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I have great pleasure in presenting the Annual Report of the hospital for the twelve months ended 31st December 2014.

The report outlines the main activities of the hospital during the year in which activity, in terms of mothers delivered, has shown a slight increase. During the year 9,106 women gave birth to 9,309 infants; an increase of just over 4% over 2013.

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

In reviewing 2014 I am very pleased to report that the project to co-locate to the St Vincent’s University (SVUH) campus, confirmed by the Minister for Health in May 2013, is progressing well. The Project Team comprises nominees from the NMH, SVUH and the HSE and has met on a number of occasions during 2014. In early 2014 the various members of the Design Team were appointed and these have worked closely with the Projects Teams to develop and validate the project brief. It is anticipated that the project will go to planning later in 2015 and that contracting and building will take a number of years to complete. This project is a major achievement for the NMH and a lot of time and effort has been invested by many staff to bring the project to this stage. There is much hard work ahead and I look forward to progress in the coming years.

In looking forward to 2015, with the slight increase in 2014 and the continuing improvements in the economy, we expect overall activity at the very least to remain static and perhaps to continue to increase. However, we also anticipate that the difficulties experienced in relation to the new billing legislation, particular in relation to collectability, will continue. This has placed significant additional pressure on our resources with substantial fall in income in 2014 somewhat offset by a once-off year-end additional contribution to our allocation. Patient numbers in the public category continue at high levels and this has a direct impact on the already limited staffing, infrastructure and financial resources. In addition, introduction of new protocols and methodologies under the HSE’s clinical programmes also adds to resource strain. This has been very apparent in 2014 with changes in diabetes classification, IMEWS (Irish Maternity Early Warning System) protocols and anti-microbial stewardship.

Infrastructural deficits of the current site over the short/medium term continue to be a major focus for the Executive. Investment is required over the short/medium term to continue to provide service on this site for the next few years and a number of projects are being pursued. The relocation of the NICU was successfully concluded during 2014 with the support of funding from the HSE. This provides a new more modern environment where we treat our most vulnerable patients. This project required the relocation of the Fetal Assessment Unit and many other Departments to enable the NICU to move to the first floor. We should once again note that this project would not have been possible without the support of the NMH Foundation and a number of other funds who supported acquiring 65/66 Mount Street to allow for the relocation of a number of departments which took place in early 2014. These moves have overall proved very positive for all involved and we have established a great facility for research and education.

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 2014 and will be made available again in 2015.

During the year the Executive Committee continued to work with the Executive Management Team to review our Governance arrangements and to meet the requirements of HSE requested governance compliance. As a Voluntary Hospital the Hospitals’ 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 play a significant role in ensuring that the hospital’s infection control strategies are effective and identifying issues that might otherwise be overlooked.

The Linen Guild continues to work silently helping the most needy and vulnerable that present at our hospital. Their contribution is most welcome particularly where many households are experiencing severe
difficulties at this time. I would like to thank them for their dedicated and unselfish commitment to the hospital and its patients.

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. I would also like to welcome Dr Joan Fitzgerald, Consultant Haematologist who was appointed during the year. Dr Eleanor Molloy, Consultant Neonatologist left the NMH in August to take up the position of Prof. of Paediatrics and Head of School in Trinity College Dublin and I would like to congratulate her and wish her every success in her new role.

Dr Rhona Mahony, Master continues to bring new inspiration 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 National Maternity Hospital and has also helped focus the public debate on many important health issues. The NMH Foundation, which was inaugurated by Rhona, has been very supportive in assisting to acquire additional space to enable the NICU project to advance. Furthermore the Foundation has recently received a very significant donation from a major benefactor which will allow for the MRI project to be completed in 2015. Rhona’s determination, commitment and dedication to the NMH, its patients and staff is boundless and on behalf of everybody I thank her.

I would also like to thank Mary Brosnan, Director of Midwifery and Nursing. Mary has a vital role managing the midwifery and nursing staffing resource and trying to match these with the various challenges including fluctuating activity levels across the year. With the continued assistance and support of her team, these daily challenges are met 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 successfully navigated various issues and once again we finish the year in a relatively sound financial position. Mr Tom Fee, Financial Controller continued to keep the Executive satisfied and also dealt with the HSE and for this he deserves our thanks. Tom left us at year end and we wish him well for the future.

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

And finally a special thanks to all of the staff in the hospital. Despite all the financial/staffing/infrastructural limitations the staff at The National Maternity Hospital never fails to deliver. I continue to be amazed at what has been achieved at the hospital and it is due to the extraordinary group of people who we have working in the hospital. The level of dedication and commitment demonstrated throughout the staff is a credit to everyone. Thank you all.

Niall Doyle
Deputy Chairman
In 2014, NMH celebrated 120 years of childbirth. We look back with pride on our contribution to Irish Society – from our early days as a lying-in hospital for local families in poverty to our current status as one of the busiest tertiary maternity hospitals in Europe. I believe our success is intrinsically linked to our voluntarism which affords us the autonomy and independence to respond to patients needs as promptly as possible within the resources available. It is most important that the principles of voluntarism are maintained into the future. Since we began, successive Boards have freely provided rich expertise in a variety of fields, guiding us, supporting us, checking us. These boards have been instrumental in our success and none more so than the current Executive Board of Governors. Being on the Board of our hospital has become almost a full time job and a highly complex one at that. Our hospital is very fortunate to have the wisdom, commitment and expertise shown by the Executive and the hospital is truly grateful for their input. I would like to particularly thank Niall Doyle for his leadership and steadfast support of our patients and staff in navigating some of the most challenging times we have ever experienced. To Mary, Ronan and Tom Fee......thank you for all that you do.... for your excellence, your determination, your hard work, your humour and above all, your absolute commitment to our hospital. It is my great fortune to work on this team. To Bernadine and Denise for putting up with me and to Fionnuala Byrne for your wonderful record of all that we do.

2014 has been quite a year! We were voted Maternity Hospital of the Year in the Irish Healthcare Awards. In 2014 an impressive 9,309 babies were delivered here. The corrected Perinatal Mortality Rate was 3.7 and there were no maternal deaths; for the triennium 2012 to 2014 the MMR was 3.7/100,000 which is approximately half the national figure despite our tertiary status. We had many complex cases during the year and it is a great tribute to the skill of our staff that we have achieved such an excellent outcome in 2014. However, as the volume and complexity of our cases continues to increase, there is no room for complacency and we will do well to maintain these standards in the current climate which is under staffed and under resourced.

Last year, I promised a dusty 2014 in the hospital and this promise was upheld. 2014 saw the construction of our beautiful new neonatal unit in the heart of the hospital which was achieved despite the range of technical challenges provided by our building - our thanks to the HSE and Clancy’s for their skill and dedication during the project. Our Semi-private Clinic and Baby Clinic have moved to much improved facilities – hard to remember that bench and the long queues which on occasion spilled into the car park.

Our Front Door is now open to patients......firstly a practical matter – there is no step which is so much easier for buggies but also a symbolic one. Our front door is no longer reserved for Masters and visiting dignitaries ...it is now for patients and so it should be. I like to think it represents our wider engagement with the world outside as we strive to progress our hospital. Our new Fetal Medicine Unit has been a great source of pride as we welcome women from all over Ireland who require our assistance. The new Social Work Department was another important development.

It has been very gratifying to host a range of events and student teaching in our new Academic Centre on Mount St. It is hard to imagine how we could have accommodated the meetings of the various design and planning teams for the new maternity hospital on the St. Vincent’s University Hospital Campus (SVUH) without this facility. It has been a wonderful addition to the hospital and it is so encouraging to consider the breadth and extent of Research projects that are ongoing in the hospital at present.

2015 will be a little dusty yet. There will be a new triage facility and necessary upgrade of our Postnatal Wards. Later in the year
we will commence work to install the first dedicated MRI scanner in a maternity hospital. This has been funded by two private donors via the NMH Foundation and represents a real triumph in the current climate. It will end the journey of tiny babies and pregnant women across the city for scans and will provide huge opportunity for important research. My thanks to all involved in making this happen, particularly the donors and all on the Foundation Board. Your generosity will make such a tangible difference and please know how grateful we are. It just shows what can be done. The NMH Foundation is delighted to welcome Christine Flanagan as Director of Fundraising and the hospital looks forward to working with her in 2015.

The interim developments discussed here will maintain acceptable standards while we await the move (5 yrs at NMH is almost 50,000 babies) but we know the time has long since come to move to a custom built facility co-located with an acute adult facility. We outgrew this building a long time ago - the increasing cost of staying here too great and the benefits of co-location with an Acute Adult Hospital too compelling. The potential to revolutionise the standard of maternity care available to families in our community, in Ireland East and indeed throughout Ireland, is an opportunity that must be grasped with all of the urgency it deserves. 2014 has been so exciting in this regard. The design for the new hospital is advancing well with the aim of submitting the planning application in late 2015. The progress made has been very exciting. The commitment of the HSE, SVUH and the design team has been really wonderful. This project is of critical importance for women and their families; if the going gets tough we only have to consider the responsibility we have to deliver this project - for our patient’s sake.

From an organisational perspective, there are many changes afoot. As part of current reform and development of Irish healthcare, we are now part of Ireland East; a network of 11 hospitals geographically situated in the east of the country and linked with
University College Dublin with whom we enjoy a very important and longstanding partnership. Ireland East has a very strong Voluntary Hospital component. It is worth noting that the Voluntary Hospitals have consistently led innovation and excellence in delivering patient care and many of the leading tertiary facilities in Ireland are Voluntary Hospitals. This performance is worth consideration. If managed well, the opportunity to build on existing clinical networks will make a real difference to Irish patients and to the efficiency of healthcare delivery. On the clinical side, our engagement with our fellow obstetric units in Ireland East – Wexford, Mullingar and Kilkenny - has been really positive and encouraging underpinned by a real commitment by all to improve patient services. With appropriate staffing and dedication to clinical training, real strides could be made quickly.

The greatest difficulty for the Hospital Groups will arise on the governance side. The range of legal entities within the Groups will require an imaginative and flexible approach to any over-arching structure. For the Voluntary Hospitals, the role of their Boards in any new structure is a critical issue. It is also not clear how the centralised structure and policies of the HSE will translate into autonomous independent Groups transitioning towards ‘Trust’ like entities. These issues are highly complex and will require expert management. It is critical that there is appropriate investment in the management of the Groups so that strong autonomous management structures will be capable of navigating the reforms which are very necessary. Strong consistent leadership is of critical importance and the direction must be clear. The compass at the centre of all these difficulties must be patient care – the objective must always be to maximise our ability to care for patients. Greater success will be achieved, I believe, if we focus on building up effective clinical networks allowing governance structures to build and develop in support of this focus.

2014 was as challenging as it was successful. Obstetrics was very much in the news and the news was rarely good; heart-breaking cases of poor outcomes, intimate patient details on sensational front pages, confidential and sensitive reports leaked in draft form. Numerous recommendations, standards and guidelines were issued in the context of inadequate resources and staffing. We rarely hear the good stories although they far exceed the bad. As the level and cost of litigation rises and as the number of recommendations spiral, expectations increase and staff are asked to guarantee what cannot be delivered. If we are to care for our patients, we must equally care for our staff. Medicine will never be error free but error can be reduced by appropriate staff who are well trained and well supported. We have a third of the Obstetricians we should have in Ireland and not enough Obstetric Anaesthetists, Neonatologists and Midwives. We will not regulate, litigate, recommend or punish our way out of this deficit. We must urgently achieve adequate staffing levels and put real effort into training and supporting staff. The recruitment and retention difficulties of the last few years should make the urgency of this requirement abundantly clear to even the most hardened sceptic. The concurrent overreliance on agency and locum clinicians is an expensive deficiency in terms of cost and risk. Obstetrics is a very challenging specialty. It is full of joy and full of heartbreak and full of risk. At times, it seems, we do not give sufficient regard to the unpredictability, the severity and the catastrophic potential of obstetric outcome. Two lives - sometimes more - balanced by a unique and complex physiology that is full of potential complication. Yet, increasingly, we frame this in a consumer context that is full of all kinds of expectation that we are unable to meet. Clinicians are increasingly caught between increasing patient expectation and demands for greater productivity with reduced expenditure. In a highly punitive environment like ours, this undermines patient care. If we are happy to invest millions in legal fees associated with litigation, then we must be happy to invest in adequate staffing and staff training. Our system must have the capacity to learn and grow so that potential can be achieved and the primary focus is excellence in patient care.

Trust is currently in short supply in Irish healthcare. Patient trust in the Health System has been eroded and equally there has been real damage done to trust between frontline clinicians and administrators. The products of poor trust are anxiety, defensiveness and an erosion of professional relationships – these things erode patient care. Relationships need to be mended and trust restored so that there is true collaboration of all the expertise available. I am immensely proud to work at NMH and I am very privileged to work with staff at NMH. Every day I see examples of very fine care, real skill and absolute dedication.

The ability to retain absolute focus on patient care in the current climate is a mark of true professionalism and this deserves acknowledgement. Delivering babies is not purely the preserve of exhausted hospitals. It is a societal issue and a fundamental one. Everyone is born and every birth matters. There is nothing more important - it is worth investing in.

Dr Rhona Mahony
Master
Finance Committee Report

The financial outturn for the hospital for 2014 was satisfactory with the hospital reporting a small surplus of income over expenditure of €74k. The accumulated surplus was €945k at 31 December 2014.

The hospital’s main source of funding – its Health Services Executive (HSE) allocation - was €46.1 million, a 1% increase on the amount for the previous year.

The private and other income of the hospital for 2014 was €17.9 million which was a decrease of 15% from the previous year. The reduction in income, which I had predicted in my 2013 report, was as a direct result of The Health Amendment Act 2013 which reduced the amount which the hospital could charge for each private bed night by €100 and halved the rate chargeable for day patients. There was no change in occupancy levels (which remained close to capacity) but as a result private and other income funded 28% of gross hospital expenditure down from 33% in 2013.

A further change to Health Legislation which provided for charges for the use of public beds by private patients occupying public beds has created further difficulties as, at the time of writing, the health insurance companies are refusing to discharge the costs. In 2012 there was a change by the Department of Health to its interpretation of Health Legislation which meant that obstetric patients became liable to the hospital day levy for 2012 and 2013. Only one health insurance company has discharged its liability to date for the day levy and a substantial balance remains uncollected. This means there has been a significant increase in amounts receivable from the insurance companies at the year end resulting in further pressure on resources available to care for patients.

Hospital gross expenditure for 2014 was €63.9 million which was 1% lower than in 2013. Payroll costs of €49.5 million remained substantially the largest area of expenditure accounting for 77% of gross expenditure with non-pay costs accounting for the remaining 23%. The pay bill was flat for 2014 and non-pay expenditure fell by 3%.

During the year capital grants of €4.7m were received from the HSE, all of which were spent on the magnificent new neonatal intensive care unit.

The Finance and General Purposes 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.

Planning and budgeting remain difficult partly because of slow notification to the hospital of its HSE allocation and the components thereof and partly because of frequent, arbitrary, unexplained and one off adjustments over the course of the financial year. The hospital has no visibility from one year to the next on its allocation and as a result planning for multi year initiatives is constrained.

The hospital faces considerable financial challenges again in 2015 as a result of continuing high activity levels and reduced private income. As of the date of this report the HSE has notified the hospital that its allocation for 2015 will be €45.1 million, €1 million lower than 2014. However, as the basis of the allocation remains unclear there are challenges for resource allocation and planning for the year ahead.

Catherine Ghose
Honorary Treasurer
### Pay Costs

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<td>Midwifery and Nursing</td>
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<td><strong>Total</strong></td>
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### Non Pay Costs

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<td>Miscellaneous</td>
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<td><strong>Total</strong></td>
<td><strong>14,440</strong></td>
<td><strong>14,879</strong></td>
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Executive Committee

At the Annual General Meeting the outgoing members of the Executive Committee were proposed and seconded and were elected as ordinary members of the Executive Committee for the coming year.

Three new members, Professor Fionnuala McAuliffe, Ms Isabel Foley and Ms Jane McCluskey were also elected to the Executive Committee.

The Executive Committee met on eleven occasions in 2014.

New Governors
Dr Ingrid Browne, Consultant Anaesthetist was elected a Governor at the AGM in May 2014.

Charter Day
We had a very good attendance at Charter Day which was held on the 30th January 2014 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 57th Annual Charter Day Lecture entitled “Fetal Medicine & Therapy: A Fantastic Step Forward But Are We Delivering A Good Service?” was delivered by Professor Mark Kilby, Prof. of Fetal Medicine, Birmingham Centre for Women’s & Children’s Health, University of Birmingham, College of Medicine & Dental Sciences, England. The lecture was well attended and Prof. Kilby was guest of honour at the annual Charter Day Dinner. A Fetal Medicine symposium was organised by Dr Peter McParland as part of the Charter Day celebrations and took place at the new Lecture Theatre at 65/66 Mount Street. Members of the consultant and midwifery staff were involved and chaired sessions.

Nominations Committee
The Nominations Committee recommended three new members to the Executive Committee and one new Governor all of whom were elected at the Annual General Meeting as referred to above.

Hospital Awards & Certificates
Awards for the year 2014 were presented as follows:

Medical Students
John F. Cunningham Medal - Dr Sophie Duignan.
RCSI / NMH Medal - Jointly to Eamon Ó Ceallaigh and Aoife Green.
Kieran O’Driscoll Prize - David McNeill.
A. Edward Smith Medal - Not awarded.

Student Midwives
Hospital Gold Medal - Deirdre Kane
Elizabeth O’Farrell Medal - Margaret Whiteley

Neonatal Medal - Ms Julie McGinley
Director of Midwifery Award
Denise McGuinness, CMS Lactation, was awarded this medal to acknowledge her achievement in having her research paper awarded Best Research Paper of the Year at the Irish Healthcare Awards 2014 organised by the Irish Medical Times. The title of her paper is ‘An exploration of the experiences of mothers as they suppress lactation following late miscarriage, stillbirth or neonatal death - Evidence Based Midwifery’.

Hospital Finances
The Finance Committee continues its work monitoring the finances of the Hospital during the year. As can be seen from the financial data the Hospital had a surplus of €74,495 for the year. This was a very satisfactory result in the context of the activity and the income challenges that presented during the year, while maintaining excellent care for the Hospital’s patients.

Development
During the year the Hospital Project Team continued their work with HSE Estates, the Design Team and SVUH in relation to the planned co-location of the NMH to the SVUH campus. In addition many departmental teams were involved in developing the design brief which was nearing finalisation by year end. This project is of utmost importance to the NMH Executive, our staff and of course our future patients and everyone is working tirelessly to ensure we achieve the best outcome for our future generations.

Also during the year the project to relocate the Neonatal Intensive Care Unit from the top floor to the first floor was substantially undertaken and completed by year end. This project also involved the decant of the Fetal Assessment Unit. The NICU project was possible due to a grant from the HSE and the new facility will be a major improvement for our smallest patients for the forthcoming years while we complete the NMH at SVUH project. Many thanks to all those involved.

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 Joan Fitzgerald, Consultant Haematologist, Damian Lally.
Senior Medical Scientist, Lucy Collender, Senior Radiographer, Elizabeth Byrne and Gavin Kearney, Catering Officers.

Internal Promotions
Eimear Campion was appointed to Senior Medical Scientist.

Staff Retirements
The following staff members retired during the year after many years of service:
Meriel Matheson and Mary Moriarty, Senior Medical Scientists,
Suzanne Deithrick, Medical Lab Scientist, Rachel Conaty, Assistant
Director of Midwifery & Nursing, Marie T Joy and Elizabeth
Butler, CMM2s, and Mary Jacob, Advanced Midwife Practitioner
(AMP) and Catherine Ryan, Senior Staff Nurse, Elizabeth Gannon,
Administration and Pauline Dingle, Catering Assistant.

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

Deaths
During the year a number of our retired staff died and we send
our sincere condolences to their families. They include: Teresa
Boland and Anna Neville, former Sisters, Joan Bolton and Bridget
Theresa Macken, former Household Assistants and Desmond
Farrell and Cecil Harman, former Porters.

We also extend our sincere condolences to the family, friends and
colleagues of Brian Villaneuva, former Staff Nurse in Unit 8 who
died during the year.

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.
Their dedication and hard work in the face of increasing cutbacks
is particularly appreciated.

Mr William Johnston
Honorary Secretary
2014 was a very busy year for the hospital. Not only did the number of births increase, the levels and complexity of activity in many departments also continued on an upward trend. The outlook is for high activity levels overall and particularly in certain areas due to changes in diabetes protocols and introduction of Irish Maternity Early Warning System (IMEWS). The levels of activity delivered needs to be considered in the context of limited resources and the ongoing infrastructural compromises. There were further reductions in the relative overall financial allocation provided to the hospital through the HSE. The financial pressures were further exacerbated by the continued difficulties with patient incomes. Part of these relate to the application of the new legislation in relation to billing beds that were previously non-designated and the fact that many of the insurers dispute the application of this legislation. The decline in private patient income from previous years is also partly due to a shift by patients to opt for public compared to a number of years ago. The relative increase in public patients compared to a few years ago continues to be a significant resource issue because these patients now utilise additional publically funded resources such as outpatient attendances and 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 retiring and also those who left under various schemes in recent years continue to be felt throughout the hospital. The diminished resources, particularly staffing, creates challenges in relation to maintaining quality patient services. Staff and management continue to work 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 clearly demonstrates the ongoing dedication and commitment of all of our staff.

During the year we had continuous engagement with the Health Service Executive (HSE) and St. Vincent’s University Hospital (SVUH) in relation to the plans for the NMH to co-locate to the SVUH campus. Early in the year the design team were appointed and since then a large body of work has been undertaken by a number of teams in the hospital to prepare and validate design briefs for every department. We welcome the very positive news with the Minister for Health reaffirming that the hospital would move to a purpose built facility on the SVUH campus. 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 continued during the year with the support of the HSE and was completed just before year-end. Works were also undertaken on the improvement of the Merrion Wing rooms, primarily sanitary facilities. In addition, as part of the decant for the new NICU, the Fetal Assessment Unit was also relocated and this area reopened in September 2014. The ongoing availability of No. 65/66 Mount Street 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 the SVUH campus 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 significant 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, support and good humour throughout the year. I also wish to thank Tom Fee for his advice and support throughout the year and wish him well for the future. Much of the administrative functions throughout the hospital would not be possible without the continued support of Clare Gray and I wish to personally acknowledge the tremendous contribution she makes to both myself and the hospital. Finally, I wish to thank all the members of the Finance and Executive Committees for their continued assistance and support throughout the year.

The hospital continues to deliver world class care despite issues with activity levels, resources and infrastructural difficulties. These outcomes are achieved because of our most valuable resource which is our staff. As ever there will be challenges and opportunities ahead, 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 commitment of every member of the staff cannot be commended enough and I thank you all for your wholehearted dedication throughout the year.

Ronan Gavin
Secretary/General Manager
Director of Midwifery and Nursing Report

This past year has flown by, busy as ever and yet again our activity levels have been extremely high in maternity and neonatology particularly. The planning for the new National Maternity Hospital at Elm Park has been really exciting and by the year end, design briefs were agreed for sign off at Stage One of the project, which is wonderful. In the meantime, we have been busy reconfiguring existing clinical areas, such as the new ultrasound and Fetal Medicine Unit. I am particularly looking forward to the opening of the new Neonatal Intensive Care Unit in 2015.

During the year the midwifery and nursing staff have continued to provide an exceptional service to the women and babies in our care. 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 I want to congratulate them on their success, in Masters or Postgraduate programmes, all of which support us in developing existing and promoting new services within the hospital and community services.

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. I also want to pay tribute to the team of nurses who have completed the post graduate education in Colposcopy and are developing this important sub specialist area of gynaecology.

In 2014 we said a fond farewell to four senior members of staff; Ms Rachel Conaty, ADOM, Ms Mary Jacob AMP Women’s Health and Ms Marie Therese Joy, CMM2 Ms Elizabeth Butler, CMM2 postnatal wards. All of these staff have given long years of service to the hospital and will be greatly missed. Ms Ann Rath was promoted to ADOM, Ms Martina Cronin was promoted to the role of CMM3 in the delivery suite. Ms Ann Calnan was promoted to CMM3 to manage the postnatal services and Ms Carol Pugh and Ms Eimear Guinan were also promoted to CMM2 roles to manage the postnatal wards. I am very grateful to them and to all the midwifery and nursing managers for their leadership and support to me.

Finally I would like to thank all of the midwifery and nursing team for their continuous commitment to patient care. I am fortunate to work with a very strong team of very talented and motivated staff who care passionately about what we do. We have such a vital place in the lives of so many families who trust us to support them through their voyage into parenthood. It’s a privilege we don’t take lightly.

Mary Brosnan
Director of Midwifery & Nursing
The Ethics Research Committee is a national committee and is approved to receive and approve application proposals nationally. The research ethics committee was established in 1973.

We hold monthly meetings except there is no meeting in the month of August. There is one quarter lay attendance and quorum at each meeting. The Committee had one member resign during 2014 due to work commitments and another lay member joined our committee.

Generally, the applications are approved at each meeting; if not approved the Chairman will request clarification on a particular issue.

In 2014 the Ethics Research Committee received 47 research application proposals. There were 28 research proposals approved at the first review, 15 research proposals needed clarification and 4 research proposals were rejected.

The National Maternity Hospital has been involved with the RESCAF (Standard REC form) Group in developing the Standard REC form and we now have adopted the Standard Application Form which is used nationally by research ethics committees. Last year we saw that this form had significantly contributed to a more streamline approach that has facilities efficient ethical review and has improved the calibre of applications by researchers.

Dr. John Murphy
Consultant Neonatologist
Chairman, Ethics Committee

Mary Brosnan, Director of Midwifery and Nursing who was elected Honorary President of the Irish Association of Directors of Nursing and Midwifery for a two year term in 2014.

Deirdre Madden and Catriona Cullen who both received Masters degrees at the graduation in TCD in December 2014.
Board of Governors

Governors Ex-Officio
Dr Diarmuid Martin, Archbishop of Dublin – Chairman
Councillor Christy Burke, Lord Mayor – Vice Chairman
Dr Rhona Mahony, Master
Very Rev. Fachtna McCarthy, Administrator, Parish of Haddington Road
Very Rev. John McDonagh, Parish Priest, 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 Gerry Ashe (to May)
Councillor Pat Crimmins (to May)
Councillor Claire Byrne (from June)
Councillor Micheál MacDonncha (from June)

Governors Elected
1957  *Ms Sheila Geoghegan
1959  *Professor Sheamus Dundon
1959  *Professor E O’Dwyer
1964  *Mr Patrick J Spain
1969  *Dr Alan O’Grady
1976  *Professor Enda Hession
1977  *Mrs Laura MacDonald
1980  *Dr John R McCarthy
1980  *Dr Niall O’Brien
1981  *Mr J. Brian Davy
1983  *Mrs Judith Meagher
1984  *Dr Dermot MacDonald
1985  *Dr Jack T. Gallagher
1985  *Dr. Reginald Jackson
1986  *Mrs Maeve Hayes
1986  *Mr Gabriel Hogan
1987  *Professor Paddy Masterson (resigned May)
1989  *Mrs Anne Davy

* Dr. John Murphy, Consultant Paediatrician, with Julie McGinley, Neonatal Nurse, who was awarded the Neonatal Medal for her outstanding results in clinical assignments in the Postgraduate Diploma in Neonatal Studies.
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
1998  *Mr Anthony Garry
2000  *Dr Freda Gorman
2001  *Mrs Helen Moe
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 Ensor
2003  Ms Sara 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  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 McAuliffe
2013  Ms Isabel Foley
2013  Ms Jane McCluskey
2013  Cllr. Naoise Ó Muiri
2013  Ms Elizabeth Nolan
2014  Dr Ingrid Browne

Dr Declan Meagher, Master 1970 – 1976, with Mary Brosnan, Director of Midwifery & Nursing.
Committee Members

Executive Committee
Dr Diarmuid Martin, Archbishop of Dublin, Chairman
Cllr Christy Burke, Lord Mayor of Dublin, Vice Chairman
Mr Niall Doyle, Deputy Chairman
Ms Catherine Ghose, Honorary Treasurer
Mr William Johnston, Honorary Secretary
Dr Rhona Mahony, Master
Mrs Catherine Altman
Cllr Gerry Ashe (to May)
Dr Peter Boylan
Cllr Claire Byrne (from June)
Cllr Pat Crimmins (to May)
Mr Frank Downey
Ms Lydia Enser
Ms Pamela Fay
Ms Isabel Foley (from May)
Very Rev John Gilligan
Dr Declan Keane
Mr Kevin Mays
Ms Eugenée Mulhern
Dr John Murphy
Prof Fionnuala McAuliffe (from May)
Cllr Micheál MacDonncha (from June)
Ms Jane McCluskey (from May)
Dr Kevin McKeating
Dr Peter McParland
Ms Elizabeth Nolan
Mrs Kathleen O’Grady
Prof Colm O’Herlihy
Cllr Naoise Ó Muiri
Mrs Patricia O’Shea
Dr Michael Robson
Ms Sara Appleby
Ms Sheena Carton
Mrs Jane Collins
Ms Fiona Davy
Mrs Elaine Doyle
Mrs Judith Meagher
Ms Margaret McCourt
Mrs Margo McParland
Mrs Helen Moe (resigned Sept)
Ms Anne Murphy
Ms Teresa Murphy
Ms Suzanne O’Brien (resigned Dec)
Mrs Kathleen O’Grady
Ms Bernie Spillane

Finance Committee
Mr Niall Doyle, Deputy Chairman
Ms Catherine Ghose, Honorary Treasurer
Mr William Johnston, Honorary Secretary
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
Ms Mary Brosnan, Director of Midwifery & Nursing

House Committee
Mrs Catherine Altman, Chairperson
Dr Rhona Mahony, Master

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 Enser
Dr Declan Keane
Ms Eugenée 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 (resigned March)
Mr Padraig Ingoldsby (resigned February)
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
Dr Paul Downey (from May)

Professional Advisors

LAW ADVISORS
Beauchamps Solicitors, Riverside Two, Sir John Rogerson’s Quay
Dublin 2

BANKERS
The Bank of Ireland, 2 College Green, Dublin 2

AUDITORS
Price Waterhouse Coopers, Chartered Accountants,
One Spencer Dock, North Wall Quay, Dublin 1

A group of our supporters who ran the Women’s Mini Marathon in June in aid of The National Maternity Hospital Foundation.
Staff Listing

Resident & Visiting Medical Staff

Master
Dr Rhona Mahony, MD, FRCOG

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

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

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

Pathology and Laboratory Medicine
Director: Dr Eoghan Mooney, MB, MRCPI, FRCPPath, FFPathRCPI
Dr Paul Downey, MB, FRCP, FRCPPath, FFPathRCPI
Dr Susan Knowles, MD, FRCPath, DCH
Dr David Gibbons, MB, FCAP
Dr Karen Murphy, MB, FRCP, FRCPPath, FFPath, FRCP
Ms Orla Maguire, MSc, FRCP, EcurClinChem
Dr Emer Lawlor, MB, BCh, BAOFRCPath, FRCP
Dr Joan Fitzgerald MB, BCh, BAO, BSc, FRCP, FRCPPath, FFPathRCPI

Paediatrics and Neonatology
Director: Prof John F Murphy, MB, MRCPI
Prof Eleanor Molloy, MB, BCh, BAO, PhD, FRCP, MRCP, MRCPCH (to August)
Dr Anne Twomey, MD, MRCPI, FAAP
Dr Colm O’Donnell, MB, BCh, BAORCPO, DCH, MRCPCH, FRACP, PhD

Prof Carlos Blanco, MD, PhD
Dr Claudine Vavasseur, MB, BCh, BAOFRCPath, MD
Dr Jan Franta

Anaesthesia
Director: Dr Ingrid Browne, MB, BCh, BAO, M Med Sci, FFARCSI
Dr Kevin T McKeating MB BCh BAO, FFARCSI, FFPMCAI
Dr Breda O’Kelly, MB, BCh, BAO, DCH (UCD) DObs (RCPI) FFARCSI
Dr Eoghan Mooney, MB, BCh, BAO, MRCPI
Prof Carlos Blanco, MD, PhD

Psychiatrist
Dr Anthony McCarthy, MB, BAO, BCh, MRCPI, MRCPsych

Radiology
Dr Brigid V Donoghue, MB, BCh, BAO, MMed Sci, FFR, FRCI
Dr Eoghan Mooney, MB, BCh, BAO, AFRCPath, FFR, FCSI, MSc (Rad Sci)
Dr Risteard O’Loaide, CRCR, FFR, FCSI, FRCP
Dr Suzanne Shine, MB, BCh, BAO, AFRCPath, FFR, FCSI, MSc (Rad Sci)

Respiratory Physician
Dr Walter McNicholas, MB, FRCPI, FRCP (C), FCCP

Diabetic Physician/Endocrinologist
Dr Claire Gavin, MB, BCh, BAO, MRCPI, FRCP (to February)
Dr Mensud Hatunic MD, MRCPI (from February)

Ophthalmologist
Dr Michael O’Keefe, MB, FRCSE

Physician in Chemotherapeutic Medicine
Dr David Fennelly, MB, BCh, BAO, LRCSI, MRCPI

Renal/Metabolic Physician
Prof Alan Watson, MB, BCh, BAO, LRCSI, MRCPI

Occupational Physician
Dr Sheelagh O’Brien MRCPI, MSc, FFOMI
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, MCh, FRCS, FRCSE

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

Consultant in Genitourinary Medicine
Prof Fiona Mulcahy, MD, FRCP

Gastroenterologist
Prof Hugh E Mulcahy MD, FRCP

Orthopaedic Surgeon
Mr Damian McCormack, BSc, MCh, Orth

Dermatologist
Dr Aoife Lally, MB MRCP

Paediatric Cardiologists
Dr Paul Oslizlok, MB, FRCP, DCH
Dr David Coleman, MB, BCh, DCH, FRACP
Dr Colin McMahon, MB, BAO, BCh, DCH, MRCP, MRCP (UK), FAAP

Adult Cardiology
Prof Ken MacDonald, MD, FRCP
Dr Peter Quigley, MB, BCh, FRCP

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
Mr Darach Crimmins, FRCF (FN)
Adult Neurologists
Dr Conor O’Brien, MB, MSc, PhD, CScN (Emg), FRCPI
Dr Janice Redmond, MT, MD, FRCPI, FACP, DAB Psych Neuro, DAB Elec-Diag Med
Prof Niall Tubridy, MB, BCh, BAO, MD, FRACP, FRCPI

Paediatric Infectious Diseases
Prof Karina Butler, MB, FRCPI

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

Clinical Geneticist
Dr William Reardon, MD, MRCPI, DCh, FRCPCH, FRCPI (London)

Palliative Medicine
Dr Marie Twomey, MB, MRCP (UK)

Hepatology
Prof Aiden McCormick, MD, FRCPI, FRCP, FEBG

Rheumatology
Prof Douglas J Veale MD FRCPI FRCP (Lon)  
Prof Oliver FitzGerald MD FRCPI FRCP (UK)  

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, ANP (Women’s Health)
Helen Walsh, MSc, BSc (Nursing), FFNM RCSI, ANP, RNP, RGN (Neonatology)
Mary Coffey, MSc, RGN, RM, HDip, RNP (Diabetes)
Deirdre Madden, RPN, MSc (Mental Health), ANP Candidate in Perinatal Mental Health

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
Ann Calnan, BSc (Nursing Mgmt), RGN, RM, RNP Antenatal Unit
Gillian Canty, BSc (Nursing Mgmt), HDip (Midwifery), RGN, RM, RNP Delivery Ward
Breda Coronella, RGN, RM Neonatal Unit
Martina Cronin, BSc (Nursing Mgmt), RGN, RM Delivery Ward
Margaret Fanagan, RGN, RM, IBCLC, Dip HA Antenatal Education
Florrie Fee, RGN, RM Neonatal Unit
Aileen Fox, RGN, RM, IBCLC Early Transfer Home Team
Jennifer Fitzgerald, BMS, RGN, RM, HDip Gynaecology Clinic
Dana Hardy, RGN, RM, BNS, Theatre
Rachel Irwin, MSc (Applied Mgmt), BSc (Nursing Mgmt), RGN, RM Neonatal Unit
Marie Therese Joy, RGN, RM Postnatal Ward
Tina Murphy, RGN, RM, BNS, RNP Delivery Ward
Fidelma Martin, RGN, DipHe(RSCN), BNS Neonatal Unit
Helen McHale, RGN, RM, RNP Delivery Ward
Maria O’Connell, RGN, RM Gynaecology Clinic
Clare O’Dwyer, BSc (Nursing Mgmt), RGN, RM, HDip (Healthcare Risk Mgmt) Delivery Ward
Kathleen O’Sullivan, RGN, RM, BNS Antenatal Education
Breid O’Dea, RGN, RM Outpatients Clinic
Sara Duff Rock, RGN, RM Neonatal Unit
Laurence Rousseill, BSc (Midwifery), RGN, RM, RNP Delivery Ward
Brid Shannon, HDip (Diabetes), Dip (Mgmt) RGN, RM, RNP Delivery Ward
Valerie Spillane, MSc (Diagnostic Imaging), BSc, RGN, RM, MA Fetal Medicine Unit
Joan Ward, RGN, RM Gynaecology Ward
Grace Curtin, BSc (Sci) RGN, RM Bereavement

Clinical Midwife/Nurse Specialists
Usha Daniel, RGN, RM, MSc (Midwifery), RNP, Grad Dip (Diabetes), Cert ANP (Diabetes) (CMS Diabetes)
Imelda Keane, MSc Healthcare (Quality & Risk Mgmt), RGN, BNS, Dip SHWW, HDip (Healthcare Risk Mgmt) (CMS - Occupational Health)
Caroline McCafferty, RGN, RCN, BSc (Nursing Mgmt) (CMS - Neonatal)
Catherine McCann, RGN, RM, RCN, BSc Midwifery, IBCLC (CMS - Lactation)
Denise McGuinness, RGN, RM, DipNAadmin, BMS, IBCLC (CMS – Lactation)
Cecilia Mulcahy RGN, RM, MSc Diag Imaging (CMS - Sonography)
Ciara Murphy, RN, ENB 405, RCH (Dip HE), BNS (CMS - Neonatal)
Lorraine O’Hagan, MSc (Midwifery-Led Care), BMS, RGN, RM, Dip (Social Studies) IBCLC, RNP (CMS - Lactation)
Sheila Power, MSc, RGN, RM PHN, BNS (CMS – Bereavement)

Community Midwives
Kate Casey, RGN, RM
Niamh Cummins, RGN, RM, BSc Midwifery
Katie Hearty, RGN, RM, BSc Midwifery
Julie Higgins, RGN, RM, RNP BSc Midwifery
Clodagh Manning, RGN, RM
Roisin McCormack, RGN, RM, RNP BSc Midwifery
Niamh Morrissey, RGN, RM
Bernie O’Callaghan, RGN, RM
Fiona Roarty, RGN, RM, PHN
Annmarie Slaney, RGN, RM, RNP BSc Midwifery
Sinead Thompson, BSc (Midwifery), RGN, RM, Dip HE

Clinical Skills Facilitator
Lucille Sheehy, BMS, RGN, HDip (RM), MSc
Niamh Dougan, RGN, RM

Neonatal Clinical Skills Facilitator
Thankaruma Mathew, RGN, HDip in Neonatal Intensive Care

Cancer Nurse Co-ordinator
Helen Frances Craig, RGN, HDip (Oncology)

Education Co-ordinator
Patricia Feeney, BSc, MSc, RN, RM, RNT (Career Break)

Post Registration Midwifery Programme Co-ordinator
Ann Marie Dunne, MSc (Edu), NICU, Grad Dip, RGN, RM

Clinical Placement Co-ordinators
Orla Gavigan, BMS, RGN, RM, Dip (Mgmt)
Theresa Barry, BSc (Nursing Mgmt), RGN, RM, BL
Elaine Creedon, BSc (Midwifery), RGN, RM, BNS,

Allocations Liaison Officer
Cathríona Cullen, RGN, RM, BSc (Nursing) MSc (Technology & Learning)
## Senior Administration Staff

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretary/General Manager</td>
<td>Ronan Gavin, BBS, FCCA</td>
</tr>
<tr>
<td>Financial Controller (Acting)</td>
<td>Thomas Fee, FCCA</td>
</tr>
<tr>
<td>IT Manager</td>
<td>Cathal Keegan, BSc (Mgt), P Grad Dip (IT)</td>
</tr>
<tr>
<td>Human Resources Manager</td>
<td>Lauri Cryan, MSc, MCIPD</td>
</tr>
<tr>
<td>General Services Manager</td>
<td>Tony Thompson, DipHSM, Dip SCM</td>
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<tr>
<td>Purchasing and Supplies Manager</td>
<td>Damian McKeown MBA</td>
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<tr>
<td>Facilities Engineering Manager (Acting)</td>
<td>Frederick Byrne</td>
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<tr>
<td>Patient Services Manager</td>
<td>Alan McNamara</td>
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<tr>
<td>Information Officer</td>
<td>Fionnuala Byrne, MSc, BA (ICT), P Grad Dip (Stats)</td>
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<tr>
<td>Quality/Accreditation Manager</td>
<td>Geraldine McGuire, RGN, RM, Dip (Nursing Mgt)</td>
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<tr>
<td>Health &amp; Safety Officer/Project Manager</td>
<td>Martin Creagh, BSc, DipHSWW, IOSH</td>
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## Allied Health Professionals

<table>
<thead>
<tr>
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<th>Name</th>
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<tbody>
<tr>
<td>Medical Social Workers</td>
<td>Kaylene Jackson, Head Medical Social Worker, MSocSc, NQSW</td>
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<tr>
<td></td>
<td>Ciara McKenna, Senior Medical Social Worker, BSocSc, NQSW</td>
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<tr>
<td></td>
<td>Laura Harrington, Medical Social Worker, BA, HDip Sp, MSoc Soc, NQSW</td>
</tr>
<tr>
<td></td>
<td>Aoife Shannon, Medical Social Worker, BA, HDip Sp, MSoc Soc, NQSW</td>
</tr>
<tr>
<td></td>
<td>Erin Fisher, Medical Social Worker, BA Social Work, NQSW (to Apr)</td>
</tr>
<tr>
<td></td>
<td>Jane Toolan, Medical Social Worker, MSoc Soc, HDip Sp, BA Arts Int, NQSW</td>
</tr>
<tr>
<td>Radiographers</td>
<td>Mary Corkery, DCR</td>
</tr>
<tr>
<td></td>
<td>Bernadette Ryan, DCR</td>
</tr>
<tr>
<td></td>
<td>Clara Nolan, BSc (Rad), MBS</td>
</tr>
<tr>
<td></td>
<td>Angela O’Sullivan, DCR, DIP MS, PG DIP MUS</td>
</tr>
<tr>
<td></td>
<td>Lucy Collender, BSc (Rad)</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>Judith Nalty, Physiotherapy Manager, BSc (Physio), MISCP</td>
</tr>
<tr>
<td></td>
<td>Lesley-Anne Ross, MSc (Physio), MISCP</td>
</tr>
<tr>
<td></td>
<td>Jo Egan, BSc (Physio), MISCP</td>
</tr>
<tr>
<td></td>
<td>Leah Bryans, BSc (Physio), MISCP</td>
</tr>
<tr>
<td>Laboratory Manager</td>
<td>Ms Marie Culliton, MSc, MBA, FAMLS</td>
</tr>
<tr>
<td>Chief Medical Scientist</td>
<td>Ms Anya Curry, MSc, FAMLS</td>
</tr>
<tr>
<td>Surveillance Scientist</td>
<td>Ms Meriel Matheson MAMLS</td>
</tr>
<tr>
<td>Senior Medical Scientists</td>
<td>Ms Mary Anderson, MACSLM</td>
</tr>
<tr>
<td></td>
<td>Ms Eimear Campion MSc, FACSLM</td>
</tr>
<tr>
<td></td>
<td>Ms Catherine Doughty, MSc, FACSLM</td>
</tr>
<tr>
<td></td>
<td>Ms Frances Hogan, MACSLM</td>
</tr>
<tr>
<td></td>
<td>Ms G Kelleher, MSc, FACSLM</td>
</tr>
<tr>
<td></td>
<td>Ms Mary Hunter, MSc, FACSLM</td>
</tr>
<tr>
<td></td>
<td>Ms Laura Kennedy, MSc, FACSLM</td>
</tr>
<tr>
<td></td>
<td>Mr Damien Lally, MSc, FACSLM</td>
</tr>
<tr>
<td></td>
<td>Mr Luke MacKeogh, MBA, FAMSL</td>
</tr>
<tr>
<td></td>
<td>Mr Padraig McGarry, MSc, FACSLM</td>
</tr>
<tr>
<td></td>
<td>Ms Mary Moriarty BSc, MAMLS</td>
</tr>
<tr>
<td></td>
<td>Ms Grainne O’Dea, MSc, FACSLM</td>
</tr>
<tr>
<td></td>
<td>Ms Paula Whyte, MSc, FACSLM</td>
</tr>
</tbody>
</table>
Pharmacists
Dorothy McCormack, BSc (Pharm), MPSI
Noreen O’Callaghan, BSc (Pharm), MPSI
Aine Toher, BSc (Pharm), MPSI
Anne Clohessy, BSc (Pharm), MSc, MPSI

Pharmacy Technician
Linda Simpson

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

Dietician
Roberta 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) Grad Dip Healthcare (Risk Mgt & Quality)
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
Activity remains at a high level in the public and semi-private outpatient clinics. Up to 65% of women are now choosing to be a public patient in the hospital. This has increased from approximately 60% 5 years ago. To meet this increasing demand, we are continuously developing our service. We have also introduced a number of specialist clinics to keep up with the advances in obstetric medicine. The clinic opening hours have been expanded; we now run clinics 12 hours a day from 7.30 am to 7.30 pm, three days a week. Midwifery-led booking clinics are now available to public patients in the evening time and some are located in the Pearse Street Primary Care Centre.

A wide range of antenatal services are offered, which include an increased number of consultant and midwifery-led clinics. Specialist clinics include maternal medicine, haematology, pre-term surveillance, hypertension and a pain clinic as well as a teenage pregnancy clinic. A postnatal clinic continues to offer quality and continuity of care to women who experience complications during the pregnancy and in the postnatal period period. Our maternal medicine clinic is supported by a visiting clinical nurse specialist in epilepsy and close links with physicians in St. Vincent’s University Hospital. This is to meet the need of pregnant women with an underlying medical illness. We work closely with a large multi-disciplinary team of hospital staff and visiting staff.

In an effort to improve patient privacy and reduce the time a patient spends waiting in the clinic, we are in the process introducing timed clinic appointments in the public clinic. We already have timed clinic appointments in the semi-private clinic and this is working well.

During the year, the semi-private clinic was relocated to the front of the hospital and patients and families now use the original hospital door to enter. These clinic areas are modern and provide a much needed upgraded location for our semi-private patients.

Caroline Brophy
CMM2 Obstetric Clinic

Overall Summary of Obstetric Clinic Attendances

<table>
<thead>
<tr>
<th></th>
<th>New</th>
<th>Follow Up</th>
<th>DNA Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Attended</td>
<td>Did Not Attend</td>
<td>Attended</td>
</tr>
<tr>
<td>Consultant Led</td>
<td>2,830</td>
<td>371</td>
<td>17,014</td>
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<tr>
<td>Midwifery Led</td>
<td>922</td>
<td>69</td>
<td>2,249</td>
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<tr>
<td>Pearse Street Antenatal 1st Visits</td>
<td>663</td>
<td>77</td>
<td>0</td>
</tr>
<tr>
<td>Casualty/Unbooked Attendances</td>
<td>5,635</td>
<td>0</td>
<td>87</td>
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<tr>
<td>Semi-Private Clinic</td>
<td>2,503</td>
<td>55</td>
<td>11,384</td>
</tr>
<tr>
<td>Semi-Private Clinic (Midwife Visit)</td>
<td>2,140</td>
<td>37</td>
<td>0</td>
</tr>
<tr>
<td>Epilepsy Clinic</td>
<td>0</td>
<td>0</td>
<td>67</td>
</tr>
<tr>
<td>Hypertension</td>
<td>0</td>
<td>0</td>
<td>147</td>
</tr>
<tr>
<td>Maternal Medicine Clinic</td>
<td>101</td>
<td>10</td>
<td>1,479</td>
</tr>
<tr>
<td>Pre-Term Surveillance Clinic</td>
<td>74</td>
<td>13</td>
<td>1,053</td>
</tr>
<tr>
<td>Postnatal Follow-up Clinic</td>
<td>162</td>
<td>42</td>
<td>281</td>
</tr>
<tr>
<td>Diabetes/Endocrinology</td>
<td>737</td>
<td>76</td>
<td>3,170</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15,767</strong></td>
<td><strong>752</strong></td>
<td><strong>36,931</strong></td>
</tr>
</tbody>
</table>

*Does not include Satellite clinics*
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 5.30pm. 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
Clinical Midwife Manager 2

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
Clinical Midwife Manager 2
Bereavement

The bereavement service cares for mothers and families following miscarriage, stillbirth and neonatal death. In the stillbirth clinic Dr Stephen Carroll counselled 29 patients. The registrar led clinic which counsels parents with a pregnancy loss from 18 - 24 weeks counselled 13 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. 73 women with three consecutive miscarriages or whom had an early mid-trimester miscarriage loss between 12 - 18 weeks gestation attended this clinic.

The department arranges all hospital burials in the Holy Angels plot in Glasnevin Cemetery. Burials were organized for 76 fetuses lost through early or mid-trimester miscarriage and there were 2 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. 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.

Brenda Casey
Bereavement Liaison Midwife

Breastfeeding

We promote, support and protect breastfeeding in a professional and caring environment. Our breastfeeding initiation rate was 71.4% in 2014. The initiation rate of breastfeeding has continued to rise ever year. 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 Baby Friendly Hospital Initiative (BFHI) and to empower mothers to enjoy their unique breastfeeding journey.

The breastfeeding support service continues to develop. We attend postnatal wards daily to assist mothers. We also provide follow up care every Thursday morning at the breastfeeding support group and continue to meet with mothers for individual consultation if required.

We facilitate three breastfeeding workshops monthly where attendances average between 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 breastfeeding and discuss best practice to establish a milk supply. These mothers are met with weekly to discuss any concern they have. Staff education continues in collaboration with the Rotunda and Coombe. We facilitated two twenty hour courses and two one day refresher courses. We also held a one day course for the staff of the Neonatal Intensive Care Unit (NICU) whose needs are unique as well as a course for Maternity Care Assistants.

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

Lorraine O’Hagan
Catherine McCann
Denise Mc Guinness
Breastfeeding Support Team CMS
The aim of the Domino/Homebirth scheme is to provide midwifery-led care to low risk women throughout pregnancy, labour and the postnatal period with an emphasis on minimal intervention. In addition we provide an early transfer home scheme for women choosing to have their postnatal care in the comfort of their own homes. Furthermore, we are responsible for seven mixed risk antenatal clinics where antenatal care is provided by midwives in conjunction with a consultant obstetrician.

**Domino/Homebirth**
A total of 637 women had their initial booking appointment in one of the six Domino antenatal clinics of whom 607 gave birth under the care of the scheme. This led to a total of 3199 return appointments being carried out in one of the following clinics: Churchtown Primary Health Centre, Ballyognan Primary Health Centre, St Michaels Hospital, Greystones Health Centre, Kilmacanogue and in The National Maternity Hospital. 1,978 postnatal home visits were carried out for the Dublin Domino / Homebirth women while 2094 women were seen postnatally by the Wicklow midwifery team. This included Domino and Early Transfer Home women.

**Early Transfer Home Programme (ETHP)**
Two antenatal clinics were run in Ballinteer Health Centre and in St Michael’s Hospital, Dunlaoghaire by the ETH team. A total of 819 appointments were carried out in these clinics.

1069 women had postnatal care continues at home under the care of the Early Transfer Home Programme in the Dublin catchment area. A total of 3025 visits were carried out.

**Mixed Clinics**
These continue to be a popular option for women in the Wicklow area where a midwife and a consultant obstetrician carry out joint clinics. A new booking clinic in Newtownmountkennedy Primary Health Centre was set up in the middle of last year to alleviate the pressure of the busy Wicklow clinics. This has been positively evaluated by both the staff and the women using the service.

**Total Deliveries** | **Number of Deliveries**
--- | ---
Caesarean Section | 49
Instrumental | 58
Spontaneous vaginal delivery | 501
**Total deliveries** | **608**

<table>
<thead>
<tr>
<th><strong>Homebirth</strong></th>
<th><strong>Booked for homebirth</strong></th>
<th><strong>Delivered at home</strong></th>
</tr>
</thead>
</table>
Nulliparous | 20 | 6 |
Multiparous | 40 | 35 |
**Total** | **60** | **41**

<table>
<thead>
<tr>
<th><strong>Domino</strong></th>
<th><strong>Nulliparous</strong></th>
<th><strong>Multiparous</strong></th>
</tr>
</thead>
</table>
Nulliparous | 224 | |
Multiparous | 343 | |
**Total Domino** | **567** | |
Diabetes

This service supports women with Type 1 Diabetes, Type 2 Diabetes, and Gestational Diabetes, Diabetes Insipidus, Thyroid disease, 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>
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<tbody>
<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>
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<tr>
<td>2014*</td>
<td>32</td>
<td>15</td>
<td>292</td>
<td>219</td>
<td>558</td>
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</table>

* Increase due to introduction of new reduced cut off levels

Service Update

- The Lifestyle Education Class for women newly diagnosed with gestational diabetes continues to be effective. Patient satisfaction rates with the class remain high and pregnancy outcomes have been satisfactory.

- The use of Metformin ± insulin has been initiated to good effect.

- 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.

- Forty four nurses and midwives attended one of four ‘Skills and Drills’ sessions provided by the diabetes team. Evaluation feedback was very positive.

- The number of individual prescribing episodes as inpatients and outpatients continues to increase.

- Staff screening for diabetes was attended by over 110 staff members with appropriate referrals.

- Pedometers were made available to interested staff from January 2014 to achieve individual targets based on BMI. Over 100 staff members availed of the opportunity. To broaden the challenge, seven teams took part in the National Pedometer Challenge facilitated by the National Transport Authority. A virtual walk was the target for each of 4 weeks.

- March 2014 – New guidelines for the diagnosis of Gestational Diabetes in line with the American College Of Obstetrics and Gynaecology were initiated. The new levels are ≥ 5.3 / ≥ 10.0 / ≥ 8.6 / ≥ 7.8. The reduction in cut off levels has led to a significant increase in referrals to the diabetes clinic.

Future Plans

- A new Endocrine-specific clinic for public and semi-private patients will commence in March 2015 and will be based in the semi-private clinic. It will take place every two weeks by appointment on a Friday afternoon. Antenatal visits will take place in regular clinics.

- The National Pedometer Challenge will be offered again later this year as feedback has been very positive.

Mary Coffey
Advanced Midwife Practitioner, Diabetes
After much planning, June 23rd 2014 was a wonderful day for the department and more particularly the almost 28,000 patients who attend here annually. We now have a beautifully designed, air-conditioned purpose built unit which is on a par with any similar unit internationally.

The unit provides a comprehensive ultrasound and fetal medicine service to almost 28,000 women. In addition it is a busy tertiary referral unit taking referrals from all over the country. 2014 saw an increase in the number of high risk patients referred to our unit. 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, fetal shunt placement, laser therapy for twin to twin transfusion syndrome.

There are 7 Fetal Medicine specialist clinics which see approximately 70 to 80 cases weekly. Most of these women receive their antenatal care also. Barbara Cathcart Prenatal Diagnosis midwife is now in her second year in this role; her contribution has further enhanced the care that these vulnerable couples receive and has greatly improved the communication within the multidisciplinary team.

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.

The workload remained extremely busy with a total of 26,484 gynecology and obstetric ultrasound scans performed and recorded on the Viewpoint System; this represents a 3% increase on 2013 and equates to an average of 110 scans per working day.

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.

Valerie Kinsella
Fetal Medicine Unit CMM3
Gynaecology Outpatient Clinic

Despite a very busy year, gynaecology outpatient services continued to deliver a high standard of care. A wide range of services are offered, which include specialist services in colposcopy, oncology, urogynaecology, reproductive medicine and adolescent services. The Colposcopy clinic had approximately almost 10,000 attendances and the Gynaecology clinic had over 9,000 attendances.

In an effort to improve patient privacy and reduce the time a patient spends at the ‘check in’ desk, a new process was introduced whereby patient registration and data protection forms are now posted out to patients in advance of their appointment. These are completed by the patient at home and then returned by post. This initiative has helped to reduce the Did Not Attend (DNA) rate, as it allows patients to consent to receiving a text messaging reminder of their appointment before their first appointments. It has also allowed us to introduce a ‘Standby List’ whereby women, who have marked on their registration form that they are available at short notice, can be called if an earlier appointment slot becomes available due to a cancellation.

In early March 2014, the Gynaecology outpatients department (GOPD), in collaboration with the Irish College of General Practitioners (ICGP) established the GP open access clinic for the insertion of Mirena coils. This clinic seeks to provide a service where GP’s can refer pre-selected patients for a timely fitting of a mirena coil. It is a rapid access clinic for the management of women with menorrhagia. An endometrial biopsy and ultra sound scans are available if indicated. The clinic is a teaching environment for GP trainees and others who wish to learn the insertion technique for a mirena coil. It is run by GP’s under the supervision of Dr. Mahony. During its first year, it has been very successful.

During the year, the gynaecology colposcopy clinic continued to develop and expand. It was the fifth year of the Cervical Check programme with a continued demand for colposcopy services. The multidisciplinary team worked hard with extended working hours to deliver a timely access to a quality assured colposcopy service. During the year Dympna Casey and Carol Murphy qualified as nurse colposcopists, bringing the number of qualified nurse colposcopists to five.

The perineal clinic continued to expand; in an effort to reduce waiting times and deal with an increase in the number of patients referred, a dedicated nurse, Linda Kelly works alongside Dr Myra Fitzpatrick.

There are an additional 1,000 unbooked Casualty attendances within normal working hours to the Gynaecology Clinic.

Jennifer Fitzgerald
CMM2 Gynaecology Clinic

Overall Summary of Gynaecology and Colposcopy Clinic Attendances and Non-Attendees

<table>
<thead>
<tr>
<th></th>
<th>Attended</th>
<th>DNA</th>
<th>Attended</th>
<th>DNA</th>
<th>Attended</th>
<th>DNA</th>
<th>Total</th>
<th>New DNA Rate</th>
<th>Follow Up DNA Rate</th>
<th>Overall DNA Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colposcopy</td>
<td>2,149</td>
<td>172</td>
<td>6,034</td>
<td>1,561</td>
<td>8,183</td>
<td>1,733</td>
<td>9,916</td>
<td>7.4%</td>
<td>20.6%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>3,121</td>
<td>741</td>
<td>4,898</td>
<td>1,048</td>
<td>8,019</td>
<td>1,789</td>
<td>9,808</td>
<td>19.2%</td>
<td>17.6%</td>
<td>18.2%</td>
</tr>
</tbody>
</table>

See figures for attendances at this clinic for the 9 month period March to December 2014.
Urodynamics

The urodynamics team continues to provide an exceptional service for patients with lower urinary tract dysfunction attending the hospital. Unfortunately our esteemed colleague Mary Jacob AMP Urodynamics retired at the end of 2014. We wish Mary well in all her future endeavours.

Clinical Practice

There was a decrease in patients requiring clean intermittent self catheterisation (ISC) for voiding dysfunction both postpartum and postoperatively. Fourteen patients were taught ISC. This is a decrease from previous years. Currently ISC is the gold standard treatment for urinary retention and the use of ISC over the traditional supra-pubic catheter helps women who have difficulties with bladder emptying to regain control over their bladder habits and helps to normalize bladder emptying. 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.

The Urodynamics team continue to support our Urodynamics colleague in the pelvic floor centre in St. Michael’s Hospital, Dun Laoghaire, this follows on from the setting up of the clinic last year by the Urodynamics team. This allows for better communication and seamless care delivery between the two hospitals for the patients whose catchment areas the two hospitals serve.

Education

Lectures given by the AMP included 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. Participation in a debate on the merits of urodynamic studies at the Continence Foundation of Ireland study day. Twelve lectures were delivered at the NMH staff mandatory study day. The Urodynamics team participated in the BESIDE study during the year which was a randomized, multicentre study to evaluate the efficacy of adding Mirabegron to Solifenacin in patients with detrusor over activity, results of the study are awaited.

Mobile Phone Service

Average calls made – 250-300 per month
Average calls received – 12 -15 daily

Future Plans

• Updating of patient information leaflets for patients.
• Audit and research into satisfaction levels of women attending the Urodynamics Clinic.

Linda Kelly
CMS Urodynamics (Acting)
The Neonatal Unit was very busy in 2014. There were 1,836 babies admitted to the Unit during the year. There were 125 infants with birthweight less than 1500g. There were 4,365 attendances at the Baby Clinic.

The acuity of the clinical cases is increasing due to the administration of intensive care to very preterm infants. Many infants as immature as 24 weeks gestation are now surviving. These infants have protracted periods of hospitalization of at least 12 weeks. The other focus group is term infants with birth asphyxia requiring therapeutic hypothermia. This process requires total body cooling for 72 hours. The exciting new therapy can prevent long term disability in many children; one half of all cooled subsequently fully recover. In 2014, the Unit administered therapeutic cooling to 22 infants, half of whom were transferred to us from other hospitals.

The planning and construction of a new neonatal unit was commenced during the year. It was completed in December 2014 and is located on the first floor of the hospital. It is a large, purpose-built facility, and it represents a major advance in the care of newborn infants. The old unit, which was located on the top floor of the hospital, was built during the second world war. It had been in use for 70 years.

The National Neonatal Transport Programme (NNTP) expanded from a daytime to a 24 hour service in 2014. The Programme is operated jointly by the 3 Dublin NICUs - the National Maternity Hospital, the Rotunda, and the Coombe Women’s Hospital. The service is led by a newly appointed, fulltime, Consultant Neonatologist and a Neonatal Nurse Coordinator. In 2014, the number of transports doubled from the previous of 300 to the current number of 600. The next phase in the Programme’s development is the establishment of a retro-transfer facility that will enable babies to be returned to their local hospitals when they are over the acute phase of their illness.

In August 2014, Dr. Eleanor Molloy resigned from her post as Consultant Neonatologist in order to take up her new position as Professor of Paediatrics, Trinity College. During her time at Holles Street, Eleanor made a major contribution to the clinical and academic profile of the neonatal department. She introduced basic science research in collaboration with the Conway Institute, UCD. We wish her continued success in her new post. Four new consultant neonatologist appointments were made in November 2014. One is a replacement post for Dr. Eleanor Molloy and the other three are new, additional consultant appointments. They will take up their appointments in the second quarter 2015.

Substantial changes have been in the working conditions of trainee doctors. Considerable efforts have been made to reduce their excessively long working hours, and make them European Working Time Directive (EWTD) compliant. The number of trainees has been increased to 9 registrars and 9 SHOs.

Neonatal Nurse education continues to be given great priority. Ms Hilda Wall has actively encouraged all nurses to obtain a higher diploma in neonatal nursing. A number of Neonatal Nursing programmes are currently being delivered to support safe, effective and competent neonatal care, including: Post Graduate Diploma in Neonatal Intensive Care, Nursing Foundation Programme in Neonatal Nursing, and Advanced Practice (Neonatology). The Foundation Programme is 6 weeks in duration, modular in design, has proved to be very popular.

The Unit continues to very involved in marking World Prematurity Day. This is celebrated annually on the 17th November across Europe and North America. It highlights the challenges faced by preterm infants and their families. This year’s meeting was opened and addressed by Mr. Jerry Buttimer TD. The theme of this year’s meeting was the model of care for neonatology.

It has been an exciting year for the neonatal department with many new promising developments. Thanks to everybody in the department who have worked so hard to maintain the high standards of care for babies and their families.

Dr John F. Murphy
Consultant Neonatologist
The Neonatal Discharge Planning service continues to play a vital part in the care of the high risk infant and family in the Neonatal Unit by streamlining each infant’s discharge. This has been achieved by supporting and building a rapport with the family from admission until discharge and thereafter. The service offers support to parents as well as anticipating their needs pre and post discharge home. The CNS collaborates early with the Multi-disciplinary Team and Community Support Services so that the best possible support is made available to the high risk infant and their family while an inpatient and post discharge home.

Caseload & Activity
High risk infants include all preterm infants with birthweight < 1.5 kgs or < 32 weeks gestation, infants with Neonatal Abstinence Syndrome, complex social admissions, life shortening Illnesses, those requiring palliative care as well as infants with congenital abnormalities.

Total Discharges Involving CNS: 216
Phone contacts: 734
Babies discharged home on nasogastric tube feeding: 1
Babies discharged home on oxygen: 2

Training and Education
Annual information sessions for Public Health Nurses continue to be hosted with increasing interest and attendance. The neonatal CNS organised a cleft nurse specialist to attend the hospital to provide education sessions to update all postnatal and neonatal staff on a new assisted feeder used for these infants.

Education and Information
A Basic Life Support class and preparing for home class is regularly provided for families and carers of high risk infants. The CNS is also been involved in the parent support group post discharge held monthly.

At least 3 follow-up calls are made to parents following their infant’s discharge; advice and support also given to Public Health Nurses pre and post discharge.

The CNS continues to be the link person with the HSE appointed Northgate Hearing Screening Service who provide a national hearing screening programme for all infants. A new discharge planning meeting is held weekly in conjunction with the consultant on call to discuss and prepare for upcoming complex discharges.

The CNS is also taking the lead in collaborating information for all babies with a confirmed diagnosis of trisomy 21 for the new National Down Syndrome Register run by the University of Dublin, Trinity College.

Caroline McCafferty
Neonatal Discharge Planning CNS
Pathology and Laboratory Medicine

In 2014 the accreditation of laboratories to ISO 15189 standard was, once again, maintained. The work involved in achieving and maintaining accreditation should not be underestimated. 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. Finally in May 2014 we welcomed Dr Joan Fitzgerald’s appointment to a shared Consultant Haematologist post with St Vincent’s University Hospital.

Service and scientific developments consolidated during 2014. Phase 1 and 2 of Blood Track were implemented. A programme for histodissection by medical scientists is being piloted in histopathology. A new immunoassay analyser has been validated in biochemistry in preparation for expanding the repertoire of assays offered ‘in house’. New analysers in Blood Transfusion and Microbiology were commissioned and will be validated in 2015 which will improve both service quality and turnaround time.

Members of the department have worked with the design team and their colleagues in St Vincent’s University Hospital (SVUH) towards the integration of both departments in preparation for the relocation of The National Maternity Hospital to the SVUH campus. Work has also begun on the much sought-after ‘Order Communications’ project as part of the Maternity and Neonatal Clinical Management System.

There were departures and new faces in many areas during the year. In the autumn Ms Grainne Kelleher took up the position of Chief Medical Scientist elsewhere. Ms Catherine Doughty took the lead in Clinical Chemistry and was joined by Mr Damian Lally as Senior Medical Scientist. Ms Eimear Campion was promoted to Quality Scientist and Mr Finbarr Sheehy joined the Blood Transfusion Department. In the autumn Ms Meriel Matheson retired after dedicating her entire career to the Microbiology Department (over 40 years); her wise counsel and encyclopaedic knowledge of microbiology is sorely missed.

The department is committed to supporting the development of staff and has a very active CPD programme. Carol O’Connor successfully completed her MSc in Molecular Pathology and 5 scientists are currently enrolled in Masters programmes. The department continues to support the research needs of the hospital through collaboration with colleagues, development of new assays and clinical audit.

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
Radiology

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 7,309 examinations were performed in 5,322 patients in 2014; 5,693 infant examinations and 1,616 adult examinations. 288 of the adult examinations were hysterosalpingograms, 2,162 of the infant examinations were hip ultrasounds.

Dr. Eoghan Laffan
Consultant Paediatric Radiologist

Pharmacy

The Pharmacy Department strives to safely and efficiently purchase, store, compound and distribute all drugs and medicines used in the 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. Procurement of drugs is an increasingly difficult and time consuming task. Amalgamation of drug companies means there is less choice of suppliers. Niche products which we use in the neonatal and maternity setting are not always available.

The Chief Pharmacist provides the Drug and Therapeutic Committee with updated information on drug expenditure and also notifies 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.

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

Pharmacists provide a clinical pharmacy service to the neonatal unit, antenatal and postnatal wards and the specialist Maternal Medicine Clinic which cares for women with ‘high risk’ pregnancies. This year under an initiative from the HSE an anti-microbial pharmacist post has been established. Mr David Fitzgerald has been appointed to the post. He will be working closely with the Consultant Microbiologist.

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

Pharmacists are currently involved on a weekly basis in the development of the electronic prescribing system which is part of the national Maternal Neonatal Clinical Management System project which is scheduled to start in 2015.

Dorothy McCormack
Chief Pharmacist
Clinical Governance

Clinical Governance is the system through which healthcare teams are accountable for quality, safety and satisfaction of patients in the care that they deliver. Achieving safe quality care requires the vigilance and cooperation of the whole workforce including patients and members of the public. Improving quality and protecting people from harm is all our responsibility. Clinical Governance delivers the leadership and accountability systems to achieve this.

A Clinical Governance Committee was formed in the hospital early in 2005. This Committee continuously monitors the quality of services and ensures high standards of care by developing a culture of excellence. The Committee now named Clinical Incident Review Committee and meets fortnightly. Members include the Master, Director of Midwifery/Nursing, General/Secretary Manager, Clinical Risk Managers, ADOM/Ns and Quality Manager.

The Committee met on 29 occasions during 2014. A total of 2661 incidents were reported to the State Claims Agency. This number represents the enormous commitment by the staff of the National Maternity Hospital to continually monitor and improve care.

Our Executive Clinical Governance Committee was established 2012 and continues to integrate good clinical practice by increasing awareness of key clinical challenges and disseminating key learning experiences to relevant staff. Meetings are on a monthly basis. Their purpose is to view Clinical Governance within the hospital, to determine strategic development and to support dissemination of lessons learnt.

A presentation was given on Open Disclosure from Ann Duffy, State Claims Agency. We attended externally other presentation study days from Consent Policy Train the Trainer, Incident Management on Trainer the Trainer and Data Protection for Cyber Ligation.

The Risk Register is maintained at both organisational level and local level. The purpose of the Risk Register is to capture risk information from the ‘bottom up’ within each service area. The Risk Register is a primary tool for risk tracking, analysis and management. This is to ensure that health, personal and social services are safe and of an acceptable quality. The risk register is reported through the Clinical Governance Executive Group to the Executive Management Team and the Board of Governors.

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.

Attendances at Health and Safety Training sessions during the year increased by 10% on 2014. 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 provide excellent training for our fire wardens in 2014 - an increase of 16%. The hospital liaises closely with the Dublin Fire Brigade who visited in December to conduct familiarisation exercise with their teams.

Contractor Management remains a key focus area. The new NICU/FAU development and minor capital projects undertaken 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 working effectively.

The Annual Accident Review was conducted. 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 2014 has been a busy year there is little doubt that 2015 will be even more challenging given the current constraints, developing projects and difficult financial environment.

Martin Creagh
Health and Safety Officer
Hospital Sterile Services

The Hospital Sterile Services Department (HSSD) is committed to the highest level of quality in the decontamination i.e. cleaning, disinfecting and sterilizing Reusable Invasive Medical Devices (RIMD). Sterility assurance of RIMD is achieved through adherence with decontamination policies, procedures, directives and standards.

**Activity**
HSSD assembled, packed and sterilised 32,309 medical device packs in 2014 after they were washed and disinfected. This means that approximately 250,000 individual instruments were inspected during the year with none being reported as unclean when the pack was opened.

0.4% of packs processed during the year resulted in a complaint from the user area. This is down on the previous 12 months. None of the issues in the complaints posed a risk to the patient’s health and well-being. When compared to other years, there is a deviation of only ±0.1% in the level of complaints.

**Infrastructure & Equipment**
The department became centralised for the 1st time when the washer disinfectors were moved to the 4th floor, along with the manager’s office.

A new Reverse Osmosis water treatment unit was commissioned in January 2014, supplying pure de-ionised water to our washer disinfectors and soon to our sterilisers.

Meetings and discussions on a Draft HSSD Design Brief/Schedule of Accommodation for the new building on the SVUH campus took place.

**Quality**
HSSD team participated in the Quality and Safety Information Day in May 2014.

Policies/Procedures are up to date and all active on QPulse. There were 2 new policies/procedures activated within this timeframe.

**Training & Education**
All staff signed up for membership of the Irish Decontamination Institute (IDI) in 2014, receiving updates on issues relating to decontamination and invitations to study days/conferences.

The manager and supervisor attended the IDI Annual Conference in Kilkenny, along with a study day on ISO standards.

**Stephen Newman**
HSSD Manager
Infection Prevention and Control

Main Findings 2014
- The Health Information and Quality Authority (HIQA) performed an unannounced monitoring assessment in September. Quality Improvement Plan is being implemented.

Surveillance of infection
- No MRSA blood stream infection
- MRSA colonisation is well controlled in the Neonatal Intensive Care Unit (NICU).
- NICU Central Venous Catheter (CVC) related blood stream infection decreased to 4.2 per 1000 catheter days from 5.3 in 2013 and 9.6 in 2012.
- Early onset Group B Streptococcus (GBS) disease increased to 0.97 per 1000 births from 0.56 in 2013.
- An outbreak of Respiratory Syncytial Virus (RSV) infection occurred in the nursery in December 2013/January 2014 affecting 8 babies.
- Eight women developed severe sepsis (0.88 per 1000 maternities); 4 were antenatal cases between 17-22 weeks gestation and four were postnatal cases.
- Caesarean section surgical site infection rate is 2.8% overall; 2.3% in elective and 3% in emergency caesarean section.
- No Clostridium difficile infection
- Influenza: One woman required Intensive Care Unit admission. Two cases were hospital acquired.

Hand Hygiene
- 88% of clinical staff received hand hygiene training.
- Hand hygiene audits results: Q1-2: 88.6% and Q3-4: 88.1%.
- 230 patients participated in hand hygiene satisfaction survey: satisfaction rate 97%.
- Use of alcohol gel is above national average

Challenge consumption stabilized during Q1-2 2014 compared with 2013. However, antibiotic consumption remains significantly higher than previously. This is associated with a corresponding increase in the number of adult septic work-ups.
- 17 antimicrobial audits with 73 patients’ charts audited and 11 interventions indicated.
- Compliance rate for Peripheral Vascular Catheter Care Bundles is 91%
- Compliance rate for Urinary Catheter Care Bundle is 98%.
- Aspergillus controls are effective in the NICU.

Challenges
- A further monitoring assessment from HIQA is expected during 2015.
- All staff in contact with patients must attend hand hygiene training every 2 years.
- HSE hand hygiene target >90%
- Measures to improve antibiotic stewardship must continue. An antimicrobial pharmacist will commence in January 2015.
- A Legionella risk assessment is required in 2015
- Aspergillus controls must be maintained during the current building works.

Shideh Kiafar, Infection Control CMS
Carol O’Connor, Surveillance Scientist
David Fitzgerald, Antimicrobial Pharmacist
Dr Susan Knowles, Consultant Microbiologist
The occupational health department remains focused on ensuring the physical, mental and social wellbeing of all employees of The National Maternity Hospital. It is committed to maintaining a healthy workforce through a confidential service centred on respect, caring and compassion and strives to provide care that furthers a safe and healthy work environment.

The demands of the department remained high in 2014 and this can be seen through a number of occupational health activities.

The occupational health clinics, led by Dr. Sheelagh O Brien which are provided on a weekly basis in the hospital recorded a total of 254 reviews in 2014. The department also received 89 management referrals in 2014. This figure continues to remains steady with a slight increase from 2013 when 73 management referrals were recorded.

The implementation of the EU (Prevention of sharps injuries in the healthcare sector) Regulations 2014 supported the department in its pro-active, preventative approach to ensure employee safety. Occupational blood exposures in the workplace remains a key focus of the department with 30 reported incidents noted in 2014. On-going nurse led training and education continues to provide knowledge to aid in developing awareness.

In 2014, further work was undertaken on the latex safety project within the hospital. The trialling of a number of gloves resulted in the subsequent agreement and introduction of latex free gloves hospital wide.

Globally with employees spending more than one half of their waking life at work the occupational health department remains committed to supporting and maintaining the health of all employees and wishes to thank all the key personnel that continue to aid the advancement and functioning of the occupational health department.

Caroline Leonard
CNS Occupational Health (Acting)
Quality

The Quality programme in 2014 focused on maintaining quality improvement priorities through communication to staff and external partners of key patient safety and quality information and best practice.

The Maternity Hospital of the Year was awarded to The National Maternity Hospital in 2014. A day dedicated to hospital wide Quality & Safety Initiatives was held in 2014 in order to continuously ensure a Quality driven ethos in the hospital.

The work on the national standards was reviewed regularly and Quality Improvement Plans were developed in relation to deficits in the system.

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

The Clinical Quality Committee was established as part of the hospital governance structure reporting to the Clinical Governance Executive.

In the interests of ensuring best practice and research to our external partners, an annual GP study day was held and involved participation from approximately 250 GPs locally and nationally. In the run up to this event GP Liaison meetings were held throughout the year as a means of communicating the hospitals advice and best practice in Women’s Health and Neonatology.

The NMH Patients Voice Forum held monthly meetings in 2014 and acknowledged the input and opinions of our patients.

The Quality department regularly hosted an educational presentation on quality issues at Mandatory study day and NCHD induction.

In order to ensure staff were periodically updated, the Quality Department disseminated information through regular editions of the Quality newsletter.

A comprehensive and standardised approach to Patient Complaints is in progress in line with the Health Act 2004, local hospital policy and the HSE policy. These ensured patients were responded to and complaints dealt with within the legislative timeframes. Complaints activity for 2014 comprised of 112 verbal and 79 written complaints being received, areas for improvement were highlighted within the NMH.

The Q-Pulse Document Management system is an important element in governance in ensuring the policies and guidelines are up to date.

Geraldine McGuire
Quality Manager
Allied Health Services

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 2014 the chaplains supported 443 women following early miscarriage and 129 mid trimester losses. Support was provided to 69 families who experienced perinatal loss, including 36 stillbirths and 33 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 176 blessings, baptisms, naming ceremonies and funeral services were facilitated during 2014. The chaplaincy office provides private space for ministering to bereaved parents and to staff members. There are also other unspecified and unplanned ministries which arise from day to day in ward visitations. Ministry often occurs informally with staff and patients on corridors or other public areas throughout the hospital.

The Chaplaincy Department organize 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. As in previous years many bereaved parents, as well as a number of bereaved adult siblings, requested that baby’s names be included in the Book of Remembrance which is on permanent display in the hospital oratory.

In 2014 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 strive to offer professional and compassionate ministry throughout the hospital. We wish to acknowledge the support given by colleagues and priests from the parish as well as ministers from other faiths.

Marion Ryan & Eithne O’Reilly
Chaplaincy
Clinical Nutrition and Dietetics consists of 2 posts providing support to the following services.

**Neonatology**
This whole-time post remained an active member of the neonatal team and provided a dietetic service for infants with growth or feeding issues attending the hospital. The main patient group continued to be very preterm or low birth weight infants (n=150 admitted with birthweight 1.5 kg or 31+6 weeks gestation and other infants requiring nutrition support in the neonatal unit. A small number were also referred from postnatal units, as well as mothers with infant feeding queries antenatally. An emerging area was early feeding initiatives to reduce the risk of food related allergy in infants with a family history. Priorities included initiatives to improve early parenteral nutrition for infants unable to tolerate adequate enteral feeds; the early and continued provision of an infant’s mother’s own milk; and the achievement and maintenance of breastfeeding. Progress was audited and shows improvement however continued effort is required. The service for outpatients remained fairly consistent. Efforts continued to facilitate the management of appropriate patients in the community. Unfortunately this was limited according to the availability of local services. A one day education session was held for our community partners in an effort to offer support.

**Maternity Services and Women’s Health**
The service to Antenatal Education, Obstetrics and Gynaecology is provided through classes, group education and booked outpatient appointments. A service is also provided to the antenatal ward and the dayward.

- Diabetes in pregnancy
- In March 2014, lower diagnostic criteria for gestational diabetes were adopted. The dietetic service was temporarily extended to accommodate the significant increase in numbers. Further investment in the service is needed to meet the new requirements.
- A comprehensive new information booklet on diet for women with Gestational Diabetes was produced as a joint project with colleagues at The Rotunda and Coombe Women & Infants University Hospital. It will be made available nationally in 6 languages through The Irish Nutrition and Dietetic Institute.
- The number of pregnant women with type 2 Diabetes continues to increase steadily. There is also a trend towards increasingly complex medical conditions associated with diabetes or impacting on diabetes control needing intensive dietetic management and support. Work was undertaken to address dietetic resources and support literature for these groups.
- The role of the dietitian was extended to support women with hyperemesis needing I.V. hydration and pharmacological interventions through nutrition assessment, advice, use of day ward for I.V hydration and telephone review. Initial evaluation shows a positive impact on women’s physical and psychological wellbeing with fewer overnight admissions and reduced weight loss.
- Medically complex cases were managed in consultation with specialist dietetic colleagues in 7 different disciplines at St. Vincent’s University Hospital, Temple Street Children’s Hospital and The Mater, Loughlinstown and St. James Hospitals.
- The dietitian is co-chair of the Healthy Ireland group and coordinated many health promotion activities including a 12 week Healthy Lifestyle/ Weight loss initiative and publication of Health Promotion newsletters.
- Locum cover in 2014 was provided by Karen Lindsay.

**Other Activities**
- As the NMH is a national referral centre, consultation with and professional support for dietetic and other colleagues in other institutions continued to be a key feature of the specialist role of the dietitians. Education and teaching was also provided for hospital colleagues and students, local public health nurses, and midwifery and nursing staff from all over Ireland.
- Contributions were made to documents on nutrition in pregnancy for the Royal Collage of Physicians of Ireland, the National Clinical Programmes (Diabetes, Obstetrics and Neonatology), as well as other consultations through our professional organisation, the Irish Nutrition and Dietetic Institute (INDI).
- Guidelines and patient resources were developed and updated, with efforts to collaborate with external colleagues in order to standardise practice across centres.
- Other activities included on-going audit of activities; continuous professional development and skills updates; and active participation and contribution to the INDI and other professional groups including the National Paediatric Parenteral Nutrition Expert Group.
- Nutrition research continues through UCD with an increasing number of dietitians and nutritionists involved. These posts are fully supported but remain separate from the clinical department.

Roberta McCarthy  
Clinical Specialist Dietitian, Neonatology

Sinead Curran  
Senior Dietitian, Maternity Services and Women’s Health
Clinical Engineering

The Department of Clinical Engineering continued to support a wide variety of medical devices through frontline service and repair and functional training for staff. The department maintained the high level of in-house service with over 80% of medical devices maintained internally. The hospital has always been acutely aware of the need to maintain and replace medical devices and 2014 saw further hospital spending on replacement in particular the equipping of the newly developed neonatal intensive care area.

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. 2014 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 hospital on its current site and with the proposed relocation to its new site at St Vincent’s University Hospital, the Department of Clinical Engineering participated on several committees/groups playing an active consultancy role in the design process.

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

In 2014, after many years, Mr Karl Bergin, Clinical Engineering Department Head, left this position at the hospital; we wish him well in his future endeavours. Mr Emmet Travers has since joined the team in Clinical Engineering.

Eoghan Hayden
Principal Clinical Engineer (Acting)
Physiotherapy

The Physiotherapy Department had another busy year in 2014 with 2,512 new patient contacts and 4,351 treatment sessions in total. Our administrator Nicola Jordan kept the department running smoothly as always. 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. In July 2014 we were granted an extra 3 days staffing on a trial basis to facilitate the continual staffing of the Pelvic Floor Centre in St. Michaels Hospital. Our Locum Kevina Reel left in March 2013 and was replaced by Sarah Fitzmaurice who had been with us on Jobsbridge.

The Physiotherapy Team provide:
- A referral based Physiotherapy service to all inpatients Monday - Friday.
- An outpatient clinic offering appointments Monday - Friday for musculoskeletal conditions and issues relating to pelvic floor dysfunction.
- A neonatal service three days weekly.
- Ongoing delivery of the hospital antenatal and postnatal education programmes alongside our Midwifery and Nutrition and Dietetics colleagues.
- 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.
- A service to the multidisciplinary Pelvic Floor Centre team based in St. Michaels Hospital every Wednesday.

Commitment to Education and Professional Development

We continue to provide Physiotherapy input into:
- Lecture Programmes for Midwifery and Medical students (RCSI and UCD)
- The Active Management of Labour Courses.
- Clinical training for UCD undergraduate Physiotherapy students
- Public Health Nurse Study days
- Community Partners information evenings

Staff attended the following courses:
- Annual Conference of the Association of Chartered Physiotherapists in Paediatrics – J.Egan
- Introduction to Urinary Incontinence – S.Fitzmaurice
- Managing Dysfunction in the Pregnant & Postpartum Pelvis – S.Fitzmaurice
- Continence Foundation of Ireland Study Day – J.Nalty

Judith Nalty
Physiotherapy Manager

Psychosexual Therapy

As in previous years, there has been an increase in the number of women being referred to the Psychosexual Therapy Clinic post cancer treatment. For many, the treatment of their cancer, whether through surgery, chemotherapy or radiotherapy may have caused a sexual difficulty. However, for many others, there may have been a problem long before the diagnosis of cancer and it is in the process of moving on with their lives post treatment, that individuals or couples may seek help to improve their sexual relationship. As well as providing individual counselling sessions, the Psychosexual Counsellor had the opportunity to reach out to a much larger group of Cancer Survivors by presenting a two hour forum entitled ‘Sexuality and Body Image’ at the Cancer Society’s National Conference for Cancer Survivorship 2014.

Vaginismus continues to be the main reason of referral for women to the clinic. On average, women present as young as eighteen years of age up to their mid to late sixties. Many couples, who have not consummated their relationship due to this difficulty, seek help when they wish to start a family. Others, due to a desire to be fully sexual or because of concerns that the difficulty is having detrimental effects on the relationship, may seek help earlier on in the relationship. For older couples, it is post retirement that they may have the opportunity and time to invest in their sexual relationship.

Upon referral to the clinic, clients are seen for initial assessments and if appropriate are offered appointments 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 and at present there is a waiting list to be seen in the clinic.

Referrals continue to stream in from clinics within the hospital as well as from General Practitioners throughout the country. Lectures to Medical and Midwifery Students continue throughout the year and are important in increasing awareness about sexual difficulties and help available.

Meg Fitzgerald
Psychosexual Counsellor
Social Work

A highly anticipated geographical move was on the agenda for the Social Work Department in 2014. Despite the logistical challenges of keeping a department functioning smoothly before, during and after a change of location, the newly refurbished Social Work Department became fully operational over the summer of 2014. Our new location has provided a greater degree of privacy and confidentiality to our service users overall. Outstanding challenges to the new location are being addressed as creatively as possible.

- A total of 808 new cases were referred to the department in addition to the 250 + active cases already receiving a service.
- A total of 356 cases referred to the department previously were reviewed over the year.
- A Case Audit completed in 2014 revealed that in some cases up to 80% of social work engagement involves indirect intervention including attending Child Protection Case Conferences, Court attendance, completion of court reports and child protection reports as well as completing social work records.
- Data collection systems have been refined in order to reflect both the risk and intensity of social work intervention with social work clients which need to be considered alongside the high level of indirect engagement required in high risk/high intensity cases.
- A review of services provided to 69 mothers with significant substance abuse issues in pregnancy was completed. Of these cases 11 infants were admitted to the Neonatal Unit showing signs of Neonatal Abstinence Syndrome. A total of 32 child protection referrals were made with 8 babies ultimately being discharged in the care of the State.
- Specialist social work services were provided to a significant number of women presenting with complex mental health issues in pregnancy in 2014. An audit of these services was completed in August 2014 in relation to the 57 active complex mental health referrals receiving a social work service. These services were provided alongside the Perinatal Mental Health team. Ongoing parental capacity assessment is required in these cases prior to making a decision to refer to child protection services.
- A Patient Satisfaction Survey was completed in 2014 (Nov/Dec). 20 of the 55 questionnaires distributed were returned (36.4% return rate). Questionnaires were not distributed in cases of extreme trauma/distress where it was deemed inappropriate. In 95% of cases the client was aware of the referral to Social Work and the same number felt that they were seen within a reasonable time frame. 80% of clients found the physical environment of the department helpful. 95% of cases reported that the manner of the social worker concerned was excellent. 75% of respondents said they would see a social worker again if needed.
- Little Feet, Big Steps’ was launched in March 2014. A joint venture with physiotherapy offering a support forum to parents who have had babies on the Neonatal Unit.

Kaylene Jackson
Head Medical Social Worker
Support Services

General Services

The General Services Manager is responsible for the provision and development of Support Services in the hospital. Support Services include all staff and services provided by the Portering, Catering, Housekeeping, Laundry, Security and Switch Departments. Activity throughout the hospital continued to be very high in 2014. As in recent years, the increased volumes of patients, an ageing building and poor infrastructure will continue to cause some additional challenges for Support Services staff. These challenges include restricted access for cleaning and, given ward configurations, limited storage space for housekeeping equipment, laundry and waste skips among other things. Also, 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 insofar as is practical.

The hospital’s Executive Management Team and Board of Management continued to pursue the HSE to fund the hospital’s 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 campus and Design Teams were established in 2014. The relocation process is expected to take 5 to 7 years so in the meantime, every effort continues to be made by Support Services staff to ensure excellent standards are maintained and improved, within the current resource/infrastructural constraints, for our patients, staff and families.

Tony Thompson
General Services Manager

Catering Report

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 2014. Catering 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. We are looking forward to an extremely productive year with the implementation of new menus for patients and staff. In 2015 we will continue 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 like 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 includes the Environmental Department. The responsibility of the Facilities Engineering department is to maintain the fabric and structure of the hospital buildings together with the mechanical, electrical and equipment services contained within. In 2014 the department responded to 4,041 day-to-day work requests through the internal requisition works process and there were a further 204 emergency call-ins outside normal working hours.

The department completed many relocations and refurbishments during the year in collaboration with third party contractors.

Other works include:
• A new hot water generator replaced and installed in the boiler room.
• Upgrades to the access control system and intruder alarms throughout the hospital.
• Alterations to the Outpatient’s Department reception desk area
• Installation of stainless steel presses and sinks including wall cladding in the treatment and sluice rooms of the Antenatal (Unit 3) and Gynaecology (Unit 4) wards.
• The pod system had an upgrade for the laboratory.
• The controls on the lift in 65-66 Lower Mount Street were completed.
• Installation of a medical gases isolation points in theatre recovery room.
• The painting project continued in all areas.

Environmental

The department sets objectives and targets each year to increase its environmental performance under the headings of Energy Management, Waste Management, Water Consumption, Discharge to Drain, Green Procurement Management, Training and Awareness and General Environment Management. The National Maternity Hospital is ISO 14001 accreditation.

All waste produced, energy consumed and water within the hospital is monitored on a continuous basis. In 2014, the hospital produced a total of 534.59 tonnes of waste and 576,350 litres of waste in all areas of the hospital such as healthcare risk wastes, domestic wastes, chemical wastes, recyclable and hazardous wastes. The hospital’s total recorded energy consumption between electricity and natural gas in 2014 was 6,219,968 kWh which represent an average increase of 5.4% when compared to 2013 energy consumption. The main aim of the department is to ensure the commitment of the hospital to continual improvements and prevention of pollution is met as much as possible.

Freddy Byrne
Facilities Engineering Manager (Acting)
Information Technology

The department provides and maintains all computer and network equipment within the hospital including 64 servers, 470 PCs and laptops, 110 printers and 30 network switches. It is also the point of contact, and provides most of the support for, the sixty different IT systems used by hospital staff across the various departments and disciplines. During the year, Mr Cathal Keegan, IT Manager, left us to go to the Rotunda; we wish him well for the future.

The number of systems that the hospital uses, and the volumes of data they need to store, continued to outgrow the ageing server infrastructure. This necessitated constant maintenance just to ensure the availability of all systems. Plans for a complete overhaul of the server hardware were begun and will be a priority going into 2015.

A new Pathology imaging system was installed in the Laboratory with a professionally mounted camera connected directly to a server. This replaced the old method of photographing slides with a hand-held camera and downloading the images via a memory card to a nearby PC.

In November, the new Fetal Medicine Unit opened which required the installation of new PCs for each of the scanners. Viewpoint, the system used for performing the ultrasound scans, was also upgraded to improve functionality.

A new medical insurance claims handling program, Claimsure, was introduced in December. This web-based system was installed in Patient Accounts, Admissions and some clinics to improve efficiency in the processing of patient’s medical insurance claims.

Studies into the installation of wi-fi in the hospital were conducted in anticipation of the launch of the new national Maternal Neonatal – Clinical Management System (MN-CMS) scheduled for January 2016. This system would benefit enormously from the ability of staff to use mobile devices on a secure wireless network to assist patients directly from the bedside.

Like most organisations, the hospital’s reliance on information technology to improve the patient experience, continues to grow. As the IT department strives to meet those needs we would like to sincerely thank the hospital staff for their continued patience and cooperation as we progress along that path.

Martin Keane
IT Manager

Projects and Developments

The National Maternity Hospital’s long term goal is to move onto the St. Vincent’s University Hospital campus. The setting of a maternity hospital on the campus of 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 continue.

The Neonatal Intensive Care Unit/Fetal Medicine Unit project commenced during the year with HSE support and was substantially completed by the end of the year.

Damian McKeown
Projects Manager
Education

UCD School of Medicine and Medical Science

UCD runs an extensive research and teaching programme at The National Maternity Hospital. 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 2014 is Dr Sophie Duignan. 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 Mr David McNeill.

In addition, twenty national and international medical students attend for clinical electives during the winter and summer, completing further education and research requirements. The majority of these students have commenced postgraduate training in Obstetrics.

The perinatal research programme has received significant funding from Health Research Board Ireland and from the European Union. A number of large clinical intervention trials are underway including lifestyle interventions (PEARS study), long-term follow up study of 800 mothers and infants (ROLO study) and a clinical trial on the role of aspirin in pregnancy (TEST study). This research programme is currently supervising 8 PhD students and has led to over 50 publications from the department in 2014. During the year research from UCD Perinatal Research programme has been presented at many national meetings and at over 10 international conferences.

Prof. Fionnuala McAuliffe

Royal College of Surgeons in Ireland

Forty-five undergraduates from the Royal College of Surgeons attended the National Maternity Hospital for their seven weeks rotation in Obstetrics and Gynaecology; twenty-three students in January/February and twenty-two in February/April. 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 Michael Foley and Dr Vicky O’Dwyer, Tutor. 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 ‘hands on’ demonstrations.

Fourteen of our students achieved honours in their final Obstetrics and Gynaecology examination at the RCSI. Of these students, five were awarded first class honours. Ms Aoife Green and Mr Eamon O’Ceallaigh were 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.

Prof. Michael Foley
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 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 2014 we provided education and clinical placement for 82 BSc Midwifery Students; 19 Higher Diploma Midwifery students and provided Maternity Care placements for approx. 200 nursing students from other clinical sites such as the St Vincent’s Hospital Group; the Mater Misericordiae University Hospital and Our Lady’s Children’s Hospital, Crumlin. The maternity care 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 both Ireland and overseas, all co-ordinated through the department.

The Education & Practice Development Department continues to coordinate education for all qualified staff nurses and midwives. Through our academic partnership with UCD many of our staff are pursuing tertiary education at Postgraduate degree, MSc and PHD levels. The courses undertaken will lead to improved knowledge and also enhanced career pathways for example clinical specialist roles and will be beneficial in succession planning. We continue to work closely with the Centre of Midwifery Education to provide an ongoing 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
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/ACHI/ACS (8th edition). The source data for HIPE is the patient chart.

In mid-2014, Ms Angela Randall joined the department on a year basis to provide additional advice and support. Ms Randall has many years’ experience in HIPE in Australia and regularly lectures internationally on the subject.

In 2014 a total of 20,127 discharges were coded; this is the inpatient and daycase activity in the hospital. HIPE staff code a principal diagnosis and up to 29 additional diagnoses as well as a principal procedure with up to 19 additional codes if required 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 and as such, our coding deadlines have been reduced from 90 days to 30 days since July 2013.

It is therefore essential that the Patient Management System (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.

Liz Mahon
HIPE Supervisor
The upward trend of patient activity levels (mothers delivered) experienced in the mid 2000s peaked in 2010. Since then the hospital recorded three consecutive years of year on year decreases until 2014 when the number of mothers delivered rose once again to 9,105. NMH staff endeavour to provide the best possible care at all times even with the limited available resources; 2014 was no different and the hospital is enormously grateful to the staff for their commitment and hard work shown.

With high levels of patient activity, it is a challenge to find time to release staff to attend structured organisational training. However, 422 staff still managed to attend mandatory training during 2013. Mandatory training incorporates a number of topics including infection control and fire safety.

Thankfully 2014 wasn’t only about work. Staff did manage to let their hair down at a number of organised social and sporting events. In addition to the traditional Christmas party/panto and golf classic there was a staff BBQ in June. There were a number of other golf outings organised during the summer too. In November, the hospital celebrated its diverse patient base and workforce by hosting Diversity Week. This has become a popular annual event at the hospital especially with the international cuisine provided by the catering department.

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.
• 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
Patient Services

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 and we are determined to meet these challenges.

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 2014 the Patient Services Department continued to provide administrative in the following areas:

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

Freedom of Information/Healthcare Records

In 2014 there were 1,350 written requests received under the Freedom of Information Act and Administrative Access; 85% of these requests were for copies of medical charts.

There are approximately 10,000 medical charts actively in circulation within the hospital each month. The Healthcare Records Department retrieves over 500 charts for clinics and wards each week.

I would like to thank all the members of the Patient Services Team for their dedication and flexibility in 2014; they play a vital role in providing support for the Patient Services function in the hospital and the wider community.

Finally, I would like to thank the Executive Management Team for their continued support of the Patient Services Department. We look forward to another rewarding year ahead.

Alan McNamara
Patient Services Manager
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 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, HR Manager. Margaret Cooke was nominated by the Irish Nurses Organisation, Shay Higginbotham by the Crafts Union, Miriam Griffin and Pat Tobin by SIPTU as well as an IMPACT representative.

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 hospital 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 hospital operations and will be crucial in facing future challenges of the evolving healthcare environment. On that note we look forward to the rest of 2015 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

2014 was another busy year in the Purchasing & Supplies department. Challenges were presented to the hospital due to the financial situation facing the national economy. Activity in the hospital remained at a very high level with the Purchasing & Supplies Department having to manage the provision of supplies to meet service delivery requirements and indeed the increased campus size. This year we also saw a number of projects running in the hospital, namely the completion of the Fetal Medicine Unit and the commencement of a new Neonatal Intensive Care Unit. These projects impacted on the workload of the department increasing both the tendering and purchasing activity.

Joint tendering between The National Maternity Hospital and the Coombe Women and Infant’s Hospital was at a high level seeing a number of tenders brought to completion and with the Medical / Surgical tender due for completion in early 2015.

The business of the Purchasing & Supplies Department is to provide maximum service with minimum risk at the most economical cost whilst at all times striving to provide high quality patient focused service.

As the area of procurement and supplies continues to develop at national, regional and hospital level, many new challenges are being created; we must be aware of the changes taking place and be pro-active in meeting these.

We wish to thank all the staff in the Purchasing & Supplies Department for their dedication and hard work over the past year and look forward to a successful 2015 and all the changes it will bring.

**Linda Mulligan**  
*Lorraine McLoughlin*  
*Linda Mulligan*  
*Lorraine McLoughlin*  
*Purchasing & Supplies Manager (Acting)*
## Financial Statements & Activity

### Income And Expenditure

Extracts from the Hospital Income and Expenditure Account for the Year Ended 31 December 2014

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<tr>
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<th>2014</th>
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</tr>
</thead>
<tbody>
<tr>
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<td>€ ’000</td>
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<td>Ordinary Income</td>
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<td>Treatment Charges</td>
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<td></td>
<td><strong>17,926</strong></td>
<td><strong>21,173</strong></td>
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<td>Ordinary Expenditure - Pay</td>
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<tr>
<td>Medical NCHD's</td>
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<td>3,992</td>
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<td>Consultants</td>
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<td>Nursing</td>
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<td>22,065</td>
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<td>Para-Medical</td>
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<td>Housekeeping</td>
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<td>Maintenance</td>
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<td>Administration</td>
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<td>Pensions</td>
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<td>VHSS Lump Sums</td>
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<td>VHSS Refunds</td>
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<td></td>
<td><strong>49,493</strong></td>
<td><strong>49,490</strong></td>
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<td>Ordinary Expenditure - Non Pay</td>
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<tr>
<td>Medicines, Blood &amp; Gases</td>
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<td>Laboratory Expenses</td>
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<td>Medical &amp; Surgical Appliances</td>
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<td>X-Ray Expenses</td>
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<td>107</td>
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<td>Provisions</td>
<td>581</td>
<td>662</td>
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<td>Heat, Power &amp; Light</td>
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<td>Cleaning &amp; Washing</td>
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<tr>
<td>Furniture, Hardware &amp; Crockery</td>
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<td>119</td>
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<td>Bedding &amp; Clothing</td>
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<td>Maintenance</td>
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<td>Transport &amp; Travel</td>
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<td>Finance</td>
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<td>Office Expenses</td>
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<td>Education, Training</td>
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<td>Computer Expenses</td>
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<td>Miscellaneous</td>
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<td><strong>14,440</strong></td>
<td><strong>14,879</strong></td>
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<td>Deficit for Year</td>
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<td>Excess of Expenditure over Income</td>
<td><strong>46,007</strong></td>
<td><strong>43,196</strong></td>
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<td>Less: HSE Annual Allocation</td>
<td>46,081</td>
<td>45,559</td>
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<tr>
<td>Surplus</td>
<td><strong>74</strong></td>
<td><strong>2,363</strong></td>
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Cumulative Figures

Extracts from the Hospital Income and Expenditure Account for the Year Ended 31 December 2014

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<tr>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>€ '000</td>
<td>€ '000</td>
</tr>
<tr>
<td>Surplus / (Deficit) Brought Forward</td>
<td>871</td>
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<tr>
<td>Surplus / Transferred from Income &amp; Expenditure</td>
<td>74</td>
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<tr>
<td>Surplus / Carried Forward</td>
<td>945</td>
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Balance Sheet

Extracts from the Hospitals Balance Sheet as at 31 December 2014

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<th>2013</th>
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</thead>
<tbody>
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<td>€ '000</td>
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<tr>
<td>Fixed Assets</td>
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<td>Current Assets</td>
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<td>Stocks</td>
<td>310</td>
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<td>Debtors</td>
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<tr>
<td>Cash &amp; Bank</td>
<td>379</td>
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<tr>
<td></td>
<td>11,045</td>
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<tr>
<td>Current Liabilities</td>
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<tr>
<td>Creditors</td>
<td>9,240</td>
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<td></td>
<td>9,240</td>
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<td>Net Current Liabilities</td>
<td>1,625</td>
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<tr>
<td>Non Current Liabilities</td>
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<tr>
<td>Loans from Funds</td>
<td>(2,187)</td>
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<tr>
<td>Net Assests</td>
<td>69,871</td>
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<td>Represented By :</td>
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<td>Capitalisation Account</td>
<td>68,884</td>
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<tr>
<td>Accumulated Surplus / (Deficit)</td>
<td>945</td>
</tr>
<tr>
<td>Other Funds</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>69,871</td>
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</tbody>
</table>
### Activity Analysis

#### Mothers Delivered

<table>
<thead>
<tr>
<th>Year</th>
<th>Nullip</th>
<th>Multip</th>
<th>Total Deliveries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
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<td>4225</td>
<td>7493</td>
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<tr>
<td>2006</td>
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<td>4408</td>
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<td>2007</td>
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<td>2008</td>
<td>4244</td>
<td>4739</td>
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<td>4754</td>
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<td>5052</td>
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<td>4974</td>
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<td>2012</td>
<td>3919</td>
<td>5059</td>
<td>8978</td>
</tr>
<tr>
<td>2013</td>
<td>3810</td>
<td>4945</td>
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<tr>
<td>2014</td>
<td>4037</td>
<td>5069</td>
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<table>
<thead>
<tr>
<th>Year</th>
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<tr>
<td>2005</td>
<td>43.6%</td>
</tr>
<tr>
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</tr>
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<td>45.5%</td>
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<td>48.1%</td>
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<td>48.2%</td>
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<tr>
<td>2014</td>
<td>44.3%</td>
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#### Community Midwives Deliveries


## Outpatient Attendances

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric</td>
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<td>34884</td>
<td>38596</td>
<td>43274</td>
<td>48082</td>
<td>52137</td>
<td>53912</td>
<td>56201</td>
<td>62127</td>
<td>67411</td>
</tr>
<tr>
<td>Gynaecology &amp; Colposcopy</td>
<td>9462</td>
<td>9747</td>
<td>11028</td>
<td>11372</td>
<td>12854</td>
<td>13435</td>
<td>17245</td>
<td>16730</td>
<td>17866</td>
<td>16505</td>
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<tr>
<td>Paediatric</td>
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<td>4244</td>
<td>3963</td>
<td>3981</td>
<td>3971</td>
<td>4444</td>
<td>4371</td>
<td>4255</td>
<td>4365</td>
<td>4444</td>
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<td><strong>Total</strong></td>
<td>48020</td>
<td>48875</td>
<td>53587</td>
<td>58627</td>
<td>64907</td>
<td>69397</td>
<td>75601</td>
<td>77302</td>
<td>84248</td>
<td>88281</td>
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</table>

*includes Caesarean Sections

## Theatre Activity

<table>
<thead>
<tr>
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<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Operations*</td>
<td>1947</td>
<td>2043</td>
<td>2318</td>
<td>2301</td>
<td>2327</td>
<td>2478</td>
<td>2384</td>
<td>2462</td>
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<td>2685</td>
</tr>
<tr>
<td>Minor Operations</td>
<td>1890</td>
<td>2020</td>
<td>1799</td>
<td>1886</td>
<td>2183</td>
<td>2067</td>
<td>2136</td>
<td>2244</td>
<td>2122</td>
<td>2059</td>
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<tr>
<td><strong>Total</strong></td>
<td>3837</td>
<td>4063</td>
<td>4117</td>
<td>4187</td>
<td>4510</td>
<td>4545</td>
<td>4520</td>
<td>4706</td>
<td>4689</td>
<td>4744</td>
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</table>

*includes Caesarean Sections
## Unbooked Outpatient Attendances (Within Hours)

<table>
<thead>
<tr>
<th>Year</th>
<th>Obstetrics</th>
<th>Gynaecology</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>4149</td>
<td>563</td>
<td>4712</td>
</tr>
<tr>
<td>2006</td>
<td>4367</td>
<td>530</td>
<td>4897</td>
</tr>
<tr>
<td>2007</td>
<td>5031</td>
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<td>5225</td>
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<td>5634</td>
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<td>6013</td>
</tr>
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<td>2011</td>
<td>5463</td>
<td>624</td>
<td>6087</td>
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<td>2012</td>
<td>5254</td>
<td>753</td>
<td>6007</td>
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<td>2013</td>
<td>5569</td>
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<td>6282</td>
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<tr>
<td>2014</td>
<td>5726</td>
<td>823</td>
<td>6549</td>
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</table>

## Unbooked Outpatient Attendances (Out of Hours)

<table>
<thead>
<tr>
<th>Year</th>
<th>Obstetric/Gynaecology</th>
<th>Paediatrics</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>4698</td>
<td>747</td>
<td>5445</td>
</tr>
<tr>
<td>2006</td>
<td>5491</td>
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<td>2007</td>
<td>6246</td>
<td>765</td>
<td>7011</td>
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<td>2008</td>
<td>6286</td>
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<tr>
<td>2009</td>
<td>7641</td>
<td>730</td>
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<td>2010</td>
<td>8060</td>
<td>594</td>
<td>8654</td>
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<tr>
<td>2011</td>
<td>7904</td>
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<td>2012</td>
<td>7647</td>
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</tr>
<tr>
<td>2014</td>
<td>8497</td>
<td>370</td>
<td>8867</td>
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</table>
### Fetal Medicine Unit Attendances

<table>
<thead>
<tr>
<th>Year</th>
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<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booked</td>
<td>16652</td>
<td>17405</td>
<td>18369</td>
<td>19038</td>
<td>19082</td>
<td>19509</td>
<td>20056</td>
<td>20977</td>
<td>21357</td>
<td>24722</td>
</tr>
<tr>
<td>Unbooked</td>
<td>3605</td>
<td>3443</td>
<td>3846</td>
<td>3559</td>
<td>4977</td>
<td>4787</td>
<td>4766</td>
<td>4415</td>
<td>4846</td>
<td>4962</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>20257</strong></td>
<td><strong>20848</strong></td>
<td><strong>22215</strong></td>
<td><strong>22597</strong></td>
<td><strong>24059</strong></td>
<td><strong>24386</strong></td>
<td><strong>24822</strong></td>
<td><strong>25392</strong></td>
<td><strong>26203</strong></td>
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### Inpatient Discharges

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<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric</td>
<td>12574</td>
<td>13155</td>
<td>14023</td>
<td>15241</td>
<td>14291</td>
<td>14887</td>
<td>14339</td>
<td>13872</td>
<td>13443</td>
<td>13799</td>
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<tr>
<td>Gynaecology</td>
<td>937</td>
<td>842</td>
<td>748</td>
<td>745</td>
<td>917</td>
<td>928</td>
<td>770</td>
<td>846</td>
<td>778</td>
<td>858</td>
</tr>
<tr>
<td>Paediatrics*</td>
<td>962</td>
<td>1164</td>
<td>1097</td>
<td>1352</td>
<td>1429</td>
<td>1510</td>
<td>1513</td>
<td>1743</td>
<td>1756</td>
<td>1908</td>
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<td><strong>Total</strong></td>
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<td><strong>15161</strong></td>
<td><strong>15868</strong></td>
<td><strong>17338</strong></td>
<td><strong>16637</strong></td>
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<td><strong>16622</strong></td>
<td><strong>16461</strong></td>
<td><strong>15977</strong></td>
<td><strong>16565</strong></td>
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</table>

*From 2008, babies treated on the postnatal wards are included in the neonatal figures.
### Day Cases

<table>
<thead>
<tr>
<th>Year</th>
<th>Gynaecology</th>
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<th>Total</th>
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<tbody>
<tr>
<td>2005</td>
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<td>549</td>
<td>1582</td>
</tr>
<tr>
<td>2006</td>
<td>921</td>
<td>663</td>
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<tr>
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<td>2008</td>
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<td>2009</td>
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<td>2172</td>
<td>3796</td>
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<td>2010</td>
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<td>4052</td>
</tr>
<tr>
<td>2011</td>
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<td>4086</td>
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<td>2695</td>
<td>4300</td>
</tr>
<tr>
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<td>1317</td>
<td>2187</td>
<td>3504</td>
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<tr>
<td>2014</td>
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<td>2232</td>
<td>3503</td>
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</table>
The Robson 10 Groups Classification of Caesarean Section

<table>
<thead>
<tr>
<th>Groups</th>
<th>Overall Caesarean Section Rate (%)</th>
<th>Number of CS over total number of women in each group</th>
<th>Contribution made by each group to the overall hospital population %</th>
<th>CS rate in each group %</th>
<th>Contribution made by each group to the overall CS rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nulliparous, single cephalic, &gt;=37 weeks, in spontaneous labour</td>
<td>23.0</td>
<td>177/2094</td>
<td>8.5 (177/2094)</td>
<td>1.9 (177/9106)</td>
<td>1.9 (177/9106)</td>
</tr>
<tr>
<td>2. Nulliparous, single cephalic, &gt;=37 weeks, induced and CS before labour</td>
<td>15.9</td>
<td>536/1445</td>
<td>37.1 (536/1445)</td>
<td>5.9 (536/9106)</td>
<td>5.9 (536/9106)</td>
</tr>
<tr>
<td>2a. Nulliparous, single cephalic, &gt;=37 weeks, induced</td>
<td>14.4</td>
<td>404/1313</td>
<td>30.8 (404/1313)</td>
<td>4.4 (404/9106)</td>
<td>4.4 (404/9106)</td>
</tr>
<tr>
<td>2b. Nulliparous, single cephalic, &gt;=37 weeks, CS before labour*</td>
<td>1.4</td>
<td>132/132</td>
<td>100.0 (132/132)</td>
<td>1.4 (132/9106)</td>
<td>1.4 (132/9106)</td>
</tr>
<tr>
<td>3. Multiparous (excluding prev. CS), single cephalic, &gt;=37 weeks, in spontaneous labour</td>
<td>29.0</td>
<td>33/2645</td>
<td>1.2 (33/2645)</td>
<td>0.4 (33/9106)</td>
<td>0.4 (33/9106)</td>
</tr>
<tr>
<td>4. Multiparous (excluding prev. CS), single cephalic, &gt;=37 weeks, induced and CS before labour</td>
<td>11.3</td>
<td>143/1028</td>
<td>13.9 (143/1028)</td>
<td>1.6 (143/9106)</td>
<td>1.6 (143/9106)</td>
</tr>
<tr>
<td>4a. Multiparous (excluding prev. CS), single cephalic, &gt;=37 weeks, induced</td>
<td>10.3</td>
<td>53/938</td>
<td>5.7 (53/938)</td>
<td>0.6 (53/9106)</td>
<td>0.6 (53/9106)</td>
</tr>
<tr>
<td>4b. Multiparous (excluding prev. CS), single cephalic, &gt;=37 weeks, CS before labour</td>
<td>1.0</td>
<td>90/90</td>
<td>100.0 (90/90)</td>
<td>1.0 (90/9106)</td>
<td>1.0 (90/9106)</td>
</tr>
<tr>
<td>5. Previous CS, single cephalic, &gt;=37 weeks</td>
<td>10.7</td>
<td>667/977</td>
<td>68.3 (667/977)</td>
<td>7.3 (667/9106)</td>
<td>7.3 (667/9106)</td>
</tr>
<tr>
<td>6. All nulliparous breeches</td>
<td>2.3</td>
<td>199/211</td>
<td>94.3 (199/211)</td>
<td>2.2 (199/9106)</td>
<td>2.2 (199/9106)</td>
</tr>
<tr>
<td>7. All multiparous breeches (including prev. CS)</td>
<td>1.4</td>
<td>101/128</td>
<td>78.9 (101/128)</td>
<td>1.1 (101/9106)</td>
<td>1.1 (101/9106)</td>
</tr>
<tr>
<td>8. All multiple pregnancies (including prev. CS)</td>
<td>2.2</td>
<td>126/204</td>
<td>61.8 (126/204)</td>
<td>1.4 (126/9106)</td>
<td>1.4 (126/9106)</td>
</tr>
<tr>
<td>9. All abnormal lies (including prev. CS)</td>
<td>0.3</td>
<td>29/29</td>
<td>100.0 (29/29)</td>
<td>0.3 (29/9106)</td>
<td>0.3 (29/9106)</td>
</tr>
<tr>
<td>10. All single cephalic, £36 weeks (including prev. CS)</td>
<td>3.8</td>
<td>127/345</td>
<td>36.8 (127/345)</td>
<td>1.4 (127/9106)</td>
<td>1.4 (127/9106)</td>
</tr>
</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 aswell 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.