Caring for children since 1872

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 National Paediatric Craniofacial Centre (NPCC), the National Centre for Inherited Metabolic Disorders (NCIMD) and the National Newborn Screening Centre (NNSC), the national centre for paediatric ophthalmology, the national airways management centre and the national meningococcal laboratory are all based at Temple Street. 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 nursing, HSCPs (Health and Social Care Professionals) and other staff deliver this care.
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Dear colleague,

I am very pleased to present our 2017 Annual Report where we showcase another year of service developments and innovation at Temple Street and a year where our hospital looked after up to 143,000+ children and teenagers through our in-patient, day case, Emergency Department (ED) and OPD services.

In this regard and via this Foreword I would like to share some of the main highlights from 2017 that are profiled in this Report in further detail.

We have a significant focus on nurse education and encouraging nurses to consider paediatrics as their speciality of choice. So we were really pleased when on Friday 23rd March, 33 students graduated from the 2016 Higher Diploma in Children's Nursing and 22 nurses graduated from the 2013 B.Sc. in Children's and General Nursing and 48 of those who graduated joined our workforce where we offered them further excellent career development opportunities.

We also had to say a warm congratulatory message but fond farewell on their retirement to some of our long serving and most dedicated nurse colleagues including Breda Moran, Kate O'Hanlon, Bridget Weir and Anne O'Brien. We are confident that the wonderful work ethic that they illustrated in the services they provided will only live on, as a tremendous legacy to these staff members in Temple Street.

However sad it can be to say goodbye, we were pleased to announce the appointments of four new Consultants to Temple Street in 2017 which included the appointment of a Consultant Psychiatrist, General Paediatrician, Paediatric Intensivist and Paediatric Ophthalmologist.

Naturally patient safety remains top of our agenda and designing and delivering on continuous Quality Improvement (QI) initiatives is a key element of day to day activity in Temple Street. We were therefore delighted that 12% of the posters presented at the Department of Health’s NP50 (National Patient Safety Office) Conference in Dublin Castle on 26th November 2017 were presented by Temple Street staff.

We were also very pleased to report that Eilish Murphy, Quality & Standards Manager, won first prize for her poster titled ‘From Bedside to Boardroom: introducing a co-designed Board of Directors Quality Dashboard in Temple Street Children’s University Hospital’ in partnership with the HSE’s Quality Improvement Division (QID).

This poster presentation paved the way for the development of a Temple Street case-study and resource toolkit in consultation with the HSE QID in 2018 with the key objective of guiding Boards in focusing more on quality, improving patient safety and strengthening quality of clinical care.

With patient, staff health and safety top of the agenda, 71% of our staff availed of the vital flu vaccination during our 2017 Flu Vaccination campaign, providing protection against the flu for themselves, their colleagues, their family and friends and their young patients. I would therefore like to take this opportunity to sincerely thank the 18 Peer Vaccinators (nurse colleagues) who staffed the regular vaccination clinics ensuring that we achieved 71% uptake and remained as one of the top three HSE-funded Hospitals and Long Term Care Facilities in Ireland for vaccination uptake. We were also thrilled to be awarded the ‘Improving Children’s Health’ prize for our 2017 Flu Vaccination campaign at the HSE Health Service Excellence Awards in mid-December 2017 where our efforts to ‘Be InFLUential’ were acknowledged on a national basis.

In an effort to continue to improve our infrastructure and family and patient experience, on Tuesday 23rd February 2018, Temple Street unveiled its new renal and neurology OPD which offers superior clinical facilities, bright and spacious waiting rooms and patient play areas. This new OPD will cater for over 6,500
renal and neurology patients who attend Temple Street every year. Then in March 2018, we held a special ceremony to officially name these units, the King and Gill Units in recognition of Professor Mary King, Consultant Paediatric Neurologist and Founder of the Neurology and Clinical Neurophysiology Department at Temple Street and Professor Denis Gill, Consultant Paediatric Nephrologist and Founder of Paediatric Nephrology Services at Temple Street (now retired).

On 7th March 2017, we launched the exceptionally important HMNI (Hello My Name Is) campaign in fond memory of its founder Dr Kate Granger (now deceased) promoting her mantra that ‘introductions are about making human connections and can instantly build trust in difficult circumstances’. On launch day, 1,470+ staff were given a personalized HMNI badge, were encouraged to always introduce themselves by name to parents, families and colleagues on the phone and in person and to incorporate the HMNI logo on their email signatures.

Our expert, energetic and enthusiastic staff of course remain the bedrock of Temple Street and we like nothing more than to recognise their expertise and commitment under the banner of our Extraordinary Staff Awards campaign. So in December 2017, we were thrilled to present four awards following nomination from colleagues across the hospital. Lorraine Rossiter, Healthcare Assistant, Day Ward and Orla McMahon, Clinical Nurse Specialist, Urology, were given ‘Extraordinary Colleague – Clinical’ awards. Bernadette O’Connor, Staff Nurse, Special Feeds Unit received ‘an Extraordinary Colleague – Non Clinical’ award, the ED Liaison Psychiatry Team, St Francis Clinic received the ‘Extraordinary Team – Non Clinical’ award and the special CEO award was presented to Sarah Maidment, Divisional Nurse Manager for her commitment and work on the Flu Vaccination campaign.

During 2017, we also worked closely with the CHG and our colleagues in OLCHC and NCH Tallaght on the ‘integration’ agenda in preparation for Commencement into one legal entity in 2019. Much of this work focused on promoting Clinical Integration and the establishment of a Clinical Directorate structure which will underpin how paediatric services will be managed across the CHG. Our Chairman, Sean Sheehan will expand on our work with the CHG in his Chairman’s Statement in this Report.

From an operational perspective in Temple Street, a key trend which emerged in 2017 was the significant increase in the number of long-stay patients (patients with a stay of over 30 days). This trend reflected both the increased complexity of the underlying core activity and also an increase in the numbers of patients who were deemed medically fit for discharge, but who could not be discharged due to an absence of appropriate facilities elsewhere within the community.

The net effect of these factors was an 8% increase in the average length of stay for patients, which in turn gave rise to a reduction in effective available bed capacity, and thus contributed to the 8% reduction in in-patient activity.

Temple Street worked closely with the HSE throughout the year in addressing these challenges and I would like to acknowledge the support that we received. The Hospital returned a financial surplus of €15,000 for 2017, thereby reducing the cumulative deficit at financial year-end to €869,000. Further details are set out in the Financial Statements on pages 38 – 68 of this Report and it should be noted that Board of Directors were satisfied with the performance of the company for the financial year.

So I hope you are as impressed as I am when you read this Annual Report and have an opportunity to consider all the work we undertook in 2017 and the advances in the care and treatment of sick children across Ireland that we provided, whilst maintaining focus and commitment to our six strategy themes as above.

Finally I would also like to express my sincere thanks to Sean Sheehan, Chairman of Temple Street’s Board of Directors for his on-going commitment, leadership and personal support to me. I would also like to officially thank Mr Frank McManus who retired from our Board in March 2017 and welcome Dr Gavin Lavery who joined our Board in April 2017.

Our Board which numbers 14, has always and continues to provide invaluable strategic oversight and guidance in ensuring that our hospital is run as a welcoming, safe and efficient acute paediatric healthcare facility and a hospital that always pursues a ground breaking approach to delivering best practice in children’s healthcare in Ireland.

We cherish every one of the 143,000+ children and teenagers that come through the door of Temple Street every year. We consider the way in which their parents and guardians entrust them to our care as a very serious responsibility and we strive to make a lasting difference to their health and welfare.

Mona Baker
Chief Executive Officer

Temple Street Children’s University Hospital

Six Strategy Themes

The Voice of the Child
Put the experience and the voice of the child at the centre of how services are designed and delivered.

Collaboration
Promote collaborative approaches in positively influencing the development of acute paediatric services.

Interdisciplinary Working
Support creative, cutting edge interdisciplinary leadership and decision-making and build on our reputation for clinical excellence.

Staff Empowerment
Foster the commitment, energy and expertise of staff appropriate to the needs of a complex health service.

Patient Safety
Focus on continuous quality improvement to ensure high quality, effective and safe patient care.

Learning and Development
Enhance the role of teaching and research through a commitment to being a learning organisation.
Dear reader,

On behalf of the Board of Directors I have great pleasure in presenting the 2017 Annual Report of Temple Street Children’s University Hospital to you. As I present this report I am also marking nearly eight years as Chairman of the Board which is a position I feel honoured to hold and privileged to have worked alongside the other 13 highly skilled supportive and committed Board members during those years.

In her CEO’s Foreword, I know Mona Baker has given you an insight into some of the wonderful achievements that are outlined in detail in the Report and that we are so proud of. These achievements offer us even more opportunities to deliver the most advanced and safest care to the 143,000+ children that come through the doors of Temple Street every year.

My Chairman’s Statement will focus more on the work of the Children’s Hospital Group (CHG) and Temple Street’s part of that Group. I have been a member of the CHG Board since it was first established by the Minister for Health in 2013. Since establishment of this Board our focus, in collaboration with the existing Boards of the three children’s hospitals has been the clinical integration of paediatric services in the three children’s hospitals in Dublin, their corporate functions, and development of an effective contemporary single organisational structure for the CHG before the new facilities open.

In this regard there is universal agreement across the children’s hospitals in the CHG of the need to create a fully functioning, world standard, single, independently incorporated, academic health sciences organisation. This future state is an integrated academic health sciences network comprising a new national children’s hospital on a joint campus shared with St James’s Hospital, two satellite centres (OPDs and Urgent Care Centres) on the campuses of Tallaght and Connolly Hospitals and a managed integrated clinical network to the regional hospitals with paediatric units and other local paediatric services across Ireland.

2017 was a year of milestones in terms of the development of this integrated academic health sciences network. On 24th March, leading paediatric and neonatal clinicians briefed Oireachtas members on the exciting plans for the new children’s hospitals and the two OPDs and UCCs. On 25th May, the then Taoiseach, Enda Kenny, TD was joined by the Minister for Health, Simon Harris, TD and members of the Youth Advisory Council to cast the foundation stone for the new children’s hospital. Then on 3rd October 2017, An Taoiseach and the Minister for Health turned the first sod for the new OPD and UCC on the grounds of Connolly Hospital.

On 29th August 2017, Temple Street welcomed the Government’s approval of the Children’s Health Bill to establish a single legal entity into which the CHG and three children’s hospitals will transition and this entity will govern and manage the new children’s hospital. The Bill comprises nine parts (all of which will ‘commence’ by Ministerial Order) and covers establishment, functions and powers, Board matters, employment including role of the CEO, and accountability and standards and overall the Bill embodies the unique identities of the hospitals and their legacy of volunteerism. Functions will include the delivery of health services, research, education, and related functions.

Over the last two years, through the Legal Entity Committee of the CHG Board, the three existing children’s hospitals, via our Boards and CEOs have engaged with the Department of Health using a collaborative approach to develop this legislation and I would like to commend all parties involved in this significant piece of work. As I write I can also confirm that the Children’s Health Bill is currently at Second Stage debate in Dail Eireann so well on its journey to enactment.
More locally in Temple Street and as mentioned in our CEO’s Foreword to this Report, patient safety remains top of the Board agenda. In this regard I would like to especially acknowledge the Chairmanship by Dr Michael Drumm and work of Governance, Quality and Patient Safety Committee. This Committee is a sub-committee of the Board and works closely with the Board.

The Governance, Quality and Patient Safety Committee is focused on two key objectives. The Committee works to deliver the highest standard of safe and quality care to patients underscored by a partnership and engagement approach between patients, their families and hospital staff and the implementation of a variety of voluntary and mandatory patient safety programmes.

The Committee also focuses on driving a culture of openness and accountability amongst staff. Therefore should an error occur, members of our staff can report that error confidentially through our Protected Disclosure Policy whereby the appropriate support structures are in place. The Temple Street Board and management will then endeavour to learn from the feedback and make whatever revisions are necessary to procedures, protocols, systems or services to prevent reoccurrences of the error that has been reported and recorded.

I would also like to use this Chairman’s Statement to compliment the role of Temple Street’s Department of Research. This Department works to solidify research as a core activity in the hospital by providing our research community with services including research updates, research training, notification of funding opportunities, grant writing assistance, grants management and research process management. The Department also aims to ensure that research performed at the hospital is of the highest possible standard and is utilised and disseminated appropriately to have the maximum positive impact on children’s health. In addition the Department actively encourages our researchers to form collaborations with other hospitals and universities. We currently have strong research links with the National Children’s Research Centre, the Mater Hospital, the Rotunda Hospital, UCD, TCD and the RCSI.

As I close out on this Chairman’s Statement for our 2017 Annual Report, I would like to acknowledge and thank Temple Street’s 200+ Consultants and Junior Doctors across all the many specialities that we offer for their outstanding and unfailing skill and commitment. I would also like to compliment our 450+ nurses and 260+ HSCPs for their tireless care and compassion.

In addition I would like to thank our academic partners; the UCD School of Medicine and Medical Science, the Royal College of Surgeons of Ireland and the DCU School of Nursing and Human Sciences. We work very closely with these three institutions to provide an enviable training ground for medical and nursing students and these students greatly contribute to and benefit our working environment as they learn from us and we continuously learn from them.

I would also like to thank our non-clinical staff including hospital management, administration and the support and ancillary staff for their spirit of collegiality with our clinical staff and for their dedication to families and parents. I have witnessed numerous examples of clinical and non-clinical teams working together harmoniously to deliver the best and safest experience and outcomes for our young patients and their families and I am always impressed and incredibly grateful for that.

We of course owe tremendous thanks to the Temple Street Foundation (the fundraising arm of the hospital) and the thousands of kind and generous donors and supporters that the Foundation recruits every year. The Foundation which was founded in 2000 has ensured that we can continue to sustain and develop our services and facilities until we move to the new children’s hospital. We also enjoy working closely with the Foundation to show how funds raised are used to improve the treatment, care and facilities we provide to our patients which all contributes to improving outcomes.

I would like to thank the Sisters of Charity for the immensely precious and positive impact they had on Temple Street and this encouraging and progressive impact was ably carried on by the Sisters of Mercy from 2001. Since the birth of this hospital in 1872 on Buckingham Street, Dublin 1, these religious orders have worked with us to educate us on how to care for the sick with kindness compassion and professionalism and how to continuously strive to promote the highest quality of care for all in a friendly, open and nurturing environment.

So as we look back on 2017 and the rich 146 years before it and find ourselves in the midst of incredibly exciting developments for children’s health in Ireland, we have a reinvigorated sense of drive, vigour and determination. Temple Street has always stood proud as an innovator in the world of children’s healthcare and we would like to bring that skill and spirit with us as we unite with our colleagues and friends across the paediatric care arena nationally and regionally and as we prepare to transition to the new children’s hospital to offer even better children’s healthcare across the country.

Sean Sheehan  
Chairman
Quality & Safety Board:
previously known as Governance, Quality & Patient Safety Committee

Quality & Safety Executive:
previously known as Clinical Governance Committee

Quality & Safety Committee:
previously known as Quality & Risk Committee

Organisational structure is subject to change on an ongoing basis to reflect changing nature of healthcare delivery in TSCUH
Board of Directors

Attendances at 2016 Board meetings

<table>
<thead>
<tr>
<th>Name</th>
<th>Attendances</th>
</tr>
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<tbody>
<tr>
<td>Sean Sheehan</td>
<td>11 out of 12</td>
</tr>
<tr>
<td>Siobhan Brady</td>
<td>10 out of 12</td>
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<tr>
<td>Mona Baker</td>
<td>12 out of 12</td>
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<tr>
<td>Grainne Bauer</td>
<td>11 out of 12</td>
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<tr>
<td>John Caird (or nominee)</td>
<td>12 out of 12</td>
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<tr>
<td>Mary Cullen</td>
<td>9 out of 12</td>
</tr>
<tr>
<td>Michael Drumm</td>
<td>11 out of 12</td>
</tr>
<tr>
<td>John Fitzpatrick</td>
<td>12 out of 12</td>
</tr>
<tr>
<td>Dr Gavin Lavery</td>
<td>5 out of 8</td>
</tr>
<tr>
<td>Fionn MacCumhaill</td>
<td>7 out of 12</td>
</tr>
<tr>
<td>Derek McGrath</td>
<td>11 out of 12</td>
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<tr>
<td>Sr Marguerita Rock</td>
<td>11 out of 12</td>
</tr>
<tr>
<td>Aveen Murray</td>
<td>11 out of 12</td>
</tr>
<tr>
<td>Mary Cullen</td>
<td>9 out of 12</td>
</tr>
<tr>
<td>Frank McManus</td>
<td>Resigned 27.03.17</td>
</tr>
</tbody>
</table>

Mr John Caird: Consultant Paediatric Neurologist, Medical Committee

Dr Michael Drumm: Consultant Paediatric Neurosurgeon and Chairman, Grainne Bauer: Director of Nursing
54,210 children and teens presented to the Temple Street ED in 2017 and 47,732 were new attendances.

7,443 elective and emergency surgical procedures were carried out in Temple Street in 2017 making an average of 620 per month.
Of the 12,009 outpatient clinics held in Temple Street in 2017, 4,846 of these clinics were Consultant-led.
Nursing

Annual Graduation Ceremony

Friday 23rd March marked the annual graduation ceremony at Temple Street for 33 students from the 2016 Higher Diploma in Children’s Nursing and 22 nurses graduated from the 2013 B.Sc. in Children’s and General Nursing.

The Gold badge for outstanding academic and clinical excellence was awarded to Joeleen Clarke from the post registration group and to Gemma Meehan from the B.Sc. group.

Once again we were honoured to have one of our parents address the attendees at the graduation about their experience of nursing care in Temple Street and what matters to them as parents and with regard to the care of their child. This address comprised very powerful messages which elicited wonderful feedback from the graduates and attendees.

PEWS Week

The Department of Nursing organised a PEWS (Paediatric Early Warning Score) Awareness Week at the beginning May 2017 which comprised presentations, meetings, training sessions, panel discussions, pop-up rounds and drop-in sessions for clinical staff in various locations around the hospital.

ADON (Assistant Director of Nursing) and CNM (Clinical Nurse Manager) Development Days

On 6th July, the Department of Nursing held a Development Day for CNMs. This Day comprised six sessions including:

- Patient safety at a local level
- Throwing money around – the secret to improving health
- QI in Action – compassion, care and commitment; values in action
- Resilient leadership and practical leadership and conversation

Key speakers included Dr Peter Lachman, CEO, International Society for Quality in Healthcare; Dr David Vaughan, Director for Quality and Safety, Children’s Hospital Group (CHG); Dr Rob Cunney, Clinical Lead, RCPI/HSE HCAI/AMR Programme, HSE Quality Improvement Division; Lorraine McNamee & Martina Gittenane, NMPDU and Georgina Bassett, National Leadership & Innovation Centre for Nursing and Midwifery, NLIC.

In mid-September 2017, the Department of Nursing organised an ADON Development Day which comprised presentations from Dr Rob Cunney, Dr David Vaughan, and members of the Nurse Education team on subjects such as Isolation Processes; ‘Risky Business’; Simulation for Safety; ‘Breaking the Rules’ and Safety Culture and Situation Awareness.

Nursing Research Conference

The 7th Annual Nursing Research Conference took place on Friday 21st March in St George’s Hall. The well-attended conference comprised an opening address by Grainne Bauer, Director of Nursing, Temple Street.

The keynote address was delivered by Professor Bernie Carter, Professor of Children’s Nursing, Faculty of Health & Social Care, Edge Hill University, Ormskirk, UK and was titled ‘Working in partnership and using creative research methods with children, young people and families’.

The guest speaker was Dr Veronica Lambert, Senior Lecturer, Children’s Nursing DCU who presented on ‘The Irish Paediatric Early Warning System (IPEWS) journey; past, present and future’.

Other presentations focusing on research conducted by nurses in TSCUH, OLCHC and NCH Tallaght included;

- Scoping Injured Minor’s Attitudes to Safety Helmets (SMASH) Study
- Children’s nurses’ perspectives of accessing child and parents’ voices during the ward admission consultation
- Improving Peripheral Intravenous Line Care in TSCUH
- Exploring Nurses’ Perceptions of the Value of using a Central Venous Catheter Care Bundle
- Children’s Nurse’s Experiences in delivering Bereavement Care to Children and Families with Life Limiting Conditions in Ireland
- FLACC Scale for Pain Assessment in a Children’s Post-Anaesthetic Care Unit
- The influence of Paediatric International Nursing Study (PINS) on communication between families and nurses in TSCUH

The day before the conference (Thursday 20th March), the Nursing Research Committee organised a workshop titled ‘Are you ready to see your name in print?’ where Professor Bernie Carter facilitated a discussion for nurses who attended on how to achieve publication in peer reviewed journals and publications.

**International Nursing Day 2017**

International Nursing Day (IND) took place on Friday 12th May and we celebrated with a gathering in the Boardroom and presentation of pictures and video highlighting our nurses many and varied achievements.

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**Joining The Dots**

In early 2017 the Ombudsman for Children’s Office (OCO) and the Children’s Hospital Group (CHG) Board came together with the three children’s hospitals; OLCHC, Temple Street and NCH Tallaght to design and carry out a consultation process to capture the views of children, young people, their parents and hospital staff.

The consultation process was titled ‘Joining the Dots’ and presented an exciting opportunity to hear, for the first time, from children who are in hospital about;

- What is working well for children and young people across the three children’s hospitals
- What might not be working so well
- What changes, if they can be made, could help to make children and young people’s experiences of being in hospital better.

Parents and hospital staff were also invited to take part giving their perspective on the treatment and care of children and young people in hospitals.

This six-week consultation process commenced on 3rd July and ran to 11th August 2017 with the aim of launching the Joining the Dots report in early 2018.

It is hoped that the report will help inform a better experience for children and young people while they are in hospital and will help to inform the planning and design of paediatric services in the new children’s hospital and two Paediatric Outpatient and Urgent Care Centres at Connolly and Tallaght Hospitals.
Retirees

In 2017 the Nursing Department said a fond farewell to four key staff who gave many years of service to Temple Street.

These retirees included Breda Moran, ED CNM for over 30 years and Kate O’Hanlon, Assistant DON, who covered nights and weekends for over 20 years. Later in the year Bridget Weir, CNM in SMB retired followed by Anne O’Brien, OT CNM.

We acknowledge their collective service in Temple Street and their fantastic work ethic continues.

First RANP (Registered Advanced Nurse Practitioner) in Children’s Pain

In January 2017, the NMBI (Nursing and Midwifery Board of Ireland) approved the registration of Norma O’Keeffe as the first ANP in Children’s Pain in Ireland (based in Temple Street) after a long and complex process to obtain this approval. The Nursing Department offers sincere congratulations to Norma O’Keeffe.

New Huddle Board

In January 2017, the Nursing Department welcomed representation from additional disciplines (NCHDs, Pharmacy, Chaplaincy, Portering and Chaplaincy) to its daily morning huddle. The Nursing Department also organised for the installation of a specially designed notice board in the CD’s office, around which the Huddle is conducted.

Then in February 2017, the Nursing Department started facilitating a daily afternoon huddle to consider issues and challenges across the wards and units that may surface into the evening and overnight.

Re-Opening of Fourth Operating Theatre (OT)

In May 2015, Temple Street advised that it was unable to provide sufficient nursing staff for its four theatres so would be instigating a rolling theatre closure from that date.

As a result Temple Street instigated an intensive OT nurse recruitment campaign, including a campaign conducted overseas which was successful and meant that the hospital was in a position to open its fourth OT on a phased basis from April 2017.

It was also agreed that access to the OT would be for those patients who had been waiting the longest and those with a critical need for surgery. The fourth OT was then fully re-opened by September 2017.

Achievements


Congratulations to Sarah Maidment, DNM, who received the CEO Award as part of the Extraordinary Staff Awards on Friday 15th December 2017.

Congratulations also to Orla McMahon, CNS Spina Bifida and Lorraine Rossiter, HCA who both received RoE awards in the clinical category.
Quality, Standards & Patient Safety

Lunch and Learn Programme

In February 2017, the Quality, Standards and Patient Safety Department launched the ‘Lunch and Learn’ programme focusing on building on continuous quality improvement by learning and sharing. Two Lunch and Learn programmes using the QI Methodology were completed during 2017 and the programme continued in 2018.

External speakers on the Lunch and Learn programme at the weekly sessions included Dr John Fitzsimons, Consultant Paediatrician and HSE National Lead for Quality Improvement; Suzanne Dunne, CNM3, OLCHC; Dr David Vaughan, Director of Quality and Patient Safety, CHG; Grainne Cosgrove, Senior Statistician, QID, HSE and Debbie McNamara Colorectal Surgeon, Beaumont Hospital, D9 and Mr Paul Rafferty, Clinical Effectiveness Consultant.

National Patient Safety Office (NPSO) Conference

12% of the posters presented at the Department of Health’s NPSO Conference in Dublin Castle on Thursday 26th November were expertly presented by Temple Street staff. This sent out a clear signal that designing and delivering on Quality Improvement (QI) initiatives is a key element of day to day activity in Temple Street.

Eilish Murphy, Quality & Standards Manager, won first prize for her poster titled ‘From Bedside to Boardroom: introducing a co-designed Board of Directors Quality Dashboard in Temple Street Children’s University Hospital’ in partnership with contributors; Caroline O’Connor, Mona Baker, Aveen Murray, Emer Quigley, Maureen Flynn, Grainne Cosgrove, Jennifer Martin and Blaithin Gallagher.

Examples of other Temple Street poster presentations at the NPSO Conference included; Improving the reliability of the decontamination process by utilising data collated from the National Track and Trace System to identify and minimise ‘bottlenecks’ caused by avoidable human error; Temple Street Influenza Vaccination Campaign; Lunch and Learn, A model for teaching and engaging front line staff in quality improvement; The Introduction of the Safety Pause in a Clinical area; A Quality Project; Good Catch Project in a Paediatric Nephrology Unit; and Bare Below Elbows, Giving Hygiene a Helping Hand.
Hello My Name Is (HMNI) Campaign

Temple Street’s HMNI campaign was launched to all staff on 7th March 2017, highlighting the words of Kate Granger (HMNI Campaign Founder) that ‘introductions are about making human connections and can instantly build trust in difficult circumstances’. 1,470+ staff were given a personalised HMNI badge at the launch event, were encouraged to always introduce themselves by name to parents, families and colleagues on the phone and in person and to incorporate the HMNI logo on their email signatures.

An audit of whether staff are wearing their HMNI badges was conducted in November 2017. 361 members of staff were audited as they came in and out of Temple Café over a three hour period. The results of the audit showed that 52% of staff members were wearing their badges, 78% of whom were clinical staff members and 22% were non-clinical staff.

In addition and as another component of the audit, 84 different departments were rung anonymously to see if they answered the phone by stating their name in the first instance. The results showed that 51% of staff members who answered the phone introduced themselves by name but the way in which they introduced themselves varied depending on the staff member. Preferably staff should answer the phone by first announcing their Department and then stating their name (e.g. Hello ICU, Mary speaking.) Finally the email signatures of 160 staff members were audited to see if they had incorporated the HMNI logo on their signature. The audit showed that 78% of staff members signed off their e-mail with the HMNI logo.

The HMNI campaign is due to be revamped in Q2 2018 with new imagery of staff members from different disciplines and new messages to promote continuous engagement with the campaign.
Clinical Services

Child Protection and Child Welfare

Children First Guidance which promotes the protection of children from abuse and neglect was introduced on a statutory basis in December 2017. The Guidance sets out the definitions of abuse and signs for its recognition and what healthcare organisations, like Temple Street, need to do to keep children safe and how reports about reasonable concerns of child abuse or neglect should be made to TUSLA.

In this regard all of us who work in Temple Street, either in a clinical or non-clinical capacity, have a responsibility with regard to the safety and welfare of children who come into our hospital and all children have a right to be heard, listened to and taken seriously. All of us who work in Temple Street also need to be alert to the possibility that children who come into our hospital may be abused or at risk of being abused and child protection is a multiagency, multidisciplinary activity so all of us, both clinical and non-clinical staff, need to work together in the best interests of children.

Temple Street’s HR and Social Work Department mounted a significant internal communications campaign in early December 2017 complemented by staff briefings, to introduce staff to the Children First Guidance and the key components of the Guidance.

As part of this on-going communications campaign, in late December 2017, staff (both clinical and non-clinical) was also advised that they had a responsibility to undertake a mandatory e-learning module titled ‘An Introduction to Children First’ via the HSE training website, HSELand.

The HR Department advised that by 13th April 2018, 37% of staff had undertaken the training based on a headcount of 1,211 employees and the promotion of this mandatory training continues.

Inaugural HSCP (Health And Social Care Professionals) Day

Thursday 1st February 2018 was the inaugural national HSCP Day and Temple Street celebrated our 260+ HSCPs and acknowledged the 16,000 HSCPs (representing 25 professional groups) in the HSE by organising drop-in sessions for all staff where staff could learn more about what HSCPs are and what they do. It was also noted that HSCPs will account for 25% of workforce in the new children’s hospital.
Operations

Directorate Operations Managers

In February 2014, The CHG and the relevant Boards in each of the three national children’s hospital considered a proposed Corporate and Clinical Governance paper and approved the need to progress with a Clinical Directorate structure to underpin how paediatric services are managed across the CHG.

There is universal agreement across the children’s hospitals in the CHG about the aim to create a full functioning, world standard, single, independently incorporated, academic health sciences organisation. This future state is an integrated academic health sciences network consisting of a new national children’s hospital on a joint campus shared with St James’s Hospital, two OPDs and UCCs on the campuses of Tallaght and Connolly Hospitals and a managed integrated clinical network to the regional hospitals with paediatric units and other local paediatric services across Ireland. This future final state will take over five years to develop.

The initial focus therefore for the CHG Board in collaboration with the Boards of the three children’s hospitals is the integration of paediatric services in the three children’s hospitals in Dublin (including the satellite centres), their corporate functions, and development of an effective contemporary single organisational structure for the CHG before the new facilities open.

Until the CHG is legally established, the CHG and the three hospitals have agreed a Transitional Governance Structure that acknowledges the legal accountabilities of the hospitals.

In this regard three Directorate Operations Manager (DOM) posts were filled in Temple Street by October 2017, reflecting the requirements of a developing and transitioning CD structure and the Clinical Directorate Model;

- The first appointment was that of the DOM to Clinical Directorate 1 which is predominantly focused on ambulatory/secondary care paediatrics
- At the same time, a DOM was appointed to Clinical Directorate 2 which is predominately focused on chronic disease processes with many specialities and patients requiring long term and ambulatory care
- Then there was a follow up DOM appointment to Clinical Directorate 3 which is predominately focused on services for a complex patient cohort requiring technical investigations and surgical interventions with a large proportion requiring inpatient and intensive care

The plan is that three DOM post holders will work closely in providing cross CHG support to the hospital’s evolving Clinical Directorate structures.

Achievement of National Target For Scoliosis Related Surgery in Temple Street

Scoliosis affects approximately 1% of children and adolescents in Ireland. It is defined as a spinal curvature of more than 10 degrees to the right or left as the examiner faces the patient.

The management of scoliosis is complex and is determined by the severity of the curvature and skeletal maturity, which together helps predict the likelihood of progression. The conventional options for children and adolescents are: observation, back bracing (where the child is still growing) and surgery.

Treatment options for scoliosis and spinal disorders are related to the underlying condition of each patient and their growth pattern, skeletal maturity and other factors.

In early 2017, the HSE, working with a number of stakeholders, developed a plan to enable the reduction of the long waiting times for scoliosis surgery for children and young people.

The HSE Action Plan for Scoliosis which was published in May 2017 aims to ensure that no patient who requires surgery will be waiting more than four months for scoliosis surgery by the end of 2017, complemented by increased investment for 2018.

The Plan addresses treatment of children requiring both spinal fusion and other spinal procedures having regard to the input received from advocacy groups for scoliosis patients and on a number of occasions the HSE and the CHG commented publicly on their commitment to deliver on short to medium term reduction in the waiting lists.

In order to achieve the target, the HSE and CHG advised that they would be insourcing surgical procedures within the CHG and the broader public hospital sector, as well as outsourcing initiatives, including private providers nationally and abroad. In tandem, both organisations stated that they would be working to develop a long-term sustainable solution for scoliosis and paediatric orthopaedic cases.
As part of the HSE Scoliosis Waiting List Action Plan published in February 2017, Temple Street’s Operations and Patient Services Departments duly put in place a number of initiatives to positively impact on the waiting time for scoliosis related surgery in a planned, safe and sustainable manner.

Some examples of these initiatives are as follows; in April 2017, Temple Street re-opened its fourth theatre on a phased basis and children were prioritised for access to this theatre based on risk and those who have been waiting the longest. During 2017, Temple Street continued its very proactive recruitment drive to attract new theatre nurses from outside of Ireland and by June 2017, seven theatre nurses had been recruited from Ireland and abroad.

Significant progress was made in reducing the number of patients waiting for spinal surgery. In 2017, a total of 402 spinal surgeries were carried out in OLCHC, Temple Street, the Mater Hospital, Stanmore and Portland Hospitals, UK and St Franziskus, Germany. 93 of these spinal surgeries were carried out in Temple Street and from May-December 2017, children who were on the waiting list had their surgery within the four month time frame recommended in the HSE Scoliosis Waiting List Action Plan.

However in December 2017 a joint statement by Consultant Orthopaedic Surgeons; Mr Pat Kiely (Our Lady’s Children’s Hospital, Crumlin), Mr Connor Green, (Temple Street Children’s University Hospital and Cappagh National Orthopaedic Hospital) and Mr David Moore (Our Lady’s Children’s Hospital, Crumlin and Tallaght Hospital) should be noted.

‘We welcome this investment in paediatric orthopaedics and our priority in the timely and appropriate treatment of children and young people needing our service. From our clinical perspective a single ‘time-based’ target is too simplistic for this complex condition. This does not mean that timely treatment is not a priority – the reverse is the case. Once the treatment plan is determined by the child’s clinical needs then resources must be provided to ensure there is no significant delay in surgery taking place. The criteria for treating scoliosis are based on established clinical guidelines and best practice both nationally and internationally. When patients meet the criteria for surgery the health system must ensure that they have their surgery when clinically indicated, to ensure that we prevent a significant deterioration in their condition.’
Of the 12,009 outpatient clinics held in Temple Street in 2017, 5,891 were led by NCHDs (junior doctors) and 1,258 were nurse-led.
1,350 CT scans were conducted in the Radiology (X-Ray) Department in 2017

2,161 MRIs were conducted in the Radiology (X-Ray) Department in 2017
Human Resources (HR)

The HR Department and its team deliver a responsive and progressive service to staff and managers across the hospital. Through our HR Business Partnering and Specialist service model we provide both operational and strategic HR support to enable the delivery of the hospital’s day to day services in addition to inputting into strategy and planning of future service integration and the transfer of services to the new children’s hospital.

HR Service Design and Developments

The HR Director and team participated in on-going Transition and People and Culture Planning in preparation for service changes. Areas of focus included the HR Future Operating Model, Organisation Design, Workforce Planning, Organisation Development Employee Relations and Change Management.

The Department worked closely with CHG programme leads and cross hospital HR colleagues in developing and delivering staff information sessions in relation to Commencement and the establishment of the ‘On the Move Together’ Strategic Working Group and All-Staff Group in 2017. The Department also participated in HR Due Diligence work in preparation for CHG-related legal entity changes due in 2019.

A key focus for the Department in 2017 was on staff support and development initiatives. The HR Talent Learning and Development Manager led out on Transition and Talent strategies alongside facilitating the delivery of staff training and development programmes including mandatory training.

Externally facilitated Management Development programmes were delivered in addition to in-house HR training around the areas of managing attendance, interview skills training and Personal Development Planning (PDP’s). Staff continued to avail of on-line management training programmes, specialist training skill courses, Master’s degree and Diploma courses in addition to conference and workshop updates.

The Business Partnering team was expanded to include a HR Business Partner for nursing services and the specialist HR Business Analyst role was further developed to incorporate centralised reporting of employment and training data.

Key achievements included:

- Garda Vetting project – reached 100% target for Garda Vetting clearance for all staff in line with legislative requirements
- Superannuation project – Benefit statements provided to members of the Single Pension Scheme which is a project that has been completed by few hospitals nationally
- Launch of the EMPLOYEE HANDBOOK in May 2017
- Transfer of National Mortality Register from First Light to Temple Street CUH

Resourcing and Recruitment

The Department worked closely with all stakeholders to meet the hospital’s ever increasing resourcing demands both clinical and non-clinical.

The Recruitment and Business Partner teams provided services to support appointments and secondments to the CHG and Programme of Works along side service developments and recruitment to maintain and develop hospital’s services locally.

The Departments Balanced Scorecard reported an increase of 31.97 WTE in employment levels December 2016 to December 2017 with an average turnover rate of 9%.
The establishment of Clinical Directorate Structures commenced in 2017 with the appointment of a Clinical Director post (part time), three new Clinical Directorate Business Operations roles and the reconfiguration of Divisional Nurse Managers to Directorate Nurse Manager roles.

The HR Department led out on aligning services to the new CD model incorporating three Clinical Directorates supported by non-CD (pan directorate) services. Other key developments included recruitment to the IPIMS and Central Referrals Projects in the Operations Department and to the NIMIS project in Radiology Services.

Extraordinary Staff Awards

In late 2017, we decided to re-design the existing Recognition of Excellence awards and re-brand them as the Extraordinary Staff Awards. We then invited nominations for these awards under four categories;

- An extraordinary colleague – clinical
- An extraordinary colleague – non-clinical
- An extraordinary team – clinical
- An extraordinary team – non-clinical

Staff were invited to describe how their nominee(s) demonstrates the following;

- Flexibility and Adaptability
- Exceptional Patient & Family Experience
- Teamwork & Team Morale
- Going the Extra Mile
- Temple Street’s Values & Ideals

We then held an Awards Ceremony in St George’s Hall on Friday, 15th December 2017 and the 2017 Extraordinary Staff Awards winners as follows were announced;

**Extraordinary Colleague – Clinical**
Lorraine Rossiter, Healthcare Assistant, Day Ward
Orla McMahon, Clinical Nurse Specialist, Urology

**Extraordinary Colleague – Non Clinical**
Bernadette O’Connor, Staff Nurse, Special Feeds Unit

**An Extraordinary Team – Non Clinical**
ED Liaison Psychiatry Team, St. Frances Clinic

The CEO Award for November 2017 will be awarded to Sarah Maidment, Divisional Nurse Manager.

Social Media In The Workplace

In June 2017, the HR Department organised ‘Social media in the workplace. What are our responsibilities as employees and employers? What are the risks?’ briefing sessions for all staff in recognition of the fact that social media channels are now an integral part of all our lives.

The key speaker at these sessions, which were attended by 300+ staff members, was David Bell, MD, The HR Department Limited, Solicitor and Specialist in Employment Law.

At the sessions and in his presentation, David covered topics including the use of social media when you are at work, the risks and employee and employer responsibilities. David also referred to some very interesting real life case-studies of how using Social Media in the workplace can have significant consequences.

Medical Administration
2017 Consultant Appointments

Four new Consultants were appointed to the psychiatry, general paediatrics, PICU and ophthalmology services in Temple Street in 2017.
Occupational Health

Flu Vaccination

Temple Street Children’s University Hospital remained as one of the top three HSE-funded Hospitals and Long Term Care Facilities in Ireland for its flu vaccination uptake after the 2017/2018 national flu vaccination campaign.

Temple Street was also delighted to be awarded the ‘Improving Children’s Health’ prize for its 2016/2017 flu vaccination campaign at the HSE Health Service Excellence Awards in mid-December and the award offered Temple Street a further opportunity to build on its successful flu vaccination campaign for the 2017/2018 season.

Temple Street’s 2017/2018 Flu Vaccination campaign

The Nursing Department and OHD (Occupational Health Department) hosted a celebratory event for all staff on Wednesday 20th September 2017 to acknowledge that Temple Street had been the winning hospital in the 2016/2017 campaign, to highlight lessons learnt during the campaign and to announce details for the hospital’s upcoming 2017/2018 flu vaccination where a target of 70% uptake was announced.

Following the ‘thank you’ and celebratory event, it was agreed that the 2017/2018 campaign would be rolled out under the theme ‘Be InFLUential’ and using the strapline ‘Immunity for your Community.’

A wide-ranging and wide-reaching campaign, comprising the following components was then designed and rollout out;

Peer Vaccinators

The Nursing Department in partnership with OHD recruited 18 staff nurses, as peer vaccinators, who kindly agreed to staff regular vaccination clinics for the duration of the campaign, including ‘pop-up’ clinics which were scheduled at times deemed suitable for frontline staff.

Leadership

The Board of Directors was the first group to be vaccinated followed by Consultants and images of those vaccinated were shared on TempleNet to champion and promote role modelling. Department and area managers were also encouraged to champion the campaign and in turn all Consultants and NCHDs were encouraged to communicate important campaign messages at Grand Rounds, ward rounds and meetings.
Jabathon
The campaign was then officially launched with a JABATHON on 4th October 2017 when approximately 21% of staff were vaccinated. Staff were also invited to have their picture taken holding an "I've been InFLUential" photo board and staff photos were shared on TempleNet with weekly prizes winners.

Flu Factor Event
Dr Rob Cunney, Consultant Microbiologist and Dr Siobhan Neville, Registrar bravely and expertly agreed to write new lyrics for two well-known songs by Ed Sheeran and Taylor Swift and these new songs were cleverly called 'Take To The BEd Sheeran' and 'The Flu Makes You Achoo – Taylor Sniffed'.

Dr Cunney and Dr Neville then recorded the songs and staff were invited to listen to MP4 versions of the songs on TempleNet and vote for their favourite. Our two artists then performed their songs in St George's Hall on Thursday 4th December to much acclaim and the results of the on-line vote were announced. Dr Neville one the much coveted Flu Factor prize.

Governance
Monthly vaccination uptake reports prepared by the OHD were presented to the Board of Directors, the Quality & Risk Committee, the Hospital Executive, the Medical Committee and IPC (Infection and Prevention Control Committee) to ensure the campaign and resulting vaccination uptake was on track.

Communications
The campaign received on-going communications support. Banners were updated every week with new staff images and an update on percentage uptake were posted on TempleNet with links to more information on the merits of receiving the flu vaccination, a photo collage of the peer vaccinators and dates, times and locations of pop-up clinics. Overall campaign messages were also communicated via screen savers and tweeted from @TempleStreetHos.

Campaign messages and clinics schedules were also promoted verbally at the daily nursing huddles and photo collages of staff holding up the 'I've been InFLUential' photo boards were displayed in public areas around the hospital and on TempleNet.

"Flu is highly transmissible and those who are infected, including healthcare staff, can spread the disease from one day before symptoms begin (while asymptomatic) and for five to seven days after developing symptoms. Flu can cause serious complications such as pneumonia especially in those with long term medical conditions and in children under four years of age. Temple Street's 2017/18 Flu Vaccination campaign was designed by the Nursing and Occupational Health Departments (OHD) and a multidisciplinary group of key influencers including Consultants, NCHDs, HSCPs, nursing and support staff and other patient and client care representatives championed the campaign goals’ said Grainne Bauer, Director of Nursing, Temple Street

Employee Health & Well Being
Workplace health promotion is concerned with improving the health and well-being of people at work and creating health promoting workplaces. It has many benefits for both employers and employees, including increased morale, reduced illness & absence from work and reduced staff turnover.

The hospital mission statement states that "We value our staff and encourage their development". While working in a busy pediatric hospital can be rewarding, it can be extremely challenging at times. The care and energy required from health care professionals to perform their daily tasks can lead to deficiencies in their own health, both physical and mental.

The hospital recognises that employees are key elements in delivering quality healthcare. The goal is to provide a healthy workplace which facilitates healthy lifestyle choices. This is achieved by promoting physical, mental and social health through a series of health promotion initiatives branded under the Well of Wellbeing.

The Well of Wellbeing programme works in collaboration with the Occupational Health Department and Human Resources and is managed by the Health and Wellbeing Coordinator. By designing and delivering interventions that respond to the health needs of the employee population, a healthy workplace is promoted, encouraged and supported.

During 2017, the Well of Wellbeing programme had set four key objectives for 2017

- To design and deliver a brain health programme titled Optimising Performance
- To contribute to the establishment and delivery of Schwartz Rounds
- To maintain the health promotion programme as per the national health promotion calendar

Optimising Performance
The Optimising Performance health promotion campaign covered seven elements of brain health (using the Healthy Mind Platter as a guideline) that brains need to function at their best.
Schwartz Rounds

Schwartz Rounds can help staff to...
- feel more supported in their job, allowing time and space to reflect on their role
- feel less stressed and isolated
- increase insight into and appreciation for each other’s roles
- reduce hierarchies between staff and to focus attention on relational aspects of care

Difference between Schwartz Rounds and other Staff Forums

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<tr>
<th>Traditional Staff Forums</th>
<th>Schwartz Rounds</th>
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<tr>
<td><strong>Grand Rounds</strong> … aim to help medical staff learn about recent developments in medicine and focus on the clinical details of a case.</td>
<td><strong>Schwartz Rounds</strong> … do not focus on the clinical aspects of patient care; instead learning is focused on understanding staff experience from a social and emotional point of view.</td>
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<td><strong>Balint groups</strong> … follow a similar format to Rounds in terms of their reflective nature and focus on emotional impact, but they are only open to certain members of clinical staff.</td>
<td><strong>Schwartz Rounds</strong> … are open to all staff members including non-clinical staff. Three or four stories are told at each Round, which are used as a springboard for a wider discussion beyond the case itself.</td>
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<td><strong>Supervision</strong> … involves expertise and advice; is generally aimed at a specific staff group; focuses on technical aspects of care, clinical outcomes or personal development, unlike Rounds.</td>
<td><strong>Schwartz Rounds</strong> … are not designed as a form of peer supervision and do not fit the traditional model of clinical supervision.</td>
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<td><strong>Debriefings</strong> … are usually structured meetings that aim to help staff following stressful or traumatic clinical events, through education, normalising and support.</td>
<td><strong>Schwartz Rounds</strong> … should not be used as a form of debriefing. If there is a case that has been particularly troubling for staff and the organisation, a certain amount of time will need to pass before it is addressed in a Round.</td>
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Schwartz Rounds were introduced in Temple Street in mid-2017 and to date there have been four Rounds in Temple Street since October 2017 titled ‘A patient I will never forget’; ‘The magic of Temple Street’; ‘Brief encounters’ and ‘Snow days’.

280 staff have attended the Schwartz Rounds and the evaluation showed that 69% of staff felt that they gained insights that would help them to meet the needs of their patients, 64% of staff felt that the Round would help them work better with colleagues and 66% of staff felt more engaged with work after attending a Round.

Physical Activity and Mental Well-being

The physical activity element of the health promotion programme is designed to empower staff to participate in exercise by offering activities (including an eight week pilates programme and swimming sessions in the Belvedere College Pool) that can be conveniently accessed before, during or after the working day. Engaging in regular physical activity helps to keep the body strong, fit and flexible which helps prevent against injury and illness.

Other initiatives were rolled out under the mental wellbeing umbrella including the establishment of a Temple Street choir led by Alison Sweeney, Music Therapist and the offer of weekly meditation sessions.
Communications

Digital Platforms
Temple Street now has seven digital platforms (www.cuh.ie, TempleNet, craniofacial.ie, metabolic.ie, sportsinjuries.ie, W82GO.ie and Twitter handle @TempleStreetHos). Quarterly Google Analytics reports show growth in traffic on and engagement with these sites. Our main website, www.cuh.ie, attracts 22,000 visitors per month.

Awareness Weeks

Bereaved Children’s Awareness Week
During w/c Monday 14th November 2017, Temple Street marked national Bereaved Children’s Awareness Week led by the Social Work Department and conducted an internal communications campaign for staff. The awareness week aimed to educate staff on facts and statistics regarding bereaved children in Ireland, the unique needs of bereaved children and how children’s bereavement is different from adults, how can we help children and information on Temple Street’s Bereavement Committee.

International Antibiotic Awareness Week
During w/c Monday 13th November 2017, Temple Street also marked international Antibiotic Awareness Week led by the Pharmacy Department, which focused on the crucial role of health care workers in reducing antibiotic resistance in health care environments through infection prevention and control (IPC). Healthcare Associated Infections (HAI) are one of the most common adverse events in care delivery, and most of them are caused by antibiotic-resistant organisms. Effective IPC is a simple yet fundamental step that helps defend the power of antibiotics.

The Pharmacy Department reached out to staff via TempleNet with a daily question to test their knowledge on antibiotic prescribing and resistance and there was a prize for three staff members who submitted correct answers to all questions across the week.
**Facilities**

### Major Lift Works

Significant issues with the lift in the Main Hall arose in Q3&4 2017 whereby the lift was breaking down on a reasonably regular basis and causing great concern, especially in relation to the use of the lift by patients and their families.

In this regard major lift works were undertaken from Friday, 9th March to Wednesday 14th March 2018 so the lift was completely out of use during that period. In preparation for these works a number of actions were undertaken including ensuring that high risk patients with mobility issues were moved from the Top Flat Ward to other Wards in the hospital. These Lift Works were completed successfully.

**Food Safety Professionals Assurance Awards**

Congratulations to the Catering & Household Department and the Special Feeds Unit who were presented with a Food Safety Professionals Assurance Award on Wednesday 22nd February 2017, where the Minister for Health was a guest speaker.

Both Departments underwent an audit on their food safety systems in advance of receiving the award achieved a score of 90% which is a distinction.

For the Special Feeds Unit, this is an improvement on their result of 2015, which demonstrates the maintenance of such high standards and the continuous improvements within the Department.

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**Projects**

### New Neurology and Renal OPD

On Tuesday 23rd February 2018, Temple Street unveiled its new Renal and Neurology OPD, which marked the completion of Temple Street Foundation’s most ambitious fundraising project in its history, with a total of €5.5million raised to build, fit-out and equip the new units.

The two-floor units will cater to over 6,500 renal and neurology patients who attend Temple Street for treatment each year and features additional clinical facilities with spacious waiting rooms and patient play areas. Each floor is 400 square metres in size and will accommodate multi-disciplinary teams for both specialties. The new unit replaces existing outdated departments, which have limited space and are no longer fit for purpose.

On Monday 26th March, the two OPD units were officially named the King and Gill Units in recognition of Professor Mary King, Consultant Paediatric Neurologist and Founder of the Neurology and Clinical Neurophysiology Department at Temple Street and Professor Denis Gill, Consultant Paediatric Nephrologist and Founder of Paediatric Nephrology Services at Temple Street (now retired).

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**The Gill Unit**

In recognition of Professor Denis Gill, Consultant Paediatric Nephrologist and Founder of Paediatric Nephrology Services in Ireland.

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**The King Unit**

In recognition of Professor Mary King, Consultant Paediatric Neurologist and Founder of the Neurology & Clinical Neurophysiology Department at Temple Street Children’s University Hospital in 1986.
ICT
Clinical Informatics

Clinical Portal
The Clinical Informatics Team rolled out the recording and display of clinical alerts and adverse events in the patient context in May and October 2017. Both elements are designed to allow the clinicians to easily enhance the patient’s electronic record in parallel with the patient’s chart. Clinical Portal usage and adoption of new functionality continues to increase month on month.

The Diabetes Pathway is a bespoke design and the first in-house Temple Street development. It was created to facilitate the electronic capture of outpatient workflows within the Diabetes Department. Within this pathway the Clinical Informatics Team has developed over 40 forms which capture patient visits, phone calls, annual reviews, ‘out of clinic’ notes and multiple education forms. The system has been live since September 2017 and is accessed by a multi-disciplinary team comprising doctors, nurses, dietitians, psychologists and Health Care Assistants.

Patient Entertainment Units
In July 2017, both ICT and the Projects Team oversaw the full installation of Lincor Patient Entertainment screens to St. Brigid’s Ward, delivering an enhanced patient experience to each bedside. Additionally, the electrical and structural work was scoped and delivered for the main area in St. Patrick’s ward and Haemodialysis ahead of their planned installations in 2018.

Temple Street’s short films, ‘Ben and Tara’s visit to the hospital’ was successfully added to all 63 Lincor devices – providing an accessible, efficient visual aid to prepare patients ahead of their operation and journey through the hospital.

Hospital School Project
The ICT Department worked closely with Dale Technology and the hospital school to facilitate the installation of the Dale Technology Education Management System (DTEMS) within the school. Prior to the installation of DTEMS the school principal and staff enrolled pupils manually. DTEMS now facilitates the efficient recording of both pupils work and teachers work, allowing for automatic transfer of information so that all records are recorded efficiently for the Cuntas Miosuil (monthly report). This has saved each individual teacher a minimum of two hours per week. DTEMS also allows the Special Needs Assistant (SNA) to record daily duties, to record work carried out with pupils and to enable the SNA to access relevant information on specific pupils. This saves the SNA a minimum of 2.5 hours per week.

The school is mandated to report the annual enrolment figures to the Department of Education and Skills. A report can now be generated with immediate effect. Prior to the installation of the DTEMS this would take up to 30 minutes per week.

In total the school estimate that DTEMS has saved the staff 41 hours per week.

Training
iPims training was designed and delivered to clinical, HSCP and administrative staff in class and on the wards using OSPIP standards. Process lead bespoke training was designed and delivered to Ward Clerks and Haemodialysis nursing staff. Training has resulted in measurable improvements in data quality and understanding the correct workflow process to follow.

Clinical Portal training was designed and delivered to clinical, HSCP and administrative staff across the hospital in class and on the wards. Training has resulted in increased knowledge and use of the clinical portal as workflow tool to improve patient outcomes.

The ICT Department was represented at the Bi-annual Research, Audit & QI Day 2017 with a poster presentation titled “Developing the skills set of Temple Street Children’s University Hospital ICT Workforce” and the authors were Mary Anne Culhane, Dairin Hines and Jim Gregg. Part of the Temple Street ICT Strategy is to develop ICT workforce skills. The Irish Computer Society’s (ICS) CPD framework provided affordances to give an overall picture of skills and competencies of staff within a CPD context.
**Support Desk**

**Windows XP migrate to Windows 7**
The Support Team continued throughout 2017 to migrate all desktops from Windows XP to Windows 7. This involved taking all the XP PCs and replacing with new Windows 7 pcs in the whole Campus. Each Windows 7 PC was then customized for each user in the hospital including all Applications and data. There was one exception and it was the ED PCs which could not be replaced with Windows 7 PCs due to the Symphony application not supported on the newer Windows 7 platform. The reasons for migrating to the newer platform were as follows:

- Windows XP not supported by Microsoft since end 2014 and unfit for purpose. Windows XP is also significantly more vulnerable than newer Windows operating systems, and this will increase after Microsoft stops releasing security fixes and patches after April 8th 2014. Windows 7 is more secure and supported by Microsoft
- Windows 7 will boot up, open files, and resume from standby quicker than Windows XP. Windows 7 is also more stable, which enables the operating system to run reliably and quickly and recover from application crashes in a timely manner. In addition, Windows 7 is optimized to extend battery life
- Windows 7 supports more browsing options including later versions on IE, Chrome and Firefox. Also included is capacity for additional system memory above the 4GB limit in other OS

**Telephone Voicemail Messaging**
Temple Street’s telephone voicemail system was replaced in 2017 moving from Avaya Call Pilot to Avaya Aura Messaging. This work was undertaken due to the fact that the Call Pilot suite was ‘end of sale’ with manufacturer support for software ending in June 2016 and hardware support ending in June 2018. Should the system have failed there was no guarantee a fix could be found and no expansions to the system would have been possible. There was also an additional compliance issue, the Call Pilot platform only ran on Windows Server 2003 which was outside of support in 2015. Another benefit of Aura messaging is the SIP integration feature.

The migration path offered by Avaya was to Avaya Aura Messaging which includes additional features such as VMware virtualization, a pure-Linux OS, and SIP-based architecture providing a migratory path with investment protection and preservation of user experience.

**Business Intelligence Unit (BIU)**

**Healthlink**
- As part of the hospital’s digital pathway, the BIU has been working on moving as many processes to Healthlink as possible. The transmission on ED Discharge notifications and Radiology Reports to GP practice management systems via Healthlink have been developed in 2017. ED discharge notifications went LIVE in early 2017 and Radiology reports expected to be placed into LIVE in 2018.

**Board of Directors Quality Improvement Dashboard Completed**
- In 2017 the Board on Board Quality dashboard was completed. Since 2011, our Board of Directors has received a monthly balanced scorecard report on access, efficiency, finance and human resource indicators, using a red, amber and green speedometer with associated run chart. Four Quality indicators were presented quarterly. The new dashboard was developed by the BIU in close contact with the HSE Quality Improvement, the Board of Directors and the Project Team.
- The Board of Directors Quality Dashboard contains six approved Quality of Clinical Care indicators using a variety of Statistical Process Control Charts (including p-charts, t-charts, u-charts and c-charts) to visually present data. A structured communication tool is provided alongside the chart to provide background to facilitate and support board assessment and recommendation.

**Extraction of Lab Order to Orion Clinical Portal**
- With the absence of a direct feed of orders from our Lab, the BIU devised a software solution whereby the Lab database would be polled for orders and same orders transmitted to the hospital’s Clinical Portal for viewing. In developing this interface we avoided a large cost and time expense which would have been incurred had we delegated the task to our third party provider.

**External Scanning Solution to Orion Clinical Portal**
- As part of the ICT Department’s efforts to promote a digital hospital environment, we successfully developed a bespoke solution in the BIU to allow Lab users to scan externally printed results/reports and have these stored digitally against a patient record on our Clinical Portal. This has improved Lab workflow, saved time and has assisted data quality in the Lab. This software was designed to be flexible enough to roll out to other disciplines and work is already on-going in rolling the software out to Respiratory and Audiology which expect to go LIVE in 2018.

**Digitization of ICT Equipment Requesting process**
- In promoting a paperless environment from within, the ICT Department commenced moving all paper based ICT request forms to a digital format whereby a mechanism was put in place to allow users electronically request and seek approval for ICT requests. The BIU commenced this project mid-2017 and the first electronic form was made available to request ICT equipment.

**PIVC Audit Web Form**
- In an effort to streamline user processes, the ICT Department has been working closely with other departments to assist them in moving away from paper based data recording and the use of disparate shared spreadsheets. In 2017 the BIU commenced the process of building web based data entry forms to replace out-dated practices. The PIVC Audit Web Form is one of these developments. Users now have a streamlined approach to recording data on any device anywhere with the potential to improve the reporting capabilities.
Automated Mismatched Lab Result Charts

- Data quality in the labs is an on-going concern. In 2017 the BIU put in place a mechanism by which results going from the Lab to the Clinical portal and ICU are strictly validated before transmission. The software developed will log all lab result mismatches, inform users of the mismatch, send out weekly statistics and charts to key users. Since its implementation the number of lab result mismatches has drastically reduced leading to a safer service.

ICT Department Awards

In May 2017, Temple Street's ICT Team, led by Dairin Hines, Head of ICT and IG (Information Governance) Lead, in partnership with Orion Health won the Digital Edge award at the Tech Excellence Awards. This new award recognises an outstanding application of digital tech combining mobility with connectivity, collaboration and communications delivering enhanced business performance where the client and service provider deliver a 'Digital Edge'.

In November 2017, Temple Street Children’s University Hospital and Orion Health were nominated in the ‘Healthcare Initiative – Best Use of information Technology’ category for their project titled ‘Kick-starting a paperless revolution in the Republic of Ireland’ at the Irish Healthcare Centre Awards and were highly commended at the awards ceremony.

These Awards provide an opportunity for healthcare centres to showcase their good work to a national audience and be recognised for their achievements, staff excellence and patient care.

In February 2018, Temple Street and Orion Health were also nominated for the project titled ‘Kick-starting a paperless revolution in the Republic of Ireland’ in the Best Innovation in Medical Technology category at the UK HSJ Value in Healthcare Partnership Awards.

The ICT Infrastructure Unit highlighted the following work completed in 2017:

- Firewall Redundancy – Second firewall configured with failover ability
- Temple Theatre communications room setup and configuration – ODTI
- Wi-Fi to Hospital staff – Phase one
- Phishme – Malicious software education/ Training for Staff
- OPD – Two new communications rooms built and configured/fibre links
- Post Wannacry and global threat alerts – Preventative security configuration additions
- School Broadband setup and Vlan configured over Heanet circuit
- Cardiology/echopac solution build and deployment
- Templenet review and security implementation
- Blood Track – PDA’s – configuration and deployment on the wireless network
- Backup Repository expansion
- EDM Nas server build and installation
- Claimsure device configuration
- Veeam Backup re-configuration
- Wake On LAN implementation
- St Frances – communications room setup and configuration
- Switch deployment and configuration for Lincor
- Adest – Migration to new server
- Server room cooling/assessment and documentation
- VMware VDI reconfiguration
- VMware Production Assessment – reconfiguration and Vmotion of Virtual machines
- Veeam One purchase, deployment and configuration
- Security certificate server rebuild and re-configuration
- Telemetry Data migration to Clinical NAS
- All leading Cloud File solutions reviewed and tested. Selection – Ctera
Some of the compliments we received during 2017...

To the Temple Street ED Team

I am writing to you to say a big thank you for all your help and support and as well for a little present that my baby Milena received from you. My name is Ilona and it happened that on the 20th of August. I had a baby in the car just outside your hospital.

As I was very panicked about the baby and I didn’t know what just happened and what to do with a newborn baby. We were passing by the Temple St Hospital to go to Rotunda when I delivered her and I said to my husband to stop at your hospital. Straight away lots of nurses rushed to help us. They checked the baby and assured me that she was fine. They covered her with lots of blankets to make sure she was warm. As her temp was just 35 when we arrived.

The most important thing for me was that my baby was fine and the girls at the ED kept saying that she was fine and I didn’t have to worry. They supported me mentally when I was in shock. They rang for an ambulance to bring us to the Rotunda. The day after a very lovely Nurse Manager rang the hospital to see how we were doing (thank you so much). It proves that the staff do care about every patient not just when they are under their care but after as well.

Recently we receive a present from you for Milena which was so nice of you. Once again thank you so much for taking care of us, for the emotional support and interest in how we were doing after. Very amazing and caring people are working in Temple Street. I will have beautiful memories of this place for my whole life. Milena is nearly four months old and she is doing great.

Ilona

Hi there

My son Hagan was in for surgery last week and he was in the Day Ward and we had such a pleasant experience even though he obviously went for surgery. The nurses in the Day Ward were very kind and left him alone when he was upset. Naomi was our main nurse and she was just brilliant. I’m glad we had a good Temple Street experience so I wanted to pass on that information to you.

Kind regards

Donna

Hi there

It was my first time attending Temple Street yesterday with my six month old son. We were on the Day Ward as he was having a kidney scan.

I just wanted to thank all the staff who we dealt with yesterday. I was very nervous about the scan but everyone made me feel at ease. Lizzie was the nurse looking after us on the Day Ward & she was brilliant.

Thankfully we got brilliant results yesterday as well with his scan so I am a very happy mammy.

Thank you Temple Street!

Kind regards

Fiona
Hello

I was in Temple Street on Friday (20/01/17) with my young fella. He was in the Day Ward and then he had to have an operation on his mouth.

The hospital staff was fantastic. They could not have done enough for us. We were really thankful.

He is at home recovering now so thanks Temple Street for everything

Ger

My daughter Freya attended Temple Street yesterday as a Day Case patient for a small plastics operation.

I just want to pass my sincere thanks to the day care nurse Aine who was looking after us.

Aine was simply brilliant. Her bed side manner was superb and she took care of Mam as well as the actual patient.

Please pass on my personal thanks and tell her know she kept us calm through what was a very routine procedure for her but daunting for us.

Thank you

Aine

Hi there

My daughter, Kate, broke her arm badly last week on Thursday 20 April and had to have it reset. All the staff was extremely kind and welcoming but I would like to single out two for going above and beyond their normal duties.

I’m afraid I never caught the name of the lady who met us in the street but I think she was a nurse. She saw me supporting Kate’s arm as we walked towards the hospital and came across to help us, brought us straight in to the right waiting room and was incredibly kind and helpful. I don’t know if she was out on an errand or on her break but she saw a hurt child and sprang into action rather than letting us make our own way in. It was extremely nice of her.

Natalie the nurse in the injury room was preparing Kate for surgery and said she would have to cut off her t-shirt to avoid jostling the temporary cast. This was the last straw for Kate, she became so upset at the loss of a favourite t-shirt that Natalie let us very slowly and carefully peel off the t-shirt and save it. That kind of deviation from standard protocol meant the world to an upset child and was very much appreciated.

The Orthopaedic Surgeon we saw explained everything to me and was wonderful with Kate, listening carefully to how she will be exactly seven and three quarters in three days and checking in after the surgery.

Thank you to all the staff in the ED and up in the Top Flat where we stayed overnight after the operation and who were all very helpful.

Emma
Hi there

I would like to commend you on the running of Temple St Hospital. Most of all I would like to thank you.

On Friday 3rd March my Daughter, Hannah, aged nine, broke her arm at Gymnastics and was brought to ED in an ambulance. The Nurse, Mena who met us had such a lovely calm manner – Hannah was instantly feeling better. She was cared for with such compassion and efficiency. Perhaps it was a quiet night but what I can say is through the whole experience, and the next day when she had surgery, every single person we met was so kind and caring.

I have worked in and around hospitals for many years so as you may know it can be hard to be on the other side of the fence. In the ward on the next day post-op, nothing was too much trouble.

I was never left wondering if someone was going to look in on us. Everyone was more compassionate than the next. This includes all the nurses and doctors in ED, St Michaels C on the Saturday, the radiographer, the porter, the cleaner, the Surgeon and the Anaesthetist – after whom her teddy has been named – Declan. Not quite sure what he put in the gas?

Every part of the experience was just as I would have liked it to be. I couldn’t go up with Hannah to wait until she was asleep and this might have been a problem but the nurse on Friday who took over from Mena (I can’t remember her name) had us so well prepared it didn’t matter. Hannah knew she would say goodbye to me at the lift and that was what happened and she was smiling when she went off and also when she came back. She said all the nurses in theatre were lovely and sang with her!

I wish Hannah hadn’t broken her arm but I couldn’t have hoped for better care without a single exception – and that I thought was exceptional and deserved a letter. I hope it is one of many positive letters you get; I hope your staff gets to hear of it as I am sure people are quick enough with a complaint!

Thank you once again and Hannah also wanted to thank you.

Best wishes

Kate

Hello

I just wanted to email to compliment the phlebotomist that took bloods from my daughter today in Temple Street.

My daughter Lauren attends the Diabetes Clinic and was getting her dreaded yearly bloods done. The lady who dealt with her had such fantastic ‘people skills’, she had us laughing through the whole procedure. She was so efficient at her job and had a very calming effect. Her love of her work was so evident and refreshing to find.

I would be grateful if you could pass on our gratitude & admiration of her attitude towards her patients!

Kind regards,

Irene & Lauren

Thank you so much to all the staff in St. Michaels B HDU. My little girl spent time there from birth and the love and care she received was amazing. They made a very tough time in our lives bearable and we are sincerely thankful.

Gwen
Hi there

I would like to take this time to email you and pass on my compliments to the fantastic Temple Street ED team.

I was there with my daughter last Thursday who had a minor injury but needed attention (broken toe). We were dealt with extremely efficiently and professionally. We were seen by a triage nurse almost immediately, followed by a wait to see the ANP, sent for x-ray (again minimal delay), returned to ED with x-ray and seen almost immediately by the same ANP who confirmed the fracture and! immediately attended to the toe. We left ED exactly two hours after arriving, which I consider to be a major achievement.

While this was my first time attending with this child (my youngest), I have attended ED numerous times with her older sister (now 18) over the years. thankfully always with relatively minor ailments. Again each time I have been so impressed with the professional service and efficiency I receive there.

I have on each occasion said I would write to complement the staff and invariably forgot, so this time I have made a conscious effort to do so.

I might be slightly biased as I trained in Temple Street in the 1980’s and have such fond memories of the place. It is great to see it has never lost its excellent name.

Keep up the good work.

Helen
Casting the Foundation Stone for the New Children’s Hospital

On 25th May 2017, An Taoiseach Enda Kenny T.D. together with Minister for Health Simon Harris T.D. and the Youth Advisory Committee (YAC) cast the foundation stone for the new children’s hospital.

This milestone event followed the approval by Government of the investment required to enable the National Paediatric Hospital Development Board (NPHDB) to award the construction contracts for the building of the new children’s hospital on a shared campus with St. James’s Hospital and two paediatric outpatient and urgent care centres on the Connolly and Tallaght hospital campuses.

The St. James’s Hospital Campus is approximately 50 acres – equivalent to 25 soccer pitches.

12 acres are dedicated to the new children’s hospital – equivalent to 6 soccer pitches.

A 7 Storey building comprising of approximately 160,000m² of accommodation including the car park.

4 acres of outdoor areas & gardens.

14 gardens and internal courtyards – including the Rainbow Garden which is the length of Croke Park.

A 53 bed family accommodation unit (Ronald McDonald House Charity).

6150 rooms in total.

380 individual in-patient bedrooms for children all with en-suite bathroom and bed for parent.

93 day beds.

18 operating theatres.

2 Endoscopy suites.

1 Cath lab.

39 lifts.

1,000 underground car parking spaces (675 of these for families).

31 emergency spaces parking at surface level.

6 bus routes passing through the Campus & 3 Red Line Luas stops serving the Campus.

3 Dublin bike stations.

48,000 lights & 36,000 ICT points.
In 2017, the 12-acre site for the new children’s hospital was fully decanted by St. James’s hospital and the enabling works on site were completed by BAM.

The main construction contract was announced in February 2017, with BAM being selected as the preferred bidder to build the new children’s hospital and by separate tender the two new paediatric outpatients and urgent care centres on the Tallaght and Connolly Hospital Campuses. The development of the utility, tunnel and main diversions and piling along the perimeter of St. James’s Hospital site. Work progressed at the two new paediatric Outpatients (OPD) and Urgent Care Centres (UCC) at Tallaght and Connolly Hospitals, with the Connolly facility planned to be operational in the summer of 2019 and will be followed in 2020 by the Tallaght facility.
Children's University Hospital

Reports and Financial Statements

for the financial year ended 31 December 2017

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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)
Ms J. Fitzpatrick (Finance Director)
Ms M. Cullen
Dr M. Drumm
Dr G. Lavery (appointed 28th April 2017)
Mr F. MacCumhaill
Mr J. McGrath
Mr F. McManus (resigned 27th March 2017)
Ms A. Murray
Sr M. Rock

COMPANY SECRETARY
Mr P. Mahony

REGISTERED OFFICE
Children's University Hospital
Temple Street
Dublin 1

COMPANY REGISTRATION NUMBER 351404
CHARITY REGISTRATION NUMBER 20000462
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
The directors present their annual report and audited financial statements for the financial year ending 31 December 2017.

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 Company Limited by Guarantee (“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 Designated Activity Company. The company is a registered charity and has been granted charitable exemption by the Revenue Commissioners. 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 9 non-executive directors. The executive directors include the Chief Executive, the Chairperson of the Medical Board, the Director of Nursing and the Finance Director. The 9 non-executive directors include representatives from the religious, medical, business and fundraising communities.

The term of office for the Chairperson shall be for a period of three years and shall be eligible for reappointment for one further consecutive three year term, in relation to all such appointments being made after 1 January 2015. The current Chairperson was appointed to a second such three year term on 1 January 2018.

The term of office of each non-executive director who stood appointed as at 1 January 2015 or who was appointed at any time thereafter, shall be for a period of three years and such director shall be eligible for reappointment for two further consecutive three-year terms. All such directors whom had completed the initial three year term were appointed for a second term on 1 January 2018.

The term of office of an executive director shall be for the period that such director holds his/her respective position entitling him/her to be an executive director, unless removed in accordance with the Constitution.

An induction process for all new board members is in place. The company secretary provides the support to the board members and is available to deal with any matters on a formal and informal basis. All directors have access to independent professional advice, at the company’s expense, as and when required.

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

- Mr Frank McManus resigned as a non-executive director on 27th March 2017.
- Dr Gavin Lavery was appointed as a non-executive director on 28th April 2017.

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.
1. Corporate Governance (continued)

Directors’ Compliance Statement

As required by Section 225 of the Companies Act 2014, the directors acknowledge that the directors are responsible for securing the company’s compliance with its relevant obligations; and

The directors confirm that the directors commenced the following three procedures in order to comply with the directors’ obligations:

- The drawing up of a “compliance policy statement” setting out the company’s policies that, in the directors’ opinion, are appropriate to the company, and respecting compliance by the company with its relevant obligations;
- The putting in place of appropriate arrangements or structures that are, in the directors’ opinion, designed to secure material compliance with the company’s relevant obligations; and
- Reviewing any arrangements or structures that are in place or being put in place.

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

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

The Quality and Safety Board is a sub-committee of the Board of Directors and assists the Board in fulfilling its responsibilities in ensuring that high standards of care are provided and that adequate and appropriate governance structures, processes and controls are in place throughout the Hospital, to ensure the safety of children and guardians attending the Hospital and staff providing the services.

The Quality and Safety Executive is a multidisciplinary Committee and is chaired by the Clinical Director who reports upwards to the Quality and Safety Board. The role of the Committee is to develop, deliver, implement and evaluate a robust quality and safety programme with associated structures, processes and oversight to manage risks and improve quality and safety throughout the Hospital. The work of this Committee is supported by a number of sub-committees (e.g. Quality and Safety Committee, Infection Prevention and Control, Drugs and Therapeutics etc.) and services and departments (Nursing, Anaesthesia, Quality and Standards, Risk Management etc.).

The organisational Corporate Risk Register is reviewed on a quarterly basis by a sub-group of the Quality and Safety Executive, 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.
1. Corporate Governance (continued)

Risk Management (continued)
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. The Chairperson reports annually to the Board on such matters.

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.

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 and 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.
2018 key objectives

The 2018 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 2018 within the allocated resources and in line with our Financial Plan. It also takes into account statutory and regulatory requirements and the Operational Plans from the HSE and the Children’s Hospital Group 2018. There are nine high level themes which have been informed by the National Standards for Safer Better Healthcare, Quality and Patient Safety Agenda, the National Clinical Programmes and the Children’s Hospital Group integration strategy. The nine themes are as follows:

1. Patient Safety and Quality Care
2. 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 and Infrastructure

Each theme has a set of defined goals with timeframes agreed, against which the progress of this Service Plan will be measured each quarter.

3. Review of Performance and Achievements For The Financial Year

A key trend which emerged in 2017 was the significant increase in the number of long-stay patients (patients with a stay of over 30 days). This trend reflected both the increased complexity of the underlying core activity and also an increase in the numbers of patients who were deemed medically fit for discharge, but who could not be discharged due to an absence of appropriate facilities elsewhere within the community.

The net effect of these factors was an 8% increase in the average length of stay for patients, which in turn gave rise to a reduction in effective available bed capacity, and thus contributed to the 8% reduction in in-patient activity. Such trends, which have continued in 2018, were discussed with the HSE and contributed, in part, to funding adjustments received over the course of the year. The trends in activity levels, as set out below, should be considered in this regard.

- In-patient discharges amounted to 7,516 which represented a reduction of 650 (7.9%) on 2016;
- Day cases increased by 313 (4.2%) to 7,825;
- Emergency Department attendances decreased by 3.9% to 54,210;
- Out-Patient attendances increased by 2% to 77,590;
- Average length of stay increased by 8% to 3.92 days.

The Hospital returned a financial surplus of €15,000 for 2017 (2016: surplus of €17,000), thereby reducing the cumulative deficit at financial year-end to €869,000 (2016: €884,000). Further details are set out in Section 4 below and in the body of the financial statements.
3. Review of Performance and Achievements For The Financial Year

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

- **Quality**
  - Launch in February 2017 of the ‘Lunch and Learn’ programme focusing on building on continuous quality improvement by learning and sharing.
  - Launch of ‘Hello My Name Is’ campaign in March 2017, whereby all staff were given personalised name badges and encouraged to always introduce themselves by name to patients, families and colleagues, acknowledging that introductions are about making human connections and can instantly build trust in difficult circumstances.
  - Significant presence at the Department of Health’s National Patient Safety Office conference in November 2017, with first prize being awarded to the project ‘From Bedside to Boardroom: introducing a co-designed Board of Directors Quality Dashboard in Temple Street Children’s University Hospital’.
  - First place in the flu vaccine uptake league in HSE-funded Hospitals and Long Term Care Facilities in Ireland, with a vaccination uptake of 63.7% by February 2017. The Temple Street 2016/2017 flu vaccination campaign was also one of 11 shortlisted nominees from 300 applications in the HSE Health Service Excellence Awards and proudly won the ‘Improving Children’s Health’ award.

- **ICT**
  - The on-going development and growing traffic on our seven digital platforms (i.e. www.cuh.ie, TempleNet, craniofacial.ie, metabolic.ie, sportsinjuries.ie, W82GO.ie and Twitter handle @TempleStreetHos) leveraging the power of digital communications.
  - Winner, in partnership with Orion Health, of the Digital Edge award at the Tech Excellence Awards. This award recognises an “outstanding application of digital technology, combining mobility with connectivity, collaboration and communications and delivering enhanced business performance where the client and service provider deliver a ‘Digital Edge’”.

- **Capital**
  - Opening of the new two storey €5m OPD facility which will cater for over 6,500 renal and neurology patients who attend the Hospital each year and features additional clinical facilities with spacious waiting rooms and patient play areas.

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 2017 HSE Revenue Allocation, before adjustments, amounted to €100,327,875 (2016: €94,617,935), an increase of €5,709,940, representing 6%. While such an increase is to be welcomed, it primarily related to increased costs arising from approved service developments, specific cost pressures and service challenges (reflecting casemix) and pay costs arising under national pay awards. The Net Allocation, post adjustments, amounted to €100,206,930 (2016: €94,767,608), an increase of €5,439,322. The adjustments relate to the approved release, deferral and re-allocation of capital and revenue funding receipts in order to match against the timing and nature of the related expenditure.

Other Income amounted to €14,163,000 (2016: €14,826,000). The decrease reflects a significant reduction in private Patient Income, reflecting falling private insurer receipts – a trend that is being experienced throughout the sector.
4. Results (continued)

Expenditure in 2017 amounted to €114,325,000 (2016: €109,546,000). Pay related costs amounted to €84,150,000 (2015: €77,473,000), an increase of €6,677,000. The increase primarily reflects the costs associated with the funded increase of 64 whole time equivalents in the average numbers of persons employed during the year. These posts can be attributed to new and expanding service developments, the Children’s Hospital integration program and the conversion of certain external contractors (previously categorised under Non Pay) to employee status. In addition, there were incremental costs arising as a result of national pay awards.

Non Pay related costs amounted to €30,175,000 (2016: €32,073,000), a reduction of €1,898,000. The cost of Drugs and Medicines reduced by €2,359,000, reflecting the transfer of certain high cost drug expenditure to the HSE and other related funding adjustments. A reduction in Equipment and Office Expenses of €897,000 largely reflected the conversion of contractors to employee status (referred above). Such decreases were partially offset by increases in the costs of Medical and Surgical supplies (reflecting casemix, mainly increased orthopaedic caseload), Maintenance and Cleaning (both reflecting ageing building and increased footprint).

An Operating Surplus of €45,000 was recorded for 2017 (2016: €48,000). After accounting for Interest and Bank Charges, the Surplus recorded amounted to €15,000 (2016: Surplus of €17,000).

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

5. 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 net current liabilities of €868,000 at 31 December 2017 (2016: €883,000). The current allocation for 2018, as advised by the HSE, amounts to €98,510,018 (2017: €100,327,875), thus, a reduction of €1,817,857. Despite the funding reduction, the Company faces increased cost pressures on a number of fronts e.g. pay increases arising under national pay awards, the full year costs of the increase in WTE in 2017, certain service developments and other unfunded cost pressures. When the funding reduction and the increased cost pressures are considered, the financial challenge facing the Hospital for 2018, based on current committed funding levels, is projected at c. €9.1m.

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 2018 and potential cost saving measures which may be introduced if such discussions prove unsuccessful. It is thus relevant that direction has been received from the HSE that cost reduction measures should not be put in place for c. €6.5m of the €9.1m projection. The Hospital is dependent upon the ongoing support of the HSE to provide adequate funding to enable it to continue to provide services. Management are thus engaging with the HSE to seek funding adjustments to support this underlying expenditure and also re to how the balancing €2.6m may be addressed.

The directors have also considered the proposal for legislation to establish a statutory body to provide paediatric acute services in Dublin at the new children’s hospital and ultimately take over the activities currently provided by the Company. It is understood that the Hospital will continue its current activities within this entity until such legislation has passed.

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 (2016: €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:

- Increased demand for services beyond funded levels and physical capacity;
- Control over pay and staff numbers whilst at the same time seeking to attract, develop and retain a highly skilled and qualified workforce to meet growing service needs;
- The Company is providing increasingly complex medical procedures, with the associated underlying clinical risks for patients, reflecting the developments of its core specialties and the general advancement of medical knowledge and practices;
- The increasingly stringent clinical and corporate governance compliance requirements and the physical and financial challenges associated with addressing same;
- The critical risks arising from an ageing physical and ICT infrastructure and the challenges of securing funding for critical on-going investment; and
- Managing the scale of change and draw on human resources, organisational knowledge and skill sets to assist with the integration of paediatric services within the Children’s Hospital Group.
- Compliance with the EU General Data Protection Regulation (GDPR), which is due to come into effect on 25th May 2018.

Many of the above risks are reflected within the organisational Corporate Risk Register. Whilst there is concern re the length of time that some items remain on the risk register, the company has long experience of coping with and endeavouring to minimise 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 23 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. Disclosure of Information to Auditors

In the case of each of the persons who are directors at the time the directors’ report and financial statements are approved:

a) So far as the director is aware, there is no relevant audit information of which the company’s statutory auditors are unaware; and

b) Each director has taken all steps that ought to have been taken by the director in order to make himself aware of any relevant audit information and to establish that the company’s auditors are aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of Section 330 of the Companies Act 2014 (as amended).

12. 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

25/05/2018
The directors are responsible for preparing the directors’ report and the financial statements in accordance with the Companies Act 2014.

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.
Independent Auditors Report

To the Members of Children’s University Hospital

Report on the audit of the financial statements

Opinion on the financial statements of Children’s University Hospital (the ‘company’)

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 2017 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.

The financial statements we have audited comprise:

- the Statement of Income and Retained Earnings;
- the Balance Sheet;
- the Statement of Cash Flows; and
- the related notes 1 to 24, including a summary of significant accounting policies as set out in note 2.

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” (“the relevant financial reporting framework”).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are described below in the “Auditor’s responsibilities for the audit of the financial statements” section of our report.

We are independent of the company in accordance with the ethical requirements that are relevant to our audit of the financial statements in Ireland, including the Ethical Standard issued by the Irish Auditing and Accounting Supervisory Authority, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Material uncertainty relating to going concern

We draw attention to Note 1 in the financial statements which indicates that the Company had net current liabilities and net liabilities of €868,000 at 31 December 2017. As stated in Note 1, these conditions, along with the other matters as set forth in Note 1 to the financial statements, indicate that a material uncertainty exists which may cast significant doubt about the Company’s ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Other information

The directors are responsible for the other information. The other information comprises the information included in the Reports and Financial Statements for the financial year ended 31 December 2017, other than the financial statements and our auditor’s report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.
Responsibilities of directors

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, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the company’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

Auditor’s responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (Ireland), we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company’s internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.

- Conclude on the appropriateness of the directors’ use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor’s report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of the auditor’s report. However, future events or conditions may cause the entity (or where relevant, the group) to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that the auditor identifies during the audit.

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 auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company’s members as a body, for our audit work, for this report, or for the opinions we have formed.
Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Companies Act 2014

Based solely on the work undertaken in the course of the audit, we report that:

- 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 and the directors’ report has been prepared in accordance with the Companies Act 2014.

Matters on which we are required to report by exception

Based on the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the directors’ report.

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.

For and on behalf of Kevin Sheehan
Chartered Accountants and Statutory Audit Firm
Deloitte & Touche House, Earlsfort Terrace, Dublin 2

29/05/2018
## Statement of Income and Retained Earnings

For the Financial Year Ended 31 December 2017

<table>
<thead>
<tr>
<th>Notes</th>
<th>2017 €’000</th>
<th>2016 €’000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TURNOVER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue grants 4</td>
<td>100,207</td>
<td>94,768</td>
</tr>
<tr>
<td>Other income 5</td>
<td>14,163</td>
<td>14,826</td>
</tr>
<tr>
<td>Capital grant amortisation</td>
<td>1,739</td>
<td>1,877</td>
</tr>
<tr>
<td><strong>Total Turnover</strong></td>
<td><strong>116,109</strong></td>
<td><strong>111,471</strong></td>
</tr>
<tr>
<td><strong>COSTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff costs 6</td>
<td>(84,150)</td>
<td>(77,473)</td>
</tr>
<tr>
<td>Non pay costs 7</td>
<td>(30,175)</td>
<td>(32,073)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(1,739)</td>
<td>(1,877)</td>
</tr>
<tr>
<td><strong>Total Costs</strong></td>
<td><strong>(116,064)</strong></td>
<td><strong>(111,423)</strong></td>
</tr>
<tr>
<td><strong>OPERATING SURPLUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest payable and similar charges 8</td>
<td>(30)</td>
<td>(31)</td>
</tr>
<tr>
<td><strong>Operating Surplus</strong></td>
<td><strong>45</strong></td>
<td><strong>48</strong></td>
</tr>
<tr>
<td><strong>SURPLUS ON ORDINARY ACTIVITIES BEFORE TAXATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxation 9</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Surplus on Ordinary Activities Before Taxation</strong></td>
<td><strong>15</strong></td>
<td><strong>17</strong></td>
</tr>
<tr>
<td><strong>SURPLUS FOR THE FINANCIAL YEAR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained earnings – deficit at beginning of the reporting year</td>
<td>(884)</td>
<td>(901)</td>
</tr>
<tr>
<td>Retained earnings – deficit at end of the reporting year</td>
<td>(869)</td>
<td>(884)</td>
</tr>
</tbody>
</table>
## Balance Sheet

### As at 31 December 2017

<table>
<thead>
<tr>
<th>Notes</th>
<th>2017 €’000</th>
<th>2016 €’000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible Assets</td>
<td>11</td>
<td>3,408</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks</td>
<td>12</td>
<td>2,022</td>
</tr>
<tr>
<td>Debtors</td>
<td>13</td>
<td>4,333</td>
</tr>
<tr>
<td>Revenue Grants Receivable</td>
<td></td>
<td>10,494</td>
</tr>
<tr>
<td>Cash at Bank</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>16,849</strong></td>
</tr>
<tr>
<td><strong>CREDITORS:</strong> (Amounts falling due within one year)</td>
<td>14</td>
<td>(17,717)</td>
</tr>
<tr>
<td><strong>NET CURRENT LIABILITIES</strong></td>
<td></td>
<td>(868)</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS LESS CURRENT LIABILITIES</strong></td>
<td></td>
<td>2,540</td>
</tr>
<tr>
<td><strong>CAPITAL GRANTS</strong></td>
<td>15</td>
<td>(3,408)</td>
</tr>
<tr>
<td><strong>NET LIABILITIES</strong></td>
<td></td>
<td>(868)</td>
</tr>
</tbody>
</table>

**Financed By**

- Called up share capital presented as equity 17 1 1
- Retained earnings – deficit 1669 (884)
- **SHAREHOLDERS’ DEFICIT** 868 (883)

The financial statements were approved and authorised for issue by the Board of Directors on 25th May 2018 and signed on its behalf by:

Mr S. Sheehan  
Director

Mr J. Fitzpatrick  
Director
## Statement of Cash Flows

as at 31 December 2017

<table>
<thead>
<tr>
<th>Notes</th>
<th>2017 €’000</th>
<th>2016 €’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net cash flows from operating activities</td>
<td>(2,495)</td>
<td>1,958</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(30)</td>
<td>(31)</td>
</tr>
<tr>
<td>Payments to acquire tangible fixed assets</td>
<td>(5,870)</td>
<td>(5,653)</td>
</tr>
<tr>
<td><strong>Net cash flows from investing activities</strong></td>
<td>(5,900)</td>
<td>(5,684)</td>
</tr>
<tr>
<td>Cash flows from financing activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital grants received</td>
<td>5,870</td>
<td>5,653</td>
</tr>
<tr>
<td><strong>Net cash flows from financing activities</strong></td>
<td>5,870</td>
<td>5,653</td>
</tr>
<tr>
<td>Net (decrease)/increase in cash and cash equivalents</td>
<td>(2,525)</td>
<td>1,927</td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of financial year</td>
<td>166</td>
<td>(1,761)</td>
</tr>
<tr>
<td>Cash and cash equivalents at end of financial year</td>
<td>(2,359)</td>
<td>166</td>
</tr>
<tr>
<td>Reconciliation to cash and cash equivalents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank overdraft/Cash at Bank</td>
<td>(2,359)</td>
<td>166</td>
</tr>
</tbody>
</table>
Children’s University Hospital

Notes to the Financial Statements

For the Financial Year Ended 31 December 2017

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 net current liabilities of €868,000 at 31 December 2017 (2016: €883,000). The current allocation for 2018, as advised by the HSE, amounts to €98,510,018 (2017: €100,327,875), thus, a reduction of €1,817,857. Despite the funding reduction, the Company faces increased cost pressures on a number of fronts e.g. pay increases arising under national pay awards, the full year costs of the increase in WTE in 2017, certain service developments and other unfunded cost pressures. When the funding reduction and the increased cost pressures are considered, the financial challenge facing the Hospital for 2018, based on current committed funding levels, is projected at c. €9.1m.

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 2018 and potential cost saving measures which may be introduced if such discussions prove unsuccessful. It is thus relevant that direction has been received from the HSE that cost reduction measures should not be put in place for c. €6.5m of the €9.1m projection. The Hospital is dependent upon the ongoing support of the HSE to provide adequate funding to enable it to continue to provide services. Management are thus engaging with the HSE to seek funding adjustments to support this underlying expenditure and also re to how the balancing €2.6m may be addressed.

The directors have also considered the proposal for legislation to establish a statutory body to provide paediatric acute services in Dublin at the new children’s hospital and ultimately take over the activities currently provided by the Company. It is understood that the Hospital will continue its current activities within this entity until such legislation has passed.

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.

2. Statement of Accounting Policies

The principal accounting policies are summarised below. The accounting policies and measurement bases have all been applied consistently throughout the financial year and to the preceding year.

General Information and basis of accounting

Children’s University Hospital (registered number 351404) 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 3 to 10.

The financial statements have been prepared under the historical cost convention, and in accordance with the Companies Act 2014 and Financial Reporting Standard 102 (FRS 102) issued by the Financial Reporting Council.

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.
Children’s University Hospital

Notes to the Financial Statements (continued)
For the Financial Year Ended 31 December 2017

2. Statement of Accounting Policies (continued)

Turnover (continued)

Patient income
This income is accounted for on an invoiced basis. Invoices are raised when the patient is discharged, or, in respect of long term patients, on a six monthly basis.

Outpatient and road traffic accident income
This income is accounted for on a cash receipts basis.

Retrospective pay awards
The expense is charged in the 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.

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

Leases
Rentals under operating leases are charged against income on a straight-line basis over the term of the lease.
2. Statement of Accounting Policies (continued)

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.

In line with HSE HR Circular 008/2014, the Hospital is severally and jointly liable with the employee for any chargeable excess tax liability that arises on the employee’s pension fund, resulting from reductions to the Standard Fund Threshold. The tax liability may be payable in full by the Hospital with the excess tax recoupable by agreement from the employee, with the maximum period being 20 years. Recoupment is made by direct deduction from gross annual pension. Should the individual die before the debt owing to the Hospital is fully discharged, the outstanding debt is released.

A new Single Public Service Pension Scheme (Single Scheme) commenced with effect from 1st January 2013. The Scheme applies to all pensionable first time entrants to the Public Service, as well as former public servants returning to the Public Service after a break of more than 26 weeks. Benefits are calculated by reference to “referable amounts” for each year’s service that are uprated by the CPI as notified by the Minister. All contributions deducted from members wages/salaries are remitted to the nominated bank account of the Department of Public Expenditure and Reform and not credited to the Profit and Loss Account. As per Public Service Pensions (Single Scheme and Other Provisions) Act 2012, Section 44(1) (b), payments arising under this Single Scheme to retiring employees shall be paid from funds provided by the Oireachtas for that purpose.

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.

The financial instruments are recognised and measured in accordance with Section 11 and Section 12 of FRS 102.

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.
2. Statement of Accounting Policies (continued)

Financial instruments (continued)

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.

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
Most 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 21 for further details.

Contingent Liabilities
The directors’ determination of contingent liabilities are judgemental. See note 19 for further details.
3. Critical Accounting Judgements and Key Sources of Estimation Uncertainty (continued)

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

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE revenue grants receivable</td>
<td>100,328</td>
<td>94,618</td>
</tr>
<tr>
<td>HSE revenue grants income (deferred)/released</td>
<td>(217)</td>
<td>1,403</td>
</tr>
<tr>
<td>HSE revenue grants transferred to other agencies</td>
<td>(670)</td>
<td>(714)</td>
</tr>
<tr>
<td>HSE revenue grants attributable to capital related items</td>
<td>-</td>
<td>(676)</td>
</tr>
<tr>
<td>Amounts invoiced to HSE/HSE funded agencies</td>
<td>646</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>120</td>
<td>137</td>
</tr>
<tr>
<td>Revenue grants</td>
<td>100,207</td>
<td>94,768</td>
</tr>
</tbody>
</table>

5. Other Income

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient income</td>
<td>5,829</td>
<td>7,721</td>
</tr>
<tr>
<td>Sundry income</td>
<td>2,104</td>
<td>1,149</td>
</tr>
<tr>
<td></td>
<td>7,933</td>
<td>8,870</td>
</tr>
</tbody>
</table>

Payroll deductions:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superannuation contributions (Note 21)</td>
<td>2,681</td>
<td>2,656</td>
</tr>
<tr>
<td>Pension levy</td>
<td>3,549</td>
<td>3,300</td>
</tr>
<tr>
<td></td>
<td>14,163</td>
<td>14,826</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Category</th>
<th>2017 Number</th>
<th>2016 Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Administration</td>
<td>260</td>
<td>224</td>
</tr>
<tr>
<td>N.C.H.D.</td>
<td>89</td>
<td>84</td>
</tr>
<tr>
<td>Medical consultants</td>
<td>65</td>
<td>60</td>
</tr>
<tr>
<td>Nursing</td>
<td>443</td>
<td>430</td>
</tr>
<tr>
<td>Paramedical</td>
<td>205</td>
<td>200</td>
</tr>
<tr>
<td>Support services</td>
<td>52</td>
<td>52</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,119</strong></td>
<td><strong>1,055</strong></td>
</tr>
</tbody>
</table>

Included in staff numbers above are 24 (2016: 11) WTE staff members who are seconded to HSE funded organisations.

The growth in Administrative staff reflects the increase in seconded staff referred above, the conversion of certain external contractors to employee status (c. 12 WTE), new posts under the Children’s Hospital integration program and additional medical secretarial staff to support increased clinical posts.

<table>
<thead>
<tr>
<th>Category</th>
<th>2017 €’000</th>
<th>2016 €’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages and salaries</td>
<td>71,808</td>
<td>66,374</td>
</tr>
<tr>
<td>Executive directors’ emoluments</td>
<td>499</td>
<td>481</td>
</tr>
<tr>
<td>Social welfare costs</td>
<td>6,403</td>
<td>5,747</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>78,710</strong></td>
<td><strong>72,602</strong></td>
</tr>
</tbody>
</table>

No salaries or fees are payable to the directors of the Company for their services as directors. No allowance, increased salary or other remuneration is payable to the staff members holding this position. These staff members are paid a salary for their normal work within the Hospital.
6. Staff Numbers and Costs (continued)

The number of employees on salaries in excess of €65,000 can be summarised as follows:

<table>
<thead>
<tr>
<th>Salary range</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>€65,000-75,000</td>
<td>50</td>
<td>64</td>
</tr>
<tr>
<td>€75,000-85,000</td>
<td>39</td>
<td>15</td>
</tr>
<tr>
<td>€85,000-95,000</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>€95,000-105,000</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>€105,000-115,000</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>€115,000-125,000</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>€125,000-135,000</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>€135,000-145,000</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>€145,000-155,000</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>€155,000-165,000</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>€165,000-175,000</td>
<td>18</td>
<td>26</td>
</tr>
<tr>
<td>€175,000-185,000</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>€185,000-195,000</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>€195,000-205,000</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>€205,000-215,000</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>€225,000-235,000</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>€235,000-245,000</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>€255,000-265,000</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>181</td>
<td>178</td>
</tr>
</tbody>
</table>

The above analysis includes all employees on a full time equivalent salary of €65,000 or above, including where part of this salary is recovered from another agency. Salaries for employees whereby the Hospital is not the paymaster have been excluded. Locum and leave of absence employees are also excluded.

The salary of the Chief Executive was €113,795 including employer PRSI.

7. Non Pay Costs

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td>Clinical related costs</td>
<td>19,465</td>
<td>21,403</td>
</tr>
<tr>
<td>Administration and other non-pay costs</td>
<td>7,396</td>
<td>6,281</td>
</tr>
<tr>
<td>Finance costs</td>
<td>48</td>
<td>231</td>
</tr>
<tr>
<td>Office expenses</td>
<td>3,266</td>
<td>4,158</td>
</tr>
<tr>
<td></td>
<td>30,175</td>
<td>32,073</td>
</tr>
</tbody>
</table>

Temple Street Children’s University Hospital
8. Interest Payable and Similar Charges

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest paid and similar charges</td>
<td>30</td>
<td>31</td>
</tr>
</tbody>
</table>

9. Taxation

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

10. Surplus on Ordinary Activities

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive directors’ emoluments</td>
<td>499</td>
<td>481</td>
</tr>
<tr>
<td>Depreciation</td>
<td>1,739</td>
<td>1,877</td>
</tr>
<tr>
<td>Capital grant amortisation</td>
<td>(1,739)</td>
<td>(1,877)</td>
</tr>
<tr>
<td>Operating leases: Land and buildings</td>
<td>248</td>
<td>246</td>
</tr>
<tr>
<td></td>
<td>244</td>
<td>244</td>
</tr>
</tbody>
</table>

Auditor’s remuneration exclusive of VAT:
- Audit of financial statements: 28  27
- Other assurance services: 7

11. Tangible Fixed Assets

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td>Improvements to Buildings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 1 January 2017</td>
<td>-</td>
<td>34,453</td>
</tr>
<tr>
<td>Additions</td>
<td>4,847</td>
<td>1,023</td>
</tr>
<tr>
<td>Transfers/Retirements</td>
<td>(4,847)</td>
<td>(348)</td>
</tr>
<tr>
<td>At 31 December 2017</td>
<td>-</td>
<td>35,128</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 1 January 2017</td>
<td>-</td>
<td>34,453</td>
</tr>
<tr>
<td>Additions</td>
<td>4,847</td>
<td>1,023</td>
</tr>
<tr>
<td>Transfers/Retirements</td>
<td>(4,847)</td>
<td>(348)</td>
</tr>
<tr>
<td>At 31 December 2017</td>
<td>-</td>
<td>35,128</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 1 January 2017</td>
<td>-</td>
<td>34,453</td>
</tr>
<tr>
<td>Additions</td>
<td>4,847</td>
<td>1,023</td>
</tr>
<tr>
<td>Transfers/Retirements</td>
<td>(4,847)</td>
<td>(348)</td>
</tr>
<tr>
<td>At 31 December 2017</td>
<td>-</td>
<td>35,128</td>
</tr>
</tbody>
</table>

Depreciation:
- At 1 January 2017: - 30,329  30,329
Charge for the financial year: 1,739  1,739
Retirements: (348)  (348)
- At 31 December 2017: - 31,720  31,720

Net book value:
At 31 December 2017: 3,408  3,408
At 31 December 2016: 4,124  4,124
11. Tangible Fixed Assets (continued)

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 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 2017 amounted to €4,847,078 (2016: €2,538,572).

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.

12. Stocks

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and surgical</td>
<td>1,554</td>
<td>1,505</td>
</tr>
<tr>
<td>Drugs and medicines</td>
<td>405</td>
<td>456</td>
</tr>
<tr>
<td>Other</td>
<td>63</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td>2,022</td>
<td>2,025</td>
</tr>
</tbody>
</table>

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

13. Debtors

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td>Amounts falling due within one financial year:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance and in-patient charges</td>
<td>1,202</td>
<td>1,241</td>
</tr>
<tr>
<td>Sundry debtors and prepayments</td>
<td>1,601</td>
<td>1,051</td>
</tr>
<tr>
<td>Capital grant receivable</td>
<td>700</td>
<td>910</td>
</tr>
<tr>
<td></td>
<td>3,503</td>
<td>3,202</td>
</tr>
<tr>
<td>Amounts falling due after more than one financial year:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital grant receivable</td>
<td>830</td>
<td>126</td>
</tr>
<tr>
<td></td>
<td>4,333</td>
<td>3,328</td>
</tr>
</tbody>
</table>
14. Creditors: (Amounts falling due within one year)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank overdraft</td>
<td>2,359</td>
<td>-</td>
</tr>
<tr>
<td>Trade and sundry creditors</td>
<td>2,610</td>
<td>3,782</td>
</tr>
<tr>
<td>PAYE/PRSI</td>
<td>2,247</td>
<td>2,053</td>
</tr>
<tr>
<td>Pay accruals</td>
<td>3,638</td>
<td>3,639</td>
</tr>
<tr>
<td>Non-pay accruals</td>
<td>4,401</td>
<td>4,609</td>
</tr>
<tr>
<td>Deferred grants – Revenue</td>
<td>2,097</td>
<td>1,617</td>
</tr>
<tr>
<td>Deferred grants – Capital</td>
<td>365</td>
<td>365</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>17,717</td>
<td>16,065</td>
</tr>
</tbody>
</table>

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.

15. Capital Grants

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>At 1 January</td>
<td>4,124</td>
<td>2,887</td>
</tr>
<tr>
<td>HSE capital grants expended during the financial year</td>
<td>1,999</td>
<td>2,240</td>
</tr>
<tr>
<td>Fundraised capital grants</td>
<td>3,871</td>
<td>3,413</td>
</tr>
<tr>
<td>Capital grant write-back:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Amortisation</td>
<td>(1,739)</td>
<td>(1,877)</td>
</tr>
<tr>
<td>– Other write-backs or transfers (Note 11)</td>
<td>(4,847)</td>
<td>(2,539)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,408</td>
<td>4,124</td>
</tr>
</tbody>
</table>

16. Financial Instruments

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

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured at undiscounted amount receivable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Trade and other debtors (Note 13)</td>
<td>4,333</td>
<td>3,328</td>
</tr>
<tr>
<td>Financial liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured at undiscounted amount payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Bank overdraft (Note 14)</td>
<td>2,359</td>
<td>-</td>
</tr>
<tr>
<td>– Trade and sundry creditors (Note 14)</td>
<td>2,610</td>
<td>3,782</td>
</tr>
</tbody>
</table>
17. Called Up Share Capital Presented as Equity

<table>
<thead>
<tr>
<th></th>
<th>2017 €’000</th>
<th>2016 €’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorised:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,000 ordinary shares of €1 each</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Issued:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,000 ordinary shares of €1 each</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Presented as follows:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Called up share capital presented as equity</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

18. Reconciliation of Operating Surplus to Net Cash Flows from Operating Activities

<table>
<thead>
<tr>
<th></th>
<th>2017 €’000</th>
<th>2016 €’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Surplus</td>
<td>45</td>
<td>48</td>
</tr>
<tr>
<td>Adjustment for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>1,739</td>
<td>1,877</td>
</tr>
<tr>
<td>Capital grant amortisation</td>
<td>(1,739)</td>
<td>(1,877)</td>
</tr>
<tr>
<td>Operating cash flow before movement in working capital</td>
<td>45</td>
<td>48</td>
</tr>
<tr>
<td>(Increase)/Decrease in debtors</td>
<td>(511)</td>
<td>565</td>
</tr>
<tr>
<td>(Decrease)/Increase in non-capital creditors</td>
<td>(1,187)</td>
<td>2,284</td>
</tr>
<tr>
<td>Decrease/(Increase) in stocks</td>
<td>3</td>
<td>(327)</td>
</tr>
<tr>
<td>(Increase)/Decrease in net Grants Receivable</td>
<td>(845)</td>
<td>(612)</td>
</tr>
<tr>
<td>Net cash flows from operating activities</td>
<td>(2,495)</td>
<td>1,958</td>
</tr>
</tbody>
</table>

19. 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 2017, the current value of such unamortised grants amounted to €3,321,175. 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.

**Other**
The directors are satisfied that there are no other contingent liabilities.
20. Financial Commitments

Capital commitments
At 31 December 2017, the Company had outstanding contractual commitments in respect of building projects amounting to €448,010 (2016: €3,992,751) and equipment €349,000 (2016: €Nil).

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

<table>
<thead>
<tr>
<th></th>
<th>Land and Buildings €’000</th>
<th>Equipment €’000</th>
<th>Total €’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within one year</td>
<td>525</td>
<td>244</td>
<td>769</td>
</tr>
<tr>
<td>Between two and five years</td>
<td>1,099</td>
<td>-</td>
<td>1,099</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,624</strong></td>
<td><strong>244</strong></td>
<td><strong>1,868</strong></td>
</tr>
</tbody>
</table>

21. 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 2017, €2,680,866 (2016: €2,655,897) was retained and treated as income and €5,439,900 (2016: €4,871,345) 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.

A new Single Public Service Pension Scheme (Single Scheme) commenced with effect from 1st January 2013. The Scheme applies to all pensionable first time entrants to the Public Service, as well as former public servants returning to the Public Service after a break of more than 26 weeks. Benefits are calculated by reference to “referable amounts” for each year’s service that are uprated by the CPI as notified by the Minister. All contributions deducted from members wages/salaries are remitted to the nominated bank account of the Department of Public Expenditure and Reform and not credited to the Profit and Loss Account. As per Public Service Pensions (Single Scheme and Other Provisions) Act 2012, Section 44(1) (b), payments arising under this Single Scheme to retiring employees shall be paid from funds provided by the Oireachtas for that purpose.

The amount deducted from employees in 2017 and paid over to DPER amounted to €527,325.

22. Parent Company and Related Party Transactions

Parent company
The company is a wholly owned subsidiary of Mater Misericordiae and The Children’s University Hospitals Company Limited by Guarantee, a company incorporated in the Republic of Ireland. The net amount owed by the Mater Misericordiae and The Children’s University Hospitals Company Limited by Guarantee to the company at 31 December 2017 was €67,700 (2016: €52,776). Mr Sean Sheehan, Chairperson and Ms S. Brady, Deputy Chairperson, are non-executive directors of both entities.
22. Parent Company and Related Party Transactions (continued)

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 €4,156,363 (2016: €3,632,173) in respect of fundraised capital grants and other non-capital amounts. The total fundraised capital grants amount to €3,871,092 in the current financial year (2016: €3,413,406). Of the non capital amounts, €221,081 (2016: €143,557) comprised of research related grant receipts (out of a total for research grant receipts, from all sources, of €450,179 (2016: €172,952) and €64,190 (2016: €75,210) were in respect of assistance received for expenditure which had not been capitalised. This income and related expenditure are netted in the financial statements.

Bequests received by the company to the value of €200,000 were transferred to Temple Street Foundation during 2016, to be applied to in a manner as specified by the donors.

As at 31 December 2017, €82,135 (2016: €49,992) 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 Temple Street Foundation.

Other
The total remuneration for key management personnel for the period totalled €1,091,911 (2016: €1,169,954).

At 31 December 2017 the following were the balances owed by and owed to the associate companies:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Debtors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cappagh National Orthopaedic Hospital</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Mater Misericordiae University Hospital</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td><strong>Creditors and Accrued Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mater Misericordiae University Hospital</td>
<td>(42)</td>
<td>(38)</td>
</tr>
<tr>
<td>Cappagh National Orthopaedic Hospital</td>
<td>(5)</td>
<td>(1)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(37)</td>
<td>(28)</td>
</tr>
</tbody>
</table>

23. 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 satisfactory 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.
23. Financial Risk Management (continued)

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.

24. Subsequent Events

There are no significant subsequent events since the balance sheet date.
Children's University Hospital

Supplementary Information

[Not Covered By The Independent Auditors’ Report]
## Appendix I – Other Income

<table>
<thead>
<tr>
<th>Appendix</th>
<th>2017 €'000</th>
<th>2016 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient income III</td>
<td>5,829</td>
<td>7,721</td>
</tr>
<tr>
<td>Sundry income IV</td>
<td>2,104</td>
<td>1,149</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,933</td>
<td>8,870</td>
</tr>
</tbody>
</table>

Payroll Deductions:
- Superannuation contributions: 2,681 (2017), 2,656 (2016)

**Total Payroll Deductions:** 14,163 (2017), 14,826 (2016)

## Appendix II – Total Costs

<table>
<thead>
<tr>
<th>Appendix</th>
<th>2017 €'000</th>
<th>2016 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-pay costs V</td>
<td>30,175</td>
<td>32,073</td>
</tr>
<tr>
<td>Pay costs VI</td>
<td>84,150</td>
<td>77,473</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>114,325</td>
<td>109,546</td>
</tr>
</tbody>
</table>

Interest and charges IX: 30 (2017), 31 (2016)

**Total Costs:** 114,355 (2017), 109,577 (2016)

## Appendix III – Patient Income

<table>
<thead>
<tr>
<th>Appendix</th>
<th>2017 €'000</th>
<th>2016 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Road traffic accidents</td>
<td>117</td>
<td>123</td>
</tr>
<tr>
<td>Maintenance charges</td>
<td>5,712</td>
<td>7,598</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,829</td>
<td>7,721</td>
</tr>
</tbody>
</table>

## Appendix IV – Sundry Income

<table>
<thead>
<tr>
<th>Appendix</th>
<th>2017 €'000</th>
<th>2016 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canteen</td>
<td>482</td>
<td>502</td>
</tr>
<tr>
<td>Parents' accommodation</td>
<td>40</td>
<td>50</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>1,582</td>
<td>597</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,104</td>
<td>1,149</td>
</tr>
</tbody>
</table>
### Appendix V – Non-Pay Costs

<table>
<thead>
<tr>
<th>Item</th>
<th>2017 €'000</th>
<th>2016 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad debts</td>
<td>368</td>
<td>29</td>
</tr>
<tr>
<td>Medicines</td>
<td>9,062</td>
<td>11,421</td>
</tr>
<tr>
<td>Blood and blood products</td>
<td>333</td>
<td>321</td>
</tr>
<tr>
<td>Pathology</td>
<td>3,195</td>
<td>3,291</td>
</tr>
<tr>
<td>Medical and surgical appliances</td>
<td>5,296</td>
<td>4,526</td>
</tr>
<tr>
<td>X-Ray</td>
<td>393</td>
<td>501</td>
</tr>
<tr>
<td>Medical equipment</td>
<td>1,186</td>
<td>1,343</td>
</tr>
<tr>
<td>Food</td>
<td>503</td>
<td>476</td>
</tr>
<tr>
<td>Heat, light and power</td>
<td>817</td>
<td>822</td>
</tr>
<tr>
<td>Cleaning and washing</td>
<td>2,296</td>
<td>1,922</td>
</tr>
<tr>
<td>Furniture, crockery and hardware</td>
<td>189</td>
<td>165</td>
</tr>
<tr>
<td>Bedding and clothing</td>
<td>49</td>
<td>57</td>
</tr>
<tr>
<td>Maintenance</td>
<td>1,381</td>
<td>1,202</td>
</tr>
<tr>
<td>Transport and travel</td>
<td>292</td>
<td>288</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>632</td>
<td>521</td>
</tr>
<tr>
<td>Finance</td>
<td>48</td>
<td>231</td>
</tr>
<tr>
<td>Office</td>
<td>3,266</td>
<td>4,158</td>
</tr>
<tr>
<td>Sundries</td>
<td>323</td>
<td>274</td>
</tr>
<tr>
<td>Security</td>
<td>546</td>
<td>525</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30,175</td>
<td>32,073</td>
</tr>
</tbody>
</table>

### Appendix VI – Pay Costs

<table>
<thead>
<tr>
<th>Item</th>
<th>2017 €'000</th>
<th>2016 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>14,159</td>
<td>11,818</td>
</tr>
<tr>
<td>Common contract</td>
<td>12,897</td>
<td>12,020</td>
</tr>
<tr>
<td>Medical – Other</td>
<td>8,669</td>
<td>8,057</td>
</tr>
<tr>
<td>Nursing</td>
<td>26,465</td>
<td>25,122</td>
</tr>
<tr>
<td>Paramedical</td>
<td>13,971</td>
<td>13,114</td>
</tr>
<tr>
<td>Catering, housekeeping etc.</td>
<td>2,285</td>
<td>2,141</td>
</tr>
<tr>
<td>Maintenance</td>
<td>264</td>
<td>330</td>
</tr>
<tr>
<td>Gratuities</td>
<td>1,285</td>
<td>984</td>
</tr>
<tr>
<td>Superannuation refunds</td>
<td>48</td>
<td>46</td>
</tr>
<tr>
<td>Pensions</td>
<td>4,107</td>
<td>3,841</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>84,150</td>
<td>77,473</td>
</tr>
</tbody>
</table>
### Appendix VII – Finance

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance</td>
<td>10</td>
<td>137</td>
</tr>
<tr>
<td>Legal fees</td>
<td>38</td>
<td>94</td>
</tr>
<tr>
<td></td>
<td>48</td>
<td>231</td>
</tr>
</tbody>
</table>

### Appendix VIII – Office

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment and office expenses</td>
<td>1,406</td>
<td>2,303</td>
</tr>
<tr>
<td>Printing and stationery</td>
<td>755</td>
<td>832</td>
</tr>
<tr>
<td>Telephone</td>
<td>296</td>
<td>298</td>
</tr>
<tr>
<td>Advertising, recruitment and courses</td>
<td>261</td>
<td>236</td>
</tr>
<tr>
<td>Postage</td>
<td>316</td>
<td>243</td>
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<tr>
<td>Rent</td>
<td>232</td>
<td>246</td>
</tr>
<tr>
<td></td>
<td>3,266</td>
<td>4,158</td>
</tr>
</tbody>
</table>

### Appendix IX – Interest And Charges

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and charges</td>
<td>30</td>
<td>31</td>
</tr>
</tbody>
</table>
For a full list of running, cycling and swimming events see templestreet.ie

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

Host a party and help sick kids at Halloween

Get festive and raise funds by selling raffle tickets at Christmas

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

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