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ANNUAL REPORT 2013
Annual Report
2013
# Contents

**Corporate Governance**
- Deputy Chairman’s Report 6
- Master’s Report 7
- Executive Committee Report 10
- Finance Report 13
- Secretary/General Manager’s Report 15
- Director of Midwifery and Nursing Report 16
- Ethics Research Committee Report 17
- Board of Governors 18
- Governors Ex-Officio 18
- Nominated by the Minister for Health 18
- Nominated by Dublin City Council 18
- Governors Elected 18
- Executive Committee 19
- House Committee 19
- Finance Committee 19
- Executive Ethics Committee 19
- Nominations Committee 19
- Research Ethics Committee 19
- Professional Advisors 20
- Resident and Visiting Medical Staff 20
- Honorary Consulting Staff 21
- Senior Midwifery and Nursing Staff 22
- Allied Health Professionals 24
- Senior Administration Staff 25

**Medical and Midwifery**
- Breastfeeding 26
- Community Midwifery Service 27
- Diabetes 28
- Fetal Medicine Unit 29
- Gynaecology 30
- Infection Prevention and Control 31
- Neonatology 32
- Bereavement 33
- Urodynamic 34

**Clinical Support Services**
- Antenatal Education 35
- Chaplaincy 36
- Clinical Engineering 37
- Clinical Nutrition and Dietetics 37
- Clinical Governance 38
- Quality 39
- Hospital Sterile Services 40
- Occupational Health 41
- Pathology and Laboratory Medicine 42
- Pharmacy 43
- Psychosexual Therapy 43
- Physiotherapy 44
### Financial Statements and Activity

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Statements</td>
<td>56</td>
</tr>
<tr>
<td>Activity Analysis</td>
<td>58</td>
</tr>
</tbody>
</table>

### Education

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>University College Dublin</td>
<td>47</td>
</tr>
<tr>
<td>Royal College of Surgeons in Ireland</td>
<td>47</td>
</tr>
<tr>
<td>Education and Practice Development</td>
<td>47</td>
</tr>
</tbody>
</table>

### General Support Services

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Inpatient Enquiry (HIPE)</td>
<td>48</td>
</tr>
<tr>
<td>Catering</td>
<td>48</td>
</tr>
<tr>
<td>Facilities Engineering</td>
<td>49</td>
</tr>
<tr>
<td>General Services</td>
<td>49</td>
</tr>
<tr>
<td>Health and Safety</td>
<td>50</td>
</tr>
<tr>
<td>Human Resources</td>
<td>51</td>
</tr>
<tr>
<td>Information Management</td>
<td>51</td>
</tr>
<tr>
<td>Information Technology</td>
<td>52</td>
</tr>
<tr>
<td>Patient Services/Freedom Of Information</td>
<td>53</td>
</tr>
<tr>
<td>Patient's Voice Group</td>
<td>54</td>
</tr>
<tr>
<td>Partnership</td>
<td>54</td>
</tr>
<tr>
<td>Purchasing and Supplies</td>
<td>55</td>
</tr>
</tbody>
</table>
Deputy Chairman’s Report

I have great pleasure in presenting the Annual Report of the hospital for the twelve months ended 31st December 2013.

The report outlines the main activities of the Hospital during the year in which activity, in terms of mothers delivered, once again showed a slight reduction. During the year 8755 women gave birth to 8955 infants a decrease of just under 2.5% over 2012.

The hospital’s financial performance is set out in detail in the report of the Finance Committee.

In reviewing 2013 I am very pleased to report that our long held aspiration to move to the SVUH campus was confirmed by the Minister for Health, Dr James Reilly during the summer. A project team involving nominees from NMH, SVUH & the HSE has been established and has met on a number of occasions during 2013. It is anticipated that a design team will be appointed in early 2014 and that the planning, contracting and building will take a number of years to complete. This is a major achievement for the NMH and there is much hard work ahead and I look forward to progress in the coming years.

In looking forward to 2014, due to recent events and the slight improvements in the economy, we expect overall activity at the very least to remain static and perhaps to show a slight increase. However we also anticipate that the trend in recent years of a higher proportion of mothers opting for public care will continue. This alone will place significant additional pressure on our resources. The increased numbers of patients in this category have a direct impact on the already limited staffing, infrastructure and financial resources.

Whilst the move to SVUH is being planned the infrastructural deficits of the current site continue to be a major focus for the Executive. The Management team have identified needs for major investment over the short/medium term and these will be pursued. The project to relocate the NICU commenced in late 2013 with the support of funding from the HSE and will be completed in late 2014. This will provide a huge improvement in the environment where we treat our most vulnerable patients. This project also requires the relocation of the Fetal Assessment Unit and many other Departments to enable the NICU to move to the first floor. This project would not have been possible without the support of the NMH Foundation and a number of other funds who supported acquiring some additional space nearby to allow for the decanting of certain spaces to allow the project to commence.
The Hospital continues to provide world class quality care to patients within the limited and aging infrastructure and with increasingly prohibitive resource constraints. That this is achieved is testament to the determination, commitment and caring attitude of all the hospital staff.

In spite of the financial constraints, the hospital has managed to continue to support important ongoing education programmes. With the continued support of the Medical Fund the scholarship scheme for Nurses and Midwives, who wish to pursue further third level education, was continued in 2013 and will be made available again in 2014.

During the year the Executive Committee continued to work with the Executive Management Team to review our Governance arrangements. The importance of this work, which we had commenced in 2012 was highlighted in a number of issues that arose which received coverage in the media in late 2013. This project has been led by Ms. Eugenée Mulhern and I thank her for her contribution to date. As a Voluntary Hospital the Hospital’s Executive is very aware and cognisant of our obligations in relation to the provision of patient care. Funding of circa €46m is provided by the State whereby they contract with us to provide services to patients and this is supplemented by the private income generated by the Hospital. In addition the Hospital’s Executive is also very aware of the voluntary and independent nature of our role and the obligations in relation to funds and incomes not provided by the State. Let there be no doubt that the Executive are fully committed to provision of the highest level of care to our patients and to ensuring that this is done in an appropriate environment for both patients and staff.

I would like to thank the House Committee for their invaluable work in carrying out hygiene audits and who, in no small way, help ensure that the hospital’s infection control strategies are effective.

In the early part of the year a significant number of our governors retired from the Board. I thank them all for their many years of service and wish them well for the future.

During the year a number of staff retired and I thank them all for the many years that they have given to the hospital and our patients. Professor Michael Foley also officially retired during the year but thankfully he continues to offer his experience and assistance while his replacement is being recruited. I would also like to...
welcome Dr Donal O’Brien, Consultant Obstetrician/Gynaecologist and Dr. Mensud Hatunic, Consultant Endocrinologist who were appointed to consultant posts during the year.

Dr Rhona Mahony, Master continues to bring new life to The National Maternity Hospital. Rhona continues to represent the hospital at many public fora and in doing so has raised the public profile and awareness of The NMH and has also helped focus the public debate on many important health issues. The NMH Foundation, which was inaugurated by Rhona, has had a successful initial period and was very supportive in assisting to acquire additional space to enable the NICU project to advance. Her determination, commitment and dedication to the NMH, its patients and staff is obvious for all to see. On behalf of everybody I applaud her for her unwavering commitment to patients and staff.

Next I would like to thank Mary Brosnan, Director of Midwifery and Nursing. Mary has a vital role managing the midwifery and nursing staffing resources and trying to match these with the fluctuating activity levels across the year. However with the continued assistance and support of her team, the daily challenges are dealt with and the needs of patients and staff are satisfied. On behalf of myself and the Executive I thank Mary and offer her our continued support.

I would like to thank Ronan Gavin our Secretary/General Manager. During the year Ronan has dealt with many problematic issues including the precarious issue of funding, and once again we finish the year in a relatively sound financial position.

Mr. Tom Fee, Financial Controller has, despite the financial pressures, managed to keep not only the Executive satisfied but also the HSE and for this he deserves our thanks.

I also want to express my gratitude to my fellow Executive members for their time and commitment and particularly in recent times when that commitment has been extensive. Their life experience and knowledge is an invaluable support to the hospital.

And finally a special thanks to all of the staff in the hospital. Despite all the resource limitations the staff at The NMH never fails to deliver. Every year I am amazed at what has been achieved at The NMH and it is primarily due to the extraordinary group of people who we have working in this institution. The level of dedication and commitment demonstrated throughout the staff is a credit to everyone. Thank you all.

Niall Doyle
Deputy Chairman
Master's Report

2013 has been an extraordinary year for the hospital. We may be proud that despite the complex challenges that accompanied 2013 our focus has remained firmly on the families we serve. Our commitment to safe childbirth has been unstinting and we have initiated a number of important projects which will directly enhance care at NMH as we continue to deliver the future. We are a great team and we do great work that makes a very real and dramatic difference to the lives of Irish citizens every day. I wish to thank and commend each and every member of The NMH for all that you do for women and families in Ireland. I am incredibly privileged to work with you. On a personal note it is a great pleasure to work closely with Mary, Ronan and Tom in the day to day running of the hospital. Over the year, this team has been put through its paces but we have been up for the challenges. And similarly my direct back-up, Bernadine and Denise. As Master, I wish to thank you for your steadfast support, your hard work and your excellence.

In 2013 an impressive 8955 babies were delivered. On 22/23rd October 50 babies were delivered over a 28 hour period. The staff of the antenatal and delivery wards and particularly the staff of the postnatal wards deserve our congratulations. Our smallest baby in 2013 weighed in at just 650g at 23 weeks gestation.

We are also justly proud of a corrected Perinatal Mortality Rate (PNMR) of 4; an excellent result by any standard. Our neonatal unit saw over 1600 admissions. The launch of the 24 hour neonatal transport system in 2013 is a huge advance in care and I congratulate Dr John Murphy, the National Neonatal Clinical lead and all those in the HSE who have made this happen.

A significant number of babies are admitted to our neonatal unit because of structural or genetic problems diagnosed before birth. Our Fetal Medicine Unit continues to grow performing just under 26000 scans. Approximately 4 sonographers perform 95 to 100 scans per day of varying complexity in a small space and a highly pressurised environment. This is in addition to performing CTGs phlebotomy, counselling and the myriad of other tasks required. Work on our new Fetal Medicine Unit is well underway and we look forward to a great new facility in 2014. The return of Dr Mary Higgins from Toronto has greatly assisted in developing Early Pregnancy Services. Postnatal outpatient services have further developed with a new postnatal complications clinic overseen by Dr Laoise O’Brien.

During the year two of our long serving colleagues retired from practice in The National Maternity Hospital. Professor Colm O’Herlihy who was UCD Professor of Obstetrics &...
Gynaecology since 1985 and Dr Peter Lenehan both retired after very long careers serving our patients. Their skills and expertise will be a great loss to all and their support and encouragement will be missed by many staff.

In 2013, we managed to perform over 2500 major operative procedures and 2100 minor procedures of which 700 were sadly performed for miscarriage. The caesarean section rate for 2013 was 23.1% which despite a small increase on 2012 remains low by national and international standards. It is gratifying to see NMH as a major tertiary hospital achieve among the lowest section rates nationally in conjunction with such a low corrected PNMR.

Academically, 2013 has been one of the most successful and vibrant years in the hospital to date. Collectively we have produced over 120 publications this year on a range of topics including obesity, diabetes, labour and neonatal brain injury and also contributed to a number of smart phone apps which is a phenomenal achievement. We are very proud to have two Chairs appointed from our staff; Prof. McAuliffe to the Chair and Dept Head of Obstetrics and Gynaecology at UCD and Prof. Molloy to Chair and Professor of Paediatrics at TCD. These appointments are enormously prestigious. It is wonderful to see NMH staff achieve goals of this magnitude. In addition, this year we were delighted to open our new Clinical Education and Research Centre which is a fantastic resource.

The relocation of our Neonatal unit within the hospital is an urgent necessity and enabling works commenced in 2013. In 2014 our babies will leave their current rooftop location and come to reside in the heart of the hospital on the first floor. Our thanks to the HSE for their contribution towards this development.

The headline news for 2013 is the commitment of this Government to relocate this hospital to a purpose built state of the art facility on the St Vincent’s University Hospital campus. I commend the Government for this decision. It is long overdue and of vital importance to the women and families of this community, region and country. My thanks to Dr. Shane Higgins and Dr. Mike Robson and indeed to so many clinical staff as well as Alison Dingle for the huge work that has gone into completing the design brief.

The National Maternity Hospital has succeeded in breaking even for 2013 with no significant carry forward. The HSE gets excellent value for the tax payer - 9000 babies, 10000 pregnant women, 5000 Gynae patients and 2000 Gynae procedures, tertiary referral services in both Obstetrics and Gynaecology and a large tertiary Neonatal Unit. And our outcomes compare very favourably with international units much better resourced than ours. That’s what the NMH provides the taxpayer with for €46 million. However, it costs €65 million to run this hospital for a year. Every year we generate €21-24 million independently. The majority of this income comes from private patient bed income. Without this money we would only be able to cater for approximately 5 to 6000 babies at a stretch.

NMH is now part of Ireland East Group which is the largest maternity and neonatal group in the country, Ireland East has a strong voluntary sector. The current direction of Health Policy is to take the best of governance and autonomy currently found in the voluntary sector and create a new governance system that can give the benefits of increased independence and greater control of local clinical and managerial leaders to every hospital in Ireland. This has gotten off to a shaky start. We are seeing the planned diminution of Voluntary Hospital status – a system that has led the way in healthcare over generations in Ireland. This effort has been particularly focused in Ireland East. The current language is of centralisation, control and compliance with little recognition of autonomy or local leadership. Indeed I believe frontline staff have been treated poorly. The easy availability of raw hospital data so easily misinterpreted by current media is destroying trust and creating a negative environment. An administration at war with the front line does not foster progress or growth. This is not withstanding the need for transparency where tax payers’ money is concerned. We must be careful not to grow the seeds of resentment and minimise the importance of leadership. The need for frontline leadership has never been greater if the present challenges are to be overcome. Reform requires collaboration and a common goal. The common goal is urgent – it is safe and excellent healthcare for all. I believe administrators and clinicians share that goal. Let’s hope 2014 sees a better sort of progress.

The greatest challenge of 2014 will be staff retention. We deliver babies in this country in a uniquely difficult environment. I have spent a great deal of time this year attempting to adhere to the European Working Time Directive (EWTD) - essentially eliminating 24 hr shifts and reducing the working week to 48 hours. Over the past decade we have failed as a country to seriously address this issue. We have 8.5 WTE consultant obstetricians, 3.7 WTE neonatologists, 4.5WTE anaesthetists to cover this hospital 24/7/365. We have the lowest number of obstetricians per head of population in the OECD. The UK has 3 to 4 times
the number of consultants compared with us. We will not address the EWTD issue unless we expand consultant numbers. It cannot be addressed by expanding the numbers of trainees who require supervision. Relentless and excessive service commitments overwhelm training opportunity. Over the last decade numerous reports have addressed the need for consultant expansion in Ireland with little response. The evidence now suggests that consultants are not taking up posts in Ireland. The traditional return after fellowship training is no more, 50% of medical graduates leave after medical school. This is a serious issue which needs urgent attention.

NCHDs are viewing the changing landscape and contemplating the outcome of 10 to 15 yrs speciality training. There was the first NCHD strike in a quarter of a century this year. Midwives deliver our babies yet a recruitment moratorium prevents us employing midwives in adequate numbers. When one considers their skill and professionalism and the responsibility for our babies the level at which they are rewarded is incommensurate. Over exposed to volume and case complexity, doctors and midwives find themselves in an extraordinarily punitive environment of High Court, Medical Council, Coroners Court, An Bord Altranais and increasingly commonly media. Our current culture is one of blame, litigation and punishment. Staff are used to exhaustion, frustration and stress but the fear is new and fear is a dangerous emotion. It paralyses and diminishes. It does not make patients safer. It is interesting that at a time when our outcomes have never been better litigation is spiralling. Patient expectation is high and yet public confidence is consistently undermined.

If there is one thing that can erase every shred of negativity in a heartbeat – it is the birth of a baby. Nothing can be more important and we need to focus on what is important. We will focus on our patients because that is why we are here. We will not lose sight of our common goal - to provide the highest possible standard of care to families who attend NMH.

We are a team and therein lies our greatest strength. We are 120 years old. We have made it through a few wars, a few recessions, a major renovation, and lots of minor altercations with powers that be. We have not only endured but we have flourished. Therefore, we should not be surprised that in one of our most challenging years ever we have achieved more than ever.

Dr. Rhona Mahony
Master
Executive Committee Report

Executive Committee
At the Annual General Meeting the outgoing members of the Executive Committee, with the exception of Mr G Hogan who resigned in January, were proposed and seconded and were elected as ordinary members of the Executive Committee for the coming year.

Subsequent to the AGM Cllr. Naoise Ó Muirí and Ms Elizabeth Nolan were elected to the Executive Committee.

Mr William Johnston was elected as Honorary Secretary in place of Mr Gabriel Hogan at the AGM.

The Executive Committee met on eleven occasions. The year ended with a request from the HSE for the Executive Committee to sign an Annual Compliance Statement. The Executive Committee agreed that in early 2014 an Annual Compliance Statement would be completed and signed.

New Governors
The following new Governors were elected at the AGM: Prof. Fionnuala McAuliffe, Ms Isabel Foley and Ms Jane McCluskey.

Cllr. Naoise Ó Muirí and Ms Elizabeth Nolan were elected as Governors subsequent to the AGM.

Charter Day
We had a very good attendance at Charter Day which was held on the 24th January 2013 and was hosted by the Master, Dr Rhona Mahony and her husband Mr Daragh Fagan to whom we are most grateful. The Master delivered an informative and inspiring address to the Governors, staff, prize-winners and their families.

The 56th Annual Charter Day Lecture entitled “Discovering Fulfilment as a Medical Professional – Ancient Wisdom for Modern Medicine” was delivered by Professor Michael Foley, Chairman & Program Director of Obstetrics & Gynaecology at Banner Good Samaritan Regional Medical Center, Arizona, USA. The lecture was well attended and Prof. Foley was guest of honour at the annual Charter Day Dinner. A Maternal Medicine Meeting was organised by Professor Fionnuala McAuliffe as part of the Charter Day celebrations and took place at the National Gallery, Merrion Square; Members of the Consultant staff were involved and chaired sessions.
Nominations Committee
Early in the year the Nominations Committee held their inaugural meeting. This Committee is a welcome addition to enhanced Corporate Governance.

Hospital Awards & Certificates
Awards for the year 2013 were as follows: The John F. Cunningham Medal was awarded to Dr Gráinne Ahern. The Royal College of Surgeons/NMH medal was awarded to Ravneet Mann. The Kieran O’Driscoll prize was awarded to Sophie Duignan. The A. Edward Smith Medal was also awarded to Sophie Duignan.

Medals were also presented to student midwives as follows: The Hospital Gold Medal was presented to Niamh Vickers (Higher Diploma in Midwifery) and to Justine Cooke (BSc in Midwifery). The Elizabeth O’Farrell Medal was presented to Laura Doherty (Higher Diploma in Midwifery) and Lorraine Gleeson (BSc in Midwifery). The Director of Midwifery’s Award was presented to Nicola Clarke to acknowledge her pivotal role in leading the nurse and midwifery prescribing project since 2008.

We were delighted that the Director of Midwifery and Nursing was nominated to the newly established Midwifery Committee of the Nursing and Midwifery Board of Ireland and has been elected President of the Irish Association of Directors of Nursing and Midwifery.

Hospital Finances
As can be seen from the report of the Finance Committee an accumulated surplus of €871,000 was carried forward at year-end. Gross expenditure for the year was €64.4 million which was an increase of 1.7% over 2012.

The 2013 Service Plan of the HSE involved a reduction of 27 whole time equivalent employees. The increasing level of cutbacks have the effect of making it more problematic for the Hospital to maintain its primary purpose – safe care for its patients. In addition, the HSE allocation involving a 14 per cent reduction in overtime payments makes the continuation of care by the Hospital’s exceptional staff particularly challenging – in one 48 hour period during the year there were 88 births - the staff are to be commended for their outstanding care for babies and their mothers.

The announcement during the year by the HSE of the Incentivised Career Break Scheme involving paid leave for up to three years without replacement cover is clearly unhelpful in maintaining the excellent atmosphere amongst the Hospital’s staff which is so important in maintaining patient care. 75% of the midwives who resigned during the year emigrated to take up employment overseas.

Development
Funding was obtained to relocate unit 8 and units 7 and 10 were amalgamated and upgraded.

The Hospital leased 65-66 Mount Street in June following the acquisition of the property by the NMH Foundation; the UCD Department of Obstetrics and Gynaecology and the School of Midwifery and Nursing are the first to be relocated to this property. The additional space is proving very beneficial to the operation of the Hospital.

We are delighted to record the recent long awaited but very welcome announcement by the Minister for Health, Dr. James Reilly of the Government’s commitment to the relocation of a new purpose built Maternity Hospital on the site of St. Vincent’s University Hospital. Ongoing work is being undertaken to facilitate the relocation later in the decade.

Maternity Hospitals
Joint Standing Committee
The Committee, under the Chairmanship of Dr Dan Thornhill, continued to meet on a monthly basis during the year. Issues of common interest were considered.

All three Dublin maternity hospitals agree that it is important for the well-being of babies and their mothers that the Joint Standing Committee continue its work to facilitate the endeavours to provide optimal care for their patients.
Appointments, Promotions, Retirements and Deaths

New appointments during the year included:
- Dr. Donal O’Brien, Consultant Obstetrician/Gynaecologist
- Dr. Mensud Hatunic, Consultant Physician in Endocrinology
- Alistair Holland, Management Accountant
- Maev Hough, Human Resources Executive
- Dr. Jan Franta, Consultant Neonatologist, Neonatal Transfer
- Dr. Joan Fitzgerald, Consultant Haematologist
- Prof. Fionnuala McAuliffe, Prof. of Obstetrics & Gynaecology, NMH/UCD

Internal Promotions
- Barbara Cathcart, Clinical Midwife Manager 2
- Jill Dowling, Clinical Midwife Manager 1
- Margaret Hanahoe, Assistant Director of Midwifery & Nursing
- Grace Hickey, Bereavement Liaison Midwife
- Cathal Keegan, Information Technology Manager
- Larissa Luethe, Clinical Midwife Manager 1
- Teresa McCreery, Clinical Midwife Manager 3
- Helena O’Hara, Clinical Midwife Manager 1
- Paula Whyte, Senior Medical Scientist

Deaths

During the year a number of our retired staff died and we send our sincere condolences to their families. They include:
- Mary Downey, Former Household Assistant
- Catherine Kiernan, Former Household Assistant
- Noreen Maher, Former Household Assistant

Staff Retirements

The following staff members retired during the year after many years of service:

- Mary Finnegan, Clinical Midwife Manager 1
- Dr. Richard Firth, Consultant Physician in Endocrinology
- Tommy Hayden, Management Accountant
- Dr. Peter Lenehan, Consultant Obstetrician & Gynaecologist
- Prof. Colm O’Herlihy, Prof. of Obstetrics & Gynaecology, NMH/UCD

We thank them all for their enormous contribution during their many years of service and wish them a very happy retirement.

Conclusion

Finally, the Executive Committee has great pleasure in acknowledging the work and co-operation they received from all categories of staff; medical, paramedical, midwifery & nursing, administration, maintenance, catering, portering and household. The absence of any incidents of MRSA, Clostridium, Difficile or any winter vomiting bug is due to the dedication of all members of staff, for which we are most grateful.

Mr William Johnston
Honorary Secretary
Finance Committee Report

Hospital gross expenditure for 2013 was €64.4 million which was 1.7% higher than in 2012. The hospital continued to experience cost pressures in 2013. The Health Service Executive (HSE) allocation was €45.6 million; a 5% increase on the allocation of the previous year. The private and other income of the hospital for 2013 was €21.2 million which was an increase of 5.7% from the previous year and was equivalent to 33% of gross hospital expenditure.

Payroll costs remained substantially the largest area of expenditure accounting for 77% of gross expenditure with non-pay costs accounting for the remaining 23%. Unfunded pension and lump sums accounted for 1% of the pay bill. Overall the pay bill fell by 1.6%. There was a shift in the year of 2.5% away from pay towards non-pay costs; non-pay expenditure increased by 2.5%.

Planning and budgeting remain difficult partly because of slow notification to the hospital of its allocation and frequent arbitrary and one-off adjustments to the allocation over the course of the financial year.

The hospital incurred a financial surplus of €2.4 million in 2013. The accumulated surplus was €871,000 at 31 December 2013.

The Finance Committee continued to monitor and evaluate the use of the hospital’s resources, meeting every month through the year. This is essential to ensure that the hospital meets its financial, staff number and service level targets, as agreed with the HSE. The approval and monitoring of staffing levels was a major focus for the committee, as was the approval and control of all major expenditures.

Once again there was sustained pressure on staff, mainly due to continuing pressure from the HSE for the hospital to maintain staff numbers within an ‘approved ceiling’.

During the year capital funding of €469,000 was received from the HSE. €250,000 was spent on the new NICU development and €219,000 was spent on medical equipment.

The hospital faces considerable financial challenges again in 2014 as a result of continuing high activity levels, reduced private income as a direct result of the HSE’s difficult funding position and the Health Amendment Act 2013, which reduced the amount which the hospital could charge for each private bed night. As of the date of this report the hospital’s allocation for 2014 will be €3.4 million lower than 2013.

Catherine Ghose
Honorary Treasurer
## Pay Costs

<table>
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<td>Support Services</td>
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<td><strong>Total Pay Costs</strong></td>
<td><strong>€49,490</strong></td>
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## Non Pay Costs

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</table>
Secretary / General Manager's Report

2013 in many respects has been a very challenging year for the hospital. The number of births remained relatively static however activity levels in many departments continued at very high levels due to increased complexity and changes in protocols. The levels of activity once again need to be considered in the context of diminishing resources and the ongoing infrastructural compromises. There were further pressures in the relative overall financial allocation provided to the hospital through the HSE. Financial pressures were further exacerbated by the continued relative decline in patient incomes. This decline in private patient income is partly due to a shift by patients to opt for public care. This increase in public patients is a significant resource issue because these patients now require further publically funded resources such as outpatient attendances, publically provided on-call – resources all of which would have been provided directly to private patients by their private consultant. The impacts of experienced staff leaving under various recent schemes continue to be felt throughout the hospital. The diminished resources, particularly staffing, creates challenges in relation to maintaining quality patient services. Staff and management have worked together collaboratively to deal with these challenges. Once again the quality of our outcomes when considered in the context of our staffing, financial and infrastructural resources is a testament to the dedication and enthusiasm of all our staff.

During the year we had very positive news with the Minister for Health announcing that the hospital would move to a purpose built facility on the St. Vincent’s University Hospital (SVUH) campus. The project team with representatives from NMH, SVUH, DOHC and the HSE has formed and have had a number of meetings and substantial work has been undertaken by a number of staff onsite to develop our design brief. Infrastructural issues on the current site continue to be an issue of concern and focus for the management team. The Neonatal Intensive Care Unit (NICU) relocation project commenced during the year with the support of the HSE and will be completed during 2014. Works commenced on the improvement of the semi private/baby clinics and these areas reopened in early 2014. The availability of No. 65/66 Mount St. to decant some departments was a major factor in allowing necessary projects to commence onsite. We are very grateful to the NMH Foundation and other funds that brought this to fruition. While the relocation to SVUH progresses over the next few years there remain a number of critical infrastructural issues that will need to be resolved on the current site including but not limited to patient bathrooms, emergency department and HSSD.

A number of departments continue to attain and maintain accreditation to the highest of national and international standards. A number of our labs have attained and retained accreditation to ISO 15189 including Microbiology, Anatomical Pathology and Blood Transfusion and we continue to maintain accreditation for the entire hospital to environmental standard ISO 14001. It takes huge dedication, discipline and teamwork to attain and retain these awards. Congratulations and thanks to everyone involved.

I would like to thank Dr Rhona Mahony, Master, Ms Mary Brosnan, Director of Midwifery and Nursing and Dr Peter Boylan, Clinical Director for all their assistance and support throughout the year. I also wish to thank Tom Fee for his advice and support through the year. Also I wish to express my gratitude to Clare Gray who is a tremendous support. I would also like to thank Tommy Hayden, who retired in February 2013 for his support over many years and wish him well in his retirement. Finally, I wish to thank all the members of the Finance and Executive Committees for their assistance and support throughout the year.

The hospital continues to deliver exemplary care despite issues with activity levels, resources and infrastructural difficulties. This is achieved because of our most valuable resource which is our staff. There are no doubt challenges and opportunities ahead, as has been obvious in recent times, but the focus must remain on how we all, as part of the voluntary hospital that is the NMH, can best serve our patients and their families. The endeavours of every member of the staff cannot be commended enough and I thank you all for your wholehearted commitment throughout the year.

Ronan Gavin
Secretary/General Manager
Director of Midwifery and Nursing

This past year has been an exciting time for our hospital as we had the announcement of the commitment to move to a new purpose built maternity hospital on the St Vincents University Hospital campus. Lots of work has been happening on drafting design briefs and we are all very engaged and excited about this important development for maternity in Ireland.

During the year the midwifery and nursing staff have proven to be as resilient and positive as ever, continuing to provide an exceptional service to the women and babies in our care, despite the public service staffing moratorium in place since 2009.

Education of midwifery and nursing students is a vital part of our role as a leading teaching hospital and we are very proud of the very high standards achieved by our student midwives who successfully graduated from their studies. I wish to congratulate all of our graduates on their achievement. Many other staff throughout the hospital undertook additional courses throughout the year and are to be congratulated on their success. We continued to support much of this education by availing of the Masters scholarship programme supported by the hospital. In addition, Ms. Tina Murphy and Ms Sheila Power are currently undertaking a PhD: Tina in the area of labour management and Sheila is addressing the topic of bereavement.

Nurse/midwife prescribing continues to be an important element of the extended role of our midwives and nurses with wonderful support from the mentors, in particular Dr Michael Robson and Dr Declan Keane and the programme coordinator Ms. Nicola Clarke.

In February in the Fetal Medicine Unit Ms. Barbara Cathcart was promoted to the role of Prenatal Diagnosis Midwife which will be of great benefit in supporting women who have complicated pregnancies such as a fetal anomaly.

In 2013 we said a fond farewell to two senior members of staff, Ms. Yolanda Cassis from Theatre and Ms. Mary Finnegan from our Out of Hours Department; both of these staff have given long years of service to the hospital and will be greatly missed.

Finally I would like to thank all of the midwifery and nursing team for their continuous commitment to patient care. We are fortunate to have a very strong collegiality that reminds us of the vital role we play in the lives of so many families who trust us to support them through one of life’s great miracles and we are there for them where it all begins.

Mary Brosnan
Director of Midwifery and Nursing

Midwives celebrating their graduation during the year.
Research Ethics Committee

The Research Ethics Committee is approved to receive and approve research application proposals nationally.

Meetings are held each month apart from a month in the summer. There is one quarter lay membership in attendance and a quorum at each meeting. Generally, the applications are approved at each meeting but if they are not approved, the Chairman will request clarification on any particular issues e.g. patient information details, consent form etc.

In 2013 the Research Ethics Committee received 55 research application proposals. There were 43 research proposals approved at the first review; 12 research proposals needed clarification and 1 research proposal was rejected. There were two clinical trial research studies submitted to the Research Ethics Committee.

Dr. John Murphy
Consultant, Neonatologist
Chairman, Ethics Committee

Lorraine O’Hagan, CMS Breastfeeding graduated with an MSc Midwifery in December
Board of Governors

Governors Ex-Officio
Dr Diarmuid Martin, Archbishop of Dublin – Chairman
Councillor Oisin Quinn, Lord Mayor – Vice Chairman
Dr Rhona Mahony, Master
Very Rev. Fachtna McCarthy, Administrator, Parish of Haddington Road
Very Rev. John McDonagh, Parish Priest of the Parish of Sandymount
Very Rev. John Gilligan, Administrator, Parish of St. Andrew, Westland Row

Nominated by the Minister for Health
Ms Patricia O’Shea
Ms Pamela Fay

Nominated by Dublin City Council
Councillor Pat Crimmins
Councillor Gerry Ashe

Governors Elected
1956 * Mrs Bridget Malone (RIP April)
1959 * Professor Sheamus Dundon
1959 * Professor E O’Dwyer
1964 * Mr Patrick J Spain
1969 * Dr Alan O’Grady
1970 * Mrs Emer Meagher (resigned)
1971 * Mrs Alice Finlay (resigned)
1974 * Mr S. Patrick Boland (resigned)
1975 * Mrs Mary Enor (resigned)
1975 * Mr Donal S. McAleese (resigned)
1976 * Professor Enda Hession
1976 * Dr Declan Meagher (resigned)
1976 * Mrs Rosaleen Lynch (resigned)
1977 * Mrs Laura MacDonald
1980 * Dr John R McCarthy
1980 * Dr Niall O’Brien
1981 * Mr J. Brian Davy
1983 * Mrs Maureen Spain (resigned)
1983 * Mrs Judith Meagher
1983 * Professor Sean Blake (resigned)
1984 * Dr Dermot MacDonald
1984 * Mrs Stephanie Stronge (resigned)
1985 * Dr Jack T. Gallagher
1985 * Dr, Reginald Jackson
1985 * Mr Edward Bourke (resigned)
1986 * Mrs Maeve Hayes
1986 * Mr Gabriel Hogan
1986 * Mrs Monica Owens (resigned)
1987 * Professor Paddy Masterson
1989 * Mrs Anne Davy
1990 * Ms Carmencita Hederman (resigned)
1990 * Mrs Margaret Anderson
1990 * Mrs Kathleen O’Grady
1991 * Dr John F. Murphy
1992 * Dr Frances Meagher
1992 * Mr Kevin Mays
1995 * Mr Peter Sutherland
1995 Dr Declan O’Keeffe
1995 * Professor Colm O’Herlihy
1996 * Mr William Johnston (Honorary Secretary)
1997 * Dr Peter Boylan
1998 * Mrs Joanne Keane
1998 * Mrs Anne Murphy
1998 * Mr Frank Downey
1999 * Mr Anthony Garry
2000 * Mr John Spain (resigned)
2000 * Dr Freda Gorman
2001 * Mrs Helen Moe
2001 * Ms Yvonne McEvoy (resigned)
2001 * Mrs Jane Collins
2001 * Ms Alexandra Spain
2001 * Mrs Margo McParland
2001 * Mrs Catherine Altman
2001 Dr John Murphy, Paeds.
2003 * Mr Niall Doyle (Deputy Chairman)
2003 * Ms Lydia Enor
2002 Ms Sarah Appleby
2005 Ms Caroline Hayes (Simons)
2005 Dr Peter Lenehan
2005 Dr Orla Sheil
2005 Dr Peter McParland
2005 Ms Sheena Carton
2005 Ms Elaine Doyle
2005 Dr Declan Keane
2005 Ms Maeve Dwyer
2007 * Dr Kevin McKeating
2007 Mrs Mary Donohoe
2008 Ms Catherine Ghose (Honorary Treasurer)
2011 Mr Barry Dixon
2011 Ms Paula Reid
2011 Ms Suzanne O’Brien
2011 Ms Margaret McCourt
2011 Professor Bill Powderly (resigned)
2011 Ms Bernie Spillane
2011 Ms Teresa Murphy
2011 Ms Eugenée Mulhern
2011 Ms Fiona Davy
2012 Dr Michael Robson
2012 Dr Deirdre McDonald
2013 Prof. Fionnuala McAllifffe
2013 Ms Isabel Foley
2013 Ms Jane McCluskey
2013 Cllr. Naoise Ó Muirí
2013 Ms Elizabeth Nolan

* Denotes lifes member
Committee Members

Executive Committee

Dr. Diarmuid Martin, Archbishop of Dublin, Chairman
Lord Mayor of Dublin, Cllr. Oisin Quinn, Vice Chairman
Mr Niall Doyle, Deputy Chairman
Ms Catherine Ghose, Honorary Treasurer
Mr Gabriel Hogan, Honorary Secretary (resigned January)
Mr William Johnston, Honorary Secretary (from February)
Dr Rhona Mahony, Master
Mr William Johnston, Honorary Secretary (from February)

Mrs Catherine Altman
Cllr. Gerry Ashe
Dr. Peter Boylan
Cllr. Pat Crimmins
Mr Frank Downey
Ms Lydia Ensor
Ms Pamela Fay
Very Rev. John Gilligan
Dr Declan Keane
Mr Kevin Mays
Ms Eugene Mulhern
Dr John Murphy
Dr Kevin McKeating
Dr Peter McParland
Ms Elizabeth Nolan (from December)
Mrs Kathleen O’Grady
Prof. Colm O’Herlihy
Cllr Naoise Ó Muirí (from September)
Mrs Patricia O’Shea
Dr Michael Robson

House Committee

Mrs Elaine Doyle, Chairperson (to August)
Mrs Catherine Altman, Chairperson (from September)
Dr. Rhona Mahony, Master
Ms Sara Appleby
Ms Sheena Carton
Mrs Jane Collins
Ms Fiona Davy
Mrs Judith Meagher
Ms Margaret McCourt (from August)
Mrs Margo McParland
Mrs Helen Moe
Ms Ann Murphy (from August)
Ms Teresa Murphy
Ms Suzanne O’Brien
Mrs Kathleen O’Grady
Ms Bernie Spillane

Finance Committee

Mr Niall Doyle, Deputy Chairman
Ms Catherine Ghose, Honorary Treasurer
Mr Gabriel Hogan, Honorary Secretary (resigned January)

Mr William Johnston, Honorary Secretary (from February)
Dr Rhona Mahony, Master
Mrs Kathleen O’Grady
Mr Ronan Gavin, Secretary/General Manager
Ms Mary Brosnan, Director of Midwifery & Nursing
Mr Tom Fee, Financial Controller

NMH Executive Ethics Committee

Dr John Murphy, Consultant Paediatrician, Chairman
Dr Rhona Mahony, Master
Dr Peter Boylan
Mr Kevin Mays
Mr William Johnston
Ms Catherine Altman
Ms Maeve Dwyer
Mr Frank Downey
Dr Kevin McKeating

Nominations Committee

Mr Niall Doyle (Chairman)
Dr Peter Boylan
Ms Lydia Ensor
Dr Declan Keane
Ms Eugene Mulhern
Dr John Murphy
Ms Paula Reid

Research Ethics Committee

Dr. John Murphy, Consultant Paediatrician, Chairman
Dr Rhona Mahony, Master
Mr Ronan Gavin, Secretary/General Manager
Ms Mary Brosnan, Director of Midwifery & Nursing
Dr Edgar Mocanu
Ms Dorothy McCormack
Dr Susan Knowles
Mr Padraig Ingoldsby
Ms Ann Rath
Ms Fionnuala Watkins
Ms Valerie Kinsella
Ms Angela Gargan
Ms Claire Callanan
Ms Gemma Cody
Dr Michael Robson
Ms Fionnuala Byrne
Ms Patricia Hughes
Resident and Visiting Medical Staff

Master
Dr Rhona Mahony, MD, FRCOG

Department of Obstetrics and Gynaecology
Dr Peter Boylan, MB, MAO, FRCPI, FRCOG
Dr Stephen Carroll, MB, BCh, BAO, MRCOG, MRCP, MD (UCD)
Dr Grainne Flannelly, MB, BCh, BAO, FRCOG, MRCP, MD (Aberdeen)
Dr Shane Higgins, MRCOG, FRANZCOG, MPH (Melb)
Dr Declan Keane, MD, FRCPI, FRCOG
Dr Peter McParland, MD, FRCOG, MRCP
Dr Michael Robson, FRCS, MRCOG, FRCP
Dr Orla Sheil, MD, FRCOG, FRCP
Dr Mary Wingfield, MD, MRCOG
Dr Cathy Allen, MB, MRCOG, MRCP, DCH
Dr Gerard Agnew, MRCPI, MRCOG
Dr Myra Fitzpatrick, MD MRCOG

Department of Obstetrics and Gynaecology, University College Dublin
Prof Colm O’Herlihy, MD, FRCPI, FRCOG, FRACOG
Prof Fionnuala McAuliffe, MD, FRCOG, MRCPI, DCH
Prof Michael Foley, MB, MAO, FRCPI, FRCOG

Department of Obstetrics and Gynaecology, Royal College of Surgeons
Dr Donal O’Brien, MB, MRCOG, MRCPI

Department of Pathology and Laboratory Medicine
Director Dr Paul Downey, MB, MRCPI, FRCP, FFPath, FFPathRCPI
Dr Susan Knowles, MD, FRCPath, FRCPath, DCH
Dr Eoghan Mooney, MB, MRCPI, FRCP, FFPath, FFPathRCPI
Dr David Gibbons, MB, FCAP
Dr Karen Murphy, MB, FRCP, FFPath, FRCP
Ms Orla Maguire, MSC, FRCP, FRCP, EurClinChem
Dr Emer Lawlor, MB, BCh, BAOC, FRCP, FRCP, Locum

Department of Paediatrics and Neonatology
Director: Prof Eleanor Molloy, MB, BCh, BAOC, PhD, FRCPI, MRCP, MRCPCH
Prof John F Murphy, MB, MRCP
Dr Anne Twomey, MB, MRCPI, FAAP
Dr Colm O’Donnell, MB, BCh, BAO, MRCP, DCH, MRCPCH, FRACP, PhD
Prof Carlos Blanco, MD, PhD
Dr Claudine Vavasseur, MB, BCh, BaO, MRCP, MRCPCH, MD

Department of Anaesthetics
Director: Dr Kevin T McKeating MB BCh BAOC, FFARCSI, FFFMCAI
Dr Breda O’Kelly, MB, BCh, BAO, DCH (UCD) DObS (RCPI)
FFARCSI AEA SESS (Paris VII)
Dr Ingrid Browne, MB, BCh, BAOC, FRCP, FFARCSI
Dr Ola Petter Rosaeg, MB, FRCP
Honorary Consulting Staff

Surgeons
Mr Enda McDermott, MCh, FRCSI
Prof Martin Corbally, MB, BCh, BAo, MCh, FRCSI, FRCS (Paed Surg)
Mr Feargal Quinn, MB, FRCSI

Oto-Rhino-Laryngologist (ENT Surgeon)
Mr Alex Blayney, MB, FRCS, FRCSI

Urological Surgeons
Mr David Mulvin, MCh, FRCSI
Mr David Quinlan, FRCSI
Mr Gerry Lennon, NCH, FRCSI

Consultant in Genitourinary Medicine
Prof Fiona Mulcahy, MD, FRCSI

Gastroenterologist
Dr John Crowe, MB, PhD, FRCP

Orthopaedic Surgeon
Mr Damian McCormack, BSc, MCh, Orth

Dermatologist
Dr Aoife Lally, MB MRCP

Paediatric Cardiologists
Dr Paul Osliizk, MB, FRCP, DCH
Dr David Coleman, MB, ChB, DCH, FRACP
Dr Colin McMahon, MB, BAo, BCh, DCH, MRCP, MRCP (UK), FAAP

General and Colorectal
Prof P Ronan O’Connell, MD, FRCSI

Paediatric Neurologists
Dr Bryan Lynch, MB, BCh, BAo, FAAP
Dr David Webb, MB, BAo, BCh, MRCP, MD, FRCPCH

Neurologists
Dr Conor O’Brien, MB, MSc, PhD, ESCN (Emg), FRCSI
Dr Janice Redmond, MT, MD, FRCSI, FACCP, DAB Psych Neuro, DAB Elec-Diag Med

Paediatric Infectious Diseases
Prof Karina Butler, MB, FRCP

Infectious Diseases
Prof Colm Bergin, MB, FRCP, MRCP (UK)

Clinical Geneticist
Dr William Reardon, MD, MRCP, DCh, FRCPCH, FRCP (London)

Palliative Medicine
Dr Marie Twomey, MB, MRCP

Hepatology
Professor Aiden McCormick, MD, FRCP, FRCP, FEBG
Sophie Duignan and her family at Charter day celebrations where she was presented with the Kieran O’Driscoll prize and the A. Edward Smith medal.

Senior Midwifery & Nursing Staff

**Director of Midwifery & Nursing**  
Mary Brosnan, MSc, RGN, RM, Adjunct Associate Professor, UCD School of Nursing, Midwifery and Health Systems

**Assistant Directors of Midwifery & Nursing – Day Duty**  
Rachel Conaty, RGN, RM, HDip (Healthcare Risk Mgmt)  
Nicola Clarke, MSc (Midwifery), MSc (Health Informatics), RSCN, RGN, RM, IBCLC, Dip (HSP), FFNM (RCSI)  
Geraldine Duffy, BSc (Neonatal Studies), RGN, RM, ANNP (UKCC), Dip (Health Economics)

**Assistant Directors of Midwifery & Nursing – Night Duty**  
Martina Carden, RGN, RM, Dip (Mgmt)  
Bernadette O’Brien, RGN, RM, BMS, RNP  
Margaret Hanahoe, RGN, RM, RNP

**Assistant Director of Midwifery & Nursing – Clinical Practice Development Co-ordinator**  
Maureen Kington, BSc (Midwifery), RGN, RM, BMS, Dip (Mgmt)

**Advanced Midwife / Nurse Practitioners**  
Mary Jacob, MSc, BSc , RGN, RCN RM, FFNM (RCSI), RNP, AMP (Women’s Health)  
Helen Walsh, MSc, BSc (Nursing), FFNM, RCSI, RNP, RGN AMP (Neonatology)  
Mary Coffey, MSc, RGN, RM, HDip, RNP, (Diabetes)

**Clinical Midwife / Nurse Managers 3**  
Valerie Kinsella, MSc (Healthcare Ethics & Law), RGN, RM, HDDI  
Teresa McCreery, RGN, RM, RSCN  
Ann Rath, BSc (Nursing Mgmt), RGN, RM  
Karen Sherlock, RGN, RM, BNS  
Hilda Wall, RGN, RM, Dip (Healthcare Mgmt)

**Clinical Midwife / Nurse Managers 2**  
Emily Barriga, BSN, RGN Neonatal Unit  
Maggie Bree, RGN, RM, Theatre  
Caroline Brophy, RGN, RM, BNS, RNP Outpatients Clinic  
Elizabeth Butler, RGN, RM, IBCLC Postnatal Ward  
Bairbre Cathcart, MSc. (Diagnostic Imaging), RGN, RM, Fetal Medicine Unit  
Catherine Callinan, RGN, RM Postnatal Ward
Nicola Clarke presented with the Director of Midwifery’s award by Mary Brosnan, Director of Midwifery and Nursing to acknowledge her pivotal role in leading the nurse and midwife prescribing project since 2008.
Allied Health Professionals

**Medical Social Workers**
Kaylene Jackson, Head Medical Social Worker, MSocSc, NQSW
Ciara McKenna, Senior Medical Social Worker, BSocSc, NQSW
Laura Harrington, Medical Social Worker, BA, HDip Sp, MSoc Soc, NQSW
Aoife Shannon, Medical Social Worker, BA, HDip Sp, MSoc Soc, NQSW (resigned April 2013)
Jane Toolan, Medical Social Worker, MSoc Soc, HDip Sp, BA Arts Int, NQSW

**Radiographers**
Mary Corkery, DCR
Bernadette Ryan, DCR
Clara Nolan, BSc (Rad), MBS
Angela O’ Sullivan, DCR, DIP MS, PG DIP MUS

**Physiotherapists**
Judith Nalty, Physiotherapy Manager, BSc (Physio), MISCP
Lesley-Anne Ross, MSc (Physio), MISCP
Jo Egan, BSc (Physio), MISCP
Leah Bryans, BSc (Physio), MISCP

**Pharmacists**
Dorothy McCormack, BSc (Pharm), MPSI
Noreen O’Callaghan, BSc (Pharm), MPSI
Aine Toher, BSc (Pharm), MPSI
Anne Clohessy, BSc (Pharm), MSc, MPSI

**Psychosexual Counsellor**
Meg Fitzgerald, BSocSc, MSW, NQSW, Dip PST

**Dietician**
Robert McCarthy, BSc/DipHumNut&Diet, MINDI
Sinead Curran, BSc/DipHumNut&Diet, MINDI

**Clinical Risk**
Angela Gargan, BSc (Nursing), RGN, Dip (Health & Safety Welfare), Dip (Nursing Mgt)
Clare O’Dwyer, RGN, RM, Dip (Healthcare Risk Mgt), BSc (Nursing Mgt)

**Clinical Engineering**
Karl Bergin, PCET, Dip (App Sc), BSc, MEng, CPhys, MinstP
Eoghan Hayden MSc, BSc (Comp Sc)

**Clinical Psychologist**
Marie Slevin, MA

**Haemovigilance Officer**
Bridget Carew, RGN, RM, Dip (Healthcare Risk Mgt), HDip (Quality in Healthcare)
Senior Administration Staff

Secretary/General Manager
Ronan Gavin, BBS, ACA

Financial Controller (Acting)
Thomas Fee, FCCA

IT Manager
Cathal Keegan, BSc (Mgt), P Grad Dip (IT)

Human Resources Manager
Lauri Cryan, MSc, MCIPD

General Services Manager
Tony Thompson, DipHSM, Dip SCM

Purchasing and Supplies Manager
Damian McKeown MBA

Facilities Engineering Manager (Acting)
Frederick Byrne

Patient Services Manager
Alan McNamara

Information Officer
Fionnuala Byrne, MSc, BA (ICT), P Grad Dip (Stats)

Quality/Accreditation Manager
Geraldine McGuire, RGN, RM, Dip (Nursing Mgt)

Health & Safety Officer/Project Manager
Martin Creagh, BSc, DipHSWW, IOSH
Medical and Midwifery

Breastfeeding

We promote, support and protect breastfeeding in a professional and caring environment. Our breastfeeding initiation rate was 70.5%, (an increase of 1.4% on 2012). We recognise that increasing breastfeeding rates is only part of our goal; more importantly, we aim to ensure mothers get off to the best possible start, receiving evidence based care and support. We continue to work to achieve BFHI Status and to empower mothers to enjoy their unique breastfeeding journey.

The breastfeeding support service continues to develop with 2,640 patient contacts. We attend postnatal wards daily to assist mothers. We also provide follow up care at the breastfeeding support group weekly and continue to meet with mothers for individual consultation if required.

We facilitate 3 breastfeeding workshops monthly where attendances average 30-40 mothers. These aim to empower parents by discussing the best practice to initiate and maintain breastfeeding.

Mothers of premature infants are seen after delivery to initiate lactation and discuss best practice to establish a milk supply. We meet these mothers weekly to discuss any concern they have. Lorraine O’Hagan facilitated the development of a guideline to support breastfeeding the premature infant in the NICU with NICU staff as part of an MSc (Midwifery).

Staff education continues in collaboration with the Rotunda and Coombe. We facilitated 2 twenty hour courses and two one day refresher courses. We also held a one day course for the staff of the NICU whose needs are unique as well as a course for Maternity Care Assistants.

An updated NMH Breastfeeding Booklet was launched in August. Every breastfeeding mother receives a copy of the booklet post delivery.

Denise McGuinness developed a new leaflet for bereaved mothers ‘Breast care following the loss of your baby’. This leaflet was developed following an MSc research study involving 15 mothers who had experienced the loss of a baby following late miscarriage, stillbirth or neonatal death.

Regular audits of the service continued focusing on antenatal education and skin to skin contact following delivery. Practices are audited, reviewed and action plans developed to address audit findings.

Catherine McCann
Denise McGuinness
Lorraine O’Hagan
CMS Breastfeeding Team
Community Midwifery Service

The community midwifery service has been present for 552 homebirths and the waiting lists for the DOMINO service continue to grow. The team provides 24-hour midwifery care for the women booked with the scheme.

The team is responsible for a total of 14 external antenatal clinics weekly: 8 for domino/homebirth, 2 for the Early Transfer Home Team and 4 mixed risk clinics. The public mixed risk public clinics in Greystones, Bray, Arklow and Wicklow town in Co.Wicklow are continuing to grow and develop. Antenatal classes have continued successfully.

DOMINO Scheme Bookings

Women are required to book with the community midwifery service before 8 weeks gestation to secure a place. We were unable to take a large number of women who remained on our waiting list.

Homebirths

The community midwifery service proudly hosted a very successful homebirth symposium with a full attendance noted and exceptionally positive feedback from attendees. We were present at 44 homebirths in 2013.

Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Nulliparous</th>
<th>Multiparous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>241</td>
<td>352</td>
</tr>
<tr>
<td>SVD</td>
<td>143 (60%)</td>
<td>327 (92.8%)</td>
</tr>
<tr>
<td>LSCS</td>
<td>41 (17%)</td>
<td>14 (3.9%)</td>
</tr>
<tr>
<td>Ventouse</td>
<td>34 (14%)</td>
<td>7 (2%)</td>
</tr>
<tr>
<td>Forceps</td>
<td>23 (9.5%)</td>
<td>0</td>
</tr>
<tr>
<td>Epidural rate</td>
<td>108 (44.8%)</td>
<td>34 (9.6%)</td>
</tr>
<tr>
<td>Pethidine</td>
<td>25 (10.3%)</td>
<td>17 (4.8%)</td>
</tr>
<tr>
<td>Spontaneous rupture of membranes</td>
<td>110 (45.6%)</td>
<td>206 (58.5%)</td>
</tr>
<tr>
<td>Acceleration of labour</td>
<td>65 (27%)</td>
<td>91 (39%)</td>
</tr>
<tr>
<td>Induction of labour</td>
<td>66 (27.38%)</td>
<td>55 (15.6%)</td>
</tr>
<tr>
<td>Oxytocin to induce</td>
<td>22 (9.1%)</td>
<td>10 (2.8%)</td>
</tr>
<tr>
<td>Oxytocin to accelerate</td>
<td>76 (31%)</td>
<td>11 (3.12%)</td>
</tr>
</tbody>
</table>

Early Transfer Home Programme (ETHP)

In 2013 the team saw a total of 1022 women and carried out a total of 3040 visits indicating each client received an average of 2.9 visits. A total of 526 women were seen antenatally in the Dunlaoghaire and Ballinteer clinic.

Teresa McCreery
Community Midwifery Service Manager
Diabetes

This service supports women with Type 1 Diabetes, Type 2 Diabetes, Gestational Diabetes, Diabetes Insipidus, Thyroid disease (1/3 of clinic numbers), Pituitary disease and Addison’s disease.

Activity Levels: New referrals

<table>
<thead>
<tr>
<th>Year</th>
<th>Type 1 diabetes</th>
<th>Type 2 diabetes</th>
<th>Gestational diabetes</th>
<th>Impaired glucose tolerance</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>41</td>
<td>14</td>
<td>167</td>
<td>115</td>
<td>338</td>
</tr>
<tr>
<td>2012</td>
<td>40</td>
<td>14</td>
<td>199</td>
<td>119</td>
<td>371</td>
</tr>
<tr>
<td>2013</td>
<td>47</td>
<td>13</td>
<td>210</td>
<td>134</td>
<td>404</td>
</tr>
</tbody>
</table>

Service Update

The Lifestyle class continues to evolve with additional focus on goal-setting and action plans.

Patient satisfaction rates with the class remain high and pregnancy outcomes have been satisfactory.

The use of Metformin instead of insulin has been initiated to good effect in specific cases.

The number of women with complicated diabetes who require the use of Continuous Subcutaneous Insulin Infusion Pumps and Continuous Subcutaneous Glucose Sensors is increasing annually - a significant impact on resources.

A pilot Diabetes and Lactation joint audit of breastfeeding practices among women with Type 1 and Type 2 Diabetes and Gestational Diabetes was commenced.

Sixty two nurses and midwives attended one of six ‘Skills and Drills’ sessions provided by the diabetes team. Evaluation feedback was very positive.

There were 324 individual prescribing episodes as inpatients and outpatients; an increase of 12% on 2012.

Staff screening for diabetes was attended by over 120 staff members with appropriate referrals.

Future Plans

- Screening for Gestational Diabetes: Risk factor criteria and diagnostic cut-off points adjusted in line with International guidelines.
- Focus on keeping active for women who have gestational diabetes – use pedometers for feedback
- Joint initiative: Proposed 3 year follow up of women who had Lifestyle intervention (Gestational Diabetes)
- Outcomes of the breastfeeding audit will inform further research.

Mary Coffey
Advanced Midwife Practitioner, Diabetes
Fetal Medicine Unit

The unit provides a comprehensive ultrasound and fetal medicine service to over 10,000 women in addition to being a busy tertiary referral unit from all over the country. 2013 saw an increase in the number of high risk patients referred to our unit. Every maternity hospital in the country referred patients. The following services are provided: early pregnancy assessment, first trimester screening, detailed anomaly screening, monitoring of multiple pregnancy, assessment of fetal well-being, amniocentesis, chorionic villus sampling, management of rhesus disease, fetal therapy including intrauterine transfusion, shunt placement and laser therapy, antenatal care for high risk pregnancies.

The workload remained extremely busy with a total of 25,640 gynaecology and obstetric ultrasound scans performed and recorded on the Viewpoint System. This represents a 13% increase on 2012 and equates to an average of 110 scans per working day.

In addition to performing numerous scans other duties include performance of CTG’s, phlebotomy, preparation and attendance at invasive procedures, counselling and general antenatal care.

Jennifer Carey and Lisa Hyland both successfully completed a post graduate certificate in early pregnancy ultrasound at UCD. January 2013 saw the commencement of a much needed service for semi-private patients in the provision of a dating scan at their first visit as well as history and bloods. This service has been very successful indeed and Jennifer has to be commended for this. We aim to train more staff and hope to provide this dating scan to all in the various clinics across our service.

We continue to see an increase in the number of external referrals. We provide specialty fetal care including cardiology, neurology, surgical and neonatal.

Teaching and education continues within the department for both midwifery and medical staff. We continue to contribute to both the MSc and graduate certificate ultrasound courses in association with UCD.

We look forward to the completion of our much awaited new department which will include an Early Pregnancy Assessment Unit. We have been involved from the outset in the design of the unit. These improvements are overdue and will be very welcome by both patients and staff alike.

Valerie Kinsella
CMM3 Fetal Medicine Unit
Gynaecology

During the year gynaecology services continued to deliver a high standard of care despite another very busy year. A wide range of services are offered including specialist services in colposcopy, oncology, urogynaecology, reproductive medicine and adolescent services. During the year the Colposcopy clinic had 10,000 attendances and the Gynaecology clinic was not far behind with a total of 8,000 attendances. Unfortunately, with the increase in the number of patients attending the clinics there was also a significant increase in the number of those that did not attend (DNA). The DNA rate in 2012 was 16.9% and in 2013 increased to 20.5%. Although the text message service is still in operation, the Gynaecology management team are looking at other ways to reduce this number.

The outpatient Hysteroscopy clinic continued to develop; it is now a weekly service run by Consultants Dr Mary Wingfield and Dr Donal O’Brien. There is a dedicated Hysteroscopy room and waiting area. In the past the service recruited patients from new referrals with post menopausal bleeding, but it has now extended its services to patients with reproductive problems and patients with menorrhagia. Common procedures performed in the clinic include endometrial polypectomy, removal of small submucous fibroids, endometrial ablation and removal of lost interuterine devices.

During the year, the Gynaecology Colposcopy clinic continued to develop and expand. It was the fourth year of the Cervical Check programme with a continued increase for colposcopy services. The multidisciplinary team worked hard with extended working hours to deliver a timely access to a quality assured colposcopy service. The multidisciplinary colposcopy clinical governance committee meet regularly and review the quality of our service. The colposcopy information management system continues to be important in effectively improving communication of results and treatment plans to both women and their GPs.

Overall Summary of Gynaecology and Colposcopy Clinic Attendances and Non Attendees

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<tr>
<th></th>
<th>Follow Up</th>
<th>New</th>
<th>DNA Rate</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Attended</td>
<td>Did Not Attend</td>
<td>Attended</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>4,510</td>
<td>1,180</td>
<td>2,977</td>
</tr>
<tr>
<td>Colposcopy</td>
<td>7,321</td>
<td>2,389</td>
<td>2,444</td>
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There are an additional 1,000 unbooked Casualty attendances within normal working hours to the Gynaecology Clinic.

Jennifer Fitzgerald
CMM2 Gynaecology Clinic
Infection Prevention and Control

Main Findings in 2013

- Surveillance indicates low rates of healthcare associated infection
- No MRSA blood stream infection.
- MRSA colonisation is well controlled in the NICU.
- Central Vascular Catheter (CVC) associated sepsis in the NICU has reduced to 5.3 per 1000 catheter days from 9.6 in 2012.
- Rate of early onset GBS disease: 0.45 per 1000 births (compared to the National rate of 0.57).
- LSCS surgical site infection rate is 2.6% which is reduced from 3.5-3.6% in the previous 4 years.
- No Clostridium difficile infection occurred.
- There were 2 cases of Influenza acquired in the antenatal ward.
- An outbreak of Respiratory Syncytial Virus (RSV) infection occurred in the nursery in December 2013/January 2014 affecting 8 babies.
- 65% of staff received hand hygiene training.
- Hand hygiene audits results: Q1-2: 94.3% and Q3-4: 85.7%. (HSE target >90% compliance).
- Audits indicate that alcohol gel use has improved.
- Antibiotic consumption increased again during the first half of 2013. This was associated with a corresponding increase in the number of adult septic work-ups. Nonetheless, no increase in the sepsis rate was observed.
- Antibiotic ward rounds commenced.
- A Legionella risk assessment took place.
- Aspergillus controls are effective in the NICU.
- HIQA performed an unannounced monitoring assessment in October. A quality improvement plan has been agreed and is being implemented.

Challenges for 2014

- A further monitoring assessment from HIQA is expected during 2014.
- All staff in contact with patients must attend hand hygiene training every 2 years.
- Hand hygiene compliance must be >90%.
- Measures to reduce antibiotic consumption and improve antibiotic stewardship must continue.
- Legionella controls must be prioritised according to the results of the risk assessment.
- Aspergillus controls must be maintained during the current building works.
- Consider measures to reduce Influenza transmission in the Hospital during peak Influenza activity in the community.

Shideh Kiafar
CMS Infection Control

Meriel Matheson
Surveillance Scientist

Dr Susan Knowles
Consultant Microbiologist
Neonatology

The neonatal unit treated approximately 1700 babies in 2013 of which 129 were less than 1500g and 55 were less than 1000g. There were 4199 attendances in the outpatient clinic. All Neonatal clinical outcomes and analysis for the year can be found in the Neonatal Clinical Report.

Non-Consultant Hospital Doctor (NCHD) medical staffing was increased to a total of 9 Registrars and 8 Senior House Officers allowing NCHDs to be European Working Time Directive (EWTD) compliant. There were 3.5 WTE Consultant Neonatologists and a further 0.5 WTE from RCSI funding demonstrating the department’s commitment to RCSI and UCD undergraduate medical student training. A second neonatal nurse practitioner completed their training and commenced duties. An MD and PhD were awarded and there were 6 PhDs ongoing in the department.

Dr. Lisa McCarthy was awarded her PhD for her thesis ‘The Care of Preterm Infants in the Delivery Room’. Dr. Kathryn Armstrong submitted her MD thesis ‘Preterm Infant Heart Study’ as did Dr. Hassan Eliwan ‘The Role of Activated Protein C in Neonatal Inflammation’. Further studies continued: Dr. Jean Donnelly - ‘Perinatal Inflammation and Childhood Obesity’; Dr. Deirdre Sweetman - ‘Multiorgan Dysfunction in Neonatal Encephalopathy’; Dr. Emily Kieran - ‘Central Vascular Catheters in Newborns’; Dr Saima Aslam - (PhD: NEonatal Brain Injury: Understanding inflAmMation: NEBULA’ and Dr. Aoife Twohig - ‘Preterm Attachment in the NICU’. Their research findings have been presented regularly at national and international meetings and have been published in peer-reviewed journals.

A multidisciplinary quality improvement (QI) committee was established including parent representation and completed several QI projects.

The Fetal Medicine Unit is among the largest in the country. Referrals are made from every unit in the country annually. Many babies with complex congenital anomalies require multidisciplinary team evaluations.

Since May 2004 the specialist role in Neonatal Discharge Planning has played a vital part in the care of the high risk infant and family in the Neonatal Unit by stream lining the babies’ discharge involving: Total Discharges: 232, Phone Contacts: 733, Babies discharged home on Nasogastric tube feeding: 2 and on Oxygen: 3.

Prof. Eleanor Molloy
Consultant Neonatologist.
The bereavement service cares for mothers and families following miscarriage, stillbirth and neonatal death. In the stillbirth clinic Dr Stephen Carroll counselled 41 patients. The registrar led clinic which counsels parents with a pregnancy loss from 18 - 24 weeks counselled 31 women. These clinics also provide an opportunity to ascertain how the parents are coping with their grief and loss and if further individual support is required.

The miscarriage clinic remains busy with a high demand for appointments. 80 women with three consecutive miscarriages attended this clinic. A further 30 women attended who had an early mid-trimester miscarriage loss between 12 - 18 weeks gestation. There were 80 mid-trimester losses at the hospital.

In 2013, 492 women were seen on the wards following pregnancy loss. There were 39 new referrals for bereavement counselling support; 228 hours of counselling support was given to individuals/couples by appointment. Other couples were seen in the Fetal Medicine Unit or following diagnosis of a lethal fetal anomaly.

The department arranges all hospital burials in the Holy Angels plot in Glasnevin Cemetery. There were 5 burials organized for 64 fetuses lost through early or mid-trimester miscarriage and there were 7 burials after 24 weeks gestation.

The high volume of clerical duties affects the service especially around the preparation of follow up clinics. The bereavement service receives a considerable amount of phone calls every day and virtually all require advice, chart retrieval and follow up.

Objectives
Support, information and advocacy will continue to be provided to women who have experienced the death of a baby or a pregnancy loss. We continue to collate information on mid-trimester miscarriages and develop a database in conjunction with UCD. The first chart audit has been completed. We plan to continue educational input with staff and student midwives within the hospital and in UCD. The Hospice Friendly Hospitals standard of care continues. Support and advice is also extended to students and staff. We continue to coordinate clinics and issue certificates. Individual counselling is available to all couples following bereavement and loss.

Sheila Power, CMS Bereavement
Grace Curtain, CMM Bereavement
Urodynamics

The urodynamics team continues to provide an exceptional service for patients with lower urinary tract dysfunction attending the hospital.

Clinical Practice

There was an increase in patients requiring clean intermittent self catheterisation (ISC) for voiding dysfunction both postpartum and postoperatively. Twenty-five patients were taught ISC. This is a major increase from previous years and in addition a departure from the traditional supra-pubic catheter. ISC helps women who have difficulties emptying their bladder to get on with their lives and lead an independent life with a minimum amount of discomfort.

There was a Urodynamics clinic established during the year in St. Michael's Hospital by the Urodynamics team and training was provided to the new Urodynamics nurse there. This allows for better communication and seamless care delivery between the two hospitals for the patients whose catchment areas the two hospitals serve.

Nursing and midwifery medicinal product prescribing initiative has proven to be very successful for the service. During the year, 227 prescriptions covering both outpatient and inpatient services were written by the Advanced Midwife Practitioner (AMP) who currently is the only prescriber for Urodynamics in Ireland.

Education

Lectures given by the AMP have included transition year students, student midwives, medical students from UCD and advanced nursing practice students in the Royal College of Surgeons in Ireland (RCSI) and for the Continence Promotion Unit of the HSE on their biannual courses. Twelve lectures were delivered at the NMH staff mandatory study day.

Mobile Phone Service

Average calls made – 300 per month
Average calls received – 12 -15 daily

Future Plans

Plans are underway to conduct a randomised, double-blind, multi-centre study to evaluate the efficacy of adding Mirabegron to Solifenacin in patients with incontinence (BESIDE study).

M. Jacob has been appointed Vice-Dean of the Faculty of Nursing and Midwifery RCSI.

Audit and research into satisfaction levels of women attending the Urodynamics Clinic.

Mary Jacob
Advanced Midwife Practitioner, Urodynamics
Clinical Support Services

Antenatal Education

Childbirth education has sought to give women a more active role in the birth experience, while at the same time helping women to understand the physiology of childbirth and the appropriate interventions that may be necessary during the process of labour and delivery. It promotes confidence in mothers and their partners to meet the challenge of childbirth and early parenting. There are thirteen courses a week running, eleven during the day and two classes in the evening at 5.30 pm. There is a great demand for classes; the attendance rate is 52%. They are run as a team effort with midwife, physiotherapist and dietitian coming together to offer a comprehensive structured education.

The course consists of five classes covering all aspects of labour in detail. There are also two refresher classes for multigravidae and one class a month for mothers who have had a previous caesarean birth. There is a teenage class and a class for mothers expecting twins. Mothers and their partners are also taken on a one to one basis if necessary. We also carry out post natal baby care classes and are involved in the education of midwifery students and registrars in the hospital.

It is important to assess the level of satisfaction with the preparation for labour and with their childbirth experience. An important aspect of antenatal education is to see mothers post delivery; their feedback is very helpful to us. Evaluation questionnaires are carried out at regular intervals.

Margaret Fanagan & Kathleen O’Sullivan
CMM2

Yoga

Yoga is an integral part of the antenatal programme. It is a practical and interactive class covering postures for flexibility, strengthening and improving muscle tone, breathing techniques for labour and most importantly cultivating relaxation skills. The classes cover a 6 week programme which usually commences after twenty weeks and can be repeated up to term. Overall it gives the woman the tools to manage labour and birth comfortably.

Carmel Flaherty
CMM2
Chaplaincy

The Chaplaincy Department provides spiritual and emotional support to patients, families and staff. Chaplains are often called upon to celebrate the arrival of new babies with a blessing. Parents of babies in the Neonatal Unit are offered the support of chaplaincy services as they struggle to cope with their baby’s prognosis.

During 2013 the chaplains supported 410 women following early miscarriage and 131 mid trimester losses. Support was provided to 74 families who experienced perinatal loss, including 39 stillbirths, and 35 neonatal deaths. Practical support was offered at this time of shock, confusion and distress. Support was provided to staff working with these grieving parents. Bereavement support was given to parents who experienced loss in the mid-trimester onwards in the days and weeks afterwards.

Over 150 blessings, baptisms, naming ceremonies and funeral services were facilitated during 2013. The chaplaincy office provided private space for ministering to bereaved parents and to staff members. There were also other unspecified and unplanned ministries which arose from day to day in ward visitations. Ministry often occurred informally with staff and patients on corridors or other public areas throughout the hospital.

The Chaplaincy Department organized liturgies to celebrate various religious and significant occasions in the life of the hospital. This year’s Remembrance Service was very well supported and was attended by approximately 2,000 people, indicating the importance of this commemorative event. There was a notable increase this year in the number of parents who requested that their baby’s name be included in the Book of Remembrance which is on permanent display in the hospital oratory.

In 2013 the chaplaincy team participated in a number of education days, chaplaincy conferences and workshops for ongoing studies. The chaplains serve on a number of hospital committees and strived to offer professional and compassionate ministry throughout the hospital. We wish to acknowledge the support given by colleagues and priests form the parish as well as ministers from other faiths.

Marion Ryan & Eithne O’Reilly

Chaplaincy
Clinical Engineering

Clinical Engineering continued to support a wide variety of medical devices through frontline repair and service to functional training for staff and risk assessment. The department maintained the high level of in-house service. The hospital has always been acutely aware of the need to maintain and replace medical devices and 2013 saw further hospital spending on replacement in particular the equipping of the newly developed recovery area. However with the tough economic climate spending was again reduced.

The department continued its close association with the National Neonatal Transport Program (NNTP), assisting with transports that involved the use of Nitric Oxide, both within Ireland and abroad and also ensuring the systems compliance with HSE ambulances. 2013 saw further integration with HSE guidelines and policies with respect to medical devices, as the national implementation of the HSE medical devices equipment management policy continued its rollout.

With ongoing preliminary development works for the new NICU build, Clinical Engineering undertook several tender projects for medical devices. In particular an extensive tendering project was held for the provision of patient monitoring that would meet the ever increasing needs of critical neonatal patients. Clinical Engineering also played an active consultancy role in the design process of the new build.

As part of continuing education programmes, Clinical Engineering staff were involved in presentations and articles for various professional bodies, such as the Institute of Engineers and the Biomedical Engineering Association of Ireland. Internal CPD continued as well as external training courses and attendance at seminars.

Karl Bergin
Head of Clinical Engineering

Clinical Nutrition and Dietetics

The department consists of one part-time (0.7 WTE) Senior Dietitian specialising in Antenatal Education, Obstetrics & Gynaecology and one full-time Clinical Specialist Dietitian specialising in Neonatal Nutrition.

Neonatal Nutrition and Dietetics

This post continued as an active member of the multidisciplinary neonatal team providing a service for infants with feeding or growth issues. Focus areas included:

- Infants born 1.5 kg or 32+0 weeks gestation, n=159 (dietetic data)
- Parenteral nutrition (PN) for babies unable to tolerate adequate enteral feeds, n=169 (pharmacy data).
- The use of breast milk. 138/148 (93%) babies born 1.5kg or 32+0 weeks gestation, who received feeds in the Neonatal Unit, received some or all breast milk. There were renewed efforts to increase the number of babies breastfeeding at discharge – this is a work in progress.
- Efforts continued to facilitate the management of patients in the community when appropriate. There were 181 outpatient contacts.

Antenatal Education, Obstetrics & Gynaecology

- The dietitian worked closely with the multidisciplinary team to support pregnant women with Type 1 and Type 2 diabetes and those who developed gestational diabetes- a major part of the dietetic workload.
- Dietetic management of hyperemesis was examined with the introduction of a different pharmacological/medical approach which has been positive in terms of patient acceptance, reduced rates of admission to the antenatal ward and relief of severity of symptoms. A review of the NMH hyperemesis management guideline is planned.
- Consultation with and professional support for dietetic colleagues in other institutions is a key role of the dietitian in maternity services. Cases were managed jointly with dietetic colleagues in SVUH where pregnant women were receiving specific medical or surgical care.
Clinical Governance

Clinical Governance is the framework through which the hospital is accountable for continuous improvements in the quality and safety of our care for patients. Our aim is to promote clinical excellence and development so that patients may benefit from the highest possible standard of care.

The Clinical Governance Committee continuously monitors the quality of services and ensures high standards of care by developing a culture of excellence. This committee met on 39 occasions during 2013. A total of 2641 incidents were reported to the State Claims Agency. This number represents the enormous commitment by the staff to continually monitor and improve patient care.

In 2012 the Clinical Governance Executive Committee was established and its purpose includes:

- Integration of good clinical practice by increasing awareness of key clinical challenges and disseminating key learning experiences to relevant staff.
- Review major adverse clinical events, identify priorities for action and agree recommendations to prevent similar recurrence.
- Facilitate teaching, training and learning from adverse incidents at local regional or national level.

The purpose of the Quality, Risk, Health & Safety committee is to operate and integrate a process for the management of risks within the hospital. The Committee will report through the Secretary/General Manager to the Executive Management Team and the Board of Governors with the appropriate reporting and linkages to the Clinical Governance Executive Committee.

There were risk register training sessions delivered to all staff by AON during the year. Assisting staff in populating the risk register using the HSE tool Developing and Populating a Risk Register.

The Risk Register is maintained at both organisational level and local level. Its purpose is to capture risk information from the ‘bottom up’ within each service area. It is a primary tool for risk tracking and analysis. This is to ensure that health, personal and social services are safe and of an acceptable quality.

Other Activities

- CPD and skills updates; education of staff, students and local public health nurses; active participation in professional organisations; updates of patient literature; audit; contribution to relevant National Clinical Programs.
- Nutrition research continues to employ dietitians and nutritionists. These posts are independent of the clinical department but are fully supported.

Roberta McCarthy
Clinical Specialist Dietitian, Neonatology

Sinead Curran
Senior Dietitian, Women’s Health
Quality

The concept of Quality Management continues to grow and is an integral part of the overall governance structure of The National Maternity Hospital (NMH).

The multidisciplinary Quality, Risk, Health & Safety Committee ensures that processes are in place to continuously monitor and improve the quality and safety of healthcare for our service users, including the care process and outcomes.

A self-assessment against the HIQA National Standards for Safer Better Healthcare commenced with the set up of multidisciplinary groups reviewing all 8 Themes. The standards are the cornerstone for ensuring and maintaining safe patient journeys and ensuring high quality consistent care. The Quality manager provides a pivotal communication link between the groups and also with the HSE and HIQA in relation to national self assessments and reports.

As part of the Strategic Plan a review of the hospital committee structure was undertaken and an updated committee structure was implemented.

Staff education is a prominent feature of the work of the Quality Department. This is encompassed in Mandatory Training for all staff and all new starters are introduced to Quality Management at Corporate Induction. Audit training continued to be offered to all staff and departments.

The Quality newsletter communicates information on key quality issues and current quality news.

The Q-Pulse Document Management system continues to progress, the system is seen as an important element in Governance in ensuring the policies and guidelines are up to date. There is a vision and scope for increased functionality of QPulse in the future.

Active involvement of Community Partners was promoted and facilitated to enhance integration co-ordination and seamless delivery of care. The NMH / GP Liaison Committee met 3 times in 2013 and the annual GP Study Day in 2013 proving to be a resounding success with over 230 GPs attending. Information evenings were held in the first quarter of 2013 which were well attended by Public Health Nurses and other relevant community partners.

The NMH explored best ways to make exemplary patient experience a powerful & lasting component of the organisation’s culture and conducted a review of complaints handling. New procedures were put in place in November 2013 with the Quality Department managing all written complaints.

Quality Improvement in the NMH focuses on bridging gaps in outcomes and in the experience of care.

Geraldine McGuire
Quality Manager
Hospital Sterile Services

The Hospital Sterile Services Department (HSSD) provides a decontamination service of Reusable Invasive Medical Devices (RIMD) to Theatre, Delivery, Gynae, Fetal Assessment, Unit 8 and Unit 4.

Effective decontamination (cleaning, disinfection and sterilisation) is essential in the prevention of healthcare associated infection.

We are open Monday to Saturday with a staff consisting of 4 fully trained technicians, a supervisor and a manager.

Activities

Nearly 32,000 RIMD (Reusable Invasive Medical Devices) packs were processed in 2013.

A Daily Quality Control Audit on Processed RIMD indicated a compliance rate of 99% over the course of the year. All non compliances were minor.

There was 144 hours unplanned machine down time in the year. There is a marked decrease in machine downtime between 2013 and the previous year (272 hours).

The rate of non conformances of RIMD stood at 1%. This is a testament to the dedication and diligence of the team in HSSD.

Education

All staff completed their Mandatory Training. The HSSD Manager and Supervisor completed Chemical Risk Assessment Training and Risk Register training. Staff also attended a one day work shop on Environmental Monitoring Risk Assessment and Responsibilities, as well as completing the HSEI and Hand Hygiene Programme in July.

Infrastructure

The EMT, recognising the importance of the decontamination process, sanctioned the relocation of HSSD to an interim centralised unit on the 4th floor.

Ultimately, in order to have the unidirectional work flow required and comply with standards, we will move into an area with a decontamination room for washing/disinfection of RIMD, a clean room for inspection, assembly and packaging of RIMD along with a post sterilisation despatch area.

Procurement of new double ended washer disinfectors and an ultrasonic irrigator was also approved.

A new ‘hot water’ reverse osmosis water treatment unit was commissioned just before Christmas.

These were essential purchases from an infection control and quality perspective.

Stephen Newman
HSSD Manager
Occupational Health

The Occupational Health Department continues to promote and maintain employee wellbeing with the number of consultations on all levels for both the Occupational Physician and CNS Occupational Health remaining high despite a limited service.

Key Performance Indicators were maintained. Consultations with the Occupational Health Physician, who attends weekly, are by appointment only. During 2013, consultations with the Occupational Health Physician remained high at 273. Management referrals of employees remained constant at 73; a slight increase on 2012. Clinical Nurse Specialist activity was also high.

The department continued to maintain links with Ballsbridge Physiotherapy and remains very pleased with the management of hospital employees referred to their service. The VHI Employee Assistance Programme is a resource which Occupational Health actively encourage the use of amongst employees.

Management of occupational blood and body fluid exposures is a key occupational health role with 33 exposures reported in 2013. Mandatory training for all employees and in-service education is ongoing as a measure to heighten awareness and reduce exposures. The landmark EU Sharps Directive legislation was not signed into Irish law as anticipated in May 2013 but we are working towards its introduction in 2014 to ensure the safest possible work environment for staff.

In light of the increase of Pertussis infection rates in the community, and as advised by the National Immunisation Advisory Council, a vaccination campaign for targeted groups of healthcare workers was commenced in late 2012 and continued into 2013. Clinics continued in 2013 and 138 staff availed of the vaccination. Another campaign will run in 2014 to cover less critical groups.

There are many demands ahead for the Occupational Health Department: the part time hours of the clinical nurse specialist service has a negative impact on service provision and continues to obstruct the expansion and development of services. The significance of the availability of Occupational Health services is vital in the protection of employee wellbeing and never more so than during these austere times.

Máire Tarpey
CNS Occupational Health (Acting)
Pathology and Laboratory Medicine

In 2013 the accreditation of laboratories to ISO 15189 was maintained. The work involved in achieving and maintaining accreditation should not be underestimated and congratulations are due to all the staff on their achievement. This work is in addition to supporting the increasing clinical needs of the hospital and its patients.

As highlighted in previous years the maintenance of our Blood Transfusion accreditation is dependent on sufficient allocation of Consultant Haematologist sessions based at the hospital. The hospital has been actively seeking permanent allocation of these additional hours for over 10 years. Towards the end of 2013 the breakthrough came and a shared appointment with St Vincent’s University Hospital was sanctioned.

Service and scientific developments consolidated during 2013. Blood Transfusion successfully implemented a satellite fridge in the new theatre area and training commenced for the roll out of BloodTrack in 2014. The laboratory information system was upgraded. As part of this project the ward look up facility was also upgraded in clinical areas.

There were departures and new faces in many areas during the year. In the autumn Ms Deirdre Fagan, long standing Senior Medical Scientist in Biochemistry, resigned and her post was awarded to Ms Grainne Kelleher.

During the year, members of staff attended and presented at scientific conferences both nationally and internationally. Members of staff were authors on 9 publications. 5 staff are registered on MSc programmes. The department has an active CPD programme for all staff. Ms Marie Culliton continues as President of the European Biomedical Scientists and Vice President of the Academy of Medical Laboratory Science in Ireland; she was appointed by the Minister of Health to CORU.

The capacity of the staff in Pathology and Laboratory Medicine to embrace and lead change is commendable. The only constant is that nothing stays the same. They have responded to the changes in working hours and increasing workload and have supported their colleagues in their academic studies while continuing to provide a quality service.

Marie Culliton
Laboratory Manager
**Pharmacy**

The Pharmacy Department strives to safely and efficiently purchase, store, compound and distribute all drugs and medicines used in The National Maternity Hospital. We also provide advice on the safe, effective and rational use of these drugs and medicines in order to achieve the best possible outcome for our patients.

The Chief Pharmacist provides the Drug and Therapeutic Committee with updated information on drug expenditure. This involves notifying the committee of cost implications associated with changes in clinical practice and the use of new medicinal products. The Chief Pharmacist is a member of the Research Ethics Committee.

The pharmacy provides a top-up service to theatres and the neonatal unit in the hospital. This system of drug distribution ensures that the pharmacy has control over ordering, storage and supply of drugs to the wards.

Pharmacists provide valuable information on drugs to the medical, nursing and paramedical staff within the hospital. We also answer queries from general practitioners, community pharmacists, other hospital pharmacists, public health nurses and community midwives. A close working relationship with medical, nursing and paramedical groups is encouraged to ensure the delivery of an optimum pharmacy service to all patients.

All pharmacists are encouraged to participate in postgraduate courses in hospital/clinical pharmacy. Courses undertaken to date include a Masters in Clinical Pharmacy, Masters in Hospital Pharmacy and Diploma in Clinical Pharmacy.

Pharmacists provide a clinical pharmacy service to the neonatal unit, antenatal and postnatal wards and the ‘High Risk Clinic’. A pharmacist also attends an antibiotic round every two weeks in conjunction with the Consultant Microbiologist and Infection Control Nurse Specialist.

**Dorothy McCormack**  
Chief Pharmacist

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**Psychosexual Therapy**

The Psychosexual Therapy Clinic continues to provide counselling for individuals and couples experiencing sexual difficulties. Referrals continue to stream in from clinics within the hospital as well as from General Practitioners throughout the country and there is a waiting list to be seen.

Vaginismus continues to be the main reason for referral followed by dyspareunia and inhibited sexual desire. Vaginismus may affect women in a variety of different ways and can have enduring consequences on their lives and life experiences such as whether or not they enter into relationships, if they are able to have children and if they are able to have treatment for infertility or other medical procedures. It may also be a significant factor in relationship breakdown.

As with all difficulties presenting to the clinic, clients are seen for initial assessments and if appropriate are offered to be seen on a weekly or fortnightly basis for as long as necessary to improve sexual functioning. The majority of clients are seen from a period of six months to eighteen months.

Fortunately, clients are being referred for help sooner than before and this is due to an increasing awareness by Health Care Providers of the need to address sexual dysfunction and a better awareness of what help is available. Lectures to Medical and Midwifery Students throughout the year has been an important function of the clinic in increasing this awareness as well as presentations at the NMH GP Study Day in November.

The Psychosexual Counsellor was involved with the Irish Cancer Society during the year and spoke on ‘Sexuality and Body Image’ at the forum on Breast Cancer in Young Women at its National Conference for Cancer Survivorship 2013. As more and more people are living post cancer treatment, much of the focus is on quality of life and therefore the resumption of sexual pleasure. More and more women have been seen in the clinic post gynaecological and breast cancer and it is envisaged these referrals will continue to rise in years to come.

**Meg Fitzgerald**  
Psychosexual Counsellor
Physiotherapy

The department had another busy year with 2070 new patient contacts and 3759 treatments in total. Our administrator Nicola Jordan kept the department running smoothly. Physiotherapy continues to have a staff of two full time physiotherapists and two job-sharing physiotherapists leading to a whole time equivalent of 3.1. The department continued to be lead by Leah Bryans until September when Judith Nalty returned from maternity leave. September saw Leah leaving to commence maternity leave and Kevina Reel continued to provide locum cover. The department continued to offer a position under the government assisted employment scheme, Jobsbridge. Helen McLoughlin vacated after successfully securing employment and we welcomed Sarah Fitzmaurice to the team.

Physiotherapy Services

- Available to all inpatients Monday - Friday.
- Outpatient clinic offering appointments Monday - Friday for musculoskeletal conditions and issues relating to pelvic floor dysfunction.
- Paediatric service available three days weekly.
- Ongoing delivery of the hospital antenatal and postnatal education programmes alongside Midwifery and Nutrition and Dietetics colleagues.
- Provision of a range of education sessions to facilitate early assessment and timely access to physiotherapy services e.g. Pelvic Girdle Pain Class, Pelvic Floor Care Class and Healthy Bodies after Birth Class.
- In March 2013 we commenced offering physiotherapy services one day a week to the Pelvic Floor Clinic located in St. Michaels Hospital. This is possible as a result of the Jobsbridge scheme.

Commitment to Education and Professional Development

We continued to provide input into lecture programmes for midwifery and medical students (RCSI and UCD) as well as the Active Management of Labour Courses and clinical training for UCD undergraduate physiotherapy students. Physiotherapy staff continue to pursue their professional development at personal cost.

The department was relocated to the newly acquired building in 65-66 Mount St in October. We are now collocated with our midwifery and dietetic colleagues in Parent Education and more importantly alongside our shared administration support. This makes for more efficient working conditions and an improved patient experience.

Judith Nalty
Physiotherapy Manager
The Department of Paediatric Radiology was established in 1984 and has developed over the years to provide a range of ultrasound and radiographic services to the hospital’s paediatric patients.

Services Provided For Paediatric Patients

- General radiographic examination on neonates admitted to the Intensive Care Unit and the nursery and for infants attending the outpatient clinics if required. The majority of this work is portable radiography.
- Fluoroscopic gastrointestinal contrast studies
- Micturating cystogram studies
- Ultrasound and doppler service
- Ultrasound examinations for congenital hip dysplasia
- MR examinations via the Radiology Department, Children’s University Hospital, Temple Street, D1.
- Fetal MR examinations via the Radiology Department, Children’s University Hospital, Temple Street, D1
- CT examinations via The Children’s University Hospital, Temple Street, D1.

Services Provided For Adult Patients

- General radiographic examinations
- Intravenous urograms and selective fluoroscopic examinations
- Limited ultrasound service. Referrals are currently limited to patients referred by The National Maternity Hospital consultants. The types of examinations are limited to upper abdominal examinations and transabdominal and transvaginal pelvic examinations. Emergency ultrasound (including doppler ultrasound) examinations are performed at St. Vincent’s University Hospital.
- Elective and emergency CT examinations via The Radiology Department, St. Vincent’s University Hospital.
- MR examinations via the Department of Radiology, St. Vincent’s Private Hospital. Examinations include staging of cervical cancer and uterine cancer, MR characterization of ovarian masses and MR urography.
- Interventional radiology procedures via the Department of Radiology, St. Vincent’s University Hospital. Procedures include emergency nephrostomy and abscess drainage.

A total of 7,923 examinations were performed in 2013; 6,199 infant examinations and 1,724 adult examinations. 297 of the adult examinations were hysterosalpingograms, 2,309 of the infant examinations were hip ultrasounds.

Dr. Eoghan Laffan
Consultant Radiologist
Social Work

It is evident in writing this report that 2013 was a year of consolidation for the Social Work Department. New management, new staff, new processes all needed to be absorbed into departmental functioning. On subjective reflection, consolidation has certainly been achieved and activity within the department reflects a coherent, effective team providing a high standard of social work service.

- In 2013 the Social Work Department (SWD) received 788 new referrals in addition to 674 existing cases for the year.
- Social work services were provided to a total of 1462 mothers and their significant others in 2013.
- Casework services are provided by 4.25 WTE medical social workers (reduced staffing levels from previous years at 5.0 WTE).
- In 2013 all social workers were required to submit an application to be registered as practicing professionals with CORU – the health and social care professionals regulating body. The Social Work Department has achieved 100% compliance with same.
- In 2012 the need to develop a more reflective data management system was identified. A new database system was developed in 2013 which will become fully operational in 2014.
- In order to improve the quality of demographic data being captured throughout the Department a new standardised written referral form was introduced in 2013.
- Existing specialist caseloads continue to be developed. In 2013 links have been established with the Perinatal Mental Health team for pregnant women with severe mental illness.
- Training in relation to the organisational Child Protection Policy was conducted with Midwifery Management and Allied Health colleagues.
- Implementation of the HSE Clinical Practice Guideline: Antenatal Routine Enquiry Regarding Violence in the Home was initiated and continues to be developed throughout the organisation.
- Two Medical Social Workers completed training in the ‘Marte Mee’ approach in working with parents to develop positive bonding and attachment in infancy. The approach has been implemented with several patients with positive feedback being received for each.

Kaylene Jackson
Head Medical Social Worker

Projects and Developments

The National Maternity Hospital’s long term goal, to move onto the site of the St. Vincent’s University Hospital site, received a boost when the Minister for Health and H.S.E publicly endorsed this project and funding was assigned within their annual plans. The setting of a maternity unit within an acute hospital with access to clinical support is the preferred model of care. This goal was recognised in the independent KPMG report (2008) and an ambitious target of 2019 has been set.

To address current structural deficiencies within the hospital and ensure a safer environment in the interim a number of projects are currently underway.

NICU/FAU Development Project

Planning permission for the NICU/FAU Development was granted in April 2013 and the tender process commenced immediately afterwards. The tender was awarded in October and works commenced on site Nov 2013.

The NICU/FAU Development is split into two distinct phases.

The first phase includes a redevelopment and relocation of the current Fetal Assessment Unit to the second floor with the creation of seven new scan rooms and an early pregnancy scan room, counselling and CTG areas along with supporting clinical, administration and public waiting areas.

The second phase includes the relocation of the NICU to the first floor of the hospital including supporting clinical, administration and parent areas. These works will entail the remodelling of the internal space to facilitate the construction of a 36 incubator facility comprising NICU, HDU and SCUBU areas with separate isolation area.

Semi Private and Baby Clinic were reconfigured and renovated by Engineering Dept. Post Natal Ward was amalgamated and the HSSD was relocated to the 4th floor.

The provision of the new improved facilities will have a positive impact on the overall patient experiences and the safety of our most vulnerable patients, while we wait for the state of the art facilities promised.

While 2013 has been a very busy year for projects there is little doubt that 2014 will be even more challenging given the current constraints and difficult financial environment in which we find ourselves.

Martin Creagh
Project Manager
Education

UCD School of Medicine and Medical Science

Undergraduate students attend the hospital in four iterations for a period of six weeks during their clinical studies. The module is coordinated with university lectures to provide a comprehensive grounding in all aspects of reproductive medicine.

The John F. Cunningham Medal, awarded annually to the student who graduates with the highest grade in Obstetrics and Gynaecology, together with highest grade in their final assessment; the winner for 2013 is Dr Gráinne Ahern. The Kieran O’Driscoll Prize is awarded each year to the student who attains the highest grade in Obstetrics and Gynaecology; the winner this year is Ms Sophie Duignan.

Royal College of Surgeons in Ireland

Forty-four undergraduates from the Royal College of Surgeons attended The National Maternity Hospital for their six weeks rotation in Obstetrics, Gynaecology and Neonatology; twenty-two students in January/February and twenty-two in February/March. The students learned a great deal during their time in the hospital and provided very positive feedback on their teaching.

The programme was co-ordinated by Dr Donal O’Brien, Dr Jennifer Hogan, Tutor (Obstetrics and Gynaecology), and Dr John Murphy (Neonatology). Ms Miriam Shanley provided administrative support to the students. Teaching is provided by Consultants and various other members of hospital staff. In addition to the intensive obligatory e-learning programmes, the students, while rotating through all areas of the hospital, receive lectures, tutorials and practical demonstrations.

Twenty-six of our students achieved honours in their final Obstetrics and Gynaecology examination at the RCSI. Of these students, seven were awarded first class honours. Ms Ravneet Mann was awarded the NMH/RCSI medal for achieving the highest marks amongst the RCSI students who attended The National Maternity Hospital. This excellent performance reflects the enthusiasm of all those taking part in the teaching programme.

Education and Practice Development

The National Maternity Hospital together with University College Dublin have continued to work closely together to maintain high level of quality Midwifery education to all students and qualified staff alike. The standard of education for midwives both clinical and theoretical has impacted positively on care provision for all our mothers and babies attending the hospital and indeed providing care in many corners of the world of which we are immensely proud. Multidisciplinary attendance at study days and skills workshops is supported and the education programmes provided incorporate advanced and enhanced critical skills sets to maximise teamwork at critical clinical incidents.

In 2013 we provided education to 81 BSc Midwifery Students; 21 Higher Diploma Midwifery students and 200 nursing students from other clinical sites such as St Vincent’s University Hospital; Mater Hospital Crumlin Children’s Hospital and St Michael’s Hospital. The maternity placement consists of 2 weeks observational clinical placement. The National Maternity Hospital also provides clinical placements for paramedics in training, public health nurses and elective placements for a number of midwifery students from other jurisdictions which are coordinated through the department.

The department continues to coordinate education for all postgraduate nurses and midwives. Through our academic partnership with UCD a number of staff commenced third level education pathways at Postgraduate degree, MSc and PhD levels. The courses undertaken in most cases will lead to enhanced career pathways and also to clinical specialist roles in succession planning. Working closely with the Centre of Midwifery education a number of short courses were provided following an internal needs analysis and also external impetus resulting in a continuous professional development strategy for all nurses and midwives.

The hospital continues to support continued educational programmes and support for all staff wishing to avail of the opportunities presented. There is recognition that enabling staff to access continuing education will ultimately impact positively on care provision to the women and babies in our care. Verification of credibility of quality care provision within the hospital is realised in the numerous invitations by the specialist staff at national and international conferences.

Maureen Kington
Clinical Practice Development Co-ordinator
General Support Services

Hospital Inpatient Enquiry (HIPE)

HIPE deals with the coding and classification of the Hospital’s activity using internationally designed and recognised coding models that have been in use in this hospital for some years. Currently the model used for coding is ICD 10 AM Sixth Edition. The source data for HIPE is the patient chart.

In 2013 a total of 19633 discharges were coded; this is the inpatient and daycase activity in the hospital. HIPE codes a principal diagnosis and up to 29 additional and a principal procedure with up to 19 additional per case. These are then grouped into a diagnostic related group (DRG) and compared within the hospital groups.

‘Money Follows the Patient’ (MFTP) will effectively replace ‘casemix’ as it is currently known. The key difference with MFTP is that budget will be set based on agreed/commissioned activity target levels and will only be provided when activity is carried out and invoiced i.e. (coded). This requires shorter deadlines as such our coding deadlines have been reduced from 90 days to 30 days since July 2013.

It is therefore essential that the iPMS reflects all activity that takes place in the hospital as we download daily from it. As our data source is the patient’s chart it is of uppermost importance we get the charts in a timely fashion.

Elizabeth Mahon
HIPE Coordinator

Catering

The Catering Department has once again had a very productive year meeting all the demands due to the increased productivity in the hospital. We have continued to receive positive feedback from patients, visitors and staff members who have availed of our catering facilities.

The department has continued to support education and training programmes and continuing to undertake Mandatory training on an annual basis. Catering was involved with the promotion of the National Cultural Diversity week in November and contributed to this week by providing multi-cultural dishes from around the world in the staff canteen throughout the week. Staff members contributed their ideas which added to its success making it the most successful year to date. The Catering Department were involved with all other departments, working together on many large maintenance projects with the result of making all work areas in catering a better and safer place to work.

Our communal goal is to deliver financial savings and increased efficiencies in 2014. We are looking forward to an extremely productive year with the implementation of new menus for patients and staff. In 2013 we also undertook the arduous task of running the Coffee Shop and Baby Shop within the hospital, providing a well needed service for patients, visitors and staff.

Finally, I would to thank all the personnel in the Catering Department for their continued hard work and support in helping to achieve our goals.

George Timmons
Catering Manager
Facilities Engineering

The Facilities Engineering Department comprises of the Facilities Engineering and Environmental Departments.

The responsibility of the department is to maintain the fabric and structure of the hospital buildings together with the mechanical, electrical and equipment services contained within. In 2013 the Engineering Department responded to 5229 day to day work requests through the internal requisition works request method and 164 emergency call-ins outside normal working hours. The Redundant Apprentice Placement Scheme (RAPS) finished mid 2013.

In 2013 an external window painting programme commenced throughout the hospital; the project is almost complete.

The Facilities Engineering Department is currently managing the contract to refurbish the Semi-Private and Baby Clinics through to the old Nurses Home Building.

The Facilities Engineering Department have also commenced a programme of replacing some of the ward kitchens and treatment rooms.

An upgrade to the intruder and CCTV system took place in 2013.

Environmental

The Environmental Department was recertified with ISO 14001 accreditation until 2016.

All waste produced, energy consumed and water within the hospital is monitored on a continuous basis. In 2013 the hospital produced a total of 419.7 tonnes of waste and 13,241 litres of waste in all areas of the hospital such as healthcare, domestic, chemical, recyclable and hazardous waste. The hospital’s total recorded energy consumption between electricity and natural gas in 2013 was 5,903,610 kWh which represent an average increase of 11.7% when compared to 2012 energy consumption. The main aim of the Department is to ensure the commitment of the hospital to continual improvements and prevention of pollution as much as possible.

Frederick Byrne
Facilities Engineering Manager (Acting)

General Services

The General Services Manager is responsible for the provision and development of Support Services in the Hospital. Support Services include staff and services provided by the Portering, Housekeeping, Laundry, Security and Switch Departments. Activity throughout the hospital continued to be very high. As in recent years, the increased volumes of patients, ageing building and poor infrastructure will continue to cause some additional challenges for the hospitals support services staff. These challenges include restricted access for cleaning and, given ward configurations, limited storage space for housekeeping equipment, laundry and waste skips. Given current high levels of activity there continues to be a constant need to add and remove beds to cater for demand and to create additional operational space in the wards as far as is practical.

The Hospitals Executive Management Team and the Hospital Executive Committee continued to pursue the HSE to fund the hospitals interim and long term development plans to address these infrastructural and resource deficits. The good news in 2013 was a commitment from Government to fund the relocation of our hospital to a new purpose built facility on the St Vincent’s University Hospital site; unfortunately this will take a number of years so in the meantime, given current resources and facilities every effort will continue to be made by support services staff to ensure that standards are maintained and improved, within the given resource/infrastructural constraints, for the benefit of patients, staff and their families.

Tony Thompson
General Services Manager
Health and Safety

The National Maternity Hospital Health & Safety Management is dedicated to ensuring the safety and well being of all. This is achieved by promoting and facilitating a safe place of work in line with requirements.

There were 547 attendances at Health and Safety Training sessions during the year which is an increase of 10% on 2012. The induction programs for staff is further complemented by the mandatory study day which is open to both clinical and non-clinical staff. This runs monthly throughout the year and ensures all staff has an opportunity to refresh their health and safety and emergency procedures awareness.

Fire Safety Consultants provided excellent training for 59 fire wardens in 2013 - an increase of 15%. The hospital liaises closely with the Dublin Fire Brigade. They visited in December to conduct a familiarisation exercise with their teams. Over 545 staff and patients were involved in the annual evacuation drill conducted in July.

Contractor Management is a key focus area. The new NICU/FAU development and minor capital projects undertaken will improve safety in the long term. This requires the effective implementation of contractor management controls. Managers in control of the workplace and the contractors work together to ensure that safe systems of work are in place and are working effectively.

The Annual Accident Review revealed 114 incidents were recorded. There were a number of initiatives during the year to raise staff awareness of these hazards. All staff are engaged in working proactively with managing these risks and ensuring a safe working environment for all our patients and staff.

Sincere thanks to all employees proactively working to improve the safety culture within the hospital. Thanks also to all members of the Hygiene Teams, Quality, Risk, Health and Safety Committee and the Safety Representatives. While 2013 has been a busy year there is little doubt that 2014 will be even more challenging given the current constraints, developing projects and difficult financial environment.

Martin Creagh
Health and Safety Officer
Human Resources

2013 was another busy year of patient activity. The hospital is enormously grateful to all staff for maintaining the high standard of care and professionalism shown in undertaking their duties in such a busy environment and given the infrastructural constraints present.

The Haddington Road Agreement, issued in July, resulted in a range of cost saving measures at the hospital; most staff are now required to work longer hours. In contrast, a renewed effort was made to reduce the working hours of junior doctors. During the year the hospital employed an additional 7 NCHDs which resulted in junior doctors no longer working >24 hours in any one shift. It also meant the average working week reduced to an average of mid-low 50 hours.

HR Performance Indicators: The hospital recorded a staff turnover rate of 4.9%, down from 5.3% in 2012 which was a year when there was a government incentivised retirement scheme available to staff. 2013 saw three long serving and valued members of staff leave who together accumulated 96 years service!

The hospital's sickness absence rate was 4.1%, similar 2012 (4.2%). In all 235 members of staff achieved full attendance. The Executive Management Team sent a letter to each of these individuals acknowledging and thanking them for their 100% attendance record.

With high levels of patient activity, it is a challenge to find time to release staff to attend structured organisational training. However whilst this was the case, 456 staff still managed to attend the mandatory training programme. Mandatory training incorporates a number of topics including infection control and fire safety.

2013 wasn't only about work! A number of social events for staff were organised during the year. In addition to the enshrined Christmas party and panto there was a staff BBQ (July) and sports day (September). The hospital celebrated diversity week (November) organised by the Diversity Committee who teamed up with the Catering Department and organised international food, a raffle and quiz.

Lauri Cryan
Human Resources Manager

Information Management

Information Management is the collection and management of information from one or more sources and the distribution of that information to one or more audiences. One of the key factors successful Information Management is to generate interest among users.

Improving information management practices is a key focus for many organisations across both the public and private sectors. Effective information management is not easy; there are many systems to integrate, a huge range of business needs to meet and complex organisational (and cultural) issues to address.

Information and knowledge is a key organisational resource. By guaranteeing high quality information, core data can be provided for service planning, randomised clinical trials, research and epidemiological studies. High quality data can form the foundations for policy makers, families of high-risk infants and the public.

The Information Officer works closely with IT and Patient Services departments along with administrative and medical staff in the hospital. The prime areas of the role are:

- Extracting and analysing information from hospital information systems to assist management decisions and to highlight changing / emerging trends
- Coordinating Health Service Executive and Department of Health and Children activity returns as well as media requests and parliamentary questions as they arise
- Producing internal hospital activity reports
- Publication of the hospitals Annual Report and Annual Clinical Report
- Developing and designing internal information systems in conjunction with relevant hospital stakeholders
- Providing an information service for the dissemination of hospital information internally and also providing information to external agencies e.g. media, other hospitals/medical agencies.
Data Protection

Privacy and Data Protection law is a rapidly growing area. The Data Protection Acts applies to the processing of personal data by data controllers. Data protection in The National Maternity Hospital is about each staff member and patient’s fundamental right to privacy. Data protection requirements complement the strong ethical obligations imposed on health professionals in relation to their patients.

Fionnuala Byrne
Information Officer

Information Technology

We provide support and maintenance for all computers, software and networking equipment within the hospital.

Day to day support activity remained high with an expected increase in calls due to the implementation of the new Patient Management System (iPMS) in December 2012. Once familiarity with the system grew our call volumes returned to normal, allowing us to focus on a number of hardware and software upgrade projects.

As the number of hospital systems and applications has increased steadily over the past few years, we found ourselves in the situation of no longer having a sufficient nightly window to complete our backups. To alleviate this, a new backup to disk solution was implemented which now allows multiple backups to occur in tandem. This coupled with an upgrade to our Virtual infrastructure affords us a more resilient and robust backup solution with room for expansion in the coming years.
The Patient Services Department aims to support the Hospital’s care systems by providing professional and effective administrative support to both clinical and non-clinical areas within the hospital.

In 2013 the Patient Services Department continued to provide administrative services across the hospital in the following areas:

- Admissions, Antenatal Education, Baby Clinic, Birth Notification, Central Booking, Central Dictation, Chart Retrieval, Colposcopy, Community Midwives, Early Transfer Home, Fetal Assessment Unit, Gynaecological Clinic, Medical Records, Neonatal Unit, Out of Hours Unit, Out-Patients Department, Physiotherapy, Radiology, Satellite Antenatal Clinics, Social Work Department and Antenatal and Postnatal Units.

The Patient Services Department is a source of information and can channel patient queries in relation to hospital services to the relevant areas. Service users’ needs are constantly changing. Staff in the Patient Services Department are determined to meet these challenges. In 2013 we will be working on patient information systems, audits and quality improvement plans.

Freedom of Information

Written requests received under the Freedom of Information Acts and Administrative Access in 2013 amounted to 1,172. Requests for copies of medical charts were 85% of this total. There are approximately 10,500 medical charts active in circulation within the hospital every month. The Healthcare Records Department receives over 340 telephone requests, 400 written requests and 500 charts to be retrieved for clinics on average each week.

We look forward to another rewarding year ahead.

Alan McNamara
Patient Services Manager

2013 saw the relocation of a large number of staff to new offices in 65/66 Mount Street. To facilitate this move we were responsible for overseeing the installation and configuration of the buildings networking equipment, ensuring a reliable and redundant link back to the hospitals core infrastructure.

G2Speech were commissioned by the laboratory department to implement a digital dictation system called Medispeech. This removed the requirement for physical tapes and recorders as all dictation is now captured and transmitted over the IT network. The system has been well received by the users and it is anticipated that it will be directly integrated with their laboratory information management system Winpath affording a more streamlined workflow.

In autumn the laboratory management system Winpath was upgraded to version 5.27. This upgrade introduced a number of new requirements specifically around the area of blood transfusion and required a considerable period of User Acceptance Testing by the laboratory staff to ensure proper functionality. This upgrade also provided much needed Windows 7 support for the Ward Enquiry utility that is deployed to over 250 client computers throughout the hospital.

Considerable time and commitment goes into keeping our constantly changing infrastructure running efficiently and I would like to take this opportunity to thank everyone who contributed to the running of the service this year.

Cathal Keegan
Information Technology Manager
Patient’s Voice Group

The National Maternity Hospital (NMH) Patient Service User Forum was renamed The NMH Patients Voice Group following evaluation in 2013. The group is composed of interested members of the public whom, together with our hospital staff, are actively involved in reviewing patient information leaflets, distributing patient experience surveys, and being involved in the self-assessment against Theme 1 of the HIQA Standards for Safer Better Healthcare. The group meet on a monthly basis to review and participate in improvements to the services we offer to our patients. The services offered by the hospital continue to benefit enormously from the progressive and valuable input of this group.

Geraldine McGuire
Quality Manager

Alan McNamara
Patient Services Manager

On behalf of the Patient’s Voice Group

Partnership

Partnership can be described as a relationship between management, unions and staff aimed at improving both the hospital as a workplace and the service we provide to our patients. One of the signs that Partnership is thriving in The National Maternity Hospital is the enhanced communications and inclusive multidisciplinary approach being adopted in our daily business.

The Partnership Committee consists of an equal number of management and union nominees. The hospital management nominated Mary Brosnan, Director of Midwifery & Nursing, Ronan Gavin, Secretary/General Manager, Tony Thompson, General Services Manager, Marie Culliton, Pathology & Laboratory Manager and Lauri Cryan, Human Resources Manager. Margaret Cooke was nominated by the Irish Nurses Organisation, Shay Higginbotham by the Crafts Union, Anya Curry by the MLSA, IMPACT Rep and Pat Tobin by SIPTU.

The Committee is co-chaired by a representative of both management and unions. Tony Thompson, General Services Manager is The National Maternity Hospital Management Co-Chair of this Committee.

Although The National Partnership Committee has disbanded, the NMH committee have agreed to continue the good work with our staff and management communications forum, ‘Partnership Committee’. This is a positive reflection of the value both staff and management place on the positive engagement and communications this forum offers us all.

Partnership has become an integral part of operations and will be crucial in facing future challenges of the evolving healthcare environment. On that note we look forward to the rest of 2013 and beyond. Through Partnership we are better positioned to meet the challenges of the future.

Tony Thompson
General Services Manager (Partnership Co-Chair)
Purchasing and Supplies

2013 was a busy year in the Purchasing and Supplies Department. A special thanks to my staff; it is due to their professionalism that we continue to be a department which no one notices. Purchasing and Supplies is all about Right Goods, Right Place, Right Time, Right Quantity and Right Price.

Activity in the hospital stayed at a very high level with the Purchasing and Supplies Department having to manage the provision of supplies to meet service delivery requirements and indeed the increased campus size. Both the number of orders processed and deliveries made has significantly increased, principally due to the space restrictions within the department.

Joint tendering activity between The National Maternity Hospital and the Coombe Women and Infant’s University Hospital was at a high level, with two large tender competitions taking place. The Laundry contract is due to be implemented early 2014 and we continue to work through the product categories for the Medical and Surgical Appliances which should be finalised late 2014.

We anticipate tendering activity for 2014 across both The National Maternity Hospital and the Coombe Women and Infants University Hospital and we will be closely aligning this activity with that of the Office for Government Procurement.

2014 will see continued involvement with the all departments as we jointly strive to manage our stock levels with an aim of minimising over stocking. We will look at ordering methodologies as well as localised storage at department level.

In the context of the serious financial constraints facing the national economy and indeed the hospital in 2014, it is clear that this will be a particularly challenging year for the department. We will continue to look at reducing our cost base while ensuring we can deliver the products in a timely and efficient manner to our internal customers.

I am confident that with the continued support and commitment of all staff within the hospital, all challenges presenting to us will be faced head-on and overcome.

Damian McKeown
Purchasing & Supplies Manager
### Financial Statements and Activity

**Income And Expenditure**

Extracts from the Hospital Income and Expenditure Account for the Year Ended 31 December 2013

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<tr>
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<tr>
<td></td>
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<tr>
<td><strong>Deficit for Year</strong></td>
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<td></td>
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<tr>
<td><strong>Excess of Expenditure over income</strong></td>
<td><strong>43,196</strong></td>
<td><strong>43,284</strong></td>
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<tr>
<td>Less : Annual Allocation</td>
<td>45,559</td>
<td>43,375</td>
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<tr>
<td><strong>Surplus</strong></td>
<td><strong>2,363</strong></td>
<td><strong>91</strong></td>
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Cumulative Figures

Extracts from the Hospital Income and Expenditure Account for the Year Ended 31 December 2013

<table>
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<tr>
<th></th>
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<th>2012</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td><strong>Deficit Brought Forward</strong></td>
<td>(1,492)</td>
<td>(1,583)</td>
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<td><strong>Surplus/(Deficit) transferred from Income &amp; Expenditure</strong></td>
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<td>91</td>
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<tr>
<td><strong>Surplus/(Deficit) Carried Forward</strong></td>
<td>871</td>
<td>(1,492)</td>
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Balance Sheet

Extracts from the Hospital Balance Sheet as at 31 December 2013

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</thead>
<tbody>
<tr>
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<td>€ '000</td>
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<tr>
<td><strong>Fixed Assets</strong></td>
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<td>66,276</td>
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<tr>
<td><strong>Current Assets</strong></td>
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<tr>
<td>Stock</td>
<td>275</td>
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<td>Debtors</td>
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<td>Cash &amp; Bank</td>
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<td>857</td>
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<tr>
<td></td>
<td>10,635</td>
<td>7,432</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
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<td></td>
</tr>
<tr>
<td>Creditors</td>
<td>9,078</td>
<td>8,750</td>
</tr>
<tr>
<td></td>
<td>9,078</td>
<td>8,750</td>
</tr>
<tr>
<td><strong>Net Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Assets/(Liabilities)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loans from Funds</td>
<td>(2,194)</td>
<td>(1,682)</td>
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<tr>
<td><strong>Net Assets</strong></td>
<td>64,932</td>
<td>63,276</td>
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<tr>
<td><strong>Represented By :</strong></td>
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<td></td>
</tr>
<tr>
<td>Capitalisation Account</td>
<td>64,019</td>
<td>64,726</td>
</tr>
<tr>
<td>Accumulated Surplus/(Deficit)</td>
<td>871</td>
<td>(1,492)</td>
</tr>
<tr>
<td>Other Funds</td>
<td>42</td>
<td>42</td>
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<td></td>
<td>64,932</td>
<td>63,276</td>
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### Activity Analysis

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<tr>
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<td>3268</td>
<td>3577</td>
<td>3877</td>
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<td>4408</td>
<td>4661</td>
<td>4739</td>
<td>4754</td>
<td>5052</td>
<td>4974</td>
<td>5059</td>
<td>4945</td>
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<td>Total Deliveries</td>
<td><strong>8318</strong></td>
<td><strong>7493</strong></td>
<td><strong>7985</strong></td>
<td><strong>8538</strong></td>
<td><strong>8983</strong></td>
<td><strong>9161</strong></td>
<td><strong>9756</strong></td>
<td><strong>9250</strong></td>
<td><strong>8978</strong></td>
<td><strong>8755</strong></td>
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<tr>
<td>% Nullip</td>
<td>45.0%</td>
<td>43.6%</td>
<td>44.8%</td>
<td>45.5%</td>
<td>47.2%</td>
<td>48.1%</td>
<td>48.2%</td>
<td>46.2%</td>
<td>43.7%</td>
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#### Community Midwives Deliveries

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<tr>
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</thead>
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<td>32</td>
<td>33</td>
<td>45</td>
<td>33</td>
<td>53</td>
<td>49</td>
<td>44</td>
<td>34</td>
</tr>
<tr>
<td>Domino</td>
<td>241</td>
<td>271</td>
<td>260</td>
<td>293</td>
<td>297</td>
<td>320</td>
<td>341</td>
<td>336</td>
<td>343</td>
<td>453</td>
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<tr>
<td>Domino Wicklow</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>201</td>
<td>216</td>
<td>208</td>
<td>227</td>
<td>194</td>
<td>208</td>
<td>122</td>
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<tr>
<td>Total Deliveries</td>
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<td><strong>292</strong></td>
<td><strong>527</strong></td>
<td><strong>558</strong></td>
<td><strong>561</strong></td>
<td><strong>621</strong></td>
<td><strong>579</strong></td>
<td><strong>595</strong></td>
<td><strong>609</strong></td>
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</table>

#### Community Midwives Deliveries Graph

![Graph showing community midwives deliveries over the years](image_url)
### Theatre Activity

<table>
<thead>
<tr>
<th>Year</th>
<th>Major Operations*</th>
<th>Minor Operations</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>2004</td>
<td>1958</td>
<td>1735</td>
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</tr>
<tr>
<td>2005</td>
<td>1947</td>
<td>1890</td>
<td>3837</td>
</tr>
<tr>
<td>2006</td>
<td>2043</td>
<td>2020</td>
<td>4063</td>
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<tr>
<td>2007</td>
<td>2318</td>
<td>1799</td>
<td>4117</td>
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<tr>
<td>2008</td>
<td>2301</td>
<td>1886</td>
<td>4187</td>
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<tr>
<td>2009</td>
<td>2327</td>
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<td>4510</td>
</tr>
<tr>
<td>2010</td>
<td>2478</td>
<td>2067</td>
<td>4545</td>
</tr>
<tr>
<td>2011</td>
<td>2384</td>
<td>2136</td>
<td>4520</td>
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<tr>
<td>2012</td>
<td>2462</td>
<td>2244</td>
<td>4706</td>
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<tr>
<td>2013</td>
<td>2567</td>
<td>2122</td>
<td>4889</td>
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</table>

*includes Caesarean Sections

### Unbooked Outpatient Attendances (Out of Hours)

<table>
<thead>
<tr>
<th>Year</th>
<th>Obstetric/Gynaecology</th>
<th>Neonatology</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>4566</td>
<td>892</td>
<td>5458</td>
</tr>
<tr>
<td>2005</td>
<td>4698</td>
<td>747</td>
<td>5445</td>
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<td>5491</td>
<td>823</td>
<td>6314</td>
</tr>
<tr>
<td>2007</td>
<td>6246</td>
<td>765</td>
<td>7011</td>
</tr>
<tr>
<td>2008</td>
<td>6286</td>
<td>831</td>
<td>7117</td>
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<tr>
<td>2009</td>
<td>7641</td>
<td>730</td>
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<tr>
<td>2010</td>
<td>8060</td>
<td>594</td>
<td>8654</td>
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<tr>
<td>2011</td>
<td>7904</td>
<td>520</td>
<td>8424</td>
</tr>
<tr>
<td>2012</td>
<td>7647</td>
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<tr>
<td>2013</td>
<td>8224</td>
<td>434</td>
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### Unbooked Outpatient Attendances (Within Hours)

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<td>499</td>
<td>5530</td>
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<td>2008</td>
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<tr>
<td>2011</td>
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<td>624</td>
<td>6087</td>
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<tr>
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</tr>
<tr>
<td>2013</td>
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<td>713</td>
<td>6282</td>
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</table>

### Outpatient Activity

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<th>Neonatology</th>
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<td>9462</td>
<td>4123</td>
<td>48020</td>
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<td>2006</td>
<td>34884</td>
<td>9747</td>
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<td>48875</td>
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<td>11028</td>
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<tr>
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### Outpatient Attendances

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<th>Gynaecology</th>
<th>Neonatology</th>
<th>Total</th>
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</thead>
<tbody>
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<td>48875</td>
<td>90000</td>
</tr>
<tr>
<td>2005</td>
<td>48020</td>
<td>48875</td>
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<td>75601</td>
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<td>2013</td>
<td>77302</td>
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</table>
### Fetal Medicine Unit Attendances

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<td>20056</td>
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<td>21357</td>
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<tr>
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<td>4977</td>
<td>4877</td>
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<td>4415</td>
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### Inpatient Discharges

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<td>13872</td>
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<td>745</td>
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<td>928</td>
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<td>846</td>
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<td>1164</td>
<td>1097</td>
<td>1352</td>
<td>1429</td>
<td>1510</td>
<td>1513</td>
<td>1743</td>
<td>1756</td>
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<tr>
<td>Total</td>
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<td>15161</td>
<td>15868</td>
<td>17338</td>
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<td>17325</td>
<td>16622</td>
<td>15977</td>
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</table>

*From 2008, babies treated on the postnatal wards are included in the neonatal figures*
The Robson10 Groups Classification of Caesarean Section 2013

<table>
<thead>
<tr>
<th>Groups</th>
<th>Overall Caesarean Section Rate (%) 2024/8755 (23.1%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of CS over total number of women in each group</td>
</tr>
<tr>
<td>1. Nulliparous, single cephalic, &gt;=37 weeks, in spontaneous labour</td>
<td>146/2039</td>
</tr>
<tr>
<td>2. Nulliparous, single cephalic, &gt;=37 weeks, induced and CS before labour*</td>
<td>470/1308</td>
</tr>
<tr>
<td>2a. Nulliparous, single cephalic, &gt;=37 weeks, induced</td>
<td>359/1197</td>
</tr>
<tr>
<td>2b. Nulliparous, single cephalic, &gt;=37 weeks, CS before labour*</td>
<td>111/111</td>
</tr>
<tr>
<td>3. Multiparous (excluding prev. CS), single cephalic, &gt;=37 weeks, in spontaneous labour</td>
<td>31/2567</td>
</tr>
<tr>
<td>4. Multiparous (excluding prev. CS), single cephalic, &gt;=37 weeks, induced and CS before labour *</td>
<td>131/948</td>
</tr>
<tr>
<td>4a. Multiparous (excluding prev. CS), single cephalic, &gt;=37 weeks, induced</td>
<td>60/877</td>
</tr>
<tr>
<td>4b. Multiparous (excluding prev. CS), single cephalic, &gt;=37 weeks, CS before labour</td>
<td>71/71</td>
</tr>
<tr>
<td>5. Previous CS, single cephalic, &gt;= 37 weeks</td>
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<tr>
<td>6. All nulliparous breeches</td>
<td>170/181</td>
</tr>
<tr>
<td>7. All multiparous breeches (including prev. CS)</td>
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</tr>
<tr>
<td>8. All multiple pregnancies (including prev. CS)</td>
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</tr>
<tr>
<td>9. All abnormal lies (including prev. CS)</td>
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</tr>
<tr>
<td>10. All single cephalic, &lt;=36 weeks (including prev. CS)</td>
<td>105/347</td>
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</tbody>
</table>
Activity Analysis Definitions

Mothers Delivered: Women who deliver at least one baby >= 500g. Babies Born: babies >= 500g.

Theatre Activity
Major Operations: This figure reflects the number of women who had at least one major operation.
Minor Operations: This figure reflects the number of women who had at least one minor operation and no major operations.

Unbooked Outpatient Attendances (Out of Hours): attendances between 4pm and 8am weekdays and 24 hours a day on weekends and on bank holidays.

Unbooked Outpatient Attendances (Within Hours): attendances between 8am and 4pm at the Outpatient and Gynaecology Clinics.

Paediatric (Out of Hours): attendances to the ‘Baby Couch’ when the Baby Clinic is closed (after 1pm weekdays and 24 hours a day on weekends and bank holidays).

Fetal Medicine Unit Attendances
Attendances at Fetal Medicine Unit during normal office hours: 8am – 4pm weekdays
These can be classified into the following groups:
• Early Pregnancy Assessment Unit
• All Booked Attendances
• Fetal Echo
• High Risk
• Rhesus
• Unbooked/Emergency*
*these are unbooked attendances (referrals from Outpatients) and attendances by Inpatients on wards.

Outpatient Activity includes all attendances at all Outpatient clinics between 8am and 4pm weekdays. Fetal Medicine Unit attendances are separate, does not include Synagis or any Unbooked Obstetric or Gynaecology Attendance (given separately).

Inpatients and Day Cases
Obstetric Inpatient       Specialty = Obstetrics: Discharges from all obstetric wards regardless of length of stay as well as discharges from the Gynaecology Ward where length of stay > 0.
Gynaecology Inpatient    Discharges from Gynaecology Ward where length of stay > 0.
Neonatal Inpatient       Specialty = Neonatology: discharges from the neonatal unit.
Gynaecology Day Case     Where Specialty = Gynaecology: Booked day case procedures as well as discharges from Gynaecology Ward where admission date = discharge date.
Obstetric Day Case       Where Specialty = Obstetrics: Booked day cases from Antenatal Day Ward as well as booked day cases from Gynaecology Ward.
Casualty                 Where ‘Ward Code at Discharge’ = Casualty

*Inpatient and Day Case definitions have been amended this year in order to be consistent with HIPE definitions.

Neonatology Inpatients also include babies admitted to the neonatal unit for ‘Observation’ - these have only been included since late 2007.