Our Lady’s Children’s Hospital, Crumlin

Celebrating 53 Years Caring for Children & Families

Annual Report 2009
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COMPANY INFORMATION

BOARD OF DIRECTORS:

Chairman: His Grace, The Most Reverend Diarmuid Martin DD, Archbishop of Dublin
Deputy Chairman: Mr. F.J. Feely
Board Members: Ms. J. Bartley, Mr. L. Marnane, Sr. A. Kennedy, DC (appointed 25 March 2009), Ms. S. McDonagh (appointed 25 March 2009), Ms. G. O’Sullivan, Mr. J. Greely, Cllr. R. McGinley (appointed 2 September 2009), Cllr. E. Byrne (appointed 2 September 2009), Mr. L. Birthistle (Chief Executive Officer), Ms. G. Regan (Director of Nursing), Dr. P. Doherty (Chairman of Medical Board)

SECRETARY: Mr. Lorcan Birthistle (appointed 31 March 2010), Ms. Evelyn Hempenstall (resigned 31 March 2010)

REGISTERED OFFICE: Crumlin, Dublin 12.


BANKERS: Allied Irish Banks plc, 219 Crumlin Road, Dublin 12.

AUDITORS: Ernst & Young, Chartered Accountants, Ernst & Young Building, Harcourt Centre, Harcourt Street, Dublin 2.
Our Lady’s Children’s Hospital, Crumlin, Dublin 12.

LIST OF PERMANENT CONSULTANTS – 2009

Dr Neil Adamson                  Child Psychiatry
Mr David Allcutt                 Neurosurgery
Dr Atif Awan                     Nephrology
Prof Billy Bourke                 Gastro/College Lecturer
Dr Mags Bourke                    Anaesthetics
Dr Clare Brenner                 Radiology
Dr Annemarie Broderick           Gastroenterology
Mr Donal Brosnahan               Ophthalmic Surgery
Dr Paul Browne                   Haematology
Prof Karina Butler               Infectious Diseases
Mr John Caird (start date to be advised)  Neurosurgery
Dr Gerry Canny                   Respiriology
Dr Michael Capra                  Oncology
Dr Bill Casey                    Anaesthetics
Dr Declan Cody                   Endocrinology
Dr David Coghlan                 Paediatrics
Dr David Coleman                 Cardiology
Prof Martin Corbally             Paediatric Surgery
Dr Colm Costigan                 Endocrinology
Dr Melanie Cotter                Haematology
Mr Daragh Crimmins (start date to be advised)  Neurosurgery
Dr Ellen Crushell                Metabolic Diseases
Dr Pat Doherty                   Anaesthetics
Dr Niamh Dolan (start date to be agreed)  Nephrology
Ms Patricia Eadie                Plastics
Prof Michael Fitzgerald          Psychiatry
Mr Padraig Fleming               Dentistry
Dr Orla Franklin                 Cardiology
Mr John Gillick                  Surgery
Dr Paddy Gavin                   Infectious Diseases
Dr John Gillick                  Surgery
Dr Peter Greally                 Respiratory Diseases
Prof Andrew Green                Genetics
Dr Sinead Harte                  Anaesthetics
Dr Roisin Hayes                  Radiology
Dr Martina Healy                 Anaesthetics
Prof Hilary Hoey                 Paediatrics/Endocrinology
Mr Stephen Hone                  ENT Surgery
Prof Alan Irvine                  Dermatology
Mr Gerard Kearns                 Oral & Maxillofacial Surgery
Dr Jerry Kelleher                Radiology
Ms. Paula Kelly                  Orthopaedics
Mr Patrick Kiely                 Orthopaedics
Dr Orla Killeen                  Rheumatology
Dr Barry Linnane                 Respirology
Dr Bryan Lynch                   Neurology
Dr Sally Ann Lynch               Genetics
Dr Barry Lyons                   Anaesthetics
Dr Naomi McCallion Neonatology
Dr Kathryn McCreery Ophthalmic Surgery
Dr Michael McDermott Histopathology
Dr Jacinta McGinley Anaesthetics
Dr Colin McMahon Cardiology
Dr Corrina McMahon Haematology
Prof Joe McMenamin Neurology
Dr Paul McNally Respiratory
Prof Fiona McNicholas Child Psychiatrist
Dr David Mannion Anaesthetics
Prof Philip Mayne Chemical Pathology
Dr Jan Miletin Neonatology
Dr Eleanor Molloy Neonatology
Dr Hugh Monaghan Paediatrics
Dr Terence Montague Anaesthetics
Mr David Moore Orthopaedics
Mr Jacques Noel Orthopaedics
Dr Beatrice Nolan Haematology
Mr Lars Nolke Cardiothoracic
Dr Pamela O’Connor Neonatology
Dr Colm O’Donnell Neonatology
Mr David O’Donovan Plastics
Dr Brendan O’Hare Anaesthetics
Dr Aengus O’Marcaigh Haematology
Dr Anne O’Meara Oncology
Dr Maeve O’Reilly Palliative Care
Mr Tom O’Reilly Plastics
Dr Catriona O’Sullivan Radiation Oncology
Dr Maureen O’Sullivan Histopathology
Dr Niamh O’Sullivan Microbiology
Dr Ronan O’Sullivan Emergency Medicine
Mr David Orr Plastics
Dr Paul Oslizlok Cardiology
Dr Jane Pears Oncology
Dr Ethna Phelan Radiology
Prof Prem Puri Paediatric Surgery
Mr Feargal Quinn Paediatric Surgery
Dr Shoana Quinn Gastroenterology
Dr David Rea Radiology
Dr William Reardon Genetics
Prof J Mark Redmond Cardiothoracic
Dr Michael Riordan Nephrology
Mr John Russell ENT Surgery
Dr Clodagh Ryan Haematology
Dr Imelda Ryan Psychiatry
Mr Muhammad Taufiq Sattar Neurosurgery
Dr Padraig Sheeran Anaesthetics
Dr Margaret Sheridan-Pereira Neonatology
Prof Owen Smith Haematology
Dr Marie Twomey Palliative Medicine
Dr Mary Waldron Nephrology
Dr Kevin Walsh Cardiology
Dr Sean Walsh Emergency Medicine
Dr Rosemarie Watson Dermatology
Dr David Webb Neurology
Dr Barry White Haematology
Dr Martin White Neonatology
Prof Freddie Wood Cardiac Surgery
ACTIVITY 2009
Outpatient Attendances by Age Group
2009

- <1 Year: 11.7%
- 1 - 4 Years: 31.4%
- 5 - 9 Years: 26.7%
- 10 - 14 Years: 22.0%
- 15+ Years: 8.2%

Total: 100.0%
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<th>Speciality</th>
<th>Day Case</th>
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<td>2</td>
<td>0</td>
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<tr>
<td>CARDIAC CATHETERISATION</td>
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<td>236</td>
<td>240</td>
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<td>CARDIAC SURGERY</td>
<td>74</td>
<td>329</td>
<td>403</td>
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<td>CARDIOLOGY</td>
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<td>582</td>
<td>970</td>
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<tr>
<td>DENTAL</td>
<td>358</td>
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<td>DERMATOLOGY</td>
<td>244</td>
<td>57</td>
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<td>23</td>
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<tr>
<td>E.N.T.</td>
<td>519</td>
<td>457</td>
<td>976</td>
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<tr>
<td>ENDOCRINOLOGY</td>
<td>210</td>
<td>46</td>
<td>256</td>
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<tr>
<td>GASTRO-ENTEROLOGY</td>
<td>598</td>
<td>290</td>
<td>888</td>
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<td>GENERAL MEDICAL</td>
<td>840</td>
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<td>4,175</td>
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<td>1,450</td>
<td>3,555</td>
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<tr>
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<td>11</td>
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<tr>
<td>HAEMATOLOGY</td>
<td>4,505</td>
<td>1,434</td>
<td>5,939</td>
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<td>INFECTIOUS DISEASES</td>
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<td>4</td>
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<tr>
<td>NEONATOLOGY</td>
<td>79</td>
<td>147</td>
<td>226</td>
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<tr>
<td>NEPHROLOGY</td>
<td>170</td>
<td>321</td>
<td>491</td>
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<tr>
<td>NEUROLOGY</td>
<td>186</td>
<td>86</td>
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<td>2,010</td>
<td>687</td>
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<td>OPHTHALMIC</td>
<td>276</td>
<td>63</td>
<td>339</td>
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<tr>
<td>ORAL MAXILLOFACIAL</td>
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<td>ORTHOPAEDIC</td>
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<td>2,597</td>
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<td>PLASTIC SURGERY</td>
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<tr>
<td>PSYCHIATRY</td>
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<td>1</td>
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<tr>
<td>RADIOLOGY</td>
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<td>137</td>
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<tr>
<td>RESPIRATORY</td>
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<tr>
<td>RHEUMATOLOGY</td>
<td>105</td>
<td>15</td>
<td>120</td>
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<td><strong>Total</strong></td>
<td><strong>14,993</strong></td>
<td><strong>11,304</strong></td>
<td><strong>26,297</strong></td>
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Inpatient Bed Days Used by Speciality

2009

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Total</th>
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<tbody>
<tr>
<td>CARDIAC CATHETERISATION</td>
<td>622</td>
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<tr>
<td>CARDIAC SURGERY</td>
<td>3,178</td>
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<tr>
<td>CARDIOLOGY</td>
<td>6,727</td>
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<tr>
<td>DENTAL</td>
<td>36</td>
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<tr>
<td>DERMATOLOGY</td>
<td>285</td>
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<tr>
<td>DIABETES</td>
<td>67</td>
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<tr>
<td>E.N.T.</td>
<td>2,154</td>
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<tr>
<td>ENDOCRINOLOGY</td>
<td>252</td>
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<tr>
<td>GASTRO-ENTEROLOGY</td>
<td>2,711</td>
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<tr>
<td>GENERAL MEDICAL</td>
<td>14,545</td>
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<td>GENERAL SURGICAL</td>
<td>8,913</td>
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<tr>
<td>HAEMATOLOGY</td>
<td>5,899</td>
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<td>INFECTIOUS DISEASES</td>
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<tr>
<td>NEONATOLOGY</td>
<td>2,978</td>
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<td>NEPHROLOGY</td>
<td>1,349</td>
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<td>NEUROLOGY</td>
<td>1,149</td>
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<tr>
<td>ONCOLOGY</td>
<td>2,707</td>
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<td>OPHTHALMIC</td>
<td>95</td>
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<tr>
<td>ORAL MAXILLOFACIAL</td>
<td>7</td>
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<tr>
<td>ORTHOPAEDIC</td>
<td>3,905</td>
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<tr>
<td>PLASTIC SURGERY</td>
<td>2,249</td>
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<td>PSYCHIATRY</td>
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<td>RADIOLOGY</td>
<td>6</td>
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<tr>
<td>RESPIRATORY</td>
<td>462</td>
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<tr>
<td>RHEUMATOLOGY</td>
<td>87</td>
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<td><strong>Total</strong></td>
<td><strong>60,468</strong></td>
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Outpatient Attendances by Year
2005 to 2009

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<tr>
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<td>2005</td>
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<td>2006</td>
<td>75,457</td>
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<td>2007</td>
<td>80,015</td>
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<tr>
<td>2008</td>
<td>85,257</td>
</tr>
<tr>
<td>2009</td>
<td>79,622</td>
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</tbody>
</table>

Accident & Emergency
2005 to 2009

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Attendances</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>29,102</td>
</tr>
<tr>
<td>2006</td>
<td>29,710</td>
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<td>2007</td>
<td>30,176</td>
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<tr>
<td>2008</td>
<td>30,005</td>
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<tr>
<td>2009</td>
<td>32,091</td>
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Annual Report 2009
Our Lady’s Children’s Hospital, Crumlin

Admissions (Inpatient & Day Case) by Year
2005 to 2009

Year
2005 2006 2007 2008 2009
Number of Admissions
22,649 23,474 24,867 25,685 26,297

Outpatient Attendances by Former Health Board Area
2009

Note: The above does not include TCU
CHAIRMAN’S MESSAGE

Most Rev Archbishop Diarmuid Martin DD

Closing Statement by Chairman at AGM meeting 28/7/2011

The Chairman reported that 2009 was a very challenging year where the hospital had to face serious financial restraints whilst, at the same time, making sure to provide the best service level possible in response to the needs of the children who present to the hospital. Indeed, next year will also be extremely difficult and we also have the transition to the New Paediatric Hospital whilst also continuing to provide a full service at the hospital.

The Chairman, on behalf of the Board expressed a word of thanks to the staff of the hospital for the work they have been doing and encouraged staff during this difficult period of transition.
DEPUTY CHAIRMAN’S REPORT

Frank Feely

The number of children admitted during the year including day cases was 26,297 involving a total 60,968 bed days. In addition there were 79,622 attendances at the out patient and 32,091 emergency departments.

Details of the hospital finances 2009 are detailed elsewhere in the report.

Developments

Despite our financial difficulties the hospital has continued its programme in recent years to improve facilities with the help and support of the HSE, our donors and The Children’s Medical & Research Foundation. In 2009 the following developments were completed:

- Diabetes & Endocrine Extension
- Fit out of Cardiac Floor – Medical Tower
- Cardiology Outpatients and Echo ECG Suites
- Adolescent Den
- Extension of Transitional Care Unit
- Stem Cell Laboratory

Official Opening of Dream Den

The Dream Den at Our Lady’s Children’s Hospital, Crumlin (OLCHC) was officially opened by Mr Barry Andrews TD, Minister for Children & Youth Affairs on Friday, 29 May 2009. The Dream Den is a new recreational unit for young people between 12 and 18 years of age. Thanks to the initiative and support of the Dream for Crumlin Committee led by Colin O’Daly this new facility which cost €250K has become a reality for teenagers who stay in hospital.

Staff Jubilee Awards 2009

Congratulations to all the staff who were nominated for the Staff Jubilee Awards in 2009 including:

- Speech and Language Therapy
- Dr Imelda Ryan, Consultant Psychiatrist
- Pathology Laboratory Scientists
- Dr Karina Butler, Consultant in Infectious Diseases
- National Centre for Medical Genetics,
- Eilish Friel, Occupational Health Department
Winners 2009

Category – Customer Services          Catering Staff – OLCHC Cafeteria

Awarded for their ongoing expertise and excellent customer service serving for the patients, families and staff of the hospital.

Category - Innovation                Respiratory Technicians OLCHC

Sleep Studies:

The Respiratory Technicians, were finding it increasingly difficult to get elective beds to perform sleep studies. The waiting list grew with no solution apparent. They explored carrying out sleep studies at home but many studies had to be repeated due to poor quality recording. The Medical Day Ward is empty at night time and so an under utilised resource. The technicians used this ward where there would be no bed cancellations and no repeat studies as there would be a technician present to troubleshoot any machine problems. Also there would be no need for nursing staff if it was a Parent Led Service. This proved very successful initiative as it was cost neutral and it in fact generated an income as patients with private health cover can be billed for a private bed. This new service is the first time a group of allied health professional staff have initiated a change in bed management policy in the hospital.

Conclusion

We would like to welcome all the new staff to the hospital and wish those who left us a happy retirement.

In particular I acknowledge with gratitude the major contribution of the Board and staff of The Children’s Medical & Research Foundation and their contributors who assisted enormously with improvements to the hospital.

Thanks goes to all our supporters in 2009, the Air Corps, Gardai and Fire Services for providing fun days for the children and families and providing on going for support for the transport of critically ill children around Ireland and abroad.

The visits by National and International celebrities and Sports teams who came to the hospital during the year and who gave of their time so freely, did much to lift the spirits of the children and parents.

It is important to say that we particularly appreciate the generosity and dedication of so many benefactors who contribute in various different ways towards improving the facilities for sick children.

The success of the hospital is due in no small measure to the continued dedication and support of the Chairman and Board of Directors together with the staff of the hospital who have shown such commitment in providing the best possible care for sick children with warmth, humanity and professionalism again 2009.
CHIEF EXECUTIVE REPORT

Lorcan Birthistle, Chief Executive

Challenges 2009

2009 presented a series of challenges including H1N1, closure of 25 beds and 1 operating theatre for cost containment purposes. There continued to be severe pressure on a range of services some of which received significant public debate (orthopaedic and cardiac surgery) and many others which did not.

It is important that I formally acknowledge the very considerable effort that has been made by staff throughout the hospital in containing costs during 2009.

The hospital brokeven in 2009 due to the exceptional efforts made by all staff. This year has been an exceptionally difficult and challenging year for everyone in the hospital. The service impact of the breakeven plan (including theatre and ward closure) is under constant and ongoing review at the hospital.

The Hospital Executive Council (HEC) continues to consider cost saving opportunities and measures for 2010. As part of the service planning process for the year ahead the hospital is carrying out a comprehensive activity analysis which will clearly identify services pressures and challenges, and will allow the hospital focus on agreed service objectives within the resources available to it.

Collaboration by Children's Hospitals

The three Dublin paediatric hospitals continue to work together to develop joint service initiatives. The hospital very much welcomes that the HSE are developing a new structure around paediatrics with a national lead which will draw the three children's hospitals together. The practical response to the challenge of integration will be evidenced in joint departments of general surgery and paediatric ICU.

Children’s Hospital of Ireland

It is important to emphasise that OLCHC has engaged in every step of the New Children’s Hospital process over the past number of years from McKinsey to the Model of Care.

There remains a general concern in the hospital that the chosen site does not have sufficient expansions capacity and is compromised in other respects. There are serious concerns that the key McKinsey goal of a single hospital for children will as a result not be achieved.

The view of the Board of Directors is that due to the financial commitment in 2009 from the Government to build the hospital, OLCHC should engage and take a leadership role. OLCHC only wants the best possible outcome for the children of Ireland. Following the Board’s decision at a meeting in October 2010, and in accordance with SI 246 of 2007, Article 9 (2)(d), it nominated Dr Pat Doherty, Consultant Anaesthetist in a personal capacity to membership of the National Paediatric Hospital Development Board. In light of OLCHC being afforded a second nomination through one of the existing nominating bodies it was proposed that Lorcan Birthistle, Chief Executive be nominated to membership of the NPHDB.
From the outset the hospital has participated in the Model of Care Committee, and the hospital continues to be involved in the work of this group.

It is intended that the engagement process will be supported and conducted through the formation of cross hospital groups. A Cross Hospital Steering Group has been for the duration of the design process. OLCHC membership to this group includes Lorcan Birthistle, Geraldine Regan, Alan Irvine and Colm Costigan. This group will be informed by the Model of Care and the proposed levels of activity for the new Children’s Hospital of Ireland. The primary goal of this group is to champion and to advise on change management development of high quality facilities, systems and processes for the new Children’s Hospital, and support their implementation in a timely and cost effective manner.

In addition to the role of the Cross Hospital Steering Group an engagement process for concept phase will be organised and enabled through the formation of five Process Groups which will focus on the following care modalities or service lines: Inpatients, Day Case, OPD, Emergency/Urgent Care and Home Care. These Process Groups will report into the Cross Hospital Steering Group. Membership of each of the five process groups will be relevant to the service line and will primarily consist of medical, nursing and Allied Healthcare representation across the three paediatric hospitals. Each group will be supported by the Project Team and the Medical Director of the NPH Executive. Meetings of the Inpatient and Day Case Process Groups have commenced.

Progressing the broad shared services agenda will require significant input and assistance from all the hospitals. In order to progress agreement of optimum solutions to shared services as part of the design process for the new Children’s Hospital, and Ambulatory & Urgent Care Centre a Shared Services Steering Group has been established. This group will initially meet at CEO level.

Another objective of the NPH Board is to maximise ICT in the implementation of the new model of care for paediatric services. Since ICT is integral to driving and supporting contemporary healthcare practices an ICT Programme Steering Committee has been established with multidisciplinary representation. The work of this group has commenced.

Our Lady’s Children’s Hospital, Crumlin has and will continue to work with their colleague children’s hospitals and any other hospitals/health agencies to maximise effectiveness and efficiencies in order to protect services for sick children.

The hospital welcomes any initiatives by the HSE to ensure the highest quality and range of services possible are made available to children.

The NPHDB undertook a series of consultations with children and their families to ensure their views are embedded in the design of the new Children’s Hospital of Ireland. The hospital is providing support to the NPHDB to achieve this goal.

Irish Paediatric Critical Care Network (IPCCN)

A Design Team has submitted planning application, and is currently preparing tender documents for a new ICU build extension. The tenders will be issued for a Design Build Contract in early January 2010. This new unit will accommodate 17 PICU beds along with associated support accommodation. The existing PICU1 will be refurbished to provide support accommodation for staff, education and parent facilities.
Orthopaedic Surgery

The joint initiative with the HSE and 3 children’s hospitals in relation to spinal surgery continued during 2009. The hospital welcomes the HSE commitment to review the current situation in relation to paediatric orthopaedic services nationally. The orthopaedic consultants from the three hospitals have agreed to meet to identify issues and challenges.

Cardiac Surgery Programme

There continues to be pressures in the cardiac waiting list as a result of increased demand, shortage of PICU capacity, and the moratorium on recruitment. The hospital is now in the process of finalising plans that will facilitate an additional cardiac surgery operating days each week. This hospital initiative will be for a 3 month period from January to March 2010 as an immediate response to the “out of window” patient group. This initiative is being funded from dedicated monies provided by the HSE.

Quality Assurance 2009

As part of the Hospitals quality improvement programme the hospital undertakes various self assessments against national standards/audits and codes of practice. The Health Service Executive’s (HSE) has an Integrated Framework for Quality, Safety & Risk Management and the hospital undertook a number of self assessments against the national standards, which form part of this framework, and which have been issued by the HSE and the Health Information and Quality Authority (HIQA) throughout 2009.

The Self Assessment Process is a process whereby the hospital measures its compliance against specific standards, and develops quality improvement plans. These self assessments were submitted to the HSE for review and analysis. In 2009 the hospital did not undergo any peer review visit by the HIQA or HSE against any of the standards below.

A number of internal hospital committees have been established over the last few years and these committees, in collaboration with staff from across the hospital, undertake the self assessments against national standards/audits and codes of practice. Regular updates on these processes are provided to the Hospital Executive and Board of Directors.

The standards for which the hospital undertook self assessment in 2009 included:
1: HSE Quality, Safety & Risk Management (QS&R) – submitted March
2: Health & Safety Authority Audit (H&SA) – submitted December
3: HSE Code of Practice for Healthcare Records Management (HCR) – submitted November
4: HIQA National Standards for the Prevention & Control of Healthcare Associated Infections (HCAI) – submitted November
5: HSE Code of Practice for the Decontamination of Reusable Invasive Medical Devices (RIMD) – submitted November
6: HIQA National Standards for Hygiene Services – submitted November
Conclusion

We continue to be indebted to the Foundation (CMRF) for the fundraising they undertake in the name of Our Lady's Children's Hospital, Crumlin. The support of the Foundation and all their benefactors allows us to provide additional support for children whether it is the most advanced clinical equipment or the simplest toy.

I also wish to acknowledge all the other individuals and groups which support the hospital and in particular our colleagues in Children in Hospital Ireland and Ronald McDonald House. We collectively share the purpose of providing the best possible care and support for the children and their families.

In conclusion I wish to thank all the staff of OLCHC for their continued dedication to the needs of patients. 2009 has been very difficult and that there is an element of the unknown about 2010. What we can be sure of is that sick children and their families will continue to depend on us both to provide care for them and to advocate on their behalf. We are privileged to serve these children when they are at their most vulnerable.
FINANCE REPORT

Ms Evelyn Hempenstall F.C.A., Director of Finance

The Financial Accounts Statements for the reporting period from 1st January to 31st December 2009 shows a surplus for the year of € 599,900. Hospital net expenditure was € 136,969,675 and funding allocation from the HSE amounting to € 137,569,575. The hospital had an opening deficit of € 9,577,750 arising from a significant operational deficit in 2007 and consequently the deficit carried forward at December 2009 amounts to € 8,977,850.

Funding Allocation

The funding allocation for 2009 granted by the HSE at € 137,569,575 of which € 617,423m was designated once-off with the balance of € 136,952,152 described as recurring or base funding. This level of funding represents a decrease of 4.6% on the allocation in the prior year. There remains the recurring issue of the inadequacy of the baseline or recurring funding relative to the hospitals developed capacity, particularly in terms of staffing levels, for the delivery of services for which demand continued to grow in 2009. The funding difficulties in 2009 led to a restriction in the utilisation of the hospitals capacity to provide patient services in order that financial breakeven was achieved. The continuing difficulty in defining with the HSE its contractual agreement with the hospital in terms of the quantum of service to be delivered, the utilisation of capacity available, and particularly the role of the hospital in the provision of national services is at the core of the issue of assessing the level of patient services that can be provided from the hospitals baseline funding.

The accumulated deficit forward noted above which arose in the 2007 financial year could not be funded out of the funding allocation for 2009. The hospital continued to receive specific support by way of cash disbursements from the Health Service Executive in the absence of a mechanism for the implementation of an agreement made to deal on a one-off basis with the 2007 deficit.

The Hospital Board has complied with the requirement for the achievement of financial breakeven in 2009 but the application of a policy of restricting the use of available acute capacity in order to meet national budgetary demands does not address the continuing pressures of meeting patient demand for services or recognize the unique imperative within paediatric services not to delay the provision of care.

Expenditure and Income Overview:

Expenditure in the year of € 136,969,675 comprised € 117,834,269 in Pay cost (74.5%), € 40,290,754 Non-pay cost (25.5%), and Income for the year amounted to € 21,155,348.

Net expenditure decreased by € 7.323m (5%) over 2008, of which pay expenditure increased by € 1.060m (0.9%), non pay expenditure increased by € 0.866m (0.5%) and income increased by € 8.188m (63%) due primarily to the introduction of Pension and Income Levies on staff salaries.
Pay Costs

Payroll costs increased by €1,060m (0.9%) over the previous year. While pay increases of approx €5.46m arose from national pay agreements significant pay reductions arose from the reduction of staffing levels during the year.

Non Pay Costs

Expenditure on supplies and services, excluding all patient care costs and the purchase of Fixed Assets from Revenue Allocation, increased by €0.866m or 0.5% in the year. While there were reductions in expenditure for support services and administrative costs in the year there were increases in patient care costs particularly Blood costs which increased by €1.74m over the prior year, reflecting that this and other direct care costs are highly variable and dependant on patient mix and acuity and specific treatment requirements.

Income

Income from services to patients of €8.909m in 2009 is higher than the prior year (€6.125m 2008) due in part to increases in statutory hospital charges and in part to growth in rate of utilisation of chargeable beds. Superannuation deductions from staff increased in line with the introduction of Income and Pension levies

Capital Expenditure

The total investment in building and equipment in 2009 amounted to €5,674,757. Of this total investment in capital infrastructure in the year €2,670,629 was funded through HSE Capital grants, €169,178 HSE Revenue grants, and €2,834,950 from charitable fundraising. Of the total investment in infrastructure that this represents €4,413,122 was in plant and buildings and €1,261,635 in equipment.

Conclusion

The Hospital continues to work to achieve efficiency and effectiveness in its financial and resource management in order to comply with the requirement to limit expenditure to the level of funding granted. Operationally there were severe pressures of prioritization and demand management arising from the capacity restrictions arising from the funding levels. The achievement of cost containment targets in 2009 has only been achieved by the efforts and flexibility of staff across all areas in the hospital.

The hospital’s capacity to continue to fulfil its mission to both its patients and their families has been restricted by severe budgetary constraints and this continues to be the case in 2010.
### INCOME AND EXPENDITURE ACCOUNT
for the Year Ended 31 December 2009 - Summary

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
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<tr>
<td>Staff Costs</td>
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<td>Non Pay Expenditure</td>
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<td>40,484,815</td>
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<td>Closing (Deficit)</td>
<td>(8,977,850)</td>
<td>( 9,577,750)</td>
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### BALANCE SHEET
at 31 December 2009 - Summary

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<tr>
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<th>2009</th>
<th>2008</th>
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<td>Net Current (Liabilities)</td>
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<td>Total Assets</td>
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<td>94,805,420</td>
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<td>Capital and Reserves</td>
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<td></td>
<td>(8,977,850)</td>
<td>(9,577,750)</td>
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<td>Accumulated (Deficit)</td>
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<tr>
<td></td>
<td>94,561,011</td>
<td>94,805,420</td>
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Our Lady’s Children’s Hospital, Crumlin
MEDICAL STAFF REPORT

Dr Pat Doherty, Chairman Medical Board

The year 2009 saw the welcome arrival of several new consultant staff. Dr Beatrice Nolan (Haematology), Dr Jan Milletin and Naomi McCallion (Neonatology), Ms Paula Kelly (Orthopaedic Surgery), Dr Ellen Crushell (Metabolic Paediatrician), Dr Paul McNally (Respiratory Paediatrician) and Dr David Rea (Radiology) all joined the hospital this year. The existing consultants would like to welcome these new colleagues and wish them the very best in their future career.

The year also saw the departure of some “old” friends. Dr Mairin Doherty from the Department of Child Psychiatry and Mr Esmond “Ozzie” Fogarty from the Department of Orthopaedic Surgery both retired during the year. After their many years of dedicated service to children and the hospital, we would like to wish them a long and fruitful retirement.

The year 2009 also saw the hospital challenged by the Swine Flu epidemic. The illness affected children more than most seasonal flu and children with other medical conditions were particularly vulnerable. The Emergency Department staff bore the brunt of the huge increase in attendances but every department was involved in one way or other, either managing patients or coping with the absence of staff who had themselves contracted the illness. The energy and flexibility shown by all staff in coping with this major clinical and logistical challenge was remarkable and the consultant medical staff would wish to take this opportunity to thank everyone involved.

Infrastructural developments continued on site with an expanded Transitional Care Unit, and an extended Emergency Department. The hospital’s main entrance and admissions departments were reconfigured and St Joseph’s ward renovated. These projects, again supported by the Children’s Medical and Research Foundation, are further examples of the innovation, flexibility and responsiveness of the hospital and its partner in the CMRF in meeting the challenges of providing the best health care to children. The CMRF are also to be congratulated on the completion of the new enlarged research centre in the grounds of the hospital. The facility will provide a more appropriate base for new and ambitious programs of research into paediatric diseases. The HSE also supported construction projects with a new Stem Cell laboratory built on site to improve Bone Marrow Transplantation services.

Infrastructural challenges remain however, despite the prospect of an ultimate move from the Crumlin site to a new hospital. Happily, both the HSE and the CMRF have recognised the need for continued investment here in the interim period. We look forward in particular to a new purpose built ICU which will increase the capacity in this vital area and which we hope to have available in 2010.

Not surprisingly, the proposed new children’s hospital continues to a topic of interest and discussion for all medical staff working in Our Lady’s. Indeed, the new facility is already placing considerable demands on consultant’s time, with many already involved in a series of engagements with the development staff of the new hospital regarding the optimum configuration for both local and national services for children and their families. Unfortunately, this engagement has not yet resolved the concerns expressed by Crumlin staff about this project. However, we remain committed to our role as children’s advocates in this regard and look forward to working with the NPH, the HSE and the Department of Health and Children on this and other issues in the year to come.
Finally, the medical staff would wish to express their continued gratitude for the extraordinary efforts of all the hospital staff during the year 2009. The financial pressures experienced by the hospital during 2008 continued into 2009 and place an additional burden on staff who have had to deliver care to an ever increasing number of patients and families at a time when the resources available to them for this task are reduced. As a concrete example, in May 2009, the hospital was obliged to close a ward on purely financial grounds so as to stay within the budget set by the HSE. This removed a significant number of beds from the hospital capacity with the expected consequences on our ability to admit children to the hospital, particularly for elective investigation and treatment. This pattern seems likely to continue for some time to come. Against this pessimistic fiscal background, we nonetheless look forward to working with all our colleagues in Our Lady’s and across the country in 2010, as we continue our efforts to protect and, where feasible, improve services to children and their families.
Our Lady’s Children’s Hospital, Crumlin

National Children’s Research Centre (NCRC) Annual Report 2009

Prof Carlos Blanco, Director of Research

2009 has been an exciting year in the Children’s Research Centre. A new Directorate was formed, with the appointment of Prof Carlos Blanco as Director of Research commencing in May, and of Dr Jacinta Kelly as Deputy Director of Research in August. Under this Directorate a number of new and exciting initiatives have begun, that will drive the research agenda at the centre for the next five years.

Among the most significant and meaningful changes has been the re-naming and re-positioning of the Centre as the National Children’s Research Centre, to reflect the remit of the Centre to foster and support quality research in the field of paediatric medicine throughout the country. In addition, this will help to consolidate the paediatric research community in contributing to, and preparing for, the move to the new National Paediatric Hospital.

Another key role of the Directorate has been the development of a research strategy: key areas of research and education have been prioritized for funding over the next 5 years.

At the end of 2009, a 5 year budget was presented to the Council of the NCRC and the Board of the CMRF, and this budget was approved. This budget highlights the main areas prioritized for funding over the next 5 years:

- Cancer genetics
- Childhood Diabetes/Obesity
- Immunology/Chronic Inflammation/Infectious Diseases
- MD/PhD Programme
- Clinical Research Unit
- Independent Research Grants egs
  - Disruption of Development
  - Gastrointestinal Disease

i) The Cancer Genetics programme aims to analyse the complex genetic changes seen in these young neuroblastoma patients, to better understand what is driving the malignancy. This programme began in 2007, and is led by Prof Ray Stallings.

ii) Childhood diabetes and obesity; this is a recognised growing problem, and in Ireland, it is estimated that 30% of nine year olds are either overweight or obese. This will give rise to increasing incidence of type II diabetes, and has longterm implications for the nation’s health, as these children are tomorrow’s adults. It is proposed to develop and all Ireland Diabetes and Obesity consortium, comprised of obstetricians, neonatologists, paediatricians, dieticians, scientists and physiotherapists in a bid to tackle the problem from gestation through to late teenage years, in an integrated way.

iii) Immunology, Chronic inflammation and Infectious disease: this is identified as a critical area for research. Discussions with a significant research group in this area began in 2009, and it is expected that submissions for this programme will be received in 2010.
iv) MD, PhD and MSc programme is integrated into all of the other programmes, as clinicians, scientists and allied health professionals undertake research in areas of paediatric medicine, and register for higher degrees. Our aim is to produce a research-active community, with each student enrolled on generic research and transferable skills courses in addition to conducting their research, and with regular presentation of their results to the community here at the NCRC.

vi) Support will continue for ongoing successful research independent of the areas listed above. These will include areas in which the Centre has had significant success. Examples include the area of research into Birth Defects, led by Professor Prem Puri. This group has contributed significantly to our understanding of common birth defects such as enteric plexus disorders, congenital diaphragmatic hernia, and vesicoureteral reflux. Another example is in the area of Gastrointestinal Disease. Research into the pathogenic mechanisms of microorganisms that cause significant diseases in childhood are also undertaken at the Centre. Led by Prof Billy Bourke, this group has successfully competed for funding to research the role and regulation of the capsular polysaccharide of Campylobacter jejuni.

In terms of outputs, 2009 was a very productive year for research at the National Children’s Research Centre, and Our Lady’s Children’s Hospital. Between these two institutions, there were 108 papers published in peer reviewed international journals. Members of staff presented 52 papers at international meetings and 15 papers at Irish Scientific meetings. Staff in the Hospital and NCRC published 3 books and 17 chapters in books.

The work of a number of staff members was recognized through awards and honours. Professor Puri was awarded honorary fellowship of the American Surgical Association, and honorary membership of the Japanese Association of Pediatric Surgeons, and of the Hungarian Association of Pediatric Surgeons. He was also made Honorary Research Professor, University of Florence, Italy (2009-2014).

Prof Fiona McNicholas was a finalist in the Irish Journal of Medical Science Doctors Awards in the Psychiatry Category, and received a Commendation for the Best Education Project-Non Pharmaceutical at the Irish Healthcare Awards.

Dr Maureen O’Sullivan was elected to the Committee of the Paediatric Pathology Society, and was made a member of the International Pleuropulmonary Blastoma Registry. In addition, she was made Responsible Investigator for the Dublin Pediatric Oncology programme, recently recognized as a Children’s Oncology Group Centre.

Dr David Webb was made Clinical Senior Lecturer- paediatrics, in TCD.

Prof Ray Stallings was awarded funding from SFI and Irish Research Council on Science, Engineering and Technology. He was also made a member of the Biology Group, International Society of Paediatric Oncology European Neuroblastoma (SIOPEN).

Prof Carlos Blanco was appointed adjunct Professor in Trinity College, Dublin, UCD and RCSI.
Prof Con Feighery retired from the Scientific Advisory Council of the National Children’s Research Centre. Prof Feighery’s contribution as chair of the SAC over the past number of years has been enormous, and his commitment to the research agenda here at the research Centre has been tireless. The National Children’s Research Centre is very grateful to him for his contribution.

The National Children’s Research Centre would like to sincerely thank all of volunteers, sponsors and donors who’s generosity funds the work of the Children’s Medical and Research Foundation, which supports much of the research carried out in our Centre. We would also like to thank the Council Members of the Children’s Research Centre and Board Members of the Foundation who generously give of their time, in a voluntary capacity, to promote research in the area of paediatric medicine. Finally, we would also like to thank the members of the Scientific Advisory Committee who’s input into the review process of the research proposals is critical.
GENERAL SERVICES

Geraldine Regan, Director of Nursing

General overview of Nursing

Sharon Hayden is the Deputy Director of Nursing and as well as deputising for the Director of Nursing assists with the management of the overall nursing and general services.

Nursing strives to provide a quality child focused and family friendly service to our children and their families. The major focus in 2009 was the maintenance and development of quality Children’s Nursing and services within the reduced hospital budget.

Nursing Initiatives

Advancements in technology and medical nursing knowledge have improved quality of life amongst critically ill children. St. Michaels ward in collaboration with respiratory consultants introduced a pathway of care for children requiring “Non Invasive Ventilation” (NIV) at ward level. This has required ongoing education and learning and advancement of the nursing role. This programme has been successfully implemented across 3 departments; St Michaels, St Peters & St Johns. The provision of non invasive ventilation at ward level has reduced number of children requiring transfer to PICU.

The introduction of home chemotherapy for children has been an important development for the hospital. This was the first home intravenous chemotherapy programme in Ireland. This involves ongoing education of parents, by the nursing staff, in administration of cytarabine in the home. This was supported by the consultants.

The “Dream Den” attached to St Michaels ward has provided adolescents with a therapeutic area where they can relax away from clinical activity to a dedicated recreational space. Adolescent and their families have found this to be an invaluable resource. Early anecdotal evidence to date has shown earlier recovery times, reduced boredom and isolation, and an overall improved perception of the hospitalization period for many of the teenagers. Through out 2009 this facility has been made available to adolescents from all wards and provides a much needed opportunity for social interaction and formation of friendships, for the adolescent group. We aim to complete a qualitative study of adolescent’s perception of the facility in 2010.

The H1N1 crisis hit the hospital in late 2009 and put a lot of pressure on the hospital's recourses. Collaborative work took place between the three children’s hospitals and the HSE for H1N1.

There was very sizeable collaboration between PICU staff and the HSE and adults ICU settings nationally as part of the H1N1 response. OLCHC staff developed and delivered a training programme for non PICU nurses which was rolled out to staff within OLCHC and some staff from adult PICU’s in the network area.

Following major negotiations at local and national level, the 37.5 hour week for Nurses was successfully implemented in OLCHC on Easter Sunday 12/04/09. This involved a change management process re introduction of new rosters etc.
Nursing Turnover for 2009 decreased significantly again in 2009 to 3.9% from 6.56% in 2008. This could be associated as being a direct impact of the increased focus on retention strategies, but also a reflection of the current economic climate.

The 94 WTE nurses on Maternity leave throughout 2009 posed a significant challenge in terms of replacement. This figure does not include unpaid maternity leave which approx 25% of the nurses availed of.

The implementation of a new management structure and new rosters for the Nursing management, staff nurses, and CNM group in the Operating Theatre Dept resulted in a cost saving to the hospital. This achieved the introduction of an extended working day to accommodate surgical lists. This was achieved following intensive IR negotiations and labour court intervention.

Paediatric Hospitals Collaboration

The three Directors of Nursing started regular meetings to share and standardise nursing information and documentation. It is hoped to have joint nursing Executive Meeting in 2010.

The three practice development co-ordinators met regularly during 2009 and a number of documents have been standardised across the three hospitals. Nursing Practice Guidelines have been shared between the three hospitals.

Staff on Our Lady’s Ward are part of a Tissue viability group looking at improving the management of wound care. This involves nurses from Crumlin, Tallaght and Temple Street. Their aim is to develop a paediatric wound assessment tool that will be uses in all three hospitals.

PICU continued to work with PICU in CUH Temple St. Hospital to improve bed allocation and sharing of information for critically ill children.

Advance Nurse Practitioners

The hospital currently has 2 ANP’s and 1 candidate ANP almost accredited. The introduction of this nursing role in Haematology/Oncology helps with the ongoing support and development of nursing staff by increasing support in practice, education and development of research and evidenced based practice. The ANP role supports the clinical nurse specialists in regard to patient care. 2009 saw the role being involved in the co-ordination of the long term follow up clinic and currently there are 245 patients referred into this service. Each 4th Wednesday of the month there is the combined endocrinology oncology clinic which is currently evolving and developing.

The site for the ANP in Haematology was approved in 2009 and the post holder started in March 2009 to meet the needs of children with a definitive diagnosis of cancer (malignant haematology). The central principle of advanced nursing practice is to enhance the quality and effectiveness of care, by using expert nursing skills to assess, plan and initiate a whole programme of multidisciplinary care for a defined patient population.

Nurse Prescribing

In 2009 there were 2 nurses registered as nurse prescribers in the hospital. Five other nurses went forward to do the course. This involved nurses from Haematology/Oncology, ED, Cardiology, Palliative
Care, Haemoglobinopathy. Sharon Haydon is the site prescribing Co-Ordinator for the hospital and has done an excellent job in progressing nurse prescribing with Consultants, Nursing and the Pharmacy.

**Nurse Education**
OLCHC continues to collaborate with UCD in relation to undergraduate and post graduate education for nursing students. In addition the hospital accommodates nursing students from Trinity, DCU and Cork
The nurse education committee met every 6 weeks in 2009.

2009 also saw the groundwork, preparation and negotiation from a inter hospital perspective with HSE re Children / General 2010 Internship – paymaster, contracts, WTE and capacity issues.

**Key Challenges**
Due to the closure of St Josephs ward for cost containment reasons the Orthopaedic and Neurology Inpatient Services were transferred to St. Brigid’s and St Michaels ward. This presented a very sizeable challenge for nursing in terms of managing the merger and developing skill levels of staff and protecting high standards of care. Great flexibility and cooperation from all staff was required to overcome the many challenges the move posed.

**Healthcare assistants (HCA’s)**
2009 saw 6 HCA’s from OLCHC complete the FETAC education programme.

**Play Specialists**
2009 saw a complete review of the areas that the play specialists worked in. We have now a play specialist on all inpatient ward areas and have a referral system for the baby wards in place. The play specialists developed play programmes that have been piloted and will be rolled out. The group participated in the events committee and very much lead on Ho Ho Day with the Director of Nursing office. Adolescent evening continue once a month which are proving to be a huge success with teenagers.

**The Following is an Outline of the Work in the Nursing Divisions**

**Haematology /Oncology**
2009 saw another extremely busy and dynamic year for nursing in Haematology/Oncology & Medical division. The key challenges include increased patient acuity, palliative care, and the emergency walk in facility. There is particular pressure on the Bone Marrow Transplant Unit. During 2009 from an activity perspective there were 173 new patients with an average of 14 new patients a month, 44 relapses, 32 children received bone marrow transplants & 32 children died.
Malignant Haematology and Oncology main cancer groups in 2009

- Acute Lymphoblastic Leukaemia
- Acute Myeloid Leukaemia
- Hodgkin’s Disease (Hodgkin’s Lymphoma)
- Non Hodgkin’s Lymphoma
- Neuroblastoma
- Wilms’ Tumour
- Rhabdomyosarcoma
- Ewing’s Sarcoma or ES/PNET
- Brain Tumour (primary site is brain)
- Other

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**HSCT**

The number of patients requiring transplant increased greatly over the last 2 years with this increase in activity set to continue given the trends, see graph below: The main reasons for the increase in transplants were due to: Change in protocol i.e. the brain tumour protocol now requiring 4 stem cell rescues; The increase in Allogeneic Transplants is as a direct result of increase number in leukaemias. Some of these patient had unfavourable cytogenetic and therefore transplant is the treatment of choice.

- Haematopoietic stem cell transplantation (HSCT) performed in OLCHC from 2000 to 2009

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**HODU (Haematology/Oncology Day Unit activity)**

The unit carries out Day Case Chemotherapy. The number of patients attending the HODU has considerably increased compared to the previous years (08, total Attending= 5294, 09, total attending = 5814). The main increase includes...
Benign Haematology cohort (Haemophilia & Haemoglobinopathies)
Theatre Cases: for bone marrow aspirates & ITS: (inclusive of leukaemia treatment protocols). due to the increase in the number of patients diagnosed with Leukaemia’s in 2009.

**Emergency Admissions.**

The Haematology/Oncology Emergency Admissions/Reviews come directly into the day unit/main ward and not via the Hospital A&E because of their immunocompromised status.

**St. Michaels Ward**

St. Michaels Ward has also continued to work at a high level of activity with a significant increase in patient acuity in varied medical conditions staffing and skill mix has been greatly unchanged on previous years with no staff attrition.. Daily assessment of patient acuity and staff patient ratio is required locally. Activity for 2009 saw 1676 children admitted to the department with an average of 140 admissions per month. Other tertiary referral services that interface daily with St Michaels ward namely: Aphaeresis, Haemoglobinopathies, Haemovigilance, Haemophilia, Dermatology, Diabetes/Endocrinology, Palliative care & Pain management continue to provide excellent quality care to the children. The appointment of an asthma nurse specialist along with a rheumatology nurse specialist has contributed significantly to the care children receive both locally and nationally.

In 2008 The Cystic Fibrosis association gave financial support to the development of a Dedicated Four Bedded Isolation Facility for CF Patients adjacent to St Michaels ward. In 2009 the project has moved from planning to the early stages of construction.

Haemovigilance & Traceability Initiatives, this service continues to promote safe and appropriate blood transfusion practice through the facilitation of education and support of all clinical staff involved in the transfusion chain. 2009 was another very busy year with an increase in issue of blood/blood component up by approx 23 %. EU In relation to Blood Directive 2002/98/EC & EU Tissue Directive 2004/23/EC, the Haemovigilance and the Blood Transfusion Laboratory were inspected late 2009 by the Irish National Accreditation Body (INAB) to ensure conformance with blood /EU tissue Directives, the dept has been successful with their application and inspection and have received an accreditation award.

*Dympna Cawley is the Divisional Nurse Manager for the Haematology/Oncology/St Michael’s Division.*

**Emergency, Trauma OPD Division**

The division includes: The Emergency Department, St Anne’s Ward, St Bridget’s Ward, Orthopaedic CNS Team, OPD / Medical Tower, Psychiatry, IV / Phlebotomy teams.

The main challenge for 2009 in the above division was continuing to provide high quality care in a changing and challenging healthcare cost containment environment.

The emergency department (ED) saw 32,091 attendances in 2009. This was a increase of over 2,000 attendances on 2008. A significant contributing factor and pressure in the latter half of 2009 was the H1N1. The H1N1 period also brought with it a significant amount of training and development of staff. The ED team contributed to the hospital management plan of same. The nursing staff continue to
extend their knowledge in the provision of emergency care and 2009 saw two more staff commence the ED course. Mandatory training and in-house study days were all well attended by all staff.

The OPD service saw 84,761 patients through their department. Nursing staff have undertaken continuous professional development to maintain their skills. The ophthalmology CNS, which is a predominantly OPD based post, continues to establish the service. OPD staff assisted in the high risk and staff vaccination programmes for the H1N1 period.

St Anne’s Ward saw a busier year in 2009 with an increase in admissions to the ward. There was 1,581 admissions / transfers to the ward. 30% of those admissions were under the plastics service incorporating the burns speciality. The complex mix of patients in this ward meant the acuity remained high throughout the year. The dressing clinic also saw an increase in workload for 2009 with 2,449 attendances. The nursing team on St Anne’s continue to provide specialist assistance/ advice to all areas of the hospital. St Anne’s ward also contributed to the management plan for H1N1 by becoming the first cohort area for H1N1 and later to become a designated ‘observation’ area for the ED during this time.

St Joseph’s Ward closed due to cost containment in May 2009. The orthopaedic specialist beds relocated to St Brigid’s Ward.

The orthopaedic CNS group collaboratively had an extremely busy year working in all aspects of the orthopaedic service. The orthopaedic nursing team supported the ‘spinal initiative’ in 2009 which saw an additional 22 patients through their surgical correction. The limb reconstruction service also launched a training DVD in Jan 2009, providing a very useful patient education tool. The CNS in psychiatry also saw an increase in both inpatient and outpatient activity in 2009 there is between 50 – 89 bed days per month for inpatients. A significant number of these patients have primary psychiatric needs. The IV and phlebotomy teams continued to contribute to the national IV / Venepuncture guidelines and education in collaboration with the CCNE and the HSE. The launch of an e learning package took place in December 2009. The phlebotomy service and IV service continue to provide increasing service evident by increases in numbers attended and number of samples taken.
St Peters/ Nazareth/ Nephro Urology/Surgery Division

**Our Lady’s Ward** had a total of 764 admissions (801 in 2007) this reflects the number of long stay patients during the year. Staff education /development continue to be a priority for the ward this year we are particularly focusing on the management component of the role. Staff continue to be involved in creating and updating policies. All staff on Our Lady’s successfully completed a module in Stoma Care, this compliments the appointment of new Surgical Consultants to our service and the work they are undertaking.

**Nephrourology** had a total of 684 admissions an increase of 58 on last year. In addition to this 150 drop in patients were seen on the ward. Following the success in Our Lady’s ward last year all staff have been trained to care for patients with *epidurals for pain* relief. These patients would have previously occupied a bed in PICU post op.

**Peters /Nazareth ward** Both wards remain busy, their patient groups diverse with both medical and surgical conditions Throughout the year both wards catered for a large number of high dependency patients ,at all times Nazareth catered for 1 to 3 tracheostomy patients at a time. St Peters usually catered for 2. The CNF’s qualified as basic life support trainers, They provide training to parents prior to discharge, this facilitates early discharge of infants from the ward. The staff on St Peters Ward have undertaken the appropriate training to care for patients on nursed on CPAP.

The **Nephrology Nurse Specialist Service** was depleted by 50% due to maternity leave, this put significant pressure on the existing staff .In order to manage this it was agreed that the Nephrology ward nursing staff and the medical team would take on some of the responsibility .The workload was prioritised accordingly. Marie Mc Nicholas CNS was appointed Secretary of the *Paediatric Irish Nephrology Nurses Group (PINNG)*

The Airways Nurse Specialists continue to train families and Staff from other hospitals and the community in tracheostomy care 350 people were trained in 2009. .In conjunction with CUH they ran a Family Fun Day. This was a great success 130 children and their families attended. Prolonged hospitalisation for children due to delays in community securing funding for their home care packages continues to be problematic.

The Nephrology Nurse Specialists/Clinical Facilitators are involved in setting up the All Ireland Association of Paediatric Nephrology Nurses, November 2007 .By liaising with experts in centres in Ireland and the UK their aim is to provide quality care for children with renal conditions through the development of protocols guidelines and standards.

The Hepatology Nurse Specialist is significantly involved in facilitating and organising an outreach clinic for Liver patients. .The medical team from Kings College Hospital and   Birmingham Children’s Hospital see patients at  Our Lady’s on an annual basis . Two meetings per year are also held to facilitate close working relationships.

In relation to Gastroenterology there has been a significant increase in the number of children presenting with inflammatory bowel disease since 2008. There are currently 305 children in the CNS’s care with numbers increasing weekly. New developments in IBD include

- The CNS has set up the Adolescent Focus Group, involving the team Social worker, dietician & psychologist. The purpose of these meetings is to support teenagers, helping them feel they are not alone, encouraging them to become more aware of their illness & take ownership of
same. This is the first stage in their transition to adult services. These meetings are run monthly. The feedback has been 100% positive from both parents & children. The CNS is currently liaising with IBD nurses in the adult hospitals (mostly AMNCH, Beaumont & Vincent's) to ensure smooth transition of our children to the adult services.

The divisional nurse manager for this division is Mary Rose Carroll

**Day Units/ Radiology/ HSSD Division**

2009 was another busy year with the Day Units, Radiology and HSSD Departments continuing to thrive on the demands placed on them. All areas clearly demonstrated the commitment of all staff within this Division in striving for excellence in service quality and delivery to our clients. The year was highly productive even with the pressure on beds related to the impact of the moratorium on staff recruitment.

**Day Units/Radiology**

During 2009, this division continued to maintain a high standard of patient care. This was made possible through the commitment and dedication of all staff as part of the multidisciplinary team approach to service delivery and quality care. Quality initiatives, in conjunction with the consultants and the radiology staff that were introduced include the use of sedation in MRI procedures. Another quality initiative in association with bed management was the admission of some ENT / General patients on the morning of surgery, eliminating the need for admission on the eve of surgery.

**Cardiac Catheterisation**

The introduction of the Hybrid procedure into the Cardiac Cath lab meant nursing had to up skill to deal with new developments.

**Laser**

The commencement of LA Laser lists in the Medical tower commenced in 2009. New lasers for hair removal and treatment of resistant port wine stains were first used. The Birthmark support group was established.

**HSSD**

21,707 sets and 299,326 of single/supplementary instruments were reprocessed in year 2009. 85-89% of HSSD service is provided directly to Operating Theatre. The rest are processed for ED, OPD and the wards etc.

A HSSD Risk assessment was carried out by Francis Murphy, Integrated Quality and Safety Department. The action plan is being followed up.

The HSE Self assessment Internal Audit was performed in December in relation to the RIMD (Reusable Invasive Medical Devices) Code of Practice 2007.
Internal Audits and ongoing professional development continues. Action plans arising from these audits continue.
The Divisional Nurse Manager for this area is Ann Boland.

**PICU/Theatre and Cardiac Division**

2009 saw another extremely busy and dynamic year for nursing in PICU/Theatre and cardiology. The main challenges for the nursing service included safeguarding high quality care in high acuity, high activity areas during cost constrained times.

**PICU/Theatre/Cardiology division**

PICU activity increased in 2009 with over 1127 admissions. Considerable effort continued into service and staff development, improving skill mix, recruitment, induction, orientation and retention of PICU nurses. Throughout the year PICU operated with all beds open. Bed capacity continued to be a challenge in the PICU. ECLS on floor 2 continued to develop with 11 runs undertaken. There were 188 days of CVVH on Floor 1 and 37 sessions of Plasma Exchange. The newly established Irish Paediatric Critical Care Network (IPCCN) worked to implement the recommendations of the DNV Critical Care Review (2008) and approval to develop a new 17 bedded PICU unit which replaced the existing 13 beds and added 4 beds was finally secured. The PICU clinical information system project (CIMS) also commenced with strong nursing involvement. The Graduate Diploma in Paediatric Critical Care and the in-house Foundation Programmes continued to run in 2009 with great success. Intensive in-house education also received the highest attention.

The Transitional Care Unit remained at full occupancy and 2 additional beds were added to the service.

**St. Theresa’s and St. Brigid's Wards**

St. Theresa’s and St. Brigid’s Wards also continued to work at a high level with a significant increase in patient acuity, largely due to increased complex cardiac procedures and intervention. A business case for the development of a single inpatient cardiac facility which had been pursued with the HSE unfortunately proved unsuccessful. As a direct result of cost containment and ward closures the complex orthopaedic service and inpatient caseload merged with St. Brigid’s ward.

The Cardiac Clinical Nurse Specialist team had an extremely busy year with increased activity for a multiple of reasons including increased number of congenital heart defects, increased survival, and increased use of ECLS, increased use of anti-coagulation therapy, transplant assessment and increased ante-natal diagnosis.

The Resuscitation Training Officers (RTO’s) also had a busy year in 2009. The RTO provided training in BLS, PILS, APLS, mock scenarios, parent teaching and workshops in recognition of the serious ill child and defibrillators.
**Theatre Department**

The Theatre Department had an extremely challenging year in 2009. The first ever Paediatric Heart Transplant was performed in OLCHC, significantly, on 14th February. Cost containment measures resulted in a rolling theatre closure from May for the remainder of the year – this presented great challenges in terms of maintaining access for surgeons to theatre. Significant improvements were pursued and implemented around the nursing rosters and on-call systems. Around the same time a HSE commissioned review of Operating Theatre Services in the Children’s Hospitals was undertaken by Meridian Productivity in the latter part of 2009. A spinal initiative was implemented which saw an additional 22 patients with spinal deformities operated on. Like PICU, the Graduate Diploma in Perioperative Nursing continued with success. The Anaesthetic nursing service and theatre education continued to progress with significant investment in staff development and addressing skill mix. The Divisional Nurse Manager for the above areas is Orla O’Brien.

**Infection Control**

2009 was another dynamic and successful year for the Infection Control, Infectious Diseases and Cystic Fibrosis services at Our Lady’s Children’s Hospital. The Infection Control Department continued to provide a robust programme to minimise the spread of infection and antimicrobial resistance in OLCHC. The Rainbow Clinic (Infectious Diseases Service) continued to provide a dynamic and progressive out patient, inpatient and home care service for children, families and pregnant women living with an infectious disease, including HIV, Hepatitis B, C, TB and complex immunological disorders. The Cystic Fibrosis Nursing Service continued to contribute excellence in nursing in striving to provide high quality complex care to children with Cystic Fibrosis and their families. The Divisional Nurse Manager for this area is Angela O’Donoghue.

**Nursing Practice Development Unit (NPDU)**

As a teaching hospital, OLCHC facilitates the clinical learning over 300 nursing students per annum, including students from OLCHC and students on specialist placements from other universities. To support staff in managing this volume of students with such a variety of learning needs, the NPDU have developed a Participation in Care Guideline to indicate nursing students’ scope of practice. Despite the high activity levels in the clinical areas, 2009 saw clinical nursing staff actively involved in developing a multitude of guidelines, careplans etc. with the support of the NPDU and the Nursing Practice Committee.

The NPDU incorporates two elements: Practice Development and Student Education.

**Practice Development**

A key function of the NPDU is continuous quality improvement of nursing practice and the practice environment (see Appendix). It is the focus of this department to ensure the patient/parent/guardian/staff are all prioritised in the management of this function.

NPDU works closely with clinical staff to improve the patient journey in the management of nursing documentation and its ongoing audit. Nursing staff are encouraged to be involved in reviewing practice and creating evidence based nursing practice guidelines to support decision making at ward level.

- Development of competency assessment frameworks and tools
- Implementation of national standards of practice, e.g. Healthcare Records
- Ongoing audit and evaluation of nursing interventions and practices
- Liaise with national and international colleagues to ensure best practice is maintained
- Management of the Nursing Practice Committee and the coordination of guidelines/Standard Operating Procedures/Policy/Parent Information Leaflets and their issue once ratified.
- Support of nurses undertaking nursing research in OLCHC, by working with nurses to identify a research question applicable to their area of practice and by guiding nurses through the application process for the OLCHC Research Ethics Committee

Liaising with a) manufacturers to develop products/systems for the paediatric setting, e.g. Enteral feeding systems and b) Materials Management Department and Hospital Services Procurement Group to ensure products are suitable for paediatric setting

**Student Education**

2009 saw the development of a Participation in Care Guideline to outline the scope of practice of the different student nursing groups.

There was rationalisation of the intakes of nursing students on specialist placement to address capacity issues. There is ongoing evaluation of the nursing students’ experiences of the clinical learning environment in OLCHC. In 2009, these evaluations have shown an ongoing improvement in the students’ perceptions of the support and learning opportunities available at clinical level.

<table>
<thead>
<tr>
<th>Intakes of Nursing Student</th>
<th>2009 Intake</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSc Nursing (Children’s &amp; General) – Sept 2009 intake</td>
<td>34</td>
<td>-</td>
</tr>
<tr>
<td>BSc Nursing (Children’s &amp; General) – Years 1-4</td>
<td>-</td>
<td>119</td>
</tr>
<tr>
<td>H.Dip Children’s Nursing Programme - Sept 2009 intake</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>BSc Nursing students on specialist paediatric placement</td>
<td>173</td>
<td>183</td>
</tr>
<tr>
<td>Total numbers</td>
<td></td>
<td>325</td>
</tr>
</tbody>
</table>

**Collaborations with other hospitals**

Nursing Practice Development Collaboration – a joint venture between OLCHC / CUH / AMNCH

Collaboration with SVUH & MMUH in relation to the Undergraduate Nursing Programme (Children’s & General)

Collaboration with hospitals / HEIs in relation to the placement of Seconded Nursing students for Specialist placement.

Ongoing collaboration with other centres nationally by sharing guidelines / careplans etc to support children’s nursing practice in regional paediatric centres / community services.
National Committees

- Florence Nightingale Centenary group
- Mandatory/Statutory Training
- National Policy on Practice Development Steering Group (DOHC)
- The Practice Development Co-ordinators were Fionnuala O’Neill and Carol Hilliard.

Catering Department

The Catering Department continued to provide a catering service to patients, staff and visitors. The department also provides a special dietary service to the children in the hospital who have special dietary needs. The Environmental Health Officer visited the dept in May and action plans were put in place following the visit. The HACCP team chaired by Sharon Hayden continued it’s excellent work with the extension of Micro Sampling to formula feeds and milk shakes. The verification of HACCP continues with an internal audit schedule. A certificate in food hygiene was undertaken by some staff members.

The modernisation group set up to look at modernisation of catering and household practices have worked with staff, management and unions to progress changes in job descriptions. The catering project plans and design brief were finalised with a view to going to tender.

The catering manager is Paul Cruite.

Household Services

The Household services department plays a key role in ensuring that Our Lady’s Children’s Hospital achieved the highest possible hygiene standards in a healthcare environment.

Quality Improvements in 2009

A number of quality initiatives were introduced in the household department in 2008 including:

- The cleaning frequencies and responsibilities were reviewed against best practice. These frequencies were included into the revised Job description for Household Assistants.
- A Hygiene specific leaflet for parents and staff was developed which included key information on household services.
- A patient and staff hygiene questionnaire was conducted twice in 2009 to assess satisfaction levels on a number of elements including cleanliness.
- Following on from the hygiene questionnaires improved signage was implemented in key areas advising the public of how to improve hygiene services.
- Through a review of the household department audit frequencies the household department revised the audit frequencies for all areas in line with the National Hospital acute cleaning manual.
- In consultation with the relevant stakeholders the household department introduced new check sheets in clinical areas to improve traceability of out of hours cleaning.
- Through the regular meetings with ward managers at the hygiene team meeting the household department were able to address service delivery issues in a prompt manner.
• Equipment check sheets were introduced for all household rooms following deficiencies identified through the hospital multidisciplinary audits.
• Contract cleaners and in house implemented competency assessment for all new staff
• The tender process for contracting out the contract cleaning service commenced.

Training

• A number of key members of the household department were training to level 3 HACCP and completed a train the trainer programme in 2008. Subsequently a number of household staff were trained in Basic food hygiene in 2009.
• There continues to be on going refresher training course for all household staff.
• All staff attended mandatory training including hand hygiene, fire training and manual handling training.
• Specific Guidelines for good practice training was organised for contract and in house cleaning staff
Overall Hygiene Achievements 2009

OLCHC did not have an external HIQA review in 2009, the last external HIQA audit was in 2008 and the results are as outlined below. All staff have continued to work hard to improve the level of hygiene and cleanliness within OLCHC.

<table>
<thead>
<tr>
<th>Key Priority</th>
<th>Responsible Persons/Group</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Risk Management: The Corporate Structure in relation to risk management will be addressed.</td>
<td>Quality and Risk Steering group</td>
<td>Executive sign off May 2010</td>
</tr>
<tr>
<td>2. Contracts: The hospital will ensure that contracts are consistent with HIQA standards.</td>
<td>All managers</td>
<td>Complete/On going Service contracts in place for all contract cleaning services. Being rolled out to other service providers.</td>
</tr>
<tr>
<td>3. Patient / Parent involvement: The hospital will attempt to involve parents in hygiene services</td>
<td>HS Committee</td>
<td>Outstanding Parents invited to attend hygiene focus group in February 2010.</td>
</tr>
<tr>
<td>4. Benchmarking: The hospital will attempt to benchmark its services with other hospitals.</td>
<td>HS Committee</td>
<td>Complete/On going Benchmarked with Cappagh, Temple Street and Winning way document (HSE benchmarking document).</td>
</tr>
<tr>
<td>5. Patient/parent &amp; staff satisfaction surveys: It is intended to carry out parent/patient and staff satisfaction surveys in relation to hygiene.</td>
<td>Service Delivery Group</td>
<td>Complete Patient and staff satisfaction survey complete and action plan put in place.</td>
</tr>
<tr>
<td>6. New Projects: It is intended that Hygiene Services will be represented on all new project developments.</td>
<td>HS Committee</td>
<td>Complete HS members now involved in new projects.</td>
</tr>
</tbody>
</table>

Marian Flynn is the Hygiene Services Manager.
## Appendix 1 – Summary of Activity of NPDU in 2009

### Quality Initiatives

<table>
<thead>
<tr>
<th>Guidelines, Charts, Careplans etc</th>
<th>Careplans Communication/Evaluation of nursing careplans Careplans Nerve Block continuous Spinal Careplan All nursing careplans were reviewed and updated in 2009 Policies Nursing Uniform Policy Nursing Guidelines Nursing Practice Guideline Template reviewed Performing eye cleansing Performing eye swabbing Applying eye padding Nursing responsibilities in requesting collection and transportation of Micro specimens Care of the Umbilical Cord Bottlefeeding an Infant Study leave and funding for Nursing staff Documentation guidelines for Nursing staff Administration of Bolus Coagulation factor Administration of Infusion Coagulation factor</th>
<th>Standard Operating Procedures Patient Admission to the Operating Theatre Parent Information Leaflets Administration of suppositories to you child Topical Steroids Cantharone Cantharone Plus Post Tooth Extraction Orchidopexy Hernia repair Anal Dilatation Cardiac Catheterisation Circumcision Instillation of Eye Medications Ulcerated Haemangioma Squint repair Laser booklet Charts Anaesthetic Nursing Record Discharge documents on G Drive for the wards reviewed 2009 Observation Chart with Pain and Sedation Observation Chart with Respiratory Assessment in trial Neurovascular Assessment non spinal patients Neurovascular Assessment for post operative spinal surgery patients Post-operative Spinal Surgery Assessment</th>
</tr>
</thead>
</table>

### Ongoing review and development in collaboration with clinical nursing staff

- Careplans
- Communication/Evaluation of nursing careplans
- Epidural Careplan
- Nerve Block continuous
- Spinal Careplan
- All nursing careplans were reviewed and updated in 2009
- Policies
- Nursing Uniform Policy
- Nursing Guidelines
- Nursing Practice Guideline Template reviewed
- Performing eye cleansing
- Performing eye swabbing
- Applying eye padding
- Nursing responsibilities in requesting collection and transportation of Micro specimens
- Care of the Umbilical Cord
- Bottlefeeding an Infant
- Study leave and funding for Nursing staff
- Documentation guidelines for Nursing staff
- Administration of Bolus Coagulation factor
- Administration of Infusion Coagulation factor

### Clinical Audit & Evaluation

- Audit of Patient Dependency
- Audit of Preceptorship working group x 2
- Observation pain and sedation evaluation
- Safety checks
- Education requirements for Senior Nursing Management
- Participate in external audits, e.g. “What happened to our HDNS nursing students?” by ODNS

### Product evaluation

- User evaluation of new products using a formal evaluation process. Results are collated into a report and used to inform the decision making process.
- Particularly in relation to product assessment, any faults or incidents pertaining to products are submitted to the NPDU and followed up.
- Examples include: Oxygen masks
  - Needle free systems
  - Filter needle evaluations
  - Syringe evaluations
  - Suction tubing
  - Withdrawal Needles
  - Gaslyte syringes
  - Syringe comparison
  - Enteral tubes
HUMAN RESOURCES
Liam Farrell, Director of Human Resources

As OLCHC employs a large number of staff in a whole range of different disciplines, on a variety of different types of contracts, in a complex organisational structure, from a variety of different backgrounds, in a number of different Trade Unions, on a myriad of different salary scales, and in an environment which is rapidly changing, not surprisingly 2009 was another very busy and challenging year for the HR Department.

During the year the Department dealt with a range of individual matters, including grievance, disciplinary, bullying and staff development issues. It contributed substantially to hospital-wide initiatives including the quality, safety and risk standards, the implementation of the payroll Internal Audit and the hospital’s response to the swine flu pandemic. It assisted in the introduction of new 37.5 hour week Nursing rosters, new on-call Nursing arrangements in Theatre and substantial changes in the medical SHO on-call arrangements. Major improvements were made in relation to a number of administrative matters including illness benefit deductions and many new Consultant posts were filled.

However, the year 2009 in the HR Department was dominated by the general economic/industrial relations climate in the wider economy and in the healthcare sector and by the consequent cost-containment programme in this hospital. Issues relating to non-payment of existing national pay awards, proposed pay cuts, pensions and other income levies, the seeking of guarantees on compulsory redundancies and on pensions were all major issues of contention in the health sector generally and involved our staff part-taking in centrally organised protest marches, work-to-rules and even one-day strike action. In relation to the strike, the hospital invoked the framework for dispute resolution in the health services which provides for the agreeing of contingency arrangements and meetings then took place with the relevant Trade Unions representing staff. In general all elective activities, including out-patient services, were cancelled on the day in question. As OLCHC received an unprecedented reduction in its financial allocation in respect of 2009, a hospital cost-containment plan was drawn up and its implementation involved a variety of meetings with the various Unions. A moratorium on recruitment was also introduced during the year. One of the key outputs required from the HSE’s new employment-control framework was the achievement of reduced employment levels and costs through redeployment and reorganisation. The hospital’s employment numbers steadily decreased during the year as our Staff Resources Committee took difficult decisions in relation to the non-filling of many vacancies and the letting-go of some agency, temporary and locum staff members. All this involved detailed planning, the implementation of further efficiencies and some reorganisation and redeployment which again involved protracted negotiations with Unions. However, with the subsequent signing of the new Public Service Agreement, the Hospital can be optimistic that these industrial relations issues are now behind us, as we look forward to benefitting from the major reforms envisaged in this agreement. I would like to thank my colleagues in the Human Resources Department for all their hard work and dedication during 2009.OLCHC staff employment numbers, expressed in whole-time equivalents, as at 31 December 2009 were as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management/Admin</td>
<td>222</td>
</tr>
<tr>
<td>Medical/Dental</td>
<td>178</td>
</tr>
<tr>
<td>Nursing</td>
<td>712</td>
</tr>
<tr>
<td>AHCPs</td>
<td>255</td>
</tr>
<tr>
<td>Support Services</td>
<td>168</td>
</tr>
<tr>
<td>Other Patient &amp; Client Care</td>
<td>95</td>
</tr>
<tr>
<td>Total</td>
<td>1630</td>
</tr>
</tbody>
</table>
ALLIED HEALTH CARE PROFESSIONAL GROUP REPORT
Owen Daly, Chairperson

The Health Care Professional (HCP) group consists of professionals providing front line clinical services to patients and their families as members of multidisciplinary teams. All professionals in the group have their own areas of expertise and specialist intervention. Our common goal is to maximise and promote recovery from illness and optimise each child’s general health and functioning across all dimensions of life. The group comprises the following professions:

- Audiology
- Clinical Nutrition - Dietetics
- Medical Social Work
- Music Therapy
- Occupational Therapy
- Orthoptics
- Physiotherapy
- Psychology
- Speech and Language Therapy

The steering group consists of the department managers of the 9 professions who meet on a regular basis. The chairperson represents the group at Hospital Executive. Mr Owen Daly, Senior Orthoptist, chaired the group until his resignation in August 2009, and was succeeded by Ms Vivienne Hand, Occupational Therapy Manager.

The HCP group has been severely affected by cost containments imposed by HSE in 2009 with a corresponding reduction in activity.
In 2009 the Chaplaincy Department continued providing 24 hour 7 days a week pastoral care to patients, families and staff. Although we provide a service to all the wards and units, our focus is mainly on critically ill children and their families.

The chaplains were involved with families of 75 children who died this year. Thirteen of these deaths occurred outside the hospital. We conducted 27 removal prayer services in our Mortuary Chapel. Chaplains support families while their deceased child remains in the Mortuary Chapel.

We celebrated 89 Baptisms and 2 Confirmations during 2009. We organised an inter-denominational Book of Remembrance Ceremony for our bereaved parents and families at Dublin Castle with the assistance of many hospital staff. We continue to provide daily liturgies in the hospital chapel.

As a keepsake we began designing personalized prayer booklets to be given to families for their child’s Baptism, Confirmation and/or Mortuary Chapel Removals.

The chaplains continue providing educational talks on chaplaincy to nursing students. The chaplains attended conferences of their professional organizations for continual education. We started holding Spirituality Meetings for members of staff who wish to participate. Meetings are held monthly where the staff can explore how their work influences their spirituality.

With funding provided by The Children’s Medical & Research Foundation we were able to replace the old chapel pews with new chairs. We are grateful to the Foundation for their generosity.

After 5 years as a chaplain, Sister Florence Mooney retired in November. We thank her for the support, care, and compassion she gave to all our children, families and staff. We wish her well.

Finally, we would like to thank all our colleagues from every department and discipline during this past year. In particular we would like to thank Mr. Lorcan Birthistle, CEO and Ms. Geraldine Regan, Director of Nursing for their continuous support.