programme

Eimear Forbes completed a postgraduate certificate in leadership and management. Two student dietitians from Trinity College Dublin/Dublin Institute of Technology completed undergraduate placements, and the Department also facilitated placements for two nutrition students from University College Dublin and University College Cork.

**A strong focus on education and training was maintained in the Clinical Nutrition & Dietetics Department in 2015**



# MeDiCaL SOCIaL WORk (MSW)

## Psychosocial support

During 2015 the MSW Department continued to offer psychosocial support to patients and their families in situations of serious, acute and chronic illness, dealing with many complex family circumstances and patient deaths.

Throughout the year we received 1,490 new referrals requesting a service for patients and their families and continued to develop our group-work with bereaved children and parents and siblings of children with long term illness. We also provided two, three-day sibling camps during Easter and Halloween mid-term breaks and our Senior Social Worker in CF (Cystic Fibrosis) also facilitated a CF Information Day. The feedback from these sessions was overwhelmingly positive from both parents and children.

## Knowledge and expertise

Social workers are the first HSCPs to become accredited by CORU (The Regulatory Body for Health and Social Care Professionals) and in this regard we have begun the Continuous Professional Development (CPD) process, which involves accruing 60 CPD points in a 24 month period.

Two research papers were published by our Head Medical Social Worker (HMSW) focusing on the loss of a child and developing a framework to support bereaved children:

- Jones, AM & Price, J; *Living Through the Life Altering Loss of a Child – A Narrative Review*
- Jones, AM, Deane, C, Keegan, O, *The Development of a Framework to support Bereaved Children and Young People: The Irish Childhood Bereavement Care Pyramid*

This latter work was also presented at the Annual Conference of the European Association for Palliative Care and our HMSW continues this work by representing Temple Street on the Steering Group of the Irish Children's Bereavement Network.

One of Senior Medical Social Workers completed the Professional Certificate in Children and Loss through the Irish Hospice Foundation.

The MSW Department continued to facilitate the Child Protection Awareness Training with our nursing colleagues conducting six full training days and four auxiliary training days.

We hosted a meeting of representatives from the Primary Care Reimbursement Service to discuss accessing medical cards for our sickest patients and we facilitated a TCD student from the Masters of Social Work course on a fourteen week placement.

## Casework

Child Protection and Bereavement work continued to produce our greatest volume of work. Sadly we worked with 52 families following their child's death providing therapeutic support through home visits, individual counselling for parents and siblings, telephone contact and contact within the hospital.

Though our bereavement service, we also facilitated two parents' information days with our colleagues in the Chaplaincy Department, two parents bereavement support groups, a children's information day and two children's groups. We were very involved with our colleagues in the annual Remembrance Service, which was attended by 22 families.

The number of child protection referrals received by the MSW Department was 607, with each referral being reviewed and assessed by a member of the team to ensure any appropriate concerns were forwarded to our child protection colleagues in the Child and Family Agency – TUSLA for follow up.

The homelessness crisis is one of the biggest challenges facing the families we work with. In this regard we advocated for and support a number of families in increasingly desperate situations.



Anne Cole and Jenny Duggan, Medical Social Workers

# 607

Child protection referrals received, reviewed and assessed by the MSW Department in 2015



# OCCUPATIONAL THERAPY (OT)

## In-patient and out-patient services

Despite a roller coaster of staff shortages and training/induction needs due to staff departing, new recruitment, and a maternity leave, the OT Department survived 2015. Throughout the year the Department provided in-patient and out-patient services across clinical areas with 3,362 appointments involving 571 children. Clinical and service developments continued and included the rollout of a new OT Priority Rating Scale across clinical areas contributing to a pilot scheme of cross-referral between OT and Physiotherapy. In the area of Plastic Surgery, a joint project between Temple Street, OLCHC and Laura Lynn OTs was completed which culminated in the development of a document titled 'Seating Consideration for Children with Palliative Care Condition: a toolkit for Paediatric Occupational Therapists'. The increase of administrative staff support the registration of all out-patient OT appointments onto the hospital IPIMS system for the first time.

## Spina Bifida

Sarah Governey, Occupational Therapist, Eimear Cullinan, Physiotherapist and Dr Jane Leonard, Consultant Paediatrician had completed a Temple Street Spina Bifida Research project titled "Investigating the health and therapy needs of children with Spina Bifida in Ireland". Subsequent meetings with Department of Health and HSE officials resulted in the submission of a business case to the HSE. The development of a dedicated Spina Bifida service was included in the HSE Service Plan 2015.

In August 2015 Ms Frances Keegan, Senior Occupational Therapist joined the team in a brand new full-time post with a special interest in Spina Bifida. Her appointment was as a result of this MDT research carried out between 2012 - 2014.

As well as the OT post, Temple Street was also awarded funds for physiotherapy, administration and an Orthopaedic Surgeon.

Alongside the research, a new Spina Bifida Passport was developed by OT and Physiotherapy to aid communication between parents and HCPs within tertiary and community services. This was trialled with families attending the multidisciplinary clinic and newborn infants with Spina Bifida. The Temple Street Foundation has kindly provided €4,500 to assist with printing costs for the Passport and the Passport will be distributed with assistance from Spina Bifida Hydrocephalus Ireland (SBHI).

## OT and music therapy research project

An application was submitted to and approved by the Temple Street Research and Ethics Committee for a joint Occupational Therapy and Music Therapy research project, which aims to gather feedback from parents who have engaged with "Upper Limb Stretching Songs".

In 2015 songs were jointly written and put to music by Sarah Governey, Occupational Therapist and Alison Sweeny, Music Therapist to support and facilitate an upper limb stretching programme for children attending the hospital under the care of the Neurology and Neurosurgery teams. This project involves parental questionnaires to gather feedback on the treatment modality and is a lovely child-friendly initiative to encourage compliance with sometimes uncomfortable exercises. An abstract has since been submitted to present the findings of this piece of research at the COTEC – ENOTHE European Occupational Therapy Conference 2016 which will be held in Galway in June 2016.

# PSYCHOLOGY

## Audit, research and publications

- Myra Barry presented research on stability of Autism diagnosis based on research carried out on a Temple Street patient group at the Temple Street Research and Audit Day 2015
- Cochrane review protocol submission stage titled "Intervention for promoting participation in shared decision-making for children and adolescents with Cystic Fibrosis"
- Poster presentation with four other CF colleagues at Killarney National CF conference and Quality Improvement conference in London (Edworthy Z., Doggett H., Maye J., Trotter C., & Healy F.)
- Research presentation- "Living in the shadow: Exploring the experiences of Adolescents living with CF using Interpretive Phenomenological Analysis" (Barrett, C., O'Connor, J., Carroll, S., Edworthy, Z., Cox, D., & Healy, F.)
- Presentation at the National Paediatric conference - title- "New-born Screening for CF: A longitudinal mixed-method study of the psychosocial experiences of screening detected positives, carriers and clinically diagnosed cases (Ryan, D., Edworthy, Z., Dooley, B., & Slattery, D)

Temple Street psychologists are representatives on the following committees; End of Life, Diversity and Mental Health Reform, Clinical Audit, Ethics Research, and Academic Committees.

## Education, training and teaching

- Lectures in D.Clin. (Doctorate in Clinical Psychology) courses at UCD and TCD
- Epilepsy Ireland - National Epilepsy Week talk for parents of children with epilepsy (Helena Rushe and Cathy Madigan)
- Training for Mindfulness - Teach.b training - a programme which can be used to support children attending with anxiety/chronic pain/illness
- Input in nurses and HCA education programs- Pain Module, Mental Health Day for nurse, Fetac Level 5, 'Psychosocial Difficulties in Tracheostomy and Airway Dysfunction and Epilepsy' modules
- Involvement in End of Life Committee in drafting an 'End of Life' and 'Transitional Care' policy development
- Proposal submitted and funding secured for a two day training - writing for the future for patients who are approaching end of life
- Effects of Chronic Illness on the Child and Family: March 9th
- Journal Club set up for psychological management of chronic pain



Kim Keegan, Clinical Psychologist





Lisa Enright, Physiotherapist

2015 was a year of significant staffing change for the Physiotherapy Department.

# PHYSIOTHERAPY

2015 was a year of significant staffing change for the Physiotherapy Department. We welcomed new staff while saying a fond fair well to others. Of most significance was the departure of Deirdre Sheehan to the position of Clinical Services Manager. Deirdre's high regard was acknowledged by Department staff nominating her for Temple Street Recognition of Clinical Excellence Award 2015.

## Respiratory services

During this time of change the Respiratory Team steered 24 hour service competency for 16 staff against a backdrop of an increasingly complex and challenging respiratory patient cohort. 2015 also saw the introduction new gold standard treatment techniques in PICU. The audit of Non Bronchoscopic Bronchoalveolar Lavage was completed and presented at the European Society of Intensive Care Medicine Conference and Temple Street Audit Days.

## Neurosciences

The Neurosciences Team was admirably supported through a complete staffing change. 2015 saw progression of the physiotherapy Spina Bifida services with the permanent appointment of a Senior Physiotherapist. The last quarter of 2015 saw physiotherapy lead out on a care pathway as part of the newly established Facial Palsy Service.

## Key successes

Dr. Grace O' Malley was awarded her PhD in Medicine (Epidemiology & Public Health) by University College Cork (UCC) which was funded by the HRB and the Children's Fund for Health (Temple Street Foundation). Grace's work explored how mobile-health technology can be feasibly integrated into the treatment of adolescent obesity. In her work as Clinical Specialist Physiotherapist in Paediatric Obesity, Grace published a number of scientific articles and disseminated her work via oral and poster presentation at the European Obesity Summit, the European Childhood Obesity Group Meeting, the Association for the Study of Obesity on the Island of Ireland, the RCPI Masterclass, the Congress of the Irish Society of Chartered Physiotherapists and the RCSI Faculty of Sports and Exercise Medicine conference.

Paul McDermott was appointed as Clinical Specialist on the Musculoskeletal Team in 2015. 2015 was an important year for Paul when he was also awarded an MSc in Advanced Physiotherapy from University College London. Paul's research thesis audit tool – "The Development of an Audit Tool for Measuring the Quality of a Ponseti Service" is currently being submitted for publication and developed for international use.

In collaboration with the Royal College of Surgeons (RCSI) a summer project was completed in the Physiotherapy Department investigating the impact of orthotics in children diagnosed with hypermobility and leg pain using GAITrite Walkway Analysis.

# AUDIOLOGY

## Development of the Bone Anchored Hearing Aid (BAHA) programme

In 2012, the Temple Street 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.

In 2015, new software and processors were introduced by the Audiology Department, along with a new magnetic Attract system. The Attract system does not require a direct connection through the skin from the external processor that picks up sound, to the internal implant that stimulates the inner ear through vibration. As such, the Attract system is intended to reduce the number of children experiencing issues with infection following surgery.

## Permanent post filled

There is a shortage of Audiologists with diagnostic paediatric experience in Ireland. Following the resignation of a permanent senior member of staff in 2012, it was not possible to attract staff that have experience in testing children under the age of three years when temporary positions were advertised. In 2015, authorisation was given for a permanent Senior Audiologist post and the position was filled.

## Better use of slots reserved for ENT

Since 2013 two morning appointment slots have been allocated for ENT patients under the age of three years. ENT can request a joint ENT and Audiology appointment in advance of the clinic date, or the slots can be kept free for ENT to use on the day of the clinic. Children that are developmentally under three years of age require two testers and take longer to test than older children that all have "on demand" testing on the day of the ENT clinic.

In 2015, improved inter-disciplinary working resulted in a high number of joint appointments being booked in advance of ENT clinic dates. This has reduced the number of steps in the patient journey and has reduced the number of appointment slots that have not been filled.



# SPEECH & LANGUAGE THERAPY (SLT)

## Reduction in waiting times

In 2015 the SLT Department, with the support of senior hospital management and the members of the multidisciplinary teams involved, successfully reduced significant waiting times for children on two waiting lists, namely Palatal Investigations and Videofluoroscopy Feeding Studies respectively. Sustaining the gains made will be a key objective for the SLT service in 2016.

## Cross cover

2015 saw the consolidation of arrangements that enabled the SLT team to provide greater cross-cover and support across multiple specialities, on an in- and out-patient basis. Some staff members took on new assignments and/or new responsibilities, and overall the team demonstrated enthusiasm, flexibility and initiative as they assisted in the re-design and re-allocation of all caseloads, under the guidance of the SLT Manager. Thanks and deep appreciation is due to all members of the SLT team for that work in 2015: Noirin Carroll, Imogen Carter, Roberta Fleming, Tanya Gilroy, Sharon Keogh, Cathy McQuillan, Clare Salley, and Maeve Sharkey.

## Secondment

The SLT Department supported the Hospital's Development Agenda in 2015 with the six-month part-time secondment of Pauline Ackermann (SLT Manager) into the role of Transition Officer, to scope out, on behalf of the Board of Directors the needs of Temple Street staff in regard to the integration and ultimate merger of the three paediatric hospitals into the new children's hospital. The project also aimed to scope out the resources needed and resources available to staff in order to act with authority in the change process, and build and maintain resilience in the face of an unprecedented change programme. Sincere thanks to the entire SLT team for supporting this secondment.



**Expenditure  
reduced by  
€106,000**

through an initiative  
with compliance with  
antimicrobial guidelines  
& documentation



*Michelle Kirrane, Senior Clinical Pharmacist, Paediatric & Antimicrobial coaching Sinead McGonagle, student pharmacist*

# PHARMACY

## Standard concentrations of infusion solutions in the PICU

At the end of the 2014 and beginning of 2015, the Pharmacy Department supported the introduction of Standard Concentration Infusion solutions in the PICU. An advantage of this approach to prescribing and administration is that fewer calculations are involved throughout the entire medicines management process from prescribing through to administration of the medication and any further dose adjustments. A reduction in the number of calculations required to prepare and administer a medication will reduce the chance on an error occurring. It also brought the practice for the Temple Street PICU in line with that of OLCHC of the National Paediatric Retrieval Service. This further enhanced patient safety. The PICU Pharmacist, Michael Curtin, developed and delivered a series of workshops with the prescribing doctors to ensure they were fully prepared for this change. He developed easy reference cards for the bedside that outlined the basics of prescribing. He also trained the pharmacists to provide a checking service so that the initial change was supported by a pharmacist throughout the first two weeks following implementation.

## Appointment of a second pharmaceutical technician

Ms Gillian Cawley joined the Pharmacy Team in 2011 having gained extensive experience and qualifications in materials management. While her experience was a credit to her in supporting the procurement function of the Department, she quickly recognised that the gap in her pharmaceutical knowledge was hindering her and was determined to address this. Therefore, Gill put in the study time required to complete her 2.5 year Pharmaceutical Technician's Course without compromising her day to day duties in the Department. Recognising the anticipated benefits to the Department, the Pharmacy team fully supported Gill in facilitating the practical component of her learning. Gill passed this course with a distinction, and finally qualified as a Pharmaceutical Technician in 2015.

Gill's position as Administration Officer was upgraded to that of Pharmaceutical Technician. In addition to supporting the procurement function, Gill provides a comprehensive technician top up service to the Emergency Department and provides cover for the Department during the absence of the technician.

## Improvement of empiric antimicrobial prescribing for our patients

Appropriate antimicrobial usage assures the best outcomes for patients and ensures that treatment is as cost effective as possible. In November 2014 the newly appointed Antimicrobial Pharmacist, Ms Michelle Kirrane observed a 30% compliance with these guidelines and implemented a quality improvement programme with Dr Rob Cunney, Consultant Paediatric Microbiologist, to address this. A series of initiatives were introduced by the team to achieve full compliance. Prescribers were given the results of weekly audits of the children admitted and started on antibiotics, antibiotic prescribing discussions took place at the Monday morning handover meetings and, 'spot quizzes' were held for prescribers. There were weekly reviews of performance with regard to guideline compliance. Michelle also wrote a special edition of the Hospital's Medication Bulletin dedicated to the importance of Antimicrobial Stewardship. Michelle pioneered a quick reference "guideline summary card" that meant that key information as to appropriate antimicrobial use was now immediately available to prescribers.

Compliance with antimicrobial guidelines & documentation of indication improved from 30% to 100% consistently and hospital expenditure was reduced by €106,000 on this group of medications in one year. This initiative won second prize at the Hospital Pharmacists Association of Ireland Awards for innovation, has been commended at national and international conferences and was also one of seven finalists in the recent HSE Healthcare Excellence Awards. This "Start Smart" QIP will shortly be shared nationally through a dedicated RCPI training programme.



# CHAPlainCY

## Education and training

In September 2015, one of our Chaplains commenced a course in 'Children and Loss' which she completed in March 2016 and we propose to enrol our newly appointed Chaplain for the upcoming course. As a Department we encourage our members to be certified in this course as it develops understanding and skills in dealing with children and loss. At present two of our Chaplains hold this Professional Certificate.

## Special achievements award

In December 2015, the Temple Street CEO, Mona Baker, presented the Chaplaincy Department with the special achievements award. It was an immense achievement for our Department to be honoured and recognised with this award. In receiving this award it demonstrated the effective work that has been carried out to date by our Chaplains and also it exhibits how the Chaplaincy department is highly valued by the hospital.

## Healthcare Chaplaincy Board

In 2015, a member of our Chaplaincy team was nominated and elected to go forward as an Associate of the HCB (Healthcare Chaplaincy Board). She received affiliation from the Archdiocese House representing the NAHC (National Association of Healthcare Chaplains). As well as staying up-to-date with current healthcare chaplaincy related matters, she is involved with accreditation principles and continued professional developmental standards. Furthermore, this position has also allowed her to raise Temple Street's profile in the setting of the Archdiocese.



# SCHOOL

## Maths/Science Initiatives

- Following a consultative and planning process, an exciting maths initiative was set up with Professor O'Donovan, Mathematics Department, TCD. The project involved 4th year mathematics students in the college. These selected students shadowed/worked alongside Temple Street's School's mathematics teacher. The project proved most successful. Our pupils enjoyed working with these young mathematicians. Who knows what opportunities might have been opened during that time?
- The school celebrated **Maths Week** with a programme of activities and lessons. "Maths for All" was the agreed theme for Maths Week and a wide variety of fun activities was enjoyed by our pupils
- **Science Week.** Our young scientists took part in crystal making and slime experiments, under the curricular strand unit -properties and characteristics of materials. These were a great success enjoyed by pupils, their parents and staff. Tee-shirts, posters and pencils were distributed to our young scientists



In 2015 we had initiatives like Maths & Science Week, World Book Day, and Yoga & Mindfulness for children



### Visual Arts

- **Inside Out and Upside Down.** The pupils of the school completed a three dimensional art project titled 'Inside Out and Upside Down - re-imagining Temple Street', an iconic Georgian building. The façade of the building was created with tiles made by the pupils demonstrating the dynamic hidden world of Temple Street Hospital. The project fitted seamlessly within the primary and post primary curriculum, primary - visual art curriculum, secondary art, craft & design curriculum and integrated curriculum, mathematics (discussed re: plans of hospital, scaled down drawings and finding measurements for tiles), geography and history (incorporated through the mapping of the hospital in relation to the City of Dublin and researching the history of the hospital and the Georgian building it currently inhabits, SPHE (discussed in relation to how the identity of the hospital will change when it moves to the new site. The notion of home and identity was discussed. It is hoped that this visual representation of Temple Street will be on display in the new children's hospital but is currently displayed in the main classroom of the hospital school. Many thanks to the Sisters of Mercy who funded this project and to artist, Rachel Tynan
- **Hand Hygiene Competition.** Our pupils took part in a poster competition held in conjunction with the in-house annual Hygiene Awareness Event – 'There ain't no bugs on me'. In line with school policy mandatory consent forms are signed prior to entry

### Language Development/Literacy & other school based events made this a busy, productive and enjoyable year at Temple Street Children's Hospital School

- **World Book Day.** This is an annual event and one that is eagerly anticipated by pupils and school staff. Highlights of World Book Day included creative workshops with samples of pupils written work displayed throughout the school. The school also received a donation of specially published books which were given to all pupils throughout the hospital. The school library (containing material for both primary and post primary pupils) was upgraded with a larger number of new titles
- **Seachtaine na Gaeilge** was marked by several events/activities throughout the school
- **Catholic Schools Week** was marked by a very successful Grandparents Day which was open, welcoming and inclusive of all. Our pupils made St. Brigid's Day crosses on 1st February
- **Yoga and Mindfulness for Children.** Our teachers are trained to implement yoga techniques and strategies that are appropriate to pupils in a hospital-based school and the school hosted a delegation from OULU, Finland and Linn Dara Child & Adolescent Mental Health Services and facilitated their training
- **Annual Christmas Concert.** The annual Christmas concert was held in the hospital chapel in December. Our pupils prepared and presented a digital presentation of the Christmas Story and samples of their work over the past year







# PLAY THERAPY

## Peata - Pet Therapy

Dogs Max, Kim or Buttons visit children in the hospital once per week with their owner and accompanied by Julie, one of our Play Specialists. The dogs have become a regular feature in the hospital. The programme has provided children with many benefits and has created a sense of pleasure and fun within the whole hospital. Every week the children ask which dog is coming to them and don't forget to bring the dog to me. The visits have been a pleasurable experience event for all patients, especially long term, to look forward to. The Pet Therapy is funded by the Temple Street Foundation.

## Saturday Club

Every second Saturday two entertainers: Magician, Storyteller, Musician, Facepainter or Clown Doctors' visits the wards with Play Therapy staff. The Play Therapy staff provides arts and crafts to the children on the wards. The Saturday Club is currently funded by the Temple Street Foundation.

## Pre-admission Club

The Pre-admission Club is hosted in the Day Ward once a month on a Saturday for new elective surgical admissions. The Play Specialist uses Tara and Ben as visual aids to prepare children and their families for their hospital admission and surgery. The children visit The Day Ward, the OT and the Playroom. Nursing and theatre staff answer question in regard to their admission and surgery.

## Trips

The Play Therapy staff organised special treats for children and families in 2015 including a trip to the Circus in July which was attended by 10 families, a Dream night at Dublin Zoo attended by 40 families and a Horse and Carriage trip in August attended by 30 families. City Jet brought 25 families on a Santa flight and 10 Families visited Santa in Winter Wonderland. In addition in 2015, Play Therapy staff brought children to the cinema, and to rugby and GAA matches.

## Donations

During 2015 we received numerous donations from different companies which enabled us to give a gift to the children for their birthdays, Christmas and if they have had a difficult time in hospital. We also receive donations for hospital use such as to purchase toys and play equipment and we received a large donation of Xboxes for all the wards from Microsoft.







Helena Rushe, Senior Clinical Psychologist

# OUR CARE- SPECIALITIES (sample only)

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## 2015 ACTIVITY

**2,565**

Number of ENT (Ear, Nose and Throat) related admissions

**686**

Number of neurosurgery related admissions

**53,591**

Number of outpatient attendances (including 21,302 new visits)

**49,240**

Total number of ED (Emergency Department) attendances









# CLEFT DEPARTMENT

## Patient and parent satisfaction survey

The Cleft Department conducted a survey of patient and parent satisfaction with the cleft clinic in 2015. By way of this survey, the Cleft Department sought to establish the patients' and parent's perspective of the service in order to improve experience, identify areas of improvement and build on our strengths. A four page, 26-item questionnaire was distributed in clinic, addressing various areas, such as transportation, the clinic setting, information provided and further support after clinic and 115 completed questionnaires were collected over a period of approximately four months.

The survey results showed that;

- Two thirds of our patients travel to Temple Street by car (largely for the following reasons; convenience, poor public transport and travel distance) with parking being a major concern. 42% of families also travel more than two hours for their clinic appointment
- Two thirds of our patients were seen at their appointment time and the median delay time was 30 mins
- The great majority of users are happy with the size and composition of the team and the time and information provided in clinic
- A few parents would prefer more frequent appointments when their children are younger
- Written information provided was generally sufficient, but the website lacks the comprehensive information sought by parents
- Improvements to the play and the waiting area could include the presence of more toys and books, WiFi access and the presence of a water dispenser
- Overall satisfaction with the cleft clinic is very high and attempts are being made to accommodate parents' wishes regarding appointment times and the development of a website for the Dublin Cleft Centre is an ongoing project

## Cleft Nurses Clinical Excellence Network (CEN)

The Cleft Nurses Clinical Excellence Network (CEN) autumn meeting and study day was hosted by the Lead Cleft Nurse at Temple Street, on October 9th 2015. The CEN is the specialist nursing group affiliated with the Craniofacial Society of Great Britain and Ireland. This is the first time it was held outside the UK and 22 people attended the day in Harry Clarke House.

Presentations on the day included a unique presentation of cleft, anomalies of the hard palate, the impact of the CNS (Clinical Nurse Specialist) role in cleft lip and palate networks and the challenges of ensuring a prompt response to a new cleft referral.

There was an update on the UK Slumbrs Research Team (Side Lying and Upper airways Maintenance in Babies Requiring Surgery for cleft palate feasibility study) and a workshop on the Healthtalk.org website. Evaluations of the day were very positive and complimentary, and the day provided an excellent forum for networking with our UK cleft colleagues.

## UCD 'Examination of the Newborn' module

A new Masters level module titled 'Examination of the Newborn' commenced in UCD in October 2015. This course is aimed at midwives and neonatal nurses to enable them to become competent practitioners in advanced examination of newborn infants thus enhancing neonatal service provision.

The Cleft Nurse in Temple Street is an invited guest lecturer on this course to educate nurses and midwives on the cleft care pathway and on the importance of examination of the newborn palate.

In 2006 an audit by the UK cleft nurses highlighted that up to 30% of children were delayed in a diagnosis of cleft palate beyond 24hrs. In 2014 the BMJ reported 16% of children with cleft palate were not diagnosed within the first 72 hours of life, and 12% diagnosed after one week of life costing the NHS in excess of 250,000 sterling. This UCD module is timely as new guidelines issued by the Royal College of Paediatrics and Child Health on palatal examination in October 2014.

The cleft team at Temple Street continually audit timing of palatal cleft diagnosis along with Dublin Cleft Centre (Temple Street, OLCHC, SJH) colleagues, and submit their findings to the nurses CEN annually for comparison.

In 2014 referrals demonstrated that 69% of children with cleft palate alone were diagnosed within 24 hours, but 11% were not identified within the first 72 hours of age. In 2015 a higher figure of 16% had a delayed in diagnosis beyond 72 hours. Hopefully with increased education of our nurses and midwives the Republic of Ireland can reduce delayed detection rates even further.



### Development and validation of a clinical prediction rule for the surgical management of velopharyngeal insufficiency

Velopharyngeal insufficiency (VPI) refers to the failure of the soft palate and pharynx to separate the oral from the nasal cavity during speech. The most common cause of VPI is a history of cleft palate. The overall result is decreased intelligibility of speech and significant functional impairment. Surgery is the definitive treatment of VPI, its aim being to create a functional seal between the nose and mouth during speech, whilst avoiding nasal airway obstruction. Various approaches have been described – the palate can be lengthened or the posterior pharyngeal wall augmented, or the entire pharyngeal complex can be tightened. There is no consensus in the literature as to what the optimal surgical approach is for a given patient.

Clinical prediction rules are decision-making tools for clinicians. The aim of this study is to derive a clinical prediction rule to stratify patients with VPI in terms of the probability of having a good outcome from a particular type of surgery. Details of the patients' history, clinical examination and diagnostic tests will be analysed and compared to the outcome of a particular type of surgery in terms of improvement in speech.

Having received ethical approval from all three institutions, data collection has begun in Temple Street, OLCHC and Cork University Hospital (CUH). It is anticipated that the Children's Hospital in Belfast will also join the study, which will accrue data for a minimum of five years.



**69%**

of children with cleft palate were diagnosed within 24 hours in 2014

**42%**

of families travel more than two hours for their clinic appointment.

# NATIONAL CENTRE FOR INHERITED METABOLIC DISORDERS (NCIMD)

## Metabolic Website ([www.metabolic.ie](http://www.metabolic.ie))

[www.metabolic.ie](http://www.metabolic.ie) was launched as a resource to share information regarding the National Centre for Inherited Metabolic Disorders (NCIMD). It was funded mainly by a family whose son passed away from an inherited metabolic disorder. The website provides valuable information about the Centre, metabolic conditions, research, staff, news and events and patient and family information. The website has proven to be an invaluable resource and feedback has been very positive.

## Texting of PKU levels

The introduction of the texting of PKU levels to parents/patients instead of phone calls to enable a more effective system of notification of levels has been very well received. The levels are texted to the parent/patient requiring no direct contact unless the levels are abnormal. If the levels are abnormal the parent/patient then contacts the dietitian to discuss further management, ensuring a more efficient system of time management.

## Study Day

The Metabolic Study Day took place on 22nd April 2015. This was organised and presented by the NCIDM staff with national and international speakers from Ireland, England, Switzerland and Germany taking part. This was a full day conference from 08.30am to 16.30pm, with CPD points.



Noelle O'Mahony, Staff Nurse





# GENETICS

## Clinical Activity 2015

Genetic Counsellor, Claire Giffney, joined the team in October 2015 to provide cover for Debby Lambert, who took a leave of absence at the end of February. Claire works on a full time basis providing two out-patient clinics weekly, and is joined by Consultant Geneticists, Professor Andrew Green and Dr Sally Ann Lynch who each hold a weekly outpatient clinic in addition to providing consultations for in-patients as required. The team is supported by Administrative Officer, Caroline Hume.

	No. of outpatient appointments	No. of patients seen	No. of inpatient consults	Waiting list
<b>Consultant</b>	292	724	34	252 (60 > 12 months)
<b>Genetic Counsellor</b>	60**	118	0	306* (73 > 12 months) (51 > 15 months)
<b>Total</b>	352	842	34	

\* Genetic Counsellor waiting list is a joint list for appointments in Temple Street and OLCHC - not split by hospital

\*\*no Genetic Counsellor clinics held between start of March and end of October 2015

## Education provision

A series of short animated videos were previously developed by the Clinical Genetics team. The videos series was co-funded by a 2014 UCD Community Engagement Seed Funding Grant (SF1028) and by the Temple Street Foundation 2014 (SF2014-02) with additional support from Shire Pharmaceuticals and Temple Street.

The purpose of this project is to facilitate patients, students and healthcare professionals in understanding genetics concepts, inheritance patterns and rare disease. This project has continued to expand and to date nine individual videos have been completed, with the Robertsonian and Reciprocal Chromosomal Translocation videos translated into multiple languages including Polish, French, Spanish, Portuguese, Maltese and Italian, providing wider access to patients and healthcare professionals in Ireland and abroad.

To date, there have also been over 110,000 views across 200 countries worldwide and the Robertsonian Chromosomal Translocation video was selected by the American Academy of Paediatrics for incorporation into their teaching programme, highlighting the success of this initiative. The original nine videos can be accessed at: <http://www.ucd.ie/medicine/rarediseases/understandinggeneticdisorders/> and the complete collection of twenty one translated videos are housed on the UCD School of Medicine YouTube channel at: <https://www.youtube.com/user/UCDMedicine/videos>.

Further teaching videos, aimed at GPs, about rare diseases and Orphanet will be developed in the months to come.

# GENETICS PUBLICATIONS 2014

## Professor Andrew Green:

<b>Title</b>	<b>Detection of novel germline mutations for breast cancer in non-BRCA1/2 families.</b>
Authors	Aloraifi F <sup>1</sup> , McDevitt T <sup>2</sup> , Martiniano R <sup>1</sup> , McGreevy J <sup>1</sup> , McLaughlin R <sup>1</sup> , Egan CM <sup>1</sup> , Cody N <sup>2</sup> , Meany M <sup>2</sup> , Kenny E <sup>3</sup> , Green AJ <sup>2</sup> , Bradley DG <sup>1</sup> , Geraghty JG <sup>4</sup> , Bracken AP <sup>1</sup> . FEBS J.
Year	2015
Citation	2015 Jun 20. doi: 10.1111/febs.13352
<b>Title</b>	<b>Recognisable cerebellar dysplasia associated with mutations in multiple tubulin genes.</b>
Authors	Oegema R, Cushion TD, Phelps IG, Chung SK, Dempsey JC, Collins S, Mullins JG, Dudding T, Gill H, Green AJ, Dobyns WB, Ishak GE, Rees MI, Doherty D.
Year	2015
Citation	Hum Mol Genet. 2015 Jun 30. pii: ddv250. [Epub ahead of print]
<b>Title</b>	<b>Gene analysis techniques and susceptibility gene discovery in non-BRCA1/BRCA2 familial breast cancer.</b>
Authors	Aloraifi F, Boland MR, Green AJ, Geraghty JG.
Year	2015
Citation	Surg Oncol. 2015 Jun;24(2):100-109. doi: 10.1016/j.suronc.2015.04.003. Epub 2015 Apr 13. Review. PMID: 25936246
<b>Title</b>	<b>Phenotypic analysis of familial breast cancer: comparison of BRCAx tumors with BRCA1-, BRCA2-carriers and non-familial breast cancer.</b>
Authors	Aloraifi F, Alshehhi M, McDevitt T, Cody N, Meany M, O'Doherty A, Quinn CM, Green AJ, Bracken A, Geraghty JG.
Year	2015
Citation	Eur J Surg Oncol. 2015 May;41(5):641-6. doi: 10.1016/j.ejso.2015.01.021. Epub 2015 Feb 17. PMID:25736863
<b>Title</b>	<b>A study of the clinical and radiological features in a cohort of 93 patients with a COL2A1 mutation causing spondyloepiphyseal dysplasia congenita or a related phenotype.</b>
Authors	Terhal PA, Nievelein RJ, Verver EJ, Topsakal V, van Dommelen P, Hoornaert K, Le Merrer M, Zankl A, Simon ME, Smithson SF, Marcelis C, Kerr B, Clayton-Smith J, Kinning E, Mansour S, Elmslie F, Goodwin L, van der Hout AH, Veenstra-Knol HE, Herkert JC, Lund AM, Hennekam RC, Mégarbané A, Lees MM, Wilson LC, Male A, Hurst J, Alanay Y, Annerén G, Betz RC, Bongers EM, Cormier-Daire V, Dieux A, David A, Elting MW, van den Ende J, Green A, van Hagen JM, Hertel NT, Holder-Espinasse M, den Hollander N, Homfray T, Hove HD, Price S, Raas-Rothschild A, Rohrbach M, Schroeter B, Suri M, Thompson EM, Tobias ES, Toutain A, Vreeburg M, Wakeling E, Knoers NV, Coucke P, Mortier GR.
Year	2015
Citation	Am J Med Genet A. 2015 Mar;167A(3):461-75. doi: 10.1002/ajmg.a.36922. Epub 2015 Jan 21. PMID:25604898
<b>Title</b>	<b>Phenotypic extremes in liveborn monozygotic twins with mosaic Edwards syndrome.</b>
Authors	Bussmann N, Cunningham K, Green A, Ryan CA.
Year	2015
Citation	BMJ Case Rep. 2015 Nov 11;2015. pii: bcr2015211587. doi: 10.1136/bcr-2015-211587.
<b>Title</b>	<b>Predictive Genetic Testing and Alternatives to Face to Face Results Disclosure: A Retrospective Review of Patients Preference for Alternative Modes of BRCA 1 and 2 Results Disclosure in the Republic of Ireland.</b>
Authors	O'Shea R, Meany M, Carroll C, Cody N, Healy D, Green A, Lynch SA.
Year	2015
Citation	J Genet Couns. 2015 Sep 26. [Epub ahead of print]

<b>Title</b>	<b>Protein-truncating variants in moderate-risk breast cancer susceptibility genes: a meta-analysis of high-risk case-control screening studies.</b>
Authors	Aloraifi F, McCartan D, McDevitt T, Green AJ, Bracken A, Geraghty J.
Year	2015
Citation	Cancer Genet. 2015 Sep;208(9):455-63. doi: 10.1016/j.cancergen.2015.06.001. Epub 2015 Jun 14. PMID: 26250988
<b>Title</b>	<b>Detection of novel germline mutations for breast cancer in non-BRCA1/2 families.</b>
Authors	Aloraifi F, McDevitt T, Martiniano R, McGreevy J, McLaughlin R, Egan CM, Cody N, Meany M, Kenny E, Green AJ, Bradley DG, Geraghty JG, Bracken AP.
Year	2015
Citation	FEBS J. 2015 Sep;282(17):3424-37. doi: 10.1111/febs.13352. Epub 2015 Jul 14. PMID: 26094658

### Dr Sally-Anne Lynch

<b>Title</b>	<b>Clinical and genetic characterisation of infantile liver failure syndrome type 1, due to recessive mutations in LARS.</b>
Authors	Casey JP, Slattey S, Cotter M, Monavari AA, Knerr I, Hughes J, Treacy EP, Devaney D, McDermott M, Laffan E, Wong D, Lynch SA, Bourke B, Crushell E.
Year	2015
Citation	J Inherit Metab Dis. 2015 Nov;38(6):1085-92. doi: 10.1007/s10545-015-9849-1. Epub 2015 Apr 28. PMID:25917789
<b>Title</b>	<b>Large-scale discovery of novel genetic causes of developmental disorders.</b>
Year	2015
Citation	Deciphering Developmental Disorders Study Nature. 2015 Mar 12;519(7542):223-8. doi: 10.1038/nature14135. Epub 2014 Dec 24. PMID:25533962
<b>Title</b>	<b>Genetic diagnosis of developmental disorders in the DDD study: a scalable analysis of genome-wide research data.</b>
Authors	Wright CF, Fitzgerald TW, Jones WD, Clayton S, McRae JF, van Kogelenberg M, King DA, Ambridge K, Barrett DM, Bayzietinova T, Bevan AP, Bragin E, Chatzimichali EA, Gribble S, Jones P, Krishnappa N, Mason LE, Miller R, Morley KI, Parthiban V, Prigmore E, Rajan D, Sifrim A, Swaminathan GJ, Tivey AR, Middleton A, Parker M, Carter NP, Barrett JC, Hurles ME, FitzPatrick DR, Firth HV; DDD study. Lancet.
Year	2015
Citation	2015 Apr 4;385(9975):1305-14. doi: 10.1016/S0140-6736(14)61705-0. Epub 2014 Dec 17. PMID: 25529582
<b>Title</b>	<b>Chromosomal Microarray in Unexplained Severe Early Onset Epilepsy – A Single Centre Experience</b>
Authors	Nicholas M. Allen, J Conroy Amre Shahwan Sean Ennis, Bryan Lynch Sally A. Lynch, Mary D. King Eur J Paediatr Neurol.
Year	2015
Citation	2015 Jul;19(4):390-4. doi: 10.1016/j.ejpn.2015.03.010. Epub 2015 Apr 10. PMID:25920948
<b>Title</b>	<b>Unexplained developmental delay/learning disability: guidelines for best practice protocol for first line assessment and genetic/metabolic/radiological investigations.</b>
Authors	O'Byrne JJ, Lynch SA, Treacy EP, King MD, Betts DR, Mayne PD, Sharif F
Year	2015
Citation	IJMS. PMID:25894277



<b>Title</b>	<b>Friedreich Ataxia in Classical Galactosaemia.</b>
Authors	Neville S, O'Sullivan S, Sweeney B, Lynch B, Hanrahan D, Knerr I, Lynch SA, Crushell E.
Year	2015
Citation	JIMD Rep. 2015 Jul 29. [Epub ahead of print] PMID: 26219880
<b>Title</b>	<b>Wide disparity of clinical genetics services and EU rare disease research funding across Europe.</b>
Authors	Lynch SA, Borg I. J Community Genet.
Year	2016
Citation	2016 Apr;7(2):119-26. doi: 10.1007/s12687-015-0256-y. Epub 2015 Nov 4. PMID:26536881
<b>Title</b>	<b>NAA10 mutation causing a novel intellectual disability syndrome with Long QT due to N-terminal acetyltransferase impairment.</b>
Authors	Casey JP, Støve SI, McGorrian C, Galvin J, Blenski M, Dunne A, Ennis S, Brett F, King MD, Arnesen T, Lynch SA.
Year	2015
Citation	Sci Rep. 2015 Nov 2;5:16022. doi: 10.1038/srep16022. PMID: 26522270
<b>Title</b>	<b>Predictive Genetic Testing and Alternatives to Face to Face Results Disclosure: A Retrospective Review of Patients Preference for Alternative Modes of BRCA 1 and 2 Results Disclosure in the Republic of Ireland.</b>
Authors	O'Shea R, Meany M, Carroll C, Cody N, Healy D, Green A, Lynch SA. J Genet Couns.
Year	2015
Citation	2015 Sep 26. PMID: 26407988
<b>Title</b>	<b>Heimler Syndrome Is Caused by Hypomorphic Mutations in the Peroxisome-Biogenesis Genes PEX1 and PEX6.</b>
Authors	Ratbi I, Falkenberg KD, Sommen M, Al-Sheqaih N, Guaoua S, Vandeweyer G, Urquhart JE, Chandler KE, Williams SG, Roberts NA, El Alloussi M, Black GC, Ferdinandusse S, Ramdi H, Heimler A, Fryer A, Lynch SA, Cooper N, Ong KR, Smith CE, Inglehearn CF, Mighell AJ, Elcock C, Poulter JA, Tischkowitz M, Davies SJ, Sefiani A, Mironov AA, Newman WG, Waterham HR, Van Camp G. Am J Hum Genet.
Year	2015
Citation	2015 Oct 1;97(4):535-45. doi: 10.1016/j.ajhg.2015.08.011. Epub 2015 Sep 17. PMID: 26387595
<b>Title</b>	<b>Periventricular Calcification, Abnormal Pterins and Dry Thickened Skin: Expanding the Clinical Spectrum of RMND1?</b>
Authors	Casey JP, Crushell E, Thompson K, Twomey E, He L, Ennis S, Philip RK, Taylor RW, King MD, Lynch SA.
Year	2015
Citation	2015 Aug 4. [Epub ahead of print] PMID:26238252
<b>Title</b>	<b>A case report of primary ciliary dyskinesia, laterality defects and developmental delay caused by the co-existence of a single gene and chromosome disorder.</b>
Authors	Casey JP, Goggin P, McDaid J, White M, Ennis S, Betts DR, Lucas JS, Elnazir B, Lynch SA. BMC Med Genet.
Year	2015
Citation	2015 Jun 30;16:45. doi: 10.1186/s12881-015-0192-z. PMID:26123568
<b>Title</b>	<b>Mutations in the PP2A regulatory subunit B family genes PPP2R5B, PPP2R5C and PPP2R5D cause human overgrowth.</b>
Authors	Loveday C, Tatton-Brown K, Clarke M, Westwood I, Renwick A, Ramsay E, Nemeth A, Campbell J, Joss S, Gardner M, Zachariou A, Elliott A, Ruark E, van Montfort R; Childhood Overgrowth Collaboration, Rahman N. Hum Mol Genet.
Year	2015
Citation	2015 Sep 1;24(17):4775-9. doi: 10.1093/hmg/ddv182. Epub 2015 May 13. PMID:25972378

Title	Mutations in DDX3X Are a Common Cause of Unexplained Intellectual Disability with Gender-Specific Effects on Wnt Signaling.
Authors	Snijders Blok L, Madsen E, Juusola J, Gilissen C, Baralle D, Reijnders MR, Venselaar H, Helsmoortel C, Cho MT, Hoischen A, Vissers LE, Koemans TS, Wissink-Lindhout W, Eichler EE, Romano C, Van Esch H, Stumpel C, Vreeburg M, Smeets E, Oberndorff K, van Bon BW, Shaw M, Gecz J, Haan E, Bienek M, Jensen C, Loeys BL, Van Dijck A, Innes AM, Racher H, Vermeer S, Di Donato N, Rump A, Tatton-Brown K, Parker MJ, Henderson A, Lynch SA, Fryer A, Ross A, Vasudevan P, Kini U, Newbury-Ecob R, Chandler K, Male A; DDD Study, Dijkstra S, Schieving J, Giltay J, van Gassen KL, Schuurs-Hoeijmakers J, Tan PL, Padiaditakis I, Haas SA, Retterer K, Reed P, Monaghan KG, Haverfield E, Natowicz M, Myers A, Kruer MC, Stein Q, Strauss KA, Brigatti KW, Keating K, Burton BK, Kim KH, Charrow J, Norman J, Foster-Barber A, Kline AD, Kimball A, Zackai E, Harr M, Fox J, McLaughlin J, Lindstrom K, Haude KM, van Roozendaal K, Brunner H, Chung WK, Kooy RF, Pfundt R, Kalscheuer V, Mehta SG, Katsanis N, Kleefstra T.
Year	2015
Citation	Am J Hum Genet. 2015 Aug 6;97(2):343-52. doi: 10.1016/j.ajhg.2015.07.004. Epub 2015 Jul 30. PMID: 26235985
Title	NAPB - a novel SNARE-associated protein for early-onset epileptic encephalopathy.
Authors	Conroy J, Allen NM, Gorman KM, Shahwan A, Ennis S, Lynch SA, King MD. Clin Genet.
Year	2016
Citation	2016 Feb;89(2):E1-3. doi: 10.1111/cge.12648. Epub 2015 Aug 28. PMID:26235277

### Poster Presentations

- S. Lynch, J.A. Turner, J. Casey. YouTube, animation and genetic education. Irish Society of Human Genetics, Dublin, Sept 2015
- S. Lynch, J.A. Turner, J. Casey. YouTube, animation and genetic education. European Society of Human Genetics, Glasgow, June 2015
- J. Casey, S.A. Lynch. Innovation and education; the key pillars of translation. SPHeRE; Structured Population and Health-services Research Conference, Dublin, January 2015

### Invited talks

Dr SA Lynch

- Transitional Care – Mind the Gap 24 April 2015 What's in a genome? Dr SA Lynch
- Margaret Sinnott Memorial Lecture Beware the genome? 12th June 2015 Dr SA Lynch

### Platform presentations

- Irish Society of Human Genetics Sept 4th When it Comes to Exomes, Expect the Unexpected
- Jillian Casey, E Crushell, J Hughes, E Losty, D Slattery, A Green, S Ennis, SA Lynch



# MICROBIOLOGY

## Introduction of rapid FilmArray Blood culture system

This year the laboratory introduced a rapid PCR system for the identification of positive blood cultures. This system has reduced the time to identification of the organism in a positive blood culture from two days to approximately two hours. There are several advantages for a system like this to the patient. Antimicrobials can be rationalised earlier, thus reducing the impact of unnecessary antimicrobials on the patient. There are also cost savings for the hospital in terms of antimicrobial expenditure and finally the patients with blood culture contaminants can be discharged earlier leading to improved patient flow.

## Provision of extended respiratory viral PCR testing on-site

The FilmArray system has also been utilised to provide on-site respiratory viral PCR testing. Previously the samples were sent off-site and 'a five day a week' service was provided. This had an average turnaround of two-three days and the results were not available to be part of the real-time decision making pathway of the individual patient. In addition the results could not be used for infection control purposes as the results were not returned quickly enough.

Now that the testing is provided on-site with results available usually within four hours, the test can be used to inform the decision making of individual patients, and also to support nurse management in the management of infection control issues across the hospital.

Antimicrobial usage can also be rationalised earlier in children in whom viral infections are identified. Finally for children admitted to the PICU, the results can be made available out-of-hours to provide assistance to the clinicians in determining the cause of the respiratory failure in certain patients.

## Introduction of GeneXpert PCR testing for influenza and RSV

The GeneXpert platform was introduced to test for RSV and influenza on a single swab. This analyser is more accurate than previously used analysers, and has cut down on the number of false positive test results. The multi-channel nature of the instrument allows up to eight samples to be tested at the same time, and there is not the requirement for batching of specimens. By identifying influenza within two-three hours of presentation to the hospital, clinicians can potentially discharge the patients should they not require admission and thus reduce the need for empirical antimicrobials in cases where no causative organism has been identified.



**EIGHT  
SAMPLES**

can be tested at the same time without the requirement for batching of specimens



# PAEDIATRIC DENTISTRY

The dental service continued to grow and develop throughout 2015. This was primarily due to the construction and opening of a state of the art dental facility in the OPD which was fully fitted out with the necessary equipment to carry out safe, comprehensive, high quality, paediatric dental care for many of our Temple Street patients.

Eligible patients can now access comprehensive oral/dental assessment and diagnosis, preventive, restorative, and surgical dental care, using local anaesthetic with/without inhalation sedation as necessary. This is in addition to the comprehensive dental care already provided under general anaesthesia in the OT.

Prevention of dental disease is a key component of our service. Over 2015 we continued to engage with a number of key patient groups in the provision of dental consultation at a number of multidisciplinary team clinics; including Cleft, Craniofacial and inherited metabolic diseases. These clinics are an excellent way to screen high risk groups, provide advice and assistance on prevention of dental disease, treat as necessary, then refer to local/primary services, and in many cases to establish a shared care plan for the patient as appropriate.

Integration with local dental services is essential to ensure local follow-up care of medically complex children. In 2015 we agreed to have a senior dental surgeon from the HSE North Dublin Dental Services join our clinics/theatre sessions once a month. This has proved to be a great mutually beneficial initiative, with patients benefiting from this relationship both in Temple Street and in the primary services.

The Paediatric Dentistry Department has also been working with the HSE National Oral Health office on developing a formal shared care protocol for children with Cleft lip/palate in Ireland.

A recent audit of five year old children (attending the Dublin Cleft Centre) with cleft lip/palate shows a positive trend towards improved oral health. These improved patient outcomes can certainly be attributed to the development of dental services in Temple Street, and the increase in communication with our primary care HSE dental colleagues.



# ST CLARE'S UNIT (SCU)

## Research aimed at enhancing the wellbeing of children

SCU, an assessment and therapy service based in Temple Street for children, young people and their families where sexual abuse is a concern has ongoing involvement in research projects. Two examples are as follows:

1. SCU has taken the lead in a multi-agency project which aims to identify factors that have helped children to disclose their experiences of abuse. The findings from this project will add significantly to the international knowledge base and how children can be helped to disclose sooner. The findings and resulting report are due to be published at the end of 2016.
2. In partnership with RCSI and other agencies, SCU is conducting research on the area of children's exposure to sexually explicit material online and the challenges and impact associated with this. It is planned that the research will provide tools to professionals that will enable them to understand and address this issue with children in a way that prioritises and enhances their overall wellbeing.

## Clinical – responding to the needs of children and families

During 2015, there were numerous challenges which SCU faced with an associated impact on resources. However, we still provided approximately 2,000 sessions to children and families and managed to maintain waiting lists at an average length of six weeks.

## Public Information – Inter Agency Guide

SCU joined with CARI and TUSLA, the Child & Family Agency in designing an information guide to provide information to children and families on what to do and where to go when concerns about sexual abuse arise.

Discovering that your child may have been sexually abused can be very traumatic for parents/carers. The inter-agency guide was designed to help those who find themselves in this difficult position. Specifically, it serves to:

- Inform parents of what services are available to support their child and the wider family
- Act as a resource for professionals who may have contact with a child and/or family where there are worries about sexual abuse
- Offer advice to parents on how to support their child in the process

The guide has been made available online and in attractive hard copy format and can be obtained in facilities such as Health Centres, GP Clinics etc.

## Assessment and therapeutic service

In 2015 NIAP provided an assessment and therapeutic service to 34 young people and their parents and carers. This included the provision of two rolling boys groups which met weekly for 48 weeks in the year and a parent's support group which met fortnightly. Individual and family work was also offered to each family. On-going training and consultation was offered to TUSLA staff, foster carers and residential units.

- Shelley Grady, NIAP Team Member, completed a qualitative study (n=35) exploring the pre- and post-treatment expectations and experiences of adolescents who attended the NIAP programme. The findings support the positive gains of treatment in young people's lives. Shelley is in the process of submitting an article outlining these findings for publication.

- Over the past two years NIAP has been compiling a Manual for Group Therapy with Young People. The manual provides an introduction to the group therapeutic program, a description of content, and an outline of NIAP's 'Good Lives' influenced approach – including a review of each module. Modules include: Relationships, Sex and Sexuality, Addictive Behaviours, Emotions and Coping, Understanding my Pathway to Offending and Victim Empathy. The evaluation stage has been conducted over the last 18 months. At present the analysis is being conducted and a written report will be presented to NIAP outlining the outcome. The manual will be published in Autumn 2016.





## NOTA (National Organisation for Treatment of Sexual Abusers) International Conference

The NOTA International Conference was held in Dublin in September, 2015, and Mary Tallon, Senior Social Worker, NIAP and Chair of NOTA, Republic of Ireland played a key role in organising a very successful conference attended by over 300 people which was complemented by extensive national media coverage.

Dr. Gary O'Reilly, NIAP, gave the keynote address titled 'Harmful Sexual Behaviour and Cognitive Behavioural Therapy'. NIAP also organised and facilitated three workshops which highlighted the innovative work the service undertakes. The workshops were as follows:

- An Inter-Agency Restorative Justice Approach in Working with Families impacted by Sexual Abuse

**Facilitators:** Ciara Mangan, NIAP Team Member and Garda Peter O'Donovan.

- Pesky Gnats Unplugged: Developing Metaphors to Explain CBT Concepts to Young People

**Facilitator:** Dr Gary O' Reilly, Senior Lecturer/Director of the Doctoral Training Programme in Clinical Psychology, UCD.

- An investigation of the context of abuse and individual and family characteristics in a sample of Irish youth who have engaged in sexually abusive behaviour

**Facilitator:** Conall Tunney, Assistant Psychologist, Temple Street Children's University Hospital and Psychology PhD candidate working in technology for well-being.



# OUR ENVIRONMENT

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## 2015 ACTIVITY

1,782

Patients came from Cavan

1,276

Patients came from Cork City and County

1,469

Patients came from Galway City and County

3,106

Patients came from County Wicklow and Wexford

11,261

Patients came from Monaghan

97,261

Patients came from North and South County Dublin



# HUMAN RESOURCES

The Human Resource (HR) Department offers HR services across the organisation both at strategic and operational levels. A team of 10wte staff strives to deliver a quality and responsive HR service to staff across the hospital in order to support the delivery of services to our patients and their families. Though 2015 was another challenging year for the Department responding both to internal and external demands, the Department delivered a service that supported the hospitals strategic and operational objectives.

## Resourcing and Recruitment

The Department worked closely with managers and the Finance Department to respond to the increasing demands for additional staff to meet increased service needs, new service developments and the consequence of staff availing of secondments to the HSE and the nch (new children's hospital) project development work. The HR services coordinated and administered an end to end recruitment service across the hospital managing a 5.2% increase in the employee census. The hospitals average turnover in 2015 was 9% with paramedical services being the area of highest turnover (18%) followed by nursing (12%). End of year employment control census returned a figure of 1019.75wte reflecting a payroll increase of 52wte throughout 2015.

The HR Department also supported service reconfigurations across Clinical and Patient Services Departments with the development of Head of Clinical Services and Operations Manager posts to meet the demands of increasing activity, service targets and efficiencies.

Key service development areas included narcolepsy, Spina Bifida and ICT project posts to support the upgrades and implementation of Ipims and Orion related projects towards progressing clinical information systems and the hospitals strategy of an Electronic Patient Record (EPR).

In addition to internal recruitment requirements, the Temple Street HR Department provided recruitment and resourcing services to the nch Group Board supporting the appointment of both Group and project posts. Temple Street staff were appointed to and participated in secondments to key project work and the planning of future services within the nch.

## HR Service Design and Developments

During 2015 the HR Department continued to develop a service model that was customer focused, future focused and efficient. The HR Analytics and Information services were further developed to respond to the ever increasing demands for workforce related data and reporting. The Department commenced roll-out of a suite of HR related reports to managers and this work will continue to full roll-out across Departments during 2016. The Department also continued to report to the Board of Directors on workforce information via the monthly Balanced Scorecard.

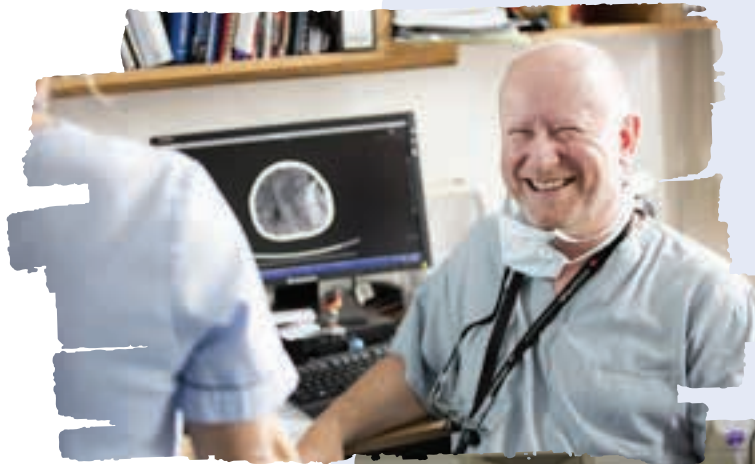
The HR Director and Information and Systems Manager participated in Workforce Planning and Design for the transitioning of services to the nch leading to increased workforce reporting and information demands. The Department's developments in analytics and HR systems provided a real time source for access to information to meet these requirements. In addition the Department worked with managers on establishing baseline workforce data and projected workforce requirements for our own current services.

In January 2015 the Department commenced a HR Personnel Record Digitalisation project focusing on all new employees in addition to scanning of staff documents to MegaHR file management systems and establishing electronic staff files. In addition to time and paper efficiencies, the digitalisation project will support the future requirements electronic record management and HR systems integration.

## Staff Support and Recognition

In line with the hospitals focus on education and training, the HR Department worked with service providers internally and externally to support on-going development programmes and refresher training for staff. Staff availed of on-line management training programmes, specialist training skill courses, Master's degree and Diploma courses in addition to conference and workshop updates. As identified in the Learning and Development strategy, training in 2015 provided focused programmes to support managers in the areas of performance management and interview training skills.





Working in conjunction with the Occupational Health Department (OHD) lunchtime and departmental sessions were facilitated by Paul Marsden, Occupational Psychologist, in response to staff feedback around the areas of interpersonal skills, team working, dignity at work and resilience which were very well received.

Acknowledging the need to support staff and promote a healthy workplace, staff were offered a range of lifestyle education and health promotion opportunities through the Wellbeing Department to help staff in balancing busy work and home life demands. Various Mental Health Wellbeing initiatives were delivered along with the development of a joint HR and Occupational Health Department policy relating to the organisational management of stress. Staff were offered mindfulness and meditation sessions in addition to a range of physical activity opportunities.

To publically acknowledge and recognise our 'Everyday Heroes' the Department again in 2015 lead out on in coordinating the Recognition of Excellence (RoE) and CEO awards to staff who went that 'extra mile' from clinical and non-clinical areas. Staff who received these awards in 2015 included:

#### CLINICAL

- Catriona Mc Nicholas and Collette Reilly – Infection Prevention and Control Department
- Deirdre Sheehan – Head of Clinical Services
- Julie Collins – Play Department
- Frances Ennis – CNM, Theatre

#### NON-CLINICAL

- Breda O'Hanlon – Nursing Administration
- Linda Comey – Department of Plastics

#### CEO AWARD

- The Chaplaincy Department



# CLINICAL SERVICES

The Clinical Services Department was formally established in July 2015, completing its separation from the department formerly called clinical and patient services.

The second half of 2015 has been rich and varied as the broad and extensive remit of setting up the department and developing this new role within temple street and the wider children's hospital group has gradually started to unfold.

One of the most interesting and rewarding experiences in the past six months has been the brief to provide a line management reporting relationship to fifteen HSCP professions in Temple Street and through this role being able to promote the cross hospital HSCP vision of service provision in a Clinical Directorate model.

Aside from the work done with and on behalf of the HSCP group, the last six months of 2015 has provided this Department with an opportunity to contribute in many arenas to the delivery of child centred, safe and effective interdisciplinary clinical services and to become an advocate for clinicians and their patients.



*Sara McGeogh, Radiography Services Manager*



*Natasa Maksimovic, Radiographer*

# OPERATIONS Management

In 2015 there was significant change in the Senior Management Team of the Patient Services Department. In September Jenny Carey was appointed as the Operations Manager and this new role includes;

- Overall responsibility for the Patient Services Department in conjunction with the relevant Department managers
- Monitoring and management of service performance
- Service planning including waiting list management
- Ensuring compliance with the Special Delivery Unit (SDU) targets for scheduled and unscheduled care
- Developing the Hospital's annual Service Plan in conjunction with other key stakeholders

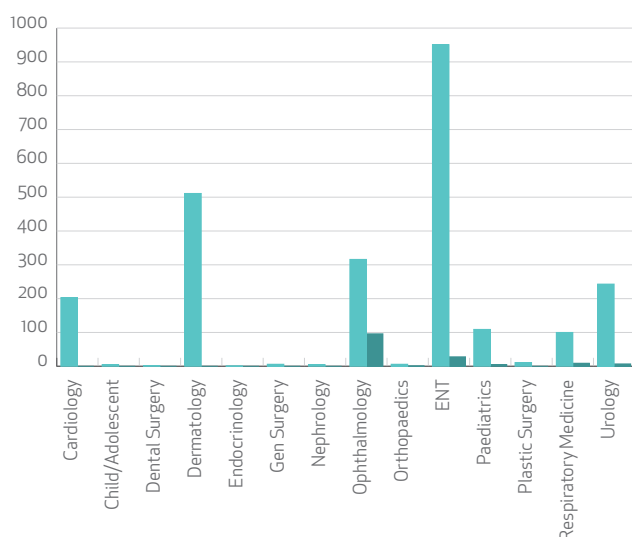
Fiona Butler (PA to the Operations Manager) and Marcella Kenny (Assistant Operations Manager) were also appointed to this Department in 2015.

The Patient Services Department was actively involved in cross-hospital collaboration within the Children's Hospital Group (CHG) for example in its involvement with the Clinical Strategy Working Group, the implementation of the of the Emergency Department (ED) escalation framework, the implementation of the Clinical Directorates (CD) in Temple Street and the CHG, the Cross Hospital Operations Managers Group and the review of the hospital activity in preparation for the nch.

## Waiting list targets and management

At the end of July 2015 a Directive was issued from the Minister for Health, Leo Varadkar, which advised that no patient should have to wait longer than 15 months for an appointment in the public hospital system. At that point in time Temple Street had 2,469 patients who could potentially breach this target by the end of the year. This presented a considerable challenge but through careful validation and insourcing and outsourcing, the Patient Services Department managed to reduce the waiting list down to 146 by the end of the year.

### OPD Waiting List (July 2015)



### CARDIOLOGY

Six additional cardiology clinics were carried out on a Saturday morning running from 17.10.2015 to the 09.01.16.

### DERMATOLOGY

Dermatology clinics were also carried out on a Saturday morning and afternoon.

### ENT

ENT patients were outsourced to the Mater Private Hospital for their full episode of care.

### OPHTHALMOLOGY

24 patients were outsourced to Raglan Road Eye Clinic with an additional 68 outsourced to Medical Optics.

### UROLOGY

45 urology patients were seen by the General Surgeons in Temple Street with the additional 65 outsourced to the Beacon Hospital for a full episode of care.

	Insource Total	Outsource Total
Cardiology	238	
Dermatology	552*	
ENT		295
Ophthalmology		92
Urology	45	65
<b>Total</b>	<b>835</b>	<b>452</b>

\*Dermatology Figures (September 2015)

Through the outsourcing and validation process, patient services identified a number of areas of work that will improve the outpatient services and streamline the process from referral to discharge outcome to make this a safe, efficient, pleasant journey for the patient who remains our main focus. Work on making these changes has already started.

At the end of December 2015 the hospital achieved 100% compliance for the inpatient/day case waiting lists targets set by the SDU. No patient on the hospital waiting list exceeded the 15 months waiting time for an elective inpatient or day case procedure.



# QUALITY

During 2015, the Quality Department built on the hospital's commitment to quality and patient safety through front line staff engagement in QI activities including:

- i. 25/10 crowd sourcing which helped a large group of frontline staff generate and sort and prioritise their 'big, bold' ideas for change in 30 minutes. Though it is fast, fun and casual it is a serious way to generate lots of uncensored ideas and then tap the wisdom of the entire group to identify the top ten.
- ii. PDSA with Smarties – a fun interactive session with frontline staff which generated lively discussion and harnessed competitive nature to problem solve using 'small tests of change' 'QI methodology to learn', 'strategic planning', 'team working', 'learning from the experts' and 'reduction in variation' – all key elements of patient safety and improvement work.

Secondly the Quality Department was also delighted to launch the 'what happens to you ... matters to us' comment card feedback system for both patients and their parents/carers. The aim is to capture the patient experience on the day ... a snapshot in time and use the information to inform parent/patient identified quality improvement initiatives within the hospital.

The Temple Street Central Decontamination Unit (CDU) is a quality driven Department and in November 2015, followed a three day recertification audit to maintain ISO 13485 and MDD 93/42 EEC. All processes and all areas of the CDU were audited through inspection, interview and observation. Significant credit is due to the Decontamination Manager and CDU team for this achievement as without their hard work and dedication, accreditation would not have been possible.



Over all, the auditor was very impressed not only with the CDU operationally but also the management and maintenance of the Quality System (QS). This was reflected in the positive feedback from the auditor at the 'close out' meeting, with only two minor non-conformances recorded after three days of intense scrutiny.

There is a yearly surveillance audit each year with the first due between August and October 2016. The CDU remains the only publically funded unit to have achieved ISO 13485 and MDD 93/42 EEC. The CDU Quality Circle (staff led) continues to meet quarterly to identify and complete staff identified improvements.

In October 2015 Temple Street was delighted to open a new Endoscopy Decontamination Unit (EDU) for the reprocessing of channelled and non-channelled heat sensitive endoscopes. The new EDU offers state of the art reprocessing equipment with the sufficient space in which to safely and adequately reprocess endoscopes for theatre, ENT and SLT departments. There are three areas of the EDU which are environmentally controlled with air pressure, restricted staff access and dress codes. There is a clean to dirty air flow system that prevents contamination.



Aoife Dillon, Clinical Education Facilitator



The Committee was provided with regular up-dates on quality initiatives to provide a safe quality service

# Risk Management

## Promoting a proactive risk management culture

The Hospital's risk management programme continued to promote a proactive risk management culture in the organisation throughout 2015. 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 Committee continued to meet on a monthly basis during 2015 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 2015. The Committee continued to oversee the implementation of the hospital's Risk Assessment strategy.

A review of the hospital's Medical Devices and Procurement Committee was also initiated in 2015 to include 'Point of Care Testing and Consumables'. The Clinical Incident Review Committee was established as a sub-committee of the Quality, Risk & Safety Committee. The Radiography Services Manager attended and presented on the 'Red Dot' Quality Improvement Initiative in the Radiology Department.

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 remains as a standing item on the Committee's agenda.

The Committee was provided with regular up-dates on quality initiatives to provide a safe quality service in the areas of healthcare records and documentation, open communication, hand hygiene, clinical handover, medication safety, safe environment and safe surgery.

Temple Street continued to play an active role in the Voluntary Hospital Group's Risk Management Forum at risk management, health & safety and radiation safety level as members of the Advisory, Executive and CEO forums and ratified a number of forum publications during 2015 including:

- Matters of Consideration in the Use of Verbal and Written Interpreter Services
- An introduction to Risk Management – Handbook for Staff
- Shared Learning Notice

The Committee adopted the HSE Safety Incident Management Policy and Policy on reporting of 'Serious Reportable Events'. The Committee also reviewed the Dangerous Good Safety Advisors Annual Report.

A number of senior staff from the Risk Management Department attended the HSE Systems Analysis training sessions and two education sessions were provided to NCHDs on incident reporting, guidance on the National Consent Policy, guidance on attending an inquest and systems reviews.

The organisation's Corporate Risk Register was reviewed and monitored throughout 2015 by the Risk Register Review Group. It was reviewed by the Executive Management Committee and Board of Directors on a quarterly basis.



Deirdre Keenan and Marion Draper, Staff, Special Feeds Unit

# Facilities Management

The Facilities Management (FM) Team oversaw the management of the day-to-day operations of the support service function throughout the hospital, while adopting a collaborative and interdisciplinary approach to the service delivery within the following departments;

- Technical Services Department
- Clinical Engineering
- Catering and Household Services
- Management of Waste and Chemicals
- Hygiene Standards

In addition the FM Team lead and supported the nch project for the CHG, while taking a leading role in driving the hospitals Hand Hygiene Compliance Quality Improvement Project.

The following is a brief departmental summary report for 2015, from each of the associated FM Departments.

## Technical Services Department

- Initiated the project to commence the installation of a new steam boiler
- Installed an Air Handling Unit in St. Gabriel's Ward with individual control units
- Established an Environmental Monitoring Committee with responsibility for water quality management

## Clinical Engineering Department

- Installed three portable Reverse Osmosis's Units within the renal central water treatment plant, as a secondary backup water supply
- Partook in a joint collaboration forum with the Irish Paediatric Acute Transport Service which is a consultant lead transport service, transporting patients from hospitals all over the country to Temple Street Children's University Hospital and Our Lady's Children's Hospital Crumlin (OLCHC). This involves providing appropriate patient trolleys, supporting the medical equipment used and providing training to the assigned medical team
- Relocation of the medical air manifold incorporating the tie-in of both medical air plants. This facilitates the supply of medical air while allowing the secondary air plant to supply air to the PICU, Radiology Department and Operating Theatre (OT), while also providing an alternative supply from the main air plant. The hospital medical vacuum system also underwent a tie-in, with similar benefits

## Catering and Household, incorporating the Special Feeds Unit

- The Food Safety Professionals Association awarded the Special Feeds Unit with I.S. 340:2007 Hygiene in the Catering Sector
- Work commenced to achieve Accreditation throughout the entire Catering and Household Department



- The annual unannounced external audit on Food Safety and Hygiene within Catering and Household Departments and the Special Feeds Unit took place in December 2015. A score of 93% compliance was achieved, up 1% on 2014. Issues identified were promptly closed out.

### Management of Waste and Chemicals

- The hospital exceeded the targets laid out in Waste Management Changing Our Ways – Department of Environment (1998)
- 80% of all waste generated (Clinical & Non Clinical) was recycled/recovered in 2015
- A hospital Working Group was established to develop and introduce an e-Learning Training Package designed to cover Waste and Linen Segregation, Colour Coding, Good Sharps Practice and Waste Management, as set out in current legislation

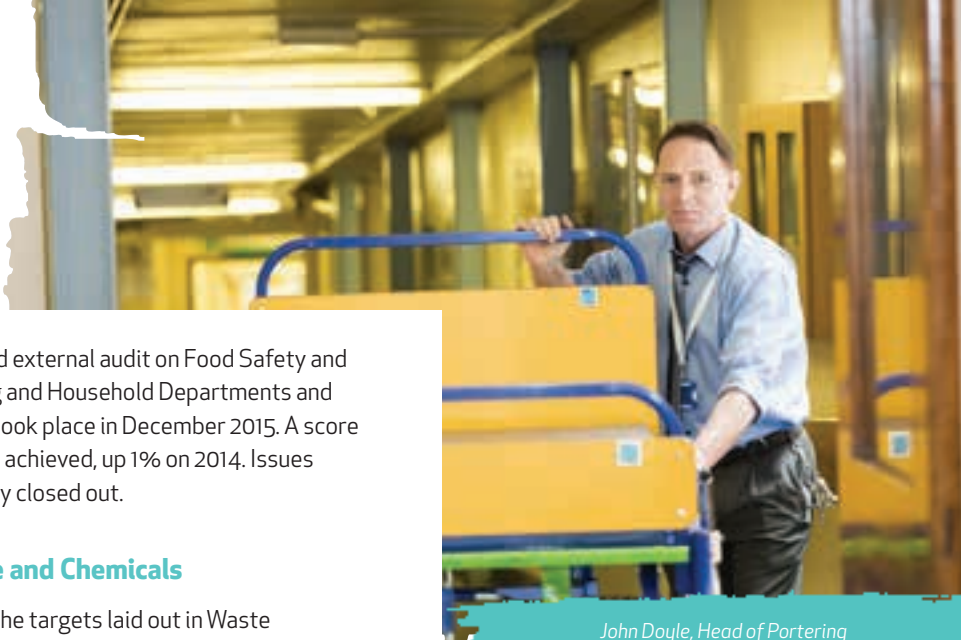
### Hygiene Standards Team

- 20 unannounced management hygiene audits were completed and the findings are outlined in the table below. Five parents and members of the Family Advisory Committee Temple Street (FACTS), partook in these unannounced hygiene audits

Year	Number of Audits	Exceptional Compliant	Extensive Compliant	% Compliant
2015	20	17	3	85%
Exceptional Compliance ≥ 85%				
Extensive Compliance 66% - 85%				

Reference: HIQA Standard

- Following a review of the Health Information and Quality Authority (HIQA) Guide to Unannounced Assessments against Health Care Associated Infection Standards, (May 2015) the Hygiene Team adopted its recommended Hygiene Audit Tool
- The Hygiene Operations Team hosted it's annual Temple Street Hygiene Awareness event. The aim of the event was to highlight best practice in hygiene services and promote the role that staff, patients and visitors have in ensuring the hospitals Hygiene Standards meet the requirements of the National Standards Prevention and Control of Health Care Associated Infections



John Doyle, Head of Portering



Vilma Antanelyte, Catering Department



Danny Kelly, Porter



Elizabeth Tynan and Sean Downes,  
Healthcare Records Department

# HEALTHCARE RECORDS

## Department Set up/Reorganisation

The Healthcare Records Services Manager and Deputy Healthcare Records Manager were appointed in July 2015.

Healthcare Records, OPD Front Desks, Ward Clerk and Clinical Secretaries services have been reviewed and managed by the new managers to ensure efficiencies within each area. There is more staff contact with managers including regular staff meetings. Each area was reviewed in isolation to ensure that services were maintained and efficiencies made where possible.

## Relocation of Staff to Temple Theatre

The main purpose of the move to Temple Theatre was to secure additional clinical foot print in the main hospital to manage patient throughput more effectively and efficiently whilst ensuring a smooth workflow for all staff together with an improved patient experience.

A project was undertaken to consider moving all healthcare records and clinical secretary staff to a new location offsite namely the Temple Theatre building adjacent to the hospital. MCO Projects was engaged to examine the key functions of the Healthcare Records Department and clinical secretaries.

It was particularly key to look at the current modus operandi and the future of these teams and during this process there was significant engagement with staff to ensure that the needs of the staff were taken into account. The move to Temple Street was planned for early 2016.

## Central Referrals Office

The Central Referrals Office (CRO) has been in operation since November 2015. The CRO acts as the organisation hub for the receipt, management, tracking, administration of referrals, allocation of outpatient appointments, including new and follow up appointments. It is the central point for sources of referral (SORs) and service providers in relation to management of enquiries regarding outpatient appointments.

By the end of 2015 the Healthcare Records Department was in Phase 1 of the CRO where all new referrals would be processed through the CRO from receipt to follow up on clinical triage to allocation of appointments to closing of referrals, and management of follow up appointments via review waiting lists. The CRO will act as the central point of contact for patients wishing to cancel, reschedule or enquire about appointments.

There is more  
staff contact with  
managers including  
regular staff  
meetings

# CLINICAL PHOTOGRAPHY

The Department of Clinical Photography has worked with the Cleft Lip & Palate Service and the Department of Physiotherapy to introduce and refine updated photographic protocols in the areas of Cleft Audit Photography and Facial Palsy Photography. Updates, such as the new Facial Palsy photography protocols, which are designed to work in conjunction with the Sunnybrook Facial Grading System, were introduced to better inform clinical staff of a patient's ongoing progress during their treatment and to make an accurate recording of that progress.

With the help of the National Paediatric Craniofacial Centre (NPCC) at Temple Street, the Department of Clinical Photography has also developed a 'portable studio' for use during audit clinics. Increasing the efficiency of the clinics and reducing the time spent and distance travelled by patients takes some of the strain from what is an intense schedule for patients, parents and staff. Rolled out in 2015, the portable studio will continue to appear during audit clinics in 2016.

# CAPITAL PROJECTS

## Completion of the Endoscopy Decontamination Unit

2015 saw the completion of a state of the art dedicated Endoscopy/Decontamination Unit located in the courtyard of the Hospital. The facility was designed to provide an independent 'dirty to clean' room with interconnecting corridor and controlled access. The controlled access is via two automated sliding doors, which are activated via hands free sensors i.e. hand swipe.

The facility provides for two dual-chamber Washer Disinfectors and a Drying Cabinet and a height adjustable wash and rinse sink was also installed.

There is a gowning area in the corridor and HTM standard clinical wash hand basin in each of the areas. High spec medical grade PC's were installed in the 'dirty area' and corridor. A 'track and trace' system was installed to allow for the monitoring of all scopes. The walls have been completed by fitting white rock throughout the unit for cleaning and hygiene purposes. Additionally the environment is further enhanced by providing an air flow system which is a preventative measure for cross contamination. The HSE is now using Temple Street as a reference site for other hospitals.

## Completion of the Dental Unit, Waiting Area & WC

The development of a Dental Suite in Temple Street was completed in Q4 2015 and located to the rear of the OPD. Extensive excavation works were carried out in the basement in order to maximise the footprint available and provide a waiting area and WC for the new Dental Unit which is shared with the Dermatology Unit.

The state of the art facility includes a height adjustable dental chair, dental cart, a ceiling-mounted operating light, Nitrous Oxide and O<sub>2</sub> delivery units, a wall mounted X-Ray unit, cabinetry and worktop. An 'Under Water' art theme was adopted and enhanced the space in order to create a child friendly environment.

The Unit is now 'live' and feedback received to date is extremely positive from parents and the children.



Kieran Downes, Capital Projects Manager with two of the OPD extension construction workers



# A GIANT STEP FORWARD FOR

On 10th August 2015 a planning application for the new children's hospital was submitted to An Bord Pleanála. This followed the appointment of an internationally acclaimed design team in August 2014. Overseen by the National Paediatric Hospital Development Board (NPHDB), the design team led by renowned children's healthcare architect firm, BDP with Irish partners O'Connell Mahon Architects (OCMA) who carried out intensive work over a 12 month period.

The plans submitted included those for a new children's hospital on a shared campus with St. James's Hospital in Dublin 8 as well as two new Paediatric OPD and Urgent Care Centres at Tallaght and Connolly Hospitals. The planning application also included a Children's Research and Innovation Centre and a 53-bedroom family accommodation facility (which will be run by the Ronald McDonald House Charity) on the same campus as the hospital which will positively transform how paediatric services are delivered for children and young people in Ireland for generations to come.

The new children's hospital will be at the centre of a managed clinical network for paediatrics linking the regional and local hospital paediatric units throughout the country. Delivering care to children in the right setting, as close to their home as is clinically appropriate is centre to this new model of care for children's health. In this regard the vast majority of paediatric care will be delivered on a same day basis and as close to the child's home as possible. Therefore, the children's hospital will provide day to day care for children living within the city and the M50, as well as specialist care for children from all over Ireland. The new Paediatric OPD and Urgent Care Centres at Tallaght and Connolly Hospitals will provide day to day care for general paediatrics, orthopaedic fracture clinics and urgent care for children from the Greater Dublin Area, outside of the M50. The regional paediatric units around the country will continue to deliver the majority of services for children locally.

Families of sick children, our leading paediatric clinicians, the Boards, CEO's

and the staff, of the three Dublin children's hospitals - Our Lady's Children's Hospital, Crumlin; Temple Street Children's University Hospital and the National Children's Hospital at Tallaght Hospital - and staff in paediatric services throughout the country, have all welcomed this giant step forward for children's healthcare

There were over 1,000 hours of engagement and consultation with staff from the three children's hospitals, the Clinical Leads in Paediatric Specialties, with families, young people and children who are former or current users of the service, as well as with residents from the local Dublin 8 area. This extensive consultation process has led to the development of a world-class building which has been designed to enable staff to deliver the best possible clinical care for children and young people, while also seeking to provide a pleasant environment for staff and families.

In parallel with the planning process, staff engagement continued in the three children's hospitals as the focus moved to the interior design and integration of services to be provided in the new children's hospital and the two Paediatric OPD and Urgent Care Centres. This follows extensive consultation on design elements with staff across all disciplines over the past previous 12 months.

An Bord Pleanála's Oral Hearing took place in December 2015 and they are expected to announce their decision in early 2016.



▲ MEMBERS OF THE YOUTH ADVISORY COMMITTEE GIVE THE DESIGN OF THE NEW CHILDREN'S HOSPITAL 'THE THUMBS UP'.

▼ MINISTER FOR HEALTH LEO VARADKAR TD AND CHILDREN'S HOSPITAL GROUP CHIEF EXECUTIVE, EILISH HARDIMAN VIEW THE MODEL OF THE NEW CHILDREN'S HOSPITAL WITH CHILDREN AND STAFF NURSES IN AUGUST 2015, ON THE DAY THAT THE PROJECT PLANNING APPLICATION WAS SUBMITTED TO AN BORD PLEANÁLA.



## St James's Hospital Campus is the best location for the new children's hospital

There are many reasons why the campus of St. James's Hospital has been selected as the location for the new children's hospital, but the primary one is that it will best supports the delivery of better services and clinical outcomes for our sickest children and young people.

It is recognised international best practice from a clinical perspective to locate children's hospitals on the same campus as an adult teaching hospital with the breadth and depth of specialties to support complex paediatric services and a maternity hospital that provides service for high risk mothers and babies – this is known as tri-location. The tri-location of these three hospitals will create a campus of clinical expertise to support highly specialist service delivery, research, innovation and education.

Among the reasons why services and clinical outcomes for children and young people will improve as a result of being located on the campus at St James Hospital.

- St James's Hospital is Ireland's largest and leading adult teaching and research-intensive hospital. It has a breadth and depth of specialties greater than other adult teaching hospitals, thus making it the most appropriate clinical partner for the new children's hospital. It has a wide range of sub-specialties that work between both adult and children's hospitals already and this collaboration is likely to increase once the new children's hospital opens.
- In time the campus at St. James's Hospital can accommodate the relocation of the Coombe Women & Infants University Hospital

# CHILDREN'S HEALTHCARE



PAEDIATRIC OPD &amp; URGENT CARE CENTRE AT CONNOLLY



NEW CHILDREN'S HOSPITAL, DUBLIN 8



PAEDIATRIC OPD &amp; URGENT CARE CENTRE, TALLAGHT

- Adolescents and young adults will benefit from the potential for shared care arising from the co-located paediatric national cancer centre in the new children's hospital with the largest adult cancer centre nationally in St. James's Hospital.
- At St. James's Hospital, there is support from adult specialists readily available in the management of acutely ill young people with conditions which are more common in adults including direct on-site access to acute deteriorating inflammatory bowel disease, interventional radiology, burns, plastic surgery, vascular, craniofacial and transplant medicine.
- It will provide a unique opportunity to develop excellent transition care models for young people with chronic conditions such as cystic fibrosis.
- Co-location with St. James's Hospital will allow the new children's hospital to share the use of expensive equipment on the same campus, equipment which otherwise would not be available at a stand-alone children's hospital or a children's hospital co-located with a maternity hospital, such as, advanced medical imaging, PET scanner and mass spectrometer.
- There is an internationally recognised research intensive culture and infrastructure on the St James Campus where current research facilities include; The Institute of Molecular Medicine, The Stem Cell Biology Programme, and the Wellcome Clinical Trials Unit which is the largest clinical trials unit in the country. These together with the proposed Children's Research and Innovation Centre (CRIC) which form part of the planning approval – will best support the research and innovation ambitions of the new children's hospital, a critical element of the future vision for paediatrics in Ireland.
- The new children's hospital is the nexus of a new national model of care for paediatric services in Ireland. The hospital will provide highly specialist (tertiary) care for the sickest children and young people (25% of our service), and with its two Paediatric OPD and Urgent Care Centres will also provide secondary care for children living in the city and the Greater Dublin Area. The majority of local or secondary care general paediatric services are delivered on an outpatient and emergency/ urgent care basis with the needs of children in the Greater Dublin Area (County Dublin, Meath, Kildare and Wicklow) catered for in the new Paediatric OPD and Urgent Care Centres at Tallaght and Connolly Hospitals outside the M50.
- Local and regional hospitals throughout the country will continue delivering services as locally as possible.
- Ultimately, tri-location of the new children's hospital with St. James's Hospital and the proposed re-development of the Coombe Women and Infant's Hospital will provide the best possible environment for the delivery of excellent clinical care for sickest children and high-risk mothers. Kildare and Wicklow) catered for in the new Paediatric OPD and Urgent Care Centres at Tallaght and Connolly Hospitals outside the M50. Local and regional hospitals throughout the county will also play an important part in delivering services as locally as possible.

## Did you know?

### Capacity / Expansion

- The campus at St. James's Hospital has in excess of 50 acres equivalent to 25 soccer pitches
- The site proposed for the relocated Coombe Women & Infants University Hospital is three acres
- The hospital design is based on meticulous healthcare planning - 30% expansion within the hospital footprint and a further expansion of 20% outside the current building footprint - totalling 50% expansion space.

### Users of the service

- Approximately 77.6 % of children admitted to the new children's hospital will be from the Greater Dublin Area (Dublin / Meath / Kildare / Wicklow), and 63.3% of day patients
- Less than 23% of children admitted to the 3 children's hospitals come from outside the Greater Dublin Area
- The new children's hospital will provide secondary (day-to-day) care for children living within the M50 and also tertiary (specialist) level care for children from all over Ireland
- The two new Paediatric OPD and Urgent Care Centres at Tallaght and Connolly Hospitals will provide secondary paediatric OPD and urgent care for children who live in the Greater Dublin Area, and outside the M50

### Outdoor Areas

There are a number of outdoor areas at the new children's hospital, including the Rainbow Garden which is the length of Croke Park

### Transport for all

- The campus at St. James's Hospital has the best options for public transport (Car / Bus / Luas / Railway)
- A parking system will allow families book a parking space in advance of attending the new children's hospital
- There are 675 dedicated car parking spaces for families attending the new children's hospital

**P**  
**1000**

Parking Spaces  
675 of these will be dedicated to families

### Design Commenced

### Planning Submitted

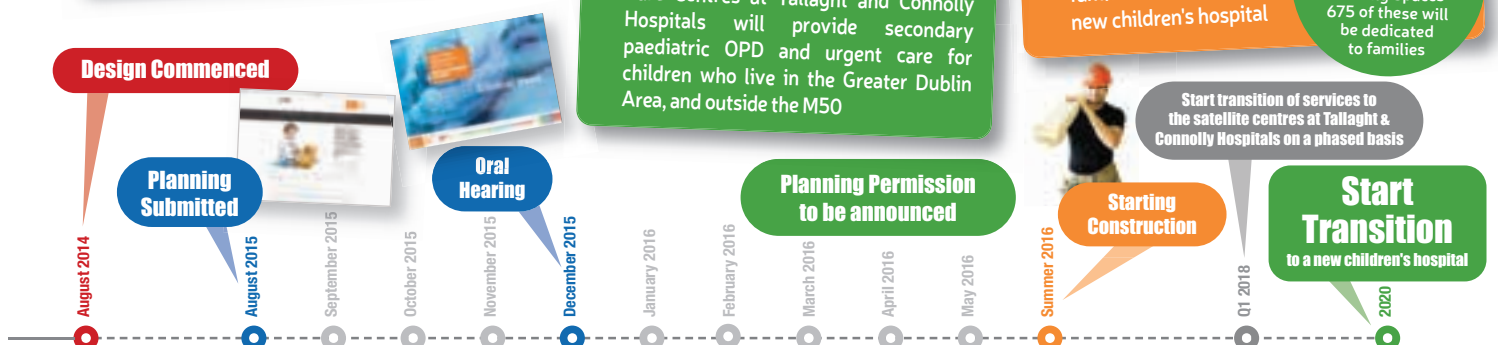
### Oral Hearing

### Planning Permission to be announced

### Starting Construction

Start transition of services to the satellite centres at Tallaght & Connolly Hospitals on a phased basis

### Start Transition to a new children's hospital



# REPORTS & FINANCIAL STATEMENTS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2015

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## CHILDREN'S UNIVERSITY HOSPITAL

## DIRECTORS AND OTHER INFORMATION

## DIRECTORS

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

## COMPANY SECRETARY

Mr. P. Mahony

## REGISTERED OFFICE

Children's University Hospital  
 Temple Street  
 Dublin 1

## COMPANY REGISTRATION NUMBER

351404

## CHARITY REGISTRATION NUMBER

2000462

## CHARITY CHY NUMBER

CHY229

## BANKERS

Bank of Ireland  
 2 College Green  
 Dublin 2

## SOLICITORS

Arthur Cox  
 Earlsfort Centre  
 Earlsfort Terrace  
 Dublin 2

## AUDITORS

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

## CHILDREN'S UNIVERSITY HOSPITAL DIRECTORS' REPORT

The directors present their annual report and audited financial statements for the financial year ending 31 December 2015.

### 1. CORPORATE GOVERNANCE

#### Company Structure

Children's University Hospital (the "Company" or "the Hospital") is a wholly owned subsidiary of Mater Misericordiae and The Children's University Hospitals Limited ("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 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 10 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 10 non-executive directors include representatives from the religious, medical, business and fundraising communities.

The current directors and secretary of the company are set out on page 61 and have served throughout the financial year except where noted below:

- Ms Aveen Murray was appointed as a non-executive director on 25th September 2015.

#### Directors' and Secretary's Interests in Shares

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

#### Directors' Interests in Contracts

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

#### Organisational Management

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

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

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

#### Risk Management

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

## 1. CORPORATE GOVERNANCE (CONTINUED)

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 reports 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, before being submitted to the Board. The Quality, Risk and Safety performance indicators are submitted to the Board as part of the monthly performance report. The Executive Management Committee monitors progress and reports to the Board in relation to the Hospital's Service Plan.

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

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

### Employee Matters

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

### Environmental Matters

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



## CHILDREN'S UNIVERSITY HOSPITAL DIRECTORS' REPORT (CONTINUED)

### 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.

#### 2016 key objectives

The 2016 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 2016 within the allocated resources and in line with our Financial Plan. In 2016, 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.

#### Clinical Services Strategy

To work collaboratively across the three hospitals on the prioritisation of standardisation projects proposed by the Clinical Leads and in line with the approved Clinical Services Strategy. This will also include work associated with the two OPD & Urgent Care Centres which are due to open in 2018.

## 2. COMPANY AIMS & OBJECTIVES (CONTINUED)

### 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 participate, with other key stakeholders, in all projects required to safely transition 39 clinical specialities to the new hospital over the next c. five years.

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

1. Governance, Patient Safety and Quality Care
2. Clinical and Corporate Integration including the Children's Hospital Group
3. Patient Flow
4. New Service Developments
5. ICT
6. Financial Framework
7. People Strategy
8. Communications
9. Capital Projects & Infrastructure

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.

## 3. REVIEW OF PERFORMANCE AND ACHIEVEMENTS FOR THE FINANCIAL YEAR

Proactive planning in 2015 for the efficient use of infrastructural, human and financial resources were critical to ensuring that activity targets, as agreed with the HSE, were materially attained despite the ever challenging financial environment. The trends in activity levels, which should be considered in the context of capacity constraints, funding challenges and complexity trends, can be demonstrated as follows:

- In-Patient discharges increased by 3% to 8,074;
- Day cases decreased by 5% to 7,585;
- A&E attendances increased by 2% to 53,042
- Out-Patient attendances decreased by 2% to 74,760.

Average length of stay decreased slightly from 3.9 days to 3.7 days.

The Hospital returned a financial surplus of €499,000 for 2015 (2014: deficit of €18,000), thereby reducing the cumulative deficit at financial year-end to €901,000 (2014: €1,400,000). Further details are set out in Section 4 below and in the body of the financial statements.

## CHILDREN'S UNIVERSITY HOSPITAL DIRECTORS' REPORT (CONTINUED)

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

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

#### Service

- Renal Transplantation – an event to mark the 100th kidney transplant conducted in the hospital since the National Paediatric Transplantation Programme started in 2003;
- Bilateral Cochlear Implant program - announcement that 25 first bilateral simultaneous and 40 first bilateral sequential cochlear implants had been conducted in Temple Street since July 2014;
- Two new websites launched – [www.craniofacial.ie](http://www.craniofacial.ie) and [www.metabolic.ie](http://www.metabolic.ie) – by the respective teams of those departments to provide guidance and assistance to users of these services.

#### Quality

- Central Decontamination Unit – achievement of ISO 13485 & MDD 92/42/EEC certification following a three day Re-certification Audit;
- Pathology – achievement of INAB accreditation and EU Blood Directive 2002/98/EC compliance;
- Renal Transplant Team – achievement of EU Directive 2010/53/EU;
- Hand Hygiene – achievement of over 90% compliance in National Hand Hygiene Audit.

#### Ceremonial

- Visit by the Minister for Health to observe first-hand the work being undertaken and hear about the Hospital's preparation for the transition to the new children's hospital;
- Visit by the Minister for Communications to launch the Public Sector Energy Efficiency Performance Report.

#### Capital

- Opening of state of the art Endoscopy Decontamination Unit - now a reference site for HSE standards;
- Completion of extension and refurbishment of Emergency Department;
- Leasing of Temple Theatre to facilitate more on-site clinical space;
- Commencement of proposed €5m Out Patient Department expansion.

#### ICT

- Clinical Portal and Orion roll out to whole hospital –being important stage in journey from the current patient chart to an electronic patient record (EPR);
- Upgrades re IMPS, ICIP, RIS/PACS.

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

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

### 4. RESULTS

The 2015 HSE Revenue Allocation, before adjustments, amounted to €92,331,242 (2014: €89,837,680), an increase of €2,493,562, representing 2.8%. While such an increase is to be welcomed, it primarily related to, and was matched by, increases in costs arising regarding approved service developments and other specific cost pressures and challenges. The Net Allocation, post adjustments, amounted to €88,665,000 (2014: €88,836,000), a decrease of €171,000. The adjustments relate to the approved release, deferral and re-allocation of capital and revenue funding receipts.



#### 4. RESULTS (CONTINUED)

Other Income amounted to €15,401,000 (2014: €13,167,000). The increase can be attributed to strong private insurer income, reflecting the full year impact of legislative changes introduced in 2014, and the non-recurring nature of a specific provision made in 2014 re historic claims.

Expenditure in 2015 amounted to €103,531,000 (2014: €101,986,000). Pay related costs amounted to €72,814,000 (2014: €70,823,000), an increase of €1,991,000. Included within this are increased pension related costs of €805,000, a charge arising following the application of FRS 102, in respect of accrued holiday leave of €574,000 and other approved service development posts. Funding was received in respect of these items.

Non Pay related costs of €30,717,000 (2014: €31,163,000) remained materially unchanged on the prior year.

An Operating Surplus of €535,000 was recorded for 2015 (2014: €17,000). After accounting for Interest and Bank Charges, the Surplus recorded amounted to €499,000 (2014: Deficit of €18,000).

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

#### 5. GOING CONCERN

The Company had a cumulative deficit of €901,000 at 31 December 2015 (2014: €1,400,000). The initial Allocation for 2016, as advised by the HSE, amounted to €89,473,345, a reduction of €2,857,897 (3%) on the final 2015 Allocation level. When net incremental expenditure is considered, the financial challenge facing the Hospital for 2016, based on current funding levels, is projected at c. €4,000,000. This assumes a fall off in income over the course of 2016, increased pay costs associated with filling specific posts and c. €1,100,000 attributable to projected increased net 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 financial year ending 31 December 2016 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 Prompt Payments of Account Act, 1997 and European Communities (Late payment in Commercial Transactions) Regulations 2012 impose a legal requirement on bodies to make interest payments in respect of invoices that are paid in excess of 30 days after receipt. In so far as is permitted by cashflow constraints, it is company policy to settle all invoices within the appropriate timeframe. The interest paid under the terms of the regulations amounted to €Nil (2014: €Nil).

#### 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;

## CHILDREN'S UNIVERSITY HOSPITAL DIRECTORS' REPORT (CONTINUED)

### 7. PRINCIPAL RISKS AND UNCERTAINTIES (CONTINUED)

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

#### Financial risk management

The Company's activities expose it to a number of financial risks including credit risk, cash flow risk and liquidity risk. These are disclosed in Note 24 to the financial statements.

### 8. POST BALANCE SHEET EVENTS

There were no significant post balance sheet events.

### 9. POLITICAL CONTRIBUTIONS

There were no political donations made during the financial year.

### 10. ACCOUNTING RECORDS

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

### 11. AUDITORS

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

Approved by the Board and signed on its behalf by:

**Mr. S. Sheehan**  
Director

**Mr. J. Fitzpatrick**  
Director

20 May 2016

## DIRECTORS' RESPONSIBILITIES STATEMENT

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

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

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

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

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



## CHILDREN'S UNIVERSITY HOSPITAL

**INDEPENDENT AUDITORS' REPORT**

## TO THE MEMBERS OF CHILDREN'S UNIVERSITY HOSPITAL

We have audited the financial statements of Children's University Hospital for the financial year ended 31 December 2015 which comprise the Statement of Income and Retained Earnings, the Balance Sheet, and Statement of Cash Flows related notes 1 to 26. The relevant financial reporting framework that has been applied in their preparation is the Companies Act 2014 and FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland ("relevant financial reporting framework").

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

**RESPECTIVE RESPONSIBILITIES OF DIRECTORS AND AUDITORS**

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

**SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS**

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Reports and Financial Statements for the financial year ended 31 December 2015 to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

**OPINION ON FINANCIAL STATEMENTS**

In our opinion, the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the company as at 31 December 2015 and of the surplus for the financial year then ended; and
- have been properly prepared in accordance with the relevant financial reporting framework and, in particular, with the requirements of the Companies Act 2014.

## EMPHASIS OF MATTER – GOING CONCERN

In forming our opinion, 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 Act 2014

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

## MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

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

**Thomas Cassin**

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

20 May 2016

## CHILDREN'S UNIVERSITY HOSPITAL

## STATEMENT OF INCOME AND RETAINED EARNINGS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2015

	Notes	2015 €'000	2014 €'000
<b>TURNOVER</b>			
Revenue grants	4	88,665	88,836
Other income	5	15,401	13,167
Capital grant amortisation		1,655	2,052
		<b>105,721</b>	<b>104,055</b>
<b>COSTS</b>			
Staff costs	6	(72,814)	(70,823)
Non pay costs		(30,717)	(31,163)
Depreciation		(1,655)	(2,052)
		<b>(105,186)</b>	<b>(104,038)</b>
<b>OPERATING SURPLUS</b>		<b>535</b>	<b>17</b>
Interest payable and similar charges	7	(36)	(35)
<b>SURPLUS/(DEFICIT) ON ORDINARY ACTIVITIES BEFORE TAXATION</b>		<b>499</b>	<b>(18)</b>
Taxation	8	-	-
<b>SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR</b>	9	<b>499</b>	<b>(18)</b>
Retained earnings - deficit at beginning of the reporting period		(1,400)	(1,382)
Retained earnings - deficit at end of the reporting period		(901)	(1,400)

CHILDREN'S UNIVERSITY HOSPITAL  
**BALANCE SHEET**  
 AS AT 31 DECEMBER 2015

	Notes	2015 €'000	2014 €'000
<b>FIXED ASSETS</b>			
Tangible Assets	10	2,887	2,795
<b>CURRENT ASSETS</b>			
Stocks	11	1,698	1,744
Debtors	12	2,857	3,975
Grants Receivable		11,292	9,304
		15,847	15,023
<b>CREDITORS: (Amounts falling due within one year)</b>	13	(16,747)	(16,422)
<b>NET CURRENT LIABILITIES</b>		(900)	(1,399)
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		1,987	1,396
<b>CAPITAL GRANTS</b>	14	(2,887)	(2,795)
<b>NET LIABILITIES</b>		(900)	(1,399)
<b>FINANCED BY</b>			
Called up share capital presented as equity	16	1	1
Retained earnings - deficit		(901)	(1,400)
<b>SHAREHOLDERS' DEFICIT</b>		(900)	(1,399)

The financial statements were approved and authorised for issue by the Board of Directors on 20 May 2016 and signed on its behalf by:

Sean Sheehan

John Fitzpatrick



## CHILDREN'S UNIVERSITY HOSPITAL

## STATEMENT OF CASH FLOWS

AS AT 31 DECEMBER 2015

	Notes	2015 €'000	2014 €'000
Net cash flows from operating activities	17	2,287	(420)
Cash flows from investing activities			
Interest paid		(36)	(35)
Payments to acquire tangible fixed assets		(2,859)	(3,074)
Net cash flows from investing activities		(2,895)	(3,109)
Net cash flows from financing activities		2,859	3,074
Net increase/(decrease) in cash and cash equivalents		2,251	(455)
Cash and cash equivalents at beginning of financial year		(4,012)	(3,557)
Cash and cash equivalents at end of financial year		(1,761)	(4,012)
Reconciliation to cash and cash equivalents			
Bank overdraft		(1,761)	(4,012)

# NOTES TO THE FINANCIAL STATEMENTS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2015

## 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 €901,000 at 31 December 2015 (2014: €1,400,000). The initial allocation for 2016, as advised by the HSE, amounted to €89,473,345, a reduction of €2,857,897 (3%) on the final 2015 Allocation level. When net incremental expenditure is considered, the financial challenge facing the Hospital for 2016, based on current funding levels, is projected at c. €4,000,000.

In assessing whether the financial statements should be prepared on a going concern basis, the directors have given due consideration to management's on-going discussions with the HSE regarding revenue and capital funding for the financial year ending 31 December 2016 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 in accordance with the Companies Act 2014 and FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland.

### General Information and basis of accounting

Children's University Hospital is a company incorporated in Ireland under the Companies Act 2014. The address of the registered office is Children's University Hospital, Temple Street, Dublin 1. The nature of the company's operations and its principal activities are set out in the director's report on pages 62 to 68.

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

### Turnover

#### Revenue grants and other income

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

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

#### Outpatient and road traffic accident income

This income is accounted for on a cash receipts basis.

## CHILDREN'S UNIVERSITY HOSPITAL

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

FOR THE YEAR ENDED 31 DECEMBER 2015

**2. STATEMENT OF ACCOUNTING POLICIES (CONTINUED)****Retrospective pay awards**

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

**Tangible fixed assets and depreciation**

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

Equipment:	5 years
Computer equipment:	3 years

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

**Stocks**

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

**Capital grants**

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

**Foreign currencies**

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

Surplus' and deficits 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.

**Pension costs**

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

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

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

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

## 2. STATEMENT OF ACCOUNTING POLICIES (CONTINUED)

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 Statement of Income and Retained Earnings. 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 on an ongoing basis and appropriate provision is made. In line with HSE policy, full provision has been made for all amounts greater than 12 months with additional provision made against specific amounts whose recoverability is considered doubtful.

### Financial instruments

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

#### Financial assets and liabilities

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

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

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

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

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



## CHILDREN'S UNIVERSITY HOSPITAL

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

FOR THE YEAR ENDED 31 DECEMBER 2015

**3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY**

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

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

**Critical judgement in applying the company's accounting policies**

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

**Going Concern**

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

**Pensions**

Certain employees participate in the VHSS operated by the HSE. The VHSS is an unfunded 'pay as you go' scheme underwritten by the Minister for Health. In the judgement of the directors the funds required to pay current pension liabilities, under the VHSS, as they arise will continue to be provided by the Department of Health. See note 22 for further details.

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. See note 22 for further details.

**Contingent Liabilities**

The directors' determination of contingent liabilities are judgemental. See note 20 for further details.

**Critical accounting estimates and assumptions**

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

**Useful economic lives of tangible fixed assets**

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

**Impairment of debtors**

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

#### 4. REVENUE GRANTS

	2015 €'000	2014 €'000
HSE revenue grants receivable	92,331	89,838
HSE revenue grants income (deferred)/released	(2,436)	199
HSE revenue grants transferred to other agencies	(864)	(829)
HSE revenue grants attributable to capital related items	(508)	(438)
Other	142	66
Revenue grants	88,665	88,836

#### 5. OTHER INCOME

	2015 €'000	2014 €'000
Patient income	8,194	5,696
Sundry income	576	574
	8,770	6,270
<i>Payroll deductions:</i>		
Superannuation contributions (Note 22)	2,786	2,963
Pension levy	3,845	3,934
	15,401	13,167

#### 6. STAFF NUMBERS AND COSTS

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

	2015 NUMBER	2014 NUMBER
Management	5	5
Administration	196	185
N.C.H.D.	82	81
Medical consultants	52	55
Nursing	420	418
Paramedical	183	179
Support services	54	55
	992	978

Included in staff numbers above are 7 (2014: 1) WTE staff members who are seconded to HSE funded organisations across all pay categories.

## CHILDREN'S UNIVERSITY HOSPITAL

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2015

## 6. STAFF NUMBERS AND COSTS (CONTINUED)

	2015 €'000	2014 €'000
The aggregate payroll costs of these employees were as follows:		
Wages and salaries	62,497	61,398
Social welfare costs	5,272	5,185
	67,769	66,583
Pensions paid for the financial year (Note 22)	5,045	4,240
	72,814	70,823

## 7. INTEREST PAYABLE AND SIMILAR CHARGES

	2015 €'000	2014 €'000
Interest paid and similar charges	36	35

## 8. TAXATION

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

## 9. SURPLUS/(DEFICIT) ON ORDINARY ACTIVITIES

	2015 €'000	2014 €'000
The surplus/(deficit) on ordinary activities is stated after charging/(crediting):		
Executive directors' emoluments	488	519
Depreciation	1,655	2,052
Capital grant amortisation	(1,655)	(2,052)
Operating leases: Land and buildings	190	190
Equipment	300	300
Auditor's remuneration exclusive of VAT:		
- Audit of financial statements	25	25
- Other assurance services	7	7

## 10. TANGIBLE FIXED ASSETS

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

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

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



## CHILDREN'S UNIVERSITY HOSPITAL

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2015

## 10. TANGIBLE FIXED ASSETS (CONTINUED)

In respect of prior financial year:

	Improvements to Buildings €'000	Equipment €'000	Total €'000
<b>Cost:</b>			
At 1 January 2014	-	28,438	28,438
Additions	1,021	2,053	3,074
Transfers/Retirements	(1,021)	(222)	(1,243)
<b>At 31 December 2014</b>	<b>-</b>	<b>30,269</b>	<b>30,269</b>
<b>Depreciation:</b>			
At 1 January 2014	-	25,644	25,644
Charge for the financial year	-	2,052	2,052
Retirements	-	(222)	(222)
<b>At 31 December 2014</b>	<b>-</b>	<b>27,474</b>	<b>27,474</b>
<b>Net book value:</b>			
<b>At 31 December 2014</b>	<b>-</b>	<b>2,795</b>	<b>2,795</b>
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 financial year in respect of improvements to buildings has been transferred to the parent company at net book value along with the related capital grants. The amount transferred for the financial year ended 31 December 2014 amounted to €1,021,120 (2013: €3,973,444).

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

## 11. STOCKS

	2015 €'000	2014 €'000
Medical and surgical	1,267	1,436
Drugs and medicines	375	256
Other	56	52
	<b>1,698</b>	<b>1,744</b>

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

## 12. DEBTORS (AMOUNTS FALLING DUE WITHIN ONE YEAR)

	2015 €'000	2014 €'000
Maintenance and in-patient charges	1,763	2,932
Sundry debtors and prepayments	1,094	1,043
	<b>2,857</b>	<b>3,975</b>

## 13. CREDITORS (AMOUNTS FALLING DUE WITHIN ONE YEAR)

	2015 €'000	2014 €'000
Bank overdraft	1,761	4,012
Trade and sundry creditors	3,913	4,512
PAYE/PRSI	1,988	1,915
Pay accruals	2,885	1,869
Non-pay accruals	3,013	3,349
Deferred grants	3,187	765
	<b>16,747</b>	<b>16,422</b>

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

## CHILDREN'S UNIVERSITY HOSPITAL

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2015

## 14. CAPITAL GRANTS

	2015 €'000	2014 €'000
At 1 January	2,795	2,794
Capital grants received during the financial year	1,959	1,592
Fundraised capital grants	900	1,482
Capital grant write-back:		
- Amortisation	(1,655)	(2,052)
- Other write-backs or transfers	(1,112)	(1,021)
At 31 December	2,887	2,795

## 15. FINANCIAL INSTRUMENTS

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

	2015 €'000	2014 €'000
<b>Financial assets</b>		
Measured at undiscounted amount receivable		
- Trade and other debtors (Note 12)	2,857	3,975
<b>Financial liabilities</b>		
Measured at undiscounted amount payable		
- Bank overdraft (Note 13)	1,761	4,012
- Trade and other creditors (Note 13)	14,986	12,410

## 16. CALLED UP SHARE CAPITAL PRESENTED AS EQUITY

	2015 €'000	2014 €'000
<b>Authorised:</b>		
1,000 ordinary shares of €1 each	1	1
<b>Issued:</b>		
1,000 ordinary shares of €1 each	1	1
<b>Presented as follows:</b>		
Called up share capital presented as equity	1	1

## 17. RECONCILIATION OF OPERATING SURPLUS/(DEFICIT) TO NET CASH FLOWS FROM OPERATING ACTIVITIES

	2015 €'000	2014 €'000
Operating Surplus	535	17
Adjustment for:		
Depreciation	1,655	2,052
Capital grant amortisation	(1,655)	(2,052)
Operating cash flow before movement in working capital	535	17
Decrease/(Increase) in debtors	1,118	(426)
Increase in non-capital creditors	154	329
Decrease in stocks	46	217
Decrease/(Increase) in net Department of Health balance	434	(557)
Net cash flows from operating activities	2,287	(420)

## 18. ANALYSIS OF CHANGES IN DEBT

	At 01/01/2015 €'000	Cash Flow €'000	At 31/12/2015 €'000
Bank overdraft	(4,012)	2,251	(1,761)

## 19. RECONCILIATION OF NET CASH FLOW TO MOVEMENT IN NET DEBT

	2015 €'000	2014 €'000
Increase/(Decrease) in cash in the financial year	2,251	(455)
Net debt at 1 January	(4,012)	(3,557)
Net debt at 31 December	(1,761)	(4,012)



## CHILDREN'S UNIVERSITY HOSPITAL

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2015

## 20. CONTINGENT LIABILITIES

## Capital Grants

The company has signed an undertaking with the HSE to enter into a Grant and Security Agreement in respect of all capital grants received after 2nd September 2014. The underlying draft agreement states that the unamortised value of capital grants advanced with effect from that date may become repayable in certain circumstances. At 31 December 2015, the current value of such unamortised grants amounted to €1,794,000. No provision has been made in the financial statements in respect of this amount as the directors believe that the likelihood of crystallisation at this time is remote.

## Consultant Pay claim

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

## Other

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

## 21. FINANCIAL COMMITMENTS

## Capital commitments

At 31 December 2015, the Company had outstanding contractual commitments in respect of building projects amounting to €250,000 (2014: €498,000).

## Lease commitments

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

	Land and Buildings €'000	Equipment €'000	Total €'000
Within one year	467	300	767
Between two and five years	1,298	-	1,298
	1,765	300	2,065

## 22. PENSION COST

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

In the financial year ending 31 December 2015, €2,785,517 (2014: €2,963,495) was retained and treated as income and €5,045,176 (2014: €4,240,141) was paid to pensioners.

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

## 22. PENSION COST (CONTINUED)

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 Statement of Income and Retained Earnings. 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.

## 23. 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 2015 was €46,969 (2014: €76,148). Mr Sean Sheehan, Chairperson and Ms. S. Brady, Deputy Chairperson, are non-executive directors of both entities.

### Fundraising body

Temple Street Foundation is a company limited by guarantee with no share capital and is not controlled by the company. During the financial year, Temple Street Foundation, provided the company with €1,494,315 (2014: €1,921,296) in respect of fundraised capital grants and other non-capital amounts. Of the non capital amounts, €230,511 (2014: €376,127) comprised of research related grant receipts (out of a total for research grant receipts, from all sources, of €532,687 (2014: €438,864)). This income and related expenditure are netted in the financial statements.

As at 31 December 2015: €159,837 (2014: €149,891) was due from Temple Street Foundation to the company. Ms. S. Brady is a non-executive director of both the Children's University Hospital and the Children's Fund for Health Limited.

### Other

The total remuneration for key management personnel for the period totalled €1,132,511 (2014: €1,149,965).

At 31 December 2015 the following were the balances owed by and owed to the associate companies:

	2015 €'000	2014 €'000
<b>Debtors</b>		
Cappagh National Orthopaedic	12	8
Mater Misericordiae University Hospital	1	1
<b>Creditors and Accrued Expenses</b>		
Mater Misericordiae University Hospital	(19)	(23)
	(6)	(14)

## CHILDREN'S UNIVERSITY HOSPITAL

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

FOR THE YEAR ENDED 31 DECEMBER 2015

**24. FINANCIAL RISK MANAGEMENT**

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

**Credit risk**

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

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

**Liquidity risk**

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

**Market risk****Interest rate risk**

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

**Foreign currency exchange rate risk**

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

**25. SUBSEQUENT EVENTS**

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

**26. EXPLANATION OF TRANSITION TO FRS 102**

This is the first year the company has presented its financial statements under Financial Reporting Standards 102 (FRS 102) issued by the Financial Reporting Council. The last financial statements under previous Irish GAAP were for the year ended 31 December 2014 and the date of transition to FRS 102 was therefore 1 January 2014. As a consequence of adopting FRS 102, a number of accounting policies have been changed to comply with that standard. None of these changes have resulted in an adjustment to equity reported under previous Irish GAAP at 31 December 2014 or 1 January 2014 and there was no effect on deficits previously reported for the year ended 31 December 2014.

# SUPPLEMENTARY INFORMATION

(NOT COVERED BY THE INDEPENDENT AUDITORS' REPORT)



## CHILDREN'S UNIVERSITY HOSPITAL

APPENDICES TO THE STATEMENT  
OF INCOME AND RETAINED EARNINGS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2015

## APPENDIX I - OTHER INCOME

	Appendix	2015 €'000	2014 €'000
Patient income	III	8,194	5,696
Sundry income	IV	576	574
		8,770	6,270
Payroll Deductions:			
Superannuation contributions		2,786	2,963
Pension levy		3,845	3,934
		15,401	13,167

## APPENDIX II - TOTAL COSTS

	Appendix	2015 €'000	2014 €'000
Non-pay costs	V	30,717	31,163
Pay costs	VI	72,814	70,823
		103,531	101,986
Interest and charges	IX	36	35
		103,567	102,021

## APPENDIX III - PATIENT INCOME

	2015 €'000	2014 €'000
Road traffic accidents	52	65
Maintenance charges	7,746	5,614
Miscellaneous	396	17
	8,194	5,696

## APPENDIX IV - SUNDRY INCOME

	2015 €'000	2014 €'000
Canteen	515	517
Parents' accommodation	61	57
	576	574

## CHILDREN'S UNIVERSITY HOSPITAL

APPENDICES TO THE STATEMENT  
OF INCOME AND RETAINED EARNINGS (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2015

## APPENDIX V - NON-PAY COSTS

	Appendix	2015 €'000	2014 €'000
Bad debts		145	191
Medicines		10,153	10,614
Blood and blood products		255	356
Pathology		3,009	2,830
Medical and surgical appliances		4,798	4,855
X-Ray		455	438
Medical equipment		1,217	1,359
Food		456	481
Heat, light and power		915	897
Cleaning and washing		1,994	1,735
Furniture, crockery and hardware		213	138
Bedding and clothing		33	28
Maintenance		1,131	1,029
Transport and travel		282	227
Professional Fees		445	627
Professional medical fees		723	1,034
Finance	VII	331	234
Office	VIII	3,438	3,384
Sundries		329	336
Security		395	370
		30,717	31,163

## CHILDREN'S UNIVERSITY HOSPITAL

APPENDICES TO THE STATEMENT  
OF INCOME AND RETAINED EARNINGS (CONTINUED)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2015

## APPENDIX VI - PAY COSTS

	2015 €'000	2014 €'000
Administration	10,460	9,978
Common contract	10,695	10,649
Medical - Other	7,877	7,717
Nursing	23,699	23,503
Paramedical	12,518	12,155
Catering, housekeeping etc.	2,174	2,208
Maintenance	346	373
Gratuities	1,460	947
Superannuation refunds	58	66
Pensions	3,527	3,227
	72,814	70,823

## APPENDIX VII - FINANCE

	2015 €'000	2014 €'000
Insurance	198	210
Legal fees	133	24
	331	234

## APPENDIX VIII - OFFICE

	2015 €'000	2014 €'000
Equipment and office expenses	1,970	1,856
Printing and stationery	595	645
Telephone	223	236
Advertising, recruitment and courses	151	134
Postage	235	252
Rent	264	261
	3,438	3,384

## APPENDIX IX - INTEREST AND CHARGES

	2015 €'000	2014 €'000
Interest and charges	36	35

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# HOW YOU CAN HELP TEMPLE STREET

## WHO CAN GET INVOLVED

INDIVIDUALS



COMPANIES

FAMILIES



COMMUNITIES

SCHOOLS



CRÈCHES

## HOW TO HELP

### FUNDRAISE

#### GET FIT!



For a full list of running, cycling and swimming events see [templestreet.ie](http://templestreet.ie)

#### GET BAKING!



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

#### TRICK OR TREAT!



Host a party and help sick kids at Halloween

#### CHRISTMAS RAFFLE



Largest Annual Fundraiser

Get festive and raise funds by selling raffle tickets at Christmas

#### CREATE YOUR OWN EVENT

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

### DONATE



BY PHONE



BY POST



ONLINE



IN PERSON



### VOLUNTEER

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](http://www.templestreet.ie)