The year 2004 saw a further increase in obstetrical activity on previous years. 8,318 women gave birth to 8,443 infants and this was a 1% increase on deliveries compared to 2003. Again, these patients as stated in previous years represent a much greater strain on the resources of the hospital.

The perinatal mortality rate for the year was 5.1 per thousand corrected to 3.9 per thousand when one excludes congenital malformations. This is the lowest perinatal mortality rate we have ever seen in any of the Dublin Maternity Hospitals and is a credit to all the midwifery, medical and paramedical staff on the obstetrical and neonatal sides. It is even more laudable when one takes into account the continued strains of staffing difficulties, infrastructural deficiencies and complexity of cases that we now face.

On this basis 2004 was probably one of the most difficult years yet, particularly during the summer months when we were experiencing a progressive bunching of annual births. This situation brought about the requirement to introduce a cap for deliveries for the summer of 2005. This restriction, while necessary to avoid added risk, goes totally against the ethos of an institution founded on midwife and consultant care for the women of Dublin.

A major strategic review of maternity services in the Eastern Region was commenced in 2004. The process is being led by the ERHA and the three Dublin Maternity hospitals are actively engaged in this process. This report, due for publication in early 2005, will clearly show that the number of births is expected to rise significantly in the greater Dublin area over the next six years. The projected growth for the National Maternity Hospital over this period will see 9,000 plus mothers making this hospital their hospital of choice for delivery. It is imperative that government take immediate action to address this projected increase in births and move quickly on the development proposals we have attempted to move forward over the past five years. The current situation has led to demoralised staff, overcrowded wards and dissatisfied patients who expect and deserve better facilities. There is an urgent need to progress an interim development at the hospital and move forward plans for the hospital’s relocation to the site of St. Vincent’s University Hospital campus.

A major issue arose in 2004 for our consultant staff with the change in arrangements in respect of clinical indemnity insurance. Whilst this is a national issue facing all hospitals and their consultant staff, there is an urgent need to have the issue of historic indemnity resolved.

The Joint Standing Committee of the three Dublin Maternity Hospitals continued to meet monthly during the year and many common issues continue to be discussed and action taken on a joint basis. The future supply of qualified midwives continues to dominate this forum’s agenda and there are real concerns about the availability of such staff over the coming years. The Matrons of the three hospitals are to the fire in developing proposals for the training of suitable numbers of midwives with future demand. These proposals are currently with government and urgent action is required.

I would like to thank our new Director of Midwifery & Nursing, Mary Boyd, who joined us during the year. She faces significant challenges, many of which are caused by the deficits alluded to earlier in this report.

Each year I mention the vital roles played by Michael Lenihan, our Secretary Manager, and Ronan Gavin our Financial Controller, in the running of the hospital. Each year the tasks become more onerous and demanding. Thank you both for the dedication and high standards that we have become accustomed to at Holles Street.

I would also like, on behalf of the Board of Governors, to thank all members of staff for their continuing dedication and excellent work during the year. It is through their dedication and excellence that the hospital continues to enjoy its reputation in this country and worldwide.

J Brian Davy
Deputy Chairman

Declan Keane, MD, FRCP, FRCOG
Master

Master’s Report

The year 2004 saw a further increase in obstetrical activity on previous years. 8,318 women gave birth to 8,443 infants and this was a 1% increase on deliveries compared to 2003. Again, a high proportion of these patients, 45% were primigravidae and these patients as stated in previous years represent a much greater strain on the resources of the hospital.

The perinatal mortality rate for the year was 5.1 per thousand corrected to 3.9 per thousand when one excludes congenital malformations. This is the lowest perinatal mortality rate ever seen in any of the Dublin Maternity Hospitals and is a credit to all the midwifery, medical and paramedical staff on the obstetrical and neonatal sides. It is even more laudable when one takes into account the continued strains of staffing difficulties, infrastructural deficiencies and complexity of cases that we now face.

The hospital’s Caesarean section rate was 17% which was a slight increase on the previous year. Although it remains low by national and international standards, one must remain concerned at the increasing rise in Caesarean sections, particularly in the elective Caesarean section rate. It also proves that one can achieve a low perinatal mortality rate without recourse to unacceptably high caesarean rates as seen in other centres.

On the gynaecological front there were 9,463 women seen at our gynaecological clinics during the year with many attending in the sub-speciality areas. This was an increase on the previous year despite the fact that the theatres were closed for a great deal of July and August for essential refurbishments. The Special Care Baby Unit was busy with 1,072 admissions to the Unit. Forty one of these were referrals from other Units after the baby had been delivered elsewhere.
Executive Committee Report

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:

There were no new Governors elected during the year.

Staff Appointments

The following staff were appointed during 2004:

Ms Mary Boyd, Director of Midwifery and Nursing
Dr Ingrid Browne, Consultant Anaesthetist
Ms Marie Cullinan, Chief Medical Scientist
Ms Aine Egan, Medical Social Worker
Dr Susan Knowles, Consultant Microbiologist
Dr Fionuala McAuliffe, Consultant Obstetrician/Gynaecologist and Senior Lecturer
Mr Cian MacLochlainn, Health and Safety Officer

Promotions during the year included Mr Lauri Cryan to the post of HR Manager; Ms Nicola Clarke to Assistant Director of Midwifery and Nursing, Clinical Practice Development Co-Ordinator; Ms Bernadette O’Brien and Ms Martina Cadden to Assistant Director of Midwifery and Nursing, Night Duty; Ms Hilda Wall to Clinical Midwife Manager 3 – Neonatal Unit.

Staff Retirements

The following staff members retired during the year after many years of service. Mrs Marie Fahy, HR Manager; Mr Robin Farquharson, Chief Medical Scientist - Retired 2004

Charter Day

We had a very good attendance at Charter Day which was held on the 29th January 2004 and was hosted by Dr and Mrs Keane to whom we are most grateful.

Hospital Finances

As can be seen from the report of the Finance and General Purposes Committee an accumulated deficit of €35k was carried forward at year-end. Gross expenditure for the year was €48,573k and this represents an increase of 5.6% over 2003.

Hospital Development

The Executive Committee in its report for 2003 set out the historic background regarding the need for both an interim and long-term development plan for the hospital.

It is regrettable that no tangible progress has been made in 2004 and problems due to spatial and infrastructural deficits continue to escalate. Action on these important issues is urgently required. In this regard, the hospital was forced to apply a cap on the numbers of deliveries for the summer months in 2005 and further caps on activity may have to be considered in the absence of progress on our development proposals.

Maternity Hospitals Joint Standing Committee

The Committee, under the Chairmanship of Dr Miriam Hederman O’Brien, continued to meet on a monthly basis during the year. Issues of common interest were discussed which included staff shortages, opportunities for co-operation, and medical indemnity insurance.

Hospital Awards and Certificates

Awards for the year 2004 were as follows:
The John F. Cunningham Medal was awarded to Dr. Naomi Campbell. The Kieran O’Driscoll prize was presented to Mr Mark Murphy and the Royal College of Surgeons/NMH medal was awarded to Ms Maeve Byrne. The A. Edward Smith Medal was not awarded.

Medals were also presented to student midwives as follows: The Hospital Gold Medal was presented to Ms Nicola Henderson. The Elizabeth O’Farrell Medal was presented to Ms Jennifer Steel. The Director of Midwifery’s Award was presented to Ms Aphiorsa Plus and Mr Shirley Moore.

The Student Neonatal Intensive Care Nursing Medal was awarded this year to Ms Deirdre Molloy.

The Ivo Drury Award, a bursary for research into the study of diabetes, was awarded this year to Dr Fionnuala McAuliffe. This award is normally granted every three years and was established in memory of the late, Dr Ivo Drury.

Conclusion

The Executive Committee has great pleasure in acknowledging the work and co-operation they received from all categories of staff, medical, paramedical, midwifery, administration, catering, maintenance, portering and household.

Mr Gabriel Hogan
Honorary Secretary

The Ivo Drury Award, a bursary for research into the study of diabetes, was awarded this year to Dr Fionnuala McAuliffe. This award is normally granted every three years and was established in memory of the late, Dr Ivo Drury.
Finance and General Purposes Committee Report

Gross expenditure for the year was €48,573k and this represents an increase of 5.6% over 2003. This increase is relatively small when consideration is taken of the significant levels of pay awards and benchmarking during the year and the continued high levels of activity. The year-end position was an accumulated deficit of €35k.

Payroll costs accounted for 75.5% of the gross expenditure and non-pay costs for the remaining 24.5% which is a shift from last year’s levels of 72%: 28%. Income for the year increased to €8,067k being 16.6% of gross expenditure. The gross expenditure was funded by an allocation from the ERHA of €40,478k and incomes of €8,067k.

The Finance and General Purposes Committee continued in its main role of monitoring the Hospital’s resources on a monthly basis. This role is essential to enable the Hospital to meet its targets in relation to finances, staff numbers and service levels as agreed in our Provider Plan with the ERHA.

During the year, Capital Funding of €451k was received which assisted in dealing with a number of critical areas relating to both maintenance and medical equipment. The upgrade of ward bathrooms, which commenced in 2003, continued and was completed during the year. Ongoing capital investment and the need for interim/long-term developments solutions remain priorities.

During the year, cost pressures were experienced in most areas. Medicines and medical surgical supplies continue to be significant cost drivers due to the increased activity levels, increased patient diversity and the introduction of new treatments and drugs. During the year there has been increased pressure on the staffing budget mainly due to increasing pressure from the ERHA for the Hospital to maintain our numbers within an ‘approved ceiling’ set by the ERHA.

While the year was relatively successful from a financial perspective the activity levels and infrastructural issues continue unresolved. These, combined with a lack of ongoing significant capital investment, and a less favourable overall financial position indicate that the Committee and the Hospital face a difficult year in 2005.

Secretary/Manager’s Report

The year 2004 was again a difficult and challenging year for the Hospital operationally. Activity levels, both in-patients and day cases increased over 2003. Gross expenditure for the year was €48,573k which represents an increase of 5.6% over 2003. The various operational difficulties, staff deficits, employment caps and escalating activity levels continue to be communicated to the ERHA, and by extension, to the Department of Health & Children on a monthly basis.

The implementation of both the interim and long-term development strategies for the hospital is urgently required. The population of the greater Dublin area has increased significantly over the past decade. Projections for deliveries at the National Maternity Hospital indicate that 9,000+ women will wish to deliver at the Hospital before the end of the decade. The hospital is struggling to cope with 8,300 deliveries at present and fast tracking of a development is urgently required. There is also a need to commence the process which will result in the transfer of the hospital to the site of St. Vincent’s University Hospital campus.

During 2004, the hospital signed on for accreditation with the Irish Health Services Acute Hospitals’ Accreditation Board’s Accreditation Scheme. An Accreditation Co-Ordinator (Ms Ann Delany) was appointed and she facilitated the establishment and training of the seven multi-disciplinary teams. A total of 198 team members are currently working towards the hospital’s peer review survey which takes place in November 2005. This process, involving self-assessment and external peer review, is used by acute hospitals to assess their level of performance in relation to established acute care standards and to implement methods to improve the way they deliver their service continuously.

A Partnership Committee was established during the year under the guidance of the Health Services National Partnership Forum. A Framework Agreement was agreed nationally between health service management and unions. The agreed document “Working Together for a Better Health Service” provides for a new active relationship in managing change characterised by employee participation and consultation the development of joint objectives, co-operation and trust the delivery of a patient focussed, quality health service.

The Committee has been working well under the guidance of Mr Seosamh Ó Maolalaí; Partnership Facilitator.

A number of projects were undertaken during the year to improve the facilities for patients. Unit 4, the Gynaecology Ward, was refurbished during the summer for work being carried out in the main ward, bathrooms etc. The heating and electrical systems in the hospital were also upgraded. The bathroom renewal project continued throughout the hospital with units, 3, 5 and 9 all being upgraded. Our electrical engineers, VMTRA, finalised extensive reports on the electrical and fire systems in the hospital and these were forwarded to the ERHA for future funding.

During 2004, Mrs Marie Fahy, HR Manager, retired. Marie was a stalwart at the hospital over many years and was extremely helpful and supportive to me since my arrival at the hospital. I wish her well in her well-earned retirement.

Ms Maeve Dwyer, Matron, was seconded during the year to undertake a study related to the expansion of the community midwifery service in the Wicklow area. Maeve was Matron since 1991 and was responsible for many new initiatives in the midwifery services of the hospital over the years. She was a very able colleague on the Executive Management Team and I enjoyed my time working with her.

I would like to thank my administrative colleagues for their continuing support and effort during the year.

Finally, I would like to thank all of the staff of the hospital for their continuing dedication to the hospital in an environment which requires to be upgraded for the benefit of patients and staff. We look forward to moving this agenda forward in 2005.

Michael Lenihan
Secretary/Manager
Board of Governors

Governors Ex-Officio
Dr Diarmuid Martin (Archbishop of Dublin – Chairman) Councilor Michael Conaghan (Lord Mayor – Vice Chairman) Dr Declan Keane (Master)

Very Rev Patrick Finn (Parish Priest of the Parish of Haddington Road) The Rt Rev Monsignor Peter Briscoe (Parish Priest of the Parish of Sandymount) Rev A O’Neill (Administrator of the Parish of St Andrew, Westland Row)

Nominated by the Minister for Health & Children
Ms Nuala Fennell
Ms Patricia O’Shea

Nominated by Dublin Corporation
Councilor Wendy Hedeman
Councilor Eithin Byrne

Governors Elected


Executive Committee Members
Mrs Catherine Altman Mrs Margaret Anderson Dr Peter Boylan Councilor Eithin Byrne Mr Brian Davy (Deputy Chairman) Mr Frank Downey (Honorary Treasurer) Mr Niall Doyle Ms Lydia Ensr Mrs Nuala Fennell Dr Freda Gorman Senator Carmencita Hedeman Councilor Wendy Hedeman Mr Gabriel Hogan (Honorary Secretary) Mr William Johnston Dr Declan Keane (Master) Lord Mayor of Dublin, (Vice Chairman), Cllr Michael Conaghan Mrs Roseleen Lynch Dr Diarmuid Martin (Archbishop of Dublin, Chairman) Mr Kevin Mays Dr John F. Murphy, Consult. Obs/Gynae Dr John F. Murphy, Consult. Paediatric Prof. Colm O’Herlihy Rev. Arthur O’Neill Mrs Patricia O’Shea Mrs Monica Owens Mr Alex Spain

Gynaecology Staff
House Committee
Dr Declan Keane (Master)
Mrs Anne Murphy (Chairperson)
Mrs Monica Owens
Mrs Ann Davy
Mrs Una Crowley
Mrs Judith Magher
Mrs Maureen Spain
Mrs Margaret Anderson
Mrs Kathleen O'Grady
Mrs Carmiota Hedeman
Mrs Rosaleen Lynch
Mrs Helen Moe
Mrs M McParland
Mrs J Collins
Mrs C Altman

Finance and General Purposes Committee
Dr Declan Keane (Master)
Mr J Brian Davy (Deputy Chairman)
Mr Gabriel Hogan (Honorary Secretary)
Mr Frank Downey (Honorary Treasurer)
Mrs Kathleen O'Grady
Mr Niall Doyle

Ethics Committee
Dr Declan Keane, Master
Dr John Murphy, Con. Paediatrician, (Chairman)
Ms Mary Boyd, Director of Midwifery & Nursing
Ms Marion O’Neill
Prof. Desmond Fitzgerald
Mr B Cannon, Solicitor
Fr Paul Tighe
Ms D O’Brien

Professional Advisors
Law Advisors
Beauchamps Solicitors, Dollard House, Wellington Quay, Dublin 2

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

Auditors
PriceWaterhouse Coopers, Chartered Accountants, George’s Quay, Dublin 2

Engineers
Varming Mulcahy Reilly Associates, Tramway House, 32 Dartry Road, Dublin 6

Architects
Scott, Tallon & Walker; 19 Merrion Square, Dublin 2

Quantity Surveyors
Leonard and Williams, 32 Nassau Street, Dublin 2

Resident and Visiting Medical Staff
Master:
Dr Declan Keane, M.D., M.R.C.P.I., M.R.C.O.G.

Department of Obstetrics and Gynaecology:
Dr Michael Foley, M.B., M.A.O., F.R.C.P.I., F.R.C.O.G.
Dr Peter Lenehan, M.B., F.R.C.P.I., F.R.C.S.I., M.R.C.O.G.
Dr Peter McParland, M.D., M.R.C.O.G., M.R.C.P.I.
Dr John F. Murphy, M.D., F.R.C.P.I., F.R.C.O.G.
Dr Mary Winglefield, M.D., M.R.C.O.G.

Department of Obstetrics and Gynaecology, University College Dublin:
Professor Colm O’Herlihy, M.D., F.R.C.O.G., F.R.C.P.I.
Dr Fionauala McAuliffe, MD, MRCOG, MRCPI, DCH. (Commenced 2004)

Department of Obstetrics and Gynaecology, Royal College of Surgeons:
Dr Orla Sheil, M.D., F.R.C.O.G., F.R.C.P.I.

Department of Pathology and Laboratory Medicine:
Director: Dr Eoghan Mooney, M.B., M.R.C.P.I., M.R.C.Path.
Dr Peter Kelehan, M.B., M.Sc., F.R.C.P.
Dr David Gibbons, M.B., F.C.A.P.
Dr Karen Murphy, M.B., M.R.C.P.I., M.R.C.Path. (Haematology)
Dr Susan Knowles, M.D., MRCPath, DCH. (Microbiology) (Commenced 2004)

Department of Paediatrics and Neonatology:
Director: Dr John F. Murphy, M.D., M.R.C.P.I.
Dr Winfred Gorman, B.Sc., F.R.C.P.I., FA.A.P.
Dr Anne Twooney, M.D., M.R.C.P.I., FA.A.P.

Department of Anesthesia:
Director: Dr Kevin T. McKeating, M.B., F.F.A.R.C.S., F.R.C.S.

Some of our Medical Staff 2004
Dr Bryan Lynch, MB, B.Ch., B.A.O., F.A.P.
Dr David Webb, MB, B.A.O., B.Ch., M.R.C.P., MD, F.R.C.P.C.H.

Neurologists:
Dr Conor O’Brian, MB, M.Sc., Ph.D., C.S.C.N. (Eng), F.R.C.P.

Paediatric Infectious Diseases:
Dr Karina Butler, MB, F.R.C.P.I.

Infectious Diseases:
Dr Celm Bergin, MB, F.R.C.P.I, M.R.C.P(UK)

Clinical Geneticist:
Dr William Reardon, M.D., M.R.C.P.I., D.Ch., F.R.C.P.(London)

Honorary Consulting Staff

Physician:
Professor Muiris X. Fitzgerald, MD, F.R.C.P.I, F.R.C.P.

Surgeons:
Professor Nial O’Higgins, M.Ch., F.R.C.S., F.R.C.S.I.
Mr. T. O’Donovan, B.Sc., M.Ch., F.R.C.S., F.R.C.S.I.
Mr. E. O’Connor, B.Sc., F.R.C.S., F.R.C.S.I.
Mr. E. M. O’Leary, B.Sc., M.Ch., F.R.C.S., F.R.C.S.I.
Mr. F. Quinn, M.B., R.C.S.I.

Oto-Rhino-Laryngologist:
Mr. Alex Blaney, M.Ch., F.R.C.S., F.R.C.S.I.

Urological Surgeons:
Mr. David Mulvin, M.Ch., F.R.C.S.
Mr. David Quinlan, F.R.C.S.I.

Consultant in Gastroenterology Medicine:
Professor Fiona McNaught, MD, F.R.C.P.I.

Gastroenterologist:
Dr. John Crowe, MB, Ph.D., F.R.C.P.

Orthopaedic Surgeon:
Mr Frank McManus, F.R.C.P.I.

Dermatologist:
Dr Frank Powell, F.R.C.P.I, F.R.C.P.Edin.

Radiotherapist:
Dr Michael Moriarty, M.D., F.R.C.P.I., F.R.C.R.

Paediatric Cardiologists:
Dr Desmond F. Duff, M.B., F.R.C.P.I, F.A.A.P., D.C.H.
Dr Paul O’Doherty, M.B., F.R.C.P.I, D.C.H.

General and Colorectal:
Dr P. Ronan, O’Connell, M.D., F.R.C.S.I.

Paediatric Neurologists:
Professor J. McNamara, M.B., F.R.C.P.I.

Senior Midwifery and Nursing Staff

Matron (to 28th February 2004):
Maeve Dwyer, MSc, R.M., R.G.N., FFFM (RCSI)

Director of Midwifery & Nursing (from 1st March 2004):
Mary Boyd, MA, Public Management, R.G.N., R.M., Dip FP, HDipQ

Assistant Directors of Midwifery & Nursing:

Assistant Directors of Midwifery & Nursing – Night Duty:
Assistant Director of Midwifery & Nursing - Clinical Practice Development Co-Ordinator:
Nicola Clarke, MSc, RSCN, RGN, RM, IBCLC, FFNM, RCPI

Assistant Director of Midwifery & Nursing – Neonatal Clinical Practice Development Co-Ordinator:
Geraldine Duffy, BSc (Hons), RGN, RM, RNC, ANINP(UKCC)

Senior Midwifery Tutor:
Cori McComish, MTD, RGN, RM.

Midwifery Tutors:
Sandra Atkinson, MSc, BNS, RGN, RM, RNT
Gertie Cull, RGN, RM, FFNM, RCPI
Barbara Lloyd, MSc, RGN, RM, HDip, BSc, RNC
Anne McMahon, MA, HDipEd, RM, ADM
Denise O’Brien MSc Midwifery Education, RGN, RM, BNS, RNT

Clinical Instructors (Neonatology):
Clare McCannick, RGN, RM, BScN

Clinical Midwife / Nurse Managers 3:
Hilda Wall, RGN, RM
Kathryn McQuillan, RGN, RM.
Mary Moran, RGN, RM, HDip Public Administration.
Mairead Hever, RGN.
Ann Rath, BSc, Nursing Mgmt (Hons), RGN, RM.
Margaret Hanahoe, RGN, RM.

Clinical Midwife / Nurse Managers 2:
Myra Radcliff, RGN, RM.
Outpatients
Department
Mairead Green, RGN, RM.
Gynaecological Department
Phil Maguire, RGN, RM, (retired may 04)
Gynaecological Department CNMI
Eileen Sheridan, RGN, RM.
Baby Clinic
Bernie O’Callaghan, RGN, RM.
Baby Clinic
Ann Fleming, RGN, RM, HODDI.
Fetal Assessment
Valerie Kinsella, RGN, RM, HODDI.
Fetal Assessment
Elizabeth Murphy, RGN, RM, HODDI.
Fetal Assessment
Catherine Cillian, RGN, RM.
Unit 7
Mary J. O’Brien, RGN, RM.
Unit 7
Marion O’Leary, RGN, RM.
Unit 7
Noreen Daly, RGN, RM.
Unit 10
Mary Byrne, RGN, RM.
Meron Wing
Catherine McEvoy, RGN, RM.
Meron Wing
Joan Barry Ward, RGN, RM.
Unit 3
Marion O’Neill, RGN, RM.
Margaret Faragan, RGN, RM, Dip HA, IBCLC
K O’Sullivan RGN, RM, IBCLC
Ann Cahir, RGN, RM, BSc.
Nursing Mgmt (Hons)
Niamh Daughan, RGN, RM.
Tina Murphy, RGN, RM, BSc.
Nursing Mgmt (Hons)
Bríd Ó Dea, RGN, RM.
Clare O’Dwyer, RGN, RM, HDip, HC Risk Mgt.
Mary O’Connor, RGN, RM.
Marie O’Neill, BA, RNP, RGN, RM, HDip
HC Risk Mgt
Ciara Madden, RGN, RM.
Maggie Bree, RGN, RM.
Karen Sherlock, RGN, RM.
Geraldine Maguire, RGN, RM.
Breda Corbetta, RGN, RM.
Doughty, RGN, RM.
Sara Duff Rocci, RGN, RM.
Flannie Fee, RGN, RM.
Kathy Muligan, RGN, RM, (retired May 04)
Maria O’Connel, RGN, RM.
Joan Ward, RGN, RM, IBCLC

Clinical Midwife/Nurse Specialists:
Mary Coffey, RGN, RM, HDip.
(CMS - Diabetes)
Mary Jacob, RGN, RM, RSCN, BSc.
(CMS - Urinary Tract Infections)
Cecilia Maloney, RGN, RM, MSc.
Diag Imaging
(TMS - Sonography)
Teresa Sexton, RGN, RM, HDip Infection Control
(CMS - Infection Control)
Imelda Keane, RGN, BNS, Dip, Shww
(Acting CNS - Occupational Health)
Bridget O’Brien RGN, RM, HDip Neonatal Studies
(CMS - Neonatal Resuscitation Officer)
Senior Administration Staff

Secretary Manager:
Michael Lenihan, Dip. H.A.

Financial Controller:
Ronan Gavin, B.B.S. (Hons), ACA

IT Manager:
Ann O’Connor

Human Resources Manager:
Marie Fahy, Dip HA, CIIPD (Retired May 2004)

Human Resources Manager:
Lauri Cryan, MMI, MCIPD (Commenced June 2004)

General Services Manager:
Tony Thompson, Dip HSM, Dip SCM

Purchasing and Supplies Manager:
Gerry Adams, Dip BM, CPBB, MIPMM

Facilities Engineering Manager:
Neil Farrington

Patient Services Manager:
Sheila Broughan, Dip H.A.

Information Officer:
Roisin Moriarty, B.A. (Mod) I.C.T.

Medical Social Workers:
Loretto Reilly, Head Medical Social Worker, B.Soc.Sc., C.Q.S.W.
Niamh Milliken, Senior Practitioner, B.A. Soc Policy, Dip. SW, M.A. Applied Soc. Studies
Maire Matthews, B.Soc.Sc., C.Q.S.W.

Dietician:
Roberta McCarthy, BSc/DipHumNut&Diet, MINDI
Sinead Curran, BSc/DipHumNut&Diet, MINDI

Clinical Risk Manager:
Gráinne McCarthy (S), H.Dip, Healthcare Risk Management
Joan Heffernan (S), RSCN, RGN, H.Dip. Quality in Healthcare
Geraldine Smith, RN, RM, M.B.A., C.P.H.Q. (Commenced April 2004)

Radiographers:
Mary Corkery, D.C.R.
Roma English, D.C.R.

Physiotherapists:
Lesley-Anne Ross, M.I.S.C.P., M.Sc. (physio)
Judith Nulty, B.Sc.Physio.
Theresa Fitzmaurice, M.I.S.C.P., M.C.S.P.

Psychosexual Counsellor:
Meg Fitzgerald, B.Soc.Sc., M.S.W., N.Q.S.W., Dip.P.S.T

New Staff for 2004

Nicolle Clarke
Assistant Director of Midwifery & Nursing - Clinical Practice
Development Co-Ordinator

Bernadette O’Brien
Assistant Director of Midwifery & Nursing – Night Duty

Martina Carden
Assistant Director of Midwifery & Nursing – Night Duty

Hilda Hill
Clinical Midwife Manager 3 – Neonatal Unit

Lain Cryan
HR Manager

Dr. Liam McAuliffe
Consultant Obstetrics & Gynaecology & Senior Lecturer

Dr. Susan Knowles
Consultant Microbiologist

Ann Delany
Accreditation Co-Ordinator

Other new appointments for 2004 include:
Dr. Ingrid Browne, Consultant Anaesthetist and
Cian O’Callaghan, Health & Safety Officer

Ann Dalton
Chief Medical Scientist

Maire Colliton
Chief Medical Scientist

Management

Director of Midwifery and Nursing

Master

Secretary Manager

Assistant Director of Midwifery & Nursing – Clinical Practice
Development Co-Ordinator

Assistant Director of Midwifery & Nursing

– Night Duty

Assistant Director of Midwifery & Nursing – Night Duty

Clinical Midwife Manager 3 – Neonatal Unit

HR Manager

Consultant Obstetrics & Gynaecology & Senior Lecturer

Consultant Microbiologist

Accreditation Co-Ordinator

Chief Medical Scientist

Other new appointments for 2004 include:
Dr. Ingrid Browne, Consultant Anaesthetist and
Cian O’Callaghan, Health & Safety Officer

Assistant Director of Midwifery & Nursing – Night Duty

Assistant Director of Midwifery & Nursing – Night Duty

Clinical Midwife Manager 3 – Neonatal Unit

HR Manager

Consultant Obstetrics & Gynaecology & Senior Lecturer

Consultant Microbiologist

Accreditation Co-Ordinator

Chief Medical Scientist

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Assistant Director of Midwifery & Nursing – Night Duty

Assistant Director of Midwifery & Nursing – Night Duty

Clinical Midwife Manager 3 – Neonatal Unit

HR Manager

Consultant Obstetrics & Gynaecology & Senior Lecturer

Consultant Microbiologist

Accreditation Co-Ordinator

Chief Medical Scientist

Other new appointments for 2004 include:
Dr. Ingrid Browne, Consultant Anaesthetist and
Cian O’Callaghan, Health & Safety Officer
Neonatal Department

In 2004 there were 1072 admissions to Unit 8. Among these were 112 first time admissions with very low birthweight (under 1500g). Another important statistic was that 41 infants were admitted from other hospitals. The complexity of Unit 8’s workload increases year on year and is fuelled by these two components. Case mix complexity is a very important component of modern newborn care.

There are new challenges facing neonatology. The specialty is very conscious of the unique problems posed by the ‘fetal infant’, those of 26 weeks gestation and under. The plight of these fragile, very immature babies was highlighted by the recent article in the Sunday Times Magazine Feb 27, 2005 ‘Bubble Wrap Babies’. Caroline Scott rightly points out that the ‘Holy Grail’ in neonatal intensive care is no longer saving life, but improving outcomes for survivors.

There is a new movement under way to address the unique requirements of the very preterm. The new understanding is that intensive care must be provided in a more gentle way. Greater care must be directed towards adequate sedation, pain relief, noise reduction, excessive handling and exposure to harsh lighting. The Newborn Individualised Developmental Care and Assessment Programme (NIDCAP) is a sequence of care strategies designed to create an environment closer to the baby’s developmental expectations. The hotly debated issue is whether reduction in stress during intensive care protects babies’ brains. There is growing evidence to suggest that this may be the case.

Saving the lives of very preterm infants is expensive. Saving their lives and providing them with a disability free survival is very expensive. The application of the more gentle NIDCAP approach will require more nurses. The interface between technology and the baby needs to be improved with the appointment of a clinical psychologist. Babies oro-facial movements are seriously compromised during intensive care and may be linked to the known high incidence of speech problems in early childhood among these children. The employment of a speech therapist would be invaluable. At present these developments can’t progress because of the lack of resources and funding. Currently it takes too long for authorities to respond to our valid requests for additional specialised personnel. We can do better and should do better.

The intravenous feeding service, known as TPN, has had a difficult time. Braun, our supplier of TPN products is not currently functioning in Ireland. The individual feeding team, having two people each day, is a pressing need for a facility in Ireland to provide TPN to our neonatal intensive care units.

Cheque Presentation to Unit 8

Student Midwifery Graduation

I wish to congratulate Ms. Geraldine Duffy and Ms. Nicola Clarke who were appointed early in the year as Clinical Practice Development Co-ordinators. We also welcome the appointments of Ms. Bernadette O’Brien and Ms. Martina Cadden as Assistant Directors of Midwifery and Nursing on Night Duty. Also Ms. Hilda Wall was appointed the CMM3 in our Neonatal Unit.

We were very sad to say goodbye to our senior colleagues who retired during 2004. Ms. Denise Patten retired in January, Ms. Kathy Muldun and Ms. Phil Magare retired in early Summer; all following many years of extremely dedicated service to the hospital.

I would like to conclude by particularly thanking my predecessor, Ms. Maeve Dwyer, who was instrumental in developing midwifery and nursing at local, national and international level. She has supported me so well since my appointment. I wish her every success in the future.

Mary Boyd
Director of Midwifery and Nursing
Breastfeeding Support Services

Breastfeeding Support Services continue to develop with the drop in clinic on Friday mornings being well attended, and the service extended to the baby clinic, Mon-Fri. We welcome all mothers to avail of the service before and after the birth of their babies, with infant feeding concerns.

Education for Staff continues with 250 hours of education commitments completed in 2004. Tutorials are also given to various staff groups, ranging from short orientation sessions to most staff, to the 3 day Breastfeeding Management Course, for all midwives, nurses and local Public Health Nurses which was held in March and Oct, 2004.

Lorraine O’Hagan CMS - Lactation
Caitriona McCarthy CMS - Lactation

Medical and Midwifery Reports

Total Consultations (Clinics/Wards) 1690 1395 1029 977 756
Total New Clinic Referrals 240 166 162 191 257
Total return visits 75 40 41 37 62
Total phone contacts 2080 1670 1467 1143 629
Follow-up complex cases 70 48 46 41 42

Clinic Case Load Review

Weight issues 77 62 46 29 23
Sore nipples 10 8 26 1 1
Sore breasts Mastitis 20 12 9 3 3
Thrush 40 3 7 1 3
Engorgement 2 2 3
“Feeding pattern” 16 38 35 2 1
Prematurity 18 8 6 0 3
Jaundice 12 4 6 0 2
General Support 28 16 9 2 4
Other (incl. over-supply / relactation) 5 7 7 3 2
Antenatal concerns 12 6 8
Total 240 166 162 41 42

Initiation 4706 60% 58% 55% 54% (56.58%)
Discharge : (excl/partial) 4425 55% 55% 52% 50% (53.16%)

As the Breastfeeding Support Services continue to expand and develop so too do the activity levels as is evident from the table.

The Breastfeeding Initiative Team met 4 times in 2004.

“The Baby Friendly Hospital Initiative” assessment took place in April. Five Steps were accomplished. Working from Action Plan to achieve next five steps. A renewal of the Certificate of Commitment, was given for 2004. We hope to apply again in 2005.

The staff working on Unit 8 is now truly international. It is delightful to see the cohesive way in which everybody has blended and are united by their common goal to provide babies with optimal care. This success has been reflected by the excellent results obtained during 2004.

One of the big challenges facing the Unit is the increasing demands neonatal transport and tertiary care. This service is very labour intensive. Our retrieval team may be out of the hospital for 10 or more hours. On their return the transported baby usually requires many hours of intensive management. This external service means that there is never a quiet phase. In the future the staffing needs to reflect this change.

Our follow-up programme for very low birthweight infants, established 5 years ago, is now beginning to reap considerable benefits. It is providing the basis for a number of important studies. The findings have been presented at a number of national and international meetings. In tandem with the follow-up programme the Vermont-Oxford data collection system is continuing to develop. The collation system is centred in Vermont, U.S. Unit 8’s data is analysed and compared with the statistics from over 1500 units across North America, Australia and Europe. It provides an invaluable benchmark into the functioning of the Unit. It highlights our strengths and pinpoints weaknesses that need attention.

Teaching is a major activity of the Unit. Tuition is given to UCD and RCSI undergraduate students. There is an extensive programme for the SHOs and Registrars. Nursing tuition is provided to midwifery and neonatal students. Comprehensive in-service training is provided before the introduction of any new item of equipment or technique. One of the great challenges facing the Unit over the next few years is how to attract more nurses into neonatology. The reasons for the fall off in recruitment need to be recognised and addressed. The consultant numbers are set to expand. Approval has been obtained to appoint an additional fourth neonatologist in 2005.

There are plans to relocate and enlarge Unit 8 as part of the hospital DCP. This is welcomed. It offers an opportunity to design a Unit that is more in keeping with modern intensive care and commensurate with the NDCAP principles mentioned above.

Unit 8 is fortunate to have such a dedicated and skilled workforce. In addition to the doctors and nurses, the paramedical staff play a vital role. These include physiotherapists, dietician, clinical engineers, pharmacist, clinical psychologist. Our nurses in the baby clinic do an amazing job, they deal with large numbers of babies daily in very cramped conditions. I also want to pay tribute to the clerical staff for getting through such a large volume of work so efficiently.

Dr. John Murphy
Consultant Neonatologist

The National Maternity Hospital

22
Community Midwifery Service

The National Maternity Hospital’s Community Midwifery Programme continued successfully for its sixth year, offering a hospital outreach Homebirth and ‘domino’ service to women with low-risk pregnancies. Most of our clients are now self-recruiting having heard about the service through the media, GPs, relations and friends. This project is a midwife-managed service.

Domino (DOMicilary care IN and Out) women have all their antenatal care provided by the team of 8 midwives in our own clinic room in the hospital, in a midwife’s clinic in Ballinteer, or in St. Michael’s Hospital, Durlasáigh. These women have a planned low intervention hospital birth and are discharged in 6-12 hours later with post-natal care for 7-10 days in their own homes.

The homebirth service increased over the last year. The team feels competent and confident in the service we offer with an excellent back-up support by the hospital, ambulance and gardaí. The women in our care understand and sign a consent form for Homebirth and are aware of the reasons for transfer to hospital care. They feel confident in the knowledge that transfer means they become ‘domino’ and are looked after by the same team of midwives they know. They also can take early discharge 6 hours post-delivery.

Booked for Homebirth

<table>
<thead>
<tr>
<th></th>
<th>Primigravida</th>
<th>Multigravida</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>10</td>
<td>28</td>
</tr>
<tr>
<td>Delivered</td>
<td>10</td>
<td>21</td>
</tr>
</tbody>
</table>

Domino

<table>
<thead>
<tr>
<th></th>
<th>Total booked</th>
<th>Total delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primigravida</td>
<td>103</td>
<td>103</td>
</tr>
<tr>
<td>Normal Delivery</td>
<td>84 (60%)</td>
<td>15 (14.5%)</td>
</tr>
<tr>
<td>Ventouse</td>
<td>15 (14.5%)</td>
<td>15 (14.5%)</td>
</tr>
<tr>
<td>Forceps</td>
<td>8 (7.7%)</td>
<td>8 (7.7%)</td>
</tr>
<tr>
<td>L.S.C.S.</td>
<td>18 (17.4%)</td>
<td>18 (17.4%)</td>
</tr>
<tr>
<td>Multigravida</td>
<td>138</td>
<td>138</td>
</tr>
<tr>
<td>Normal delivery</td>
<td>121 (87.8%)</td>
<td>121 (87.8%)</td>
</tr>
<tr>
<td>Instrumental delivery</td>
<td>8 (5.7%)</td>
<td>8 (5.7%)</td>
</tr>
<tr>
<td>L.S.C.S.</td>
<td>9 (6.5%)</td>
<td>9 (6.5%)</td>
</tr>
</tbody>
</table>

Future plans

The team has commenced a booking clinic on a Wednesday afternoon to allow more time for clients booking to the scheme. We have also commenced a postnatal ‘reunion’ once a month for parental support. The future looks bright for home and domino births. The service is now considered part of the hospital budget and it will continue to go from strength to strength. We have changed the emphasis of the service from natural childbirth to midwifery led care. Homebirth and women’s choice is the way of the future.

Ms Maeve Dwyer has been looking into extending midwifery led care into the Wicklow area. This proposal is under review by the ERHA at present. This will be a significant advancement for midwives and the women of Wicklow.

We would like to take this opportunity to thank Mary Wingfield for her continued support over the past 5 years and we are delighted to welcome Dr Declan Keane as our new consultant obstetric support.

Margaret Hanahoe
Co-Ordinator, Community Midwifery Team

Clinical Support Services Reports

Antenatal Education Department

Antenatal education plays an enormous role in alleviating the fears and anxieties associated with pregnancy and delivery. It helps mothers and their partners to understand the physiology of childbirth and the appropriate interventions that may be necessary during the process. Classes are carried out as a team effort with the specialist knowledge and skills of the midwife, physiotherapist and dietician.

The demand is great for classes held here in the hospital particularly for couples classes. Each week, we run thirteen courses, some include partners, with two classes in the evening at 5.30pm. In 2004, there was a total of 106 courses consisting of seven classes with an attendance rate of 60%.

The course of classes covers all aspects of labour in detail and mothers are educated in the technique of breathing and relaxing. There are also refresher classes for multigravidae and one course per year on breastfeeding. There is also a course for mothers expecting twins or triplets. Mothers and their partners are also taken on a one to one basis if necessary.

We also provide post natal baby care classes and are involved in the education of midwifery students, medical students and registrars.

We find it very beneficial to have the opportunity to visit mothers post delivery. Feedback is very informative. It helps to assess their level of satisfaction with the courses and also with future planning of courses. We strive to meet our consumer’s needs.

Ms. Margaret Fanagan
Clinical Midwife Manager 2
Antenatal Education Department

Chaplaincy Department

The National Maternity Hospital prides itself in its holistic approach to the treatment of its patients. This approach is evident in all departments. Here in the Chaplaincy Department we strive to bring spiritual support and care into the patient’s experience of the hospital. To this end the Chaplaincy Department has available clergy and ministers for all the denominations.

One full-time chaplain, Sr. Eliza Hopkins and one part-time chaplain Sr. Cecilia Foley staff the Chaplaincy Department. When neither of these are available the priests of the parishes of Westland Row and City Quay are on call. Other denominations can be catered for on request. The support of the Chaplaincy embraces parents, family and friends in the celebration or the sadness that may accompany a stay in hospital. Both sacramental and spiritual support are readily available. This support is available to all the staff of the hospital and is seen as complimenting the support structures of the other departments.

While much joy and happiness accompanies the birth of a child, the great emptiness that is present in the loss of a baby through miscarriage or stillbirth is something that both spiritual and practical is available for the grieving parents to express their grief and loss in a healing way.

The necessity for the parents to bond with their lost child and the spiritual and emotional benefits of celebrating their baby’s life and death in the form of a naming service is now a common practice. Both the hospital and the parents cannot be overemphasised. All of this reinforces the positive memories from so sad a loss.

Information is also available for ongoing spiritual support. To this end a Remembrance Service is held in November each year to recall the short lives of some of our babies and to remember the major impact these short lives have had on so many. This service is attended by the parents, their families, and staff from all departments. The attendance at St. Andrew’s Church Westland Row of a congregation of over eight
The Department of Clinical Nutrition and Dietetics consists of 2 dietetic specialities:
- Part-time (0.7WTE) senior dietician, Sinéad Curran, specialising in women’s health.
- Full-time (1.0WTE) senior dietician, Roberta McCarthy, specialising in neonatal nutrition.

Neonatal Nutrition and Dietetics
Referrals were accepted to review and follow-up, as in-patients and / or out-patients, babies for whom there was a concern regarding nutrition. The majority of babies seen were those born pre-term. These babies required intensive nutritional input including nutritional support, both enteral and parenteral, and regular growth monitoring. This input involved liaison with other staff members, parents / carers, other referral centres and local services etc with follow-up taking place in the baby clinic and via telephone contact. Evidence-based guidelines for best practice were developed including new guidelines for establishing feeds for preterm babies.

The dietician also represented NMH presenting at various conferences, attended meetings and conferences on the subject of neonatal nutrition and continues to act as a resource for information on this subject nationally.

The dietician is also involved in teaching sessions with medical, nursing and dietetic students and staff on an on-going basis and contributes to several hospital committees and publications.

In the past year the number of patients seen has continued to grow as the breakdown below shows:

| Contacts: New Review Pro-rata % +/– |
| In-Patient 95 99 (+21% total on 2003) |
| Out-Patient 296 172 (–17% total on 2003) |
| Non-attenders 118 (+16% total on 2003) |
| Phone 319 (–26% total on 2003) |

(Note: 2003 stats only available from May-Dec; % +/- is for comparable period of 2004)

Additional Department Activities
- Body Mass Index assessments carried out for staff as part of the National Health Promoting Hospitals Day – May 2004
- Nutrition assessments and information on diet for staff as part of the Health Promoting Hospitals Summer Project – Summer 04
- Poster displays in public areas and weekly mailings as the hospital’s contribution to the National Healthy Eating campaign – September 2004
- Study Day on Polycystic Ovary Syndrome and Diabetes in Pregnancy hosted at the NMH for the Irish Nutrition & Dietetics Institute (INDI) – November 2004

Clinical Engineering Department
The year 2004 was another busy year for Clinical Engineering. We again saw the introduction of new replacement equipment for obsolete devices. In particular we were able to increase the number of new ventilators in the N.I.C.U. up to five, replacing older units, some of which were over ten years old. This was mostly due to gratefully received charity donations. 2004 also saw the introduction of new PCA volumetric infusion devices into our recovery room to replace the obsolete units. These new devices had been selected in the previous year’s extensive trial.

The department also evaluated and chose the H.E.C.S Clinical Engineering data management system. This internationally recognised system will allow the department to continue in the process of improving the quality of service we provide and the data we store.

With Clinical Engineering’s ongoing commitment to research projects, 2003 saw the start of the investigations into joining the “TODY” study which aims to determine whether the use of whole body cooling following perinatal asphyxia is a safe treatment that will improve survival and reduce neurological and neurodevelopmental impairments. Due to the extensive use of cutting edge medical technologies in this trial, Clinical Engineering will be playing a vital role in setup but also in support, data collection and evaluation.

Finally we would like to thank the staff who have been so willing to refer patients to the Chaplaincy Department. We would like also to take this opportunity to thank those who have been supportive to the chaplains in this regard. While it would be impossible to name everyone the support and encouragement of management and staff is greatly valued and appreciated.

My grateful thanks to Fr. Arthur O’Neill and Fr. Paul St. John for their availability and support over the last year.

Karl Bergin
Dept. Of Clinical Engineering

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Women’s Health:
Obstetrics
Antenatal Education
Information on good nutrition in pregnancy is given to women in 2 ‘walk-in’ antenatal classes. Increasing numbers of women needed individual appointments for advice on issues such as hyperemesis, weight gain, and eating disorders. Phone-in queries also continued to be a large part of the service to pregnant women in 2004.

Diabetes
Demands on the service continued to grow, with increased numbers at the multidisciplinary specialist clinic on Fridays, admissions for blood glucose regulation and insulin therapy and contacts by telephone.

Gynaecology
The service is primarily outpatient based. The number of referrals from the various gynaecology clinics and the Merrion Fertility Clinic for dietary assessment and advice on weight management, polycystic ovary syndrome, eating disorders and other conditions continues to rise. A new referral form was piloted and new information leaflets developed. Misused appointments remain an issue. Appointment guidelines and reminder letters hope to maximise attendance. Waiting list times are being monitored.

2004

| Contacts: New Review Pro-rata % +/– |
| In-Patient 736 (+31% since 2003) 5290 (+18% since 2003) |
| Out-Patient 81 (+29% since 2003) 536 Review (+12% since 2003) |
| Total 817 5826 |

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Occupational Health Department

The Occupational Health Department in the National Maternity Hospital, albeit small in nature, continues to grow steadily in its activity and services to staff. This has become increasingly marked in recent months with a large number of referrals, drop-ins and staff participation in, for example, the health promotion campaigns that we run. The service is currently run by Dr. Sheelagh O’Brien, Consultant Occupational Physician and Dr. Pauline Fleming, Occupational Physician.

The main emphasis on our work is the Management of Occupational Injuries and ill health that occur at work. This includes occupational blood/body fluid exposures, i.e. needle stick injuries and other injuries such as musculoskeletal etc. Occupational Blood/Body Fluid Exposures for the latter six months of 2004 totalled 21 in number. This number would appear to be in line with last year’s figures. All of these exposures are investigated and acted upon as to determine the cause of injury. Our rehabilitation and re-integration back to work continues with referral to specialist services as appropriate, i.e. physiotherapy and this has also been deemed successful as per the staff we refer.

Aising from the management of occupational injuries that occur at work, there emerged the need to provide a more comprehensive approach towards the management of these occurrences in the absence of an Accident and Emergency Department. In light of this we now have 26 trained in Occupational First Aid on site. At the time of this report going to print, we are currently devising the organisational management of first aid as set out in our First Aid Policy and how it will become operational on a 24/7 basis. Many thanks to the wards and departments for the release of staff to attend.

Ergonomic Risk Assessments have been carried out on the greater number of all workstations in the hospital by an external source. This provides us with a baseline of the current ergonomic set up and provides education for all staff involved in best practice whilst working with a visual display unit. This continues to run into 2005. Following on from this, regular assessments will be carried out by Occupational Health in the future on a pre-determined basis. Vision Screening was also run with the Ergonomics Programme to enhance the education and advice given.

Annual Influenza vaccination continued in late September with a poor uptake yet again. 135 influenza vaccines were administered during this period. Immunisation of Hepatitis B vaccine continues on a weekly basis in the Gynaec clinic on Wednesday mornings. Varicella Vaccine continues to be administered to a small number of staff as required.

Staff support systems/counselling are offered by this department to staff and referral to an external source continues to operate. This is offered on a confidential basis.

Manual handling training continues on a regular basis and the department works closely with Carmel Flaherty, Moving and Handling Co-Ordinator, in the coordination of this service along with Lucille Sheehy, Damien McKeown and Ciara Macken.

Injury to nursing and dietetic students
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Our Male Health Awareness Campaign which was run last November in line with the Irish Cancer Society in order to highlight male cancers and promote early recognition, was extremely successful in terms of numbers attending the clinic and also the feedback from the advice given. From a health promotion perspective, we endeavour to run such campaigns again on a regular basis. We strive to meet the needs of our valued staff.

Imelda Keane
Acting Clinical Nurse Specialist
Occupational Health

Pathology and Laboratory Medicine

2004 was a period of immense change and development in the department of Pathology and Laboratory Medicine. These changes included changes in staff and introduction of new and improved services.

Mr Damien McKeown joined the Histology Department in February and has been rapidly assimilated into the hospital in which he acts as a staff safety representative. Dr Susan Knowles took up her appointment as Consultant Microbiologist in July. The provision of a consultant microbiological service has impacted on clinical practice, infection control regimes and has led to a number of exciting developments within the microbiology laboratory. In October Mr Robin Farquharson retired from a long career as Chief Medical Scientist. He has been replaced by Ms Marie Culliton who had previously worked at St Vincent’s University Hospital.

The department successfully replaced a number of analysers during the year and was granted permission to acquire some new instrumentation. The main haematology analyser was replaced and a new Coagulation instrument is being commissioned. The Transfusion laboratory finally got their new automated blood groupers which will significantly improve their work processes. This should release staff to support essential haemovigilance work tracking all products as required by EU Directive. Microbiology is replacing in the arrival of their long awaited Phoenix analyser which will allow organism identification and antibiotic sensitivity testing by a standardised method. This will provide significant added benefit to clinicians. Biochemistry has acquired a new immunoanalyser and is in the process of developing an ‘on site’ endocrinology service which will provide significant benefit for the infertility clinics and adolescent gynaecology.

The pathology department continues to prepare for laboratory accreditation and its expertise in this area is being interfaced with the hospital accreditation project.

The report on the National Laboratory Information Systems Procurement is awaited and we hope that its imminent publication will allow the plan to develop and upgrade our system, which has been on hold to be implemented.

As mentioned in the reports of the past few years, space is still a priority for this department. The conditions are leading
to significant difficulties for the staff, who aim to provide a service in keeping with best practice, in conditions that are entirely inadequate. The interim development plan, which will address some of these space and infrastructure issues is vital if this department is to continue to offer a service that is in keeping with best practice and safe for staff.

Our compliance with the standards for safe transfusion practice continues to be monitored and improve. All incidents are recorded and investigated to minimise error and improve the quality of patient care.

During the year, members of staff attended scientific conferences and workshops as part of Continuous Professional Development and to ensure that standards of best practice continue. Ms Marie Culliton was elected President of the European Association of Professionals in Biomedical Science.

Once again the staff in Pathology have responded enthusiastically to all changes and developments during the past year. I would like to acknowledge their level of commitment to maintaining the highest standards.

Marie Culliton
Chief Medical Scientist

Pharmacy Department

The work-load on the pharmacy continues to increase. Each year new issues arise as the needs of the population we serve vary. Ensuring continuity of supply of suitable products continues to be a challenge as drug companies merge and decrease their product range. We frequently source drugs from other EU countries.

We answer drug queries which arise regarding issues such as choice of product, re-constitution of product, dose, suitability for use in pregnancy and lactation etc. We report Adverse Drug Reactions to the Irish Medicines Board and to the relevant drug company. G.P.s, Public Health Nurses and Community Pharmacists contact us regularly with queries. It is difficult for them to source information on drug use in pregnancy and lactation and drug use in neonates.

The pharmacy staff are actively involved in the Neonatal unit – reviewing drug kardex and Parenteral Nutrition orders. We work to ensure that drug protocols are adhered to and policies implemented.

The chief pharmacist provides the Drugs & Therapeutics committee with up-to-date information on drug expenditure. She also notifies the committee of new products which have been requested by consultant staff and the cost implications involved if we change from current practice. She also lectures to midwifery staff on Drug Administration in Breastfeeding and I.V. administration of drugs.

As pharmacists we are involved in reviewing prescriptions at time of dispensing and intervening if problems exist.

We are happy to help staff members with prescriptions and queries regarding medicines.

The chief pharmacist is Dorothy McCormack. She is assisted by Noreen O’Callaghan, clinical pharmacist; Helen Kearns and Christina Lyran (job-sharing pharmacists) and Linda Simpson, senior pharmaceutical technician.

Dorothy McCormack
Chief Pharmacist

Physiotherapy Department

The department services were utilised by 2636 new adult patients and 246 babies. This was 5% increase on 2003 figures.

The department is staffed by 3 senior physiotherapists – Jill Andrews and Judith Nalty (full time), Theresa Fitzmaurice & Lesley Ann Ross (job share). Emma Casey is involved with evening classes and the week-end on-call rota. Nuala Sheedy provided locum cover.

Physiotherapy Services for in-patients provide:

- A. Ante and postnatal treatments on wards for specific conditions.
- B. Assessment and treatment for patients post caesarean section & 3rd year.
- C. Pre & post operative treatment in gynaecological unit.
- D. Paediatric physiotherapy in the neonatal unit and on postnatal wards.
- E. Postnatal exercise classes 3 times per week.

Physiotherapy Services for out-patients provide:

- A. Ante & postnatal physiotherapy treatments for musculo-skeletal problems.
- B. Assessment and treatment for urinary and faecal incontinence.
- C. Paediatric physiotherapy in Baby Clinic.
- D. Courses for parents on baby massage.
- E. Physiotherapy input into Antenatal classes for Primigravida & Multigravida women and partners.

Physiotherapy Input into Educational Programmes –

Clinical training for U.C.D. physiotherapy students.

Physiotherapy input into lecture program for student midwives, medical students from U.C.D. and R.C.S.I, and clinical case conference for Unit 8.

Continuing Professional Development –

The department was represented by Judith Nalty at I.C.S. conference, and by Lesley Ann Ross at Women’s Health Physiotherapy Conference (Ipswich U.K.). In addition staff attended a small number of relevant physiotherapy courses & workshops.

Jill Andrews
Physiotherapy Manager

Pregnancy Yoga Classes

The pregnancy yoga classes are now an integral part of the antenatal education programme giving women an added opportunity to prepare for labour and delivery in a very practical and holistic way.

It helps them to withdraw from the busy and often hectic lifestyles to focus within and observe how they are feeling in both mind and body.

It helps address any imbalances by physical activity and mental attention. This is done in a relaxed and non-competitive way. Yoga is not a quick fix so regular practice is encouraged to achieve benefits. I incorporate postures to be included in everyday activities as finding time for home practice is difficult for many women.

A moderate part of the class is spent on breathing techniques for centering and for use during labour with special focus on the out-breath.

Gently stretching will counteract tiredness and tone the muscles without straining them, promotes healthy blood flow, combats fatigue, balances the neuro-endocrine system, stabilises emotions and reduces stress.

Thus the physical body is flexed, strengthened and the mind becomes still.

A deep relaxation and visualisation at the end of the class helps to develop a greater sense of strength, peace and security around the whole process of giving birth.

We are now running a second evening class to accommodate working women. The two lunchtime classes are still running. Conducting the classes within the hospital setting in an informal and friendly way helps the woman familiarise herself with the hospital surroundings and meeting other women on a weekly basis helps make the whole experience of pregnancy a very positive one.

Postnatally a qualitative and quantitative satisfaction questionnaire is sent to attendees with very positive results. With yoga I believe women can learn to develop all their resources to deal with the instinctive experience of birth.

Carmel Flaherty
Senior Midwife/ Yoga Instructor

Linda Simpson, Senior Pharmaceutical Technician

Clinical Support Services Reports
Reflexology and Relaxation

It is recognised that Reflexology and Relaxation are a valuable option in many health care settings. (Benson 1988).

Relaxation

In 1995 as stress levels among Patients/ Clients and staff was increasing, Hospital Management introduced a complementary therapy option. Relaxation classes were offered to staff for 15 minutes on one day per week. Attendance varies from 8 – 25 people. Feedback is very positive from regular attenders.

Reflexology

Certain categories of women attending the Hospital were offered reflexology as an option of care together with Medical Treatment. Many Midwives/Therapists were interested in being involved in providing a Complementary Therapy Service and the Director of Midwifery selected a Team of six Midwives.

Selection of Clients/Patients

Referrals were from:
- Consultants
- Midwives
- Counsellors
- Social Workers
- Psychiatrists

Reasons for Referral

Patients/ Clients suffering from:
- Hyperemesis Gravidarum
- Hypertension
- Endometriosis
- Pre-menstrual tension
- Depression
- Infertility
- Insomnia
- Stress Related Problems

Initially the course consists of six to eight treatments and following these treatments then the Patients/ Clients is referred back to their Consultant. Many patients are referred for Counseling following reflexology. A Health Profile is completed before and after the course of treatment.

A personal evaluation is completed at the end of the course e.g. feedback from Patients/ Clients has been extremely positive and demands for therapies are increasing.

As a Health Promotion concept, Reflexology and Relaxation enhances the overall well-being of patients and staff at the National Maternity Hospital.

Gerse Cul
Midwife

Radiology Department

The Department of Paediatric Radiology was established in 1984 with the appointment of a Paediatric Radiologist. The department has developed over the years and now provides a range of services to the hospital's paediatric patients but recently with the development of gynaecology in the hospital, the demand for an adult service has increased. As a result, an adult Radiologist was appointed and commenced in May 1999.

A total of 3640 radiographic examinations and 3336 ultrasound examinations were performed in 2004.

SERVICES PROVIDED FOR PAEDIATRIC PATIENTS

1. General radiographic examinations on all neonates admitted to the Intensive Care Unit and the Nursery and to all babies attending out-patient clinics. The majority of this work is portable radiography.

2. Fluoroscopic Gastrointestinal Contrast studies on all babies admitted to the hospital and attending out-patient clinics.

3. Micturating Cystogram studies on all infants attending the hospital.

4. The service of an up-to-date ultrasound machine with full colour doppler capability is provided to in-patients and out-patients attending the hospital. Again, the majority of these studies are portable examinations.

5. Ultrasonic examinations on infants at risk for congenital dislocation of the hip has replaced the hip radiograph in our department and is available to patients of the hospital.

SERVICES PROVIDED FOR ADULT PATIENTS

1. General elective and emergency radiographic examinations on all adult patients.

2. Intravenous Urograms and selected Fluoroscopic Gastrointestinal Contrast studies as required.

3. Elective out patient Hysterosalpingography.

4. Limited ultrasound service. Referrals are currently limited to all patients referred by National Maternity Hospital Consultants. The types of examinations are limited to upper abdominal examinations and transabdominal and transvaginal pelvic examinations. Emergency ultrasounds (including Doppler ultrasound) are performed at St. Vincent’s University Hospital.

5. Elective and emergency CT examinations via the Department of Radiology, St. Vincent’s University Hospital.

6. MR examinations via the Department of Radiology, St. Vincent’s Private Hospital. Examinations include MR staging of cervical cancer and uterine cancer; MR characterisation of ovarian masses and MR Urography.

7. Interventional radiology procedures via the Department of Radiology, St. Vincent’s University Hospital. Procedures include emergency nephrostomy and abscess drainage.

RADIOGRAPHIC STUDIES

- Infants: 2944 (1072 patients)
- Adults: 696 (557 patients)

ULTRASOUND STUDIES

- Infants: 2436 (1091 hip studies)
- Adults: 900

TOTAL EXAMINATIONS FOR 2003: 6976

INCLUDED IN THE ABOVE EXAMINATIONS ARE:

- Infant Micturating Cystograms: 13
- Infant Barium Series: 50
- Intravenous Urograms: 6
- Hysterosalpingograms: 82
- Adult Cystograms: 1

Dr Veronica Donoghue
Consultant Paediatric Radiologist

Dr Ruseard O’Laide
Consultant Radiologist

Ms. Mary Corkery & Ms. Roma English,
Senior Radiographers

Social Work Department

The Medical Social Work Service provides a direct service to patients and their families where pregnancy or illness is complicated by social or emotional concerns or issues. The supports which are available to individuals, couples and their families may be personal or practical. Counselling support is also available to facilitate patients through the psycho-social transition of childbirth and/or any other medical problems.

The Social Work Department is staffed by the Head Medical Social Worker, one Senior Practitioner, three Medical Social Workers (two permanent, one temporary). There is also a department administrator. The Medical Social Workers, with other medical, nursing and clinical support staff provide a holistic service to patients and their families. With regard to external agencies we liaise with relevant health and childcare agencies, both statutory and voluntary. We also have an advocacy role in relation to those agencies and other support organisations. The Department also provides information to patients on their rights, benefits and entitlements.

In 2004 the Social Work Department met 1,231 patients; 60% were Irish and 38% were non-nationals.

Child Care

In relation to child care, one baby was taken in to care under a Court Order by the Community Care Social Work Service. Eight patients placed their babies in foster care with a view to adoption. According to our present information, three of these babies were kept by their birth mother; one baby was adopted. The mother’s decisions on the other four cases are still in process.

Teenage Pregnancy

175 patients under the age of 18 years old were referred to the Social Work Department. This is an increase on last year’s figures. Counselling and support was offered and we also liaised with Community Care Services with regard to the underage issue.

Crisis & Unplanned Pregnancies

Social Work support was provided to patients who had a crisis/unplanned pregnancy. The Social Work Department is involved in a study financed by the Crisis Pregnancy Agency and the Western Health Board on concealed pregnancy. The
Practice Development Department

Practice Development, (the advancement of practice by the development of mutually supportive partnership between clinical practice, education and management (McSherry & Pearce 2002) is a relatively new concept in the National Maternity Hospital. During 2004, the department has grown and established itself as a supporting service for midwifery and nursing staff. As a catalyst for change, it has supported and assisted staff in developing clinical guidelines. In-service training and workshops covering practice issues relevant to practice. 35 members of staff were supported and facilitated in further professional educational programmes at 3rd level institutions, throughout 2004.

Within the Practice Development department the Clinical Midwives/Nurse Specialists continued to share new research and practices, by presenting the “Journal Club” which was also presented to the National Council for Nursing & Midwifery, at their Annual conference in November 2004.

The Clinical Skills Facilitator organized and accommodated programmes for new staff, which included supervised practice for International midwifery & nursing staff. Since this new role was introduced in 2000 we have run 5 different programmes throughout the year and offer valuable support to staff.

The “Preceptorship” 3 day course was jointly co-ordinated between the Coombe Women’s Hospital and the National Maternity Hospital on 2 occasions in 2004. We now have 48 midwives and nurses who have completed this excellent course, which further enhances their professional roles. The Practice Development department also co-ordinated 2 FETAC Courses for Maternity Care Assistants, in 2004. Both modules were well received – congratulations to all who participated.

The Clinical Practice Development Co-ordinators, participated in Regional networks also in 2004. Further community links were developed with our community colleagues in the local Public Health Nursing services in Dublin. This Hospital-Community Network helps to build communication bridges and enhances local best practice principles.

Overall, 2004 was a challenging and interesting year, with many new projects and initiatives developing. Thankfully to all who supported us in many ways throughout the year. Practice development can only continue to go from strength to strength in the National Maternity Hospital.

Nicola Clarke ADOM/N
Clinical Practice Development Co-ordinator

Geraldine Duffy ADOM/N
Neonatal Practice Development Co-ordinator

Search and Reunion

The Hospital functioned as an Adoption Agency from the late 1960s until the early 1970s. The children of patients who were placed for adoption and some of the birth mothers have been in contact over the years requesting information or contact with relatives. Due to pressure of service on the Social Work Department the demands of this service were not adequately met in 2004. Resources have now been allocated to begin to meet the needs of the patients seeking a search and reunion service. The setting up of the Contact Register by the Adoption Authority next year may increase demands on this service.

Bereavement

The Medical Social Workers provided a support service to 114 patients who had a miscarriage, stillbirth or neonatal death. The Medical Social Workers worked in close liaison with the Chaplain, Bereavement Liaison Officer and nursing and medical staff supporting parents. Parents were also referred to outside agencies, where appropriate. The Department also participated in the Annual Memorial Service.

Training and Development

The Medical Social Workers as part of their education role gave lectures to medical and nursing students during the year.

Linen Guild

The Linen Guild continues to support the work of the Medical Social Workers. We are appreciative of their assistance and support to the patients of the Hospital throughout the year. Their assistance helped patients through very difficult times.

Loretta Reilly
Head Social Worker

Other Patient Issues

The Medical Social Workers also worked with patients on issues related to sexual abuse, domestic violence, HIV and other psycho-social issues which complicate their pregnancies. There is a Medical Social Worker allocated to the Special Care Baby Unit to provide support to parents whose babies are on the Unit.

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**Medical Education Reports**

**Royal College of Surgeons in Ireland**

Undergraduate students from the Royal College of Surgeons attended the National Maternity Hospital for their eight week rotation in Obstetrics, Gynaecology and Neonatology between January and November. Twelve students attended, with eight in the first group and nine in the second. The students have responded very well to their time in the hospital.

The teaching programme is co-ordinated by Dr. Orla Sheil, (Obstetrics and Gynaecology) and Dr. John Murphy (Neonatology). Staff from all areas of the hospital take part in the programme. However, the significant contribution of the R.C.S.I. lecturers, Dr. Carol Coughlan (Obstetrics and Gynaecology) and Dr. Carty Burke (Obstetrics and Gynaecology) is much appreciated.

Two students achieved first class honours: Maev Byrne and Maria Gule. Ms Maev Byrne was awarded the National Maternity Hospital/R.C.S.I. medal for achieving the highest marks amongst the students who attended the National Maternity Hospital, in their final obstetrics and gynaecology exam at the R.C.S.I. This excellent performance reflects the enthusiasm of all those taking part in the teaching programme for which I am very grateful.

Dr. Orla Sheil

**University College Dublin**

Undergraduate students attend the hospital for a period of eight weeks during their final year. The Programme is co-ordinated with university lectures to provide a comprehensive grounding in all aspects of reproductive medicine.

The John F. Cunningham medal is awarded annually to the student who graduates with the highest first class honours mark in Obstetrics and Gynaecology together with overall honours in the Final examination. The Kieran O’Driscoll prize is also awarded each year to the student who attains first place in the subject.

Professor Colm O’Herlihy

**General Support Services Reports**

**Arts office Report**

2004 was the second year we had Christmas cards produced, this time for the benefit of Unit 4 and Unit 8. It created competition between the two units as to which one could sell the most and we owe a big thank you to all the members of staff who supported the venture. The cards were also used by the corporate sector.

Early in the year the Board of the Hospital supported the idea that the Matrons should be honoured in the same way as the Masters who have a board hanging in the front hall. We had a fine board made and it is now hanging on the wall opposite the main lift on the ground floor.

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Dr. Orla Sheil

**Backcare And Ergonomics Programme**

This programme has been running in the hospital since November 1993 starting with 2 trainers and now we are up to 8 trainers. Our team includes both midwives and physiotherapists. The midwives include: Carmel Flaherty, Nancy O’Neill, Mairead Greene, Ciara Macken and Geraldine Canny. The physiotherapists include: Jill Andrews, Judith Nally and Teresa Fitzmaurice.

We run both full patient and non-patient lifting and handling courses. All categories of staff are obliged to do this training with a refresher after three years. I pleased to say we have a huge bulk of the staff trained at this stage and are running courses monthly for new staff members and refresher staff.

We have purchased mechanical aids e.g. rollator boards, sliding sheets and a hoist to protect staff from injury. We endeavour to improve best practice at all times.

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We have purchased mechanical aids e.g. rollator boards, sliding sheets and a hoist to protect staff from injury. We endeavour to improve best practice at all times.

Carmel Flaherty
Midwife
Catering

2004 was another busy year in the Catering Department. We continued our mission in providing safe food for patients and staff adhering to the legislation and regulations of the Food and Safety Authority (FSA). Hospitals are high risk; therefore traceability of all foods from farm to fork is a required regulation of FSA.

However, most of the system that is in place is necessary and is reflected very positively in our patient food surveys. We wish to congratulate Karen Prior on the birth of her baby girl Casey and Helen Gannon on the birth of her baby boy Adam.

Finally, I would like to thank the team for all their help and support during the year.

Margaret King
Catering Manager

Casemix Programme

The National Maternity Hospital continued its participation in the National Casemix Programme and was grouped with the other two Dublin maternity hospitals for Casemix related funding purposes by the Department of Health and Children during 2004. Casemix is the Comparison of Activity and Costs between hospitals by measuring individual hospital output. This data is then used to compare the average costs for each type of case to the average costs of all other Hospitals in the group for the same case. The more cost efficient hospitals will benefit within the Casemix budget funding programme whilst those who are less than cost effective by comparison with others, will loose out. Casemix combines two areas of Hospital activity (HIPE) and costs (Specialty costing).

HIPE (Hospital Inpatient Enquiry)
HIPE deals with the coding and classification of the Hospitals activity using internationally designed and recognised coding models that has been in use in this hospital for some years now. The source data for HIPE is the patient chart.

Inpatient, Day case and Outpatient episodes are all currently treated differently in Casemix and therefore it is important to separately identify them and classify them accordingly. It is vitally important that all patient care episodes are coded at clinician level in order that they will be captured in HIPE. The demands on the HIPE department are ever changing and increasing. The personnel involved are to be congratulated on delivering a difficult task in what is effectively the cornerstone of the Casemix programme. 2004 saw the role out of an entirely new coding system (ICD 10) for use during 2005 and demands were huge on Belinda McCarthy and her team not only to cope with coding the current years activity under the current system but also in initiating and developing the new one. 2005 will be a challenging year for the HIPE department because of this transition and we wish them well in their endeavours recognising the importance of this department to the entire Casemix programme.

Specialty Costing
Specialty costing involves a process of analysing and reallocating Hospital costs firstly to individual departments within the hospital and then further analysis to allocate the costs to the individual specialties (and eventually to individual procedures within Casemix).

This area of cost allocation requires substantial detailed work and liaising with many departments to assess the analysis of their provision of service to each of the specialties.

Each and every relevant department within the hospital contributed significantly to the provision of information which enabled the task to be completed. Our thanks to all who so willingly provided the required information. It is particularly appreciated knowing the daily demand that is on everyone with his or her own work routine.

Casemix Allocation

The National Maternity Hospital had a negative adjustment during 2004 of €3,600 as compared to a positive adjustment of €25,000 in the previous year so currently we are cumulatively net beneficiaries within the programme. There are challenging times ahead. Costs are ever rising and activity/levels are likely to peak. Cost per treatment episode could rise and our cost competitiveness may be compromised as a result. As always, funding will be based on the quality of the data that we provide and the Hospital continues to attach great emphasis and importance to the HIPE/Specialty Costing Program and to which the cooperation of all is essential. Thanks to All.

Tommy Hayden
Management Accountant

Facilities Engineering Department

The Facilities Engineering Department comprises of Clinical Engineering, Engineering and Environmental Departments. The prime responsibility of the department is to maintain the fabric and structure of the hospital buildings; together with the mechanical, electrical and equipment services contained within. Such services include Power Light, Heating Water Medical Gases, Drainage, Lifts, Waste, Energy Electro-Medical devices, Environmental Management and Emissions. As one can imagine, such services have very demanding requirements and are essential in order to sustain a modern hospital environment in which patients can be treated effectively.

I would like to take this opportunity to thank the staff and Managers of the Facilities Engineering Department for their hard work and assistance during the year and look forward to the challenges of 2005. I would also like to thank the many third party companies who contribute to the on-going works within the National Maternity Hospital for their help and assistance.

Neil Farrington
Facilities Engineering Manager

Engineering

In 2004 the Engineering department responded to requisitions for works covering plumbing, electrical, mechanical and carpentry services among others. Workloads have increased again this year. This increase in works can be attributed to the ageing fabric and structure of the building, a rise in staff and patient expectation and the number of patients attending the hospital.

2004 saw an ambitious program of works undertaken. Projects such as the refurbishment of the patient bathrooms, replacement of the main heating plant among others were completed. The department was heavily involved in strategy planning and concept developments in line with development control plan needs (DCP) on site at the hospital. We undertook a maintenance survey of all wards, units and departments, the results of which were tabulated and submitted for approval budget 2005.

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Engineering Supervisor
Environmental Management
The Environmental Management section of the Facilities Engineering Department is responsible for the development and implementation of the Hospital’s Environmental Management System. This includes the development of procedures, training, information and awareness, communication, data records, etc. in the following areas: waste management, energy management, water consumption and discharges to drain management, pollution to atmosphere, land management and contamination.

The objectives are to decrease as far as is reasonably practicable, the negative impacts the hospital has on its environment.

Co-operation of all Staff Members is necessary to implement an effective Environmental Management System.

Energy management and emissions to atmosphere
In 2003, intensive work occurred within the Engineering Department / Boiler House and the hospital heating system changed over from electricity to gas system. The plant was commissioned to the Hospital Engineering Department in 2004 and consumption values for both electricity and natural gas usage are indicated in the table below.

All waste standard operating procedures (SOP) and the Hospital’s environmental policy are available to all via the intranet of the hospital.

The NMH participated in the National Recycling week which took place in October (4th – 10th October 2004).

For the third year in a row, the hospital participated in the Energy Awareness Week (19th – 25th September 2004), the Winter Demand Reduction Incentive (WDRI) and the European Car Free Day (22nd September 2004).

Energy and indirect emissions to atmosphere

<table>
<thead>
<tr>
<th>Year</th>
<th>Electricity consumption in kWh</th>
<th>Natural gas consumption in kWh</th>
<th>Total energy consumption in kWh (Electricity + natural gas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>2,748,905</td>
<td>3,880,023</td>
<td>5,393,868</td>
</tr>
<tr>
<td>2003</td>
<td>2,644,963</td>
<td>778,573</td>
<td>3,423,536</td>
</tr>
<tr>
<td>2002</td>
<td>4,472,013</td>
<td>1,402,062</td>
<td>5,874,075</td>
</tr>
</tbody>
</table>

Water Consumption
This year, water consumption has been on a slight decrease compare to 2003 (Equivalence in L / bed / day based of 250 beds used / day = 91,250 bed / day):

2003: 25,022 m$^3$ based on DCC readings – Equivalent to approximately 274 L / bed / day
2004: 24,725 m$^3$ based on DCC readings – Equivalent to 270 L / Bed / Day

Discharges to Drain
Discharges to drain monitoring were conducted in December 2004 and results will be forwarded to Dublin City Council as per licence requirements.

<table>
<thead>
<tr>
<th>Waste type</th>
<th>Quantity</th>
<th>Quantity</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>disposed of / recycled 2004</td>
<td>disposed of / recycled 2003</td>
<td>disposed of / recycled 2002</td>
</tr>
<tr>
<td>Healthcare non-risk waste</td>
<td>204 tons</td>
<td>208 tons</td>
<td>210 tons</td>
</tr>
<tr>
<td>Clear glass recycling</td>
<td>2.9 tons</td>
<td>1.7 tons</td>
<td>3.4 tons</td>
</tr>
<tr>
<td>Cooking oil</td>
<td>300 L</td>
<td>600 L</td>
<td>200 L</td>
</tr>
<tr>
<td>Ink cartridges **</td>
<td>148 units</td>
<td>No collection</td>
<td></td>
</tr>
<tr>
<td>Paper / cardboard / plastic bottles / cans / plastic wrapping</td>
<td>154,000 L</td>
<td>13,200L***</td>
<td>No segregation</td>
</tr>
<tr>
<td>Building skip waste</td>
<td>54 tons *</td>
<td>37.4 tons</td>
<td>No Value</td>
</tr>
<tr>
<td>Healthcare risk waste / Hazardous waste</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General healthcare risk waste</td>
<td>97 tons</td>
<td>92 tons</td>
<td>96 tons</td>
</tr>
<tr>
<td>Special healthcare risk waste</td>
<td>1,224 Kg</td>
<td>3,332 Kg</td>
<td>3,200 Kg</td>
</tr>
<tr>
<td>Liquid / solid chemical waste</td>
<td>1,525 L*</td>
<td>1,850 L</td>
<td>2,040 L</td>
</tr>
<tr>
<td>Electric and electronic waste</td>
<td>2,000 Kg*</td>
<td>1,972 Kg</td>
<td>2,118 Kg</td>
</tr>
<tr>
<td>Batteries</td>
<td>234 Kg</td>
<td>85 Kg</td>
<td>162 Kg</td>
</tr>
<tr>
<td>Fluorescent tubes and waste containing mercury</td>
<td>127 Kg</td>
<td>98 Kg</td>
<td>134 Kg</td>
</tr>
<tr>
<td>Fridges</td>
<td>14 units</td>
<td>16 units</td>
<td>6 units</td>
</tr>
</tbody>
</table>

** No value – cheque of €250 obtained for ink cartridges recycling.
*** Segregation started in November 2003.

* Data not fully available when writing up Annual Report 2004 – Value based on estimation.

Severine Deputie
Environmental & Greencode Officer
Some of our General Services Staff was well supported by all staff and a total of 3,600 euro was raised. Paula Donohue put a lot of hard work into selling the raffle tickets also. Well done and thank you for your support.

Finally I would like to thank my assistants Mary Nolan and Trish Mc G dünyey and all of the household staff for their help and support throughout the year.

Ann Hailey
Household Service Manager

Laundry
The Laundry Department is one of the smallest departments in the National Maternity Hospital. We dealt with over One Million pieces of linen in 2004. Over 630,000 pieces of clean linen was delivered to the hospital and distributed to the various departments.

The Laundry Department has developed into a most effective, efficient, cost control and reliable department for the hospital. It is proactive in changing to meet the highest standards that are demanded by both the public and the hospital.

With the week on week, month on month and year on year stock use system we can give each department a record of the linen they have used and the costs involved.

This year saw a change in our laundry services contract to Springrove Services. The Laundry Department will ensure that they continue to maintain the high standard that every one has come to expect.

Another change this year was the change in Laundry Services Manager. I would like to take this opportunity to thank Stephen Tane (Laundry Porter), Ken Ray and all the porters, Tony Thompson, Nursing Staff and all other Staff for their cooperation and help over the last year in ensuring the Laundry Department reach its objectives and goals in providing an Effective, Efficient and Proactive Laundry Services for the National Maternity Hospital.

Joe Staunton
Laundry Services Manager

Portering Services
2004 was another challenging and extremely busy year for the portering staff of the hospital. The porters continue to provide a service throughout the hospital including Delivery Ward, Theatre, Front Hall and the Laboratories, and many more.

At the end of 2004, we were sorry to see our colleague Joe Cannon retire after many years loyal service, he will be missed, but we wish him health and happiness and many years of retirement.

We welcome a new member of the portering team, Mr. Thomas Mullen, and we hope he will be very happy working here in the National Maternity Hospital.

We look forward to the golf classic every year and in 2004 we were happy to be placed in the competition which is such a worthy cause and a great day out! We hope to participate again on 26th May 2005.

I would like to take this opportunity to thank the porters for their continued hard work and support and we look forward to 2005 and another busy but challenging year.

Ken Ray
Portering Services Officer

Telecommunications
It was a very busy year at the switchboard with upgrading of equipment and changes at the Central Booking Area. The introduction of computers is most welcome and training is ongoing. We look forward to future challenges and thank the telephonists for their loyalty and commitment.

Kitty O’Connor
Senior Telephonist

Health and Safety Department
Since the appointment of a full time Health and Safety Officer in July 2002, the National Maternity Hospital has been wholly committed to providing the management of a safe place of work, systems of work, safe plant, provisions and training, in accordance with the hospital health and safety policy. On my appointment to the post, September 2004, the work of my predecessors was very evident and should be commended.

The hospital currently has a stable foundation to a sound health and safety management system, however this management system is dependent on a change in the current poor safety culture within the hospital if it is to be effective and efficient. The primary aim of end of year health and safety projects (Fire training, Ergonomic/VDU assessments) is to improve the safety culture within NMH. Currently there is a ‘legalistic’ approach to health, safety and welfare matters. With improved communications, information, employee awareness, training and employee co-operation, it is intended that the more ‘socio-human’ factor approach towards employee well-being will develop.

Thanks to all those who attended mandatory fire safety training. Presently the hospital has 116 registered, trained Fire Wardens onsite. In addition to this, 30% of the remaining employees have attended Basic Fire Safety Awareness training. This level of participation given the nature of the services provided, requires improvement. The aim of the hospital is to increase this 30% training level to 70% in 2005. This will involve full co-operation and flexibility from all employees within the hospital. After the 37.5 hours of fire safety training (1.5 hours/session) run to date since November 2004, 161 staff members attended. Future fire safety training and health and safety induction will run in conjunction with the Corporate Induction and mandatory training days scheduled.

Current accident/incident trends reported show a 12% increase in employee accidents/incidents from 2003 (Dec.) to 2004 (Dec.). This may be reflective of a subtle change in culture (increased reporting) and a pro-active reply in staff recognition of the risk management system. 80% of these accidents/incidents were preventable through awareness and due care of employees. The remaining percentages were resultant of the cramped physical environment / lack of space or other.
Information Department

Information and knowledge is a key organisational resource. Meaningful Information can be used in quality management, continuous quality improvement and peer review. By improving the quality of information, core data can be provided for randomized clinical trials, outcomes 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 admin 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
• Co-ordinating HSE and DoHC Activity returns and Parliamentary Questions as they arise
• Producing internal hospital activity reports
• Publication of the hospitals annual report and annual clinical report
• Developing and designing internal information systems in conjunction with relevant hospital stakeholders
• Providing an information service for the dissemination of hospital information internally and also providing information to external agencies e.g. Media, other hospitals/medical agencies.

Completion of Hospital Intranet and Internet Websites:

In 2003, in conjunction with the IT department, a project was commenced with the department of Computer Science in Trinity College to develop the hospitals Internet and Intranet web sites. As part of their final year thesis, John Paul Finnegan and Roisin Allen re-designed the hospitals web sites. This project was completed in 2004 and the new sites are now up and running. The website is now updated and maintained by the IT Department.

Due to the success of this project, we are looking to Trinity College again in 2005 for their assistance in setting up future hospital projects.

Human Resources Department

From a human resources perspective, 2004 was another busy year. One of the biggest events of the year was the publication of the HR Manual and Employee Handbook. The HR Manual is a reference point for staff of over 30 policies and procedures ranging from maternity leave to mobile phones. The employee handbook was also launched during 2004. With an introduction from the Mater, this A5 folder contains a range of useful information including, for example, the benefits and facilities for staff at the hospital and a brief description of each department. Each member of staff received a personal copy of both the HR Manual and employee handbook.

The year was also busy from a training and development perspective. The Hospital commenced phase one of a management development programme by working with managers to collate their views and opinions on what it meant to be a manager at the NMH. From this information, the hospital has been able to design a specific training programme which is expected to be delivered in quarter two, 2005. Also, having secured additional funding from the ERHA, the hospital was able to continue with the Dignity at Work awareness training for staff. By the end of the year, 325 staff had attended this course.

2004 also saw the introduction of a corporate induction training programme for all new staff. With research showing that the propensity to resign is greatest in the initial six months from taking up a new post, this 1.5 days training formed part of the hospital’s retention strategy. Feedback from attendees has been very positive and this is a reflection of the valuable contribution from the many speakers.

None of the good work provided during 2004 would have been possible without a team of dedicated staff. I would like to take this opportunity to show my appreciation by thanking all the staff on the HR team for their continued contribution, flexibility and loyalty throughout the year:

Lauri Cryan
Human Resources Manager

It is hoped that the hospitals interim development plan will alleviate the lack of space issues and in turn greatly reduce associated risks; Fire Safety, Ergonomics, Storage/Stores, employee related stress concerns. It is the aim of the Health and Safety department, in conjunction with Risk Management department to reduce the current statistics (54% of all reported accidents/incidents in 2004 were employee related) by 20% in 2005.

The hospital ‘Fire Policy and Evacuation Procedures’, ‘Safety Statement’ and ‘Hazard Control – Safe Work Practice’ guidelines have been reviewed and updated in line with legislative requirements. They will be available from each unit manager’s office and on the Intranet system circa April 2005. Currently four staff members are trained as tutors in ‘Non-Violent Crisis Intervention’ and this employee awareness program, for employees who feel at risk from physical violence at work, will commence April 2005.

Sincere thanks to all employees pro-actively working to improve the safety culture within the hospital and for encouraging colleagues. My appreciation to all members of the Accreditation Health and Safety standard, Health and Safety Committee and the Safety Representatives, Damien McKeown, Gertie Cull and Lisa Dalton for their continued work and support in improving the health and safety management system within NMH.

Human Resources Manager

Fionnuala Byrne
A/Information Officer

General Support Services Reports
Information Technology Department

The importance of IT systems in the hospital has grown exponentially with activity levels over the past 10 years. This service is now a key factor in the functioning of the hospital and so the ongoing functioning of these systems is increasingly important.

IT Systems Status Report

Developments during 2004 included the following:

Finance System

We successfully upgraded the cfac v 8.35 finance system to eFinancials v3.1.

McKesson

The Joint Maternities initiated a project for cooperation between the three hospitals. All hospitals now have the McKesson HIS. The Rotunda and NPH have more of the McKesson Modules than the Coombe i.e. *OMS and NIS. The Rotunda has more than we have i.e. the Rotunda recently bought the theatre module and the new case note tracking module. A theatre system should be a priority for here as it will record the activity, specify workloads, look at theatre scheduling as well as provide demographic data in the future to the more sophisticated theatre imaging systems.

HIPE

HIPE coding records activity on discharged patients. HIPE coding has traditionally been to a formula driven by the DOH i.e. from books with an export being sent by the hospital to ESR and then by ESR to Casemix in DOH. At the end of 2004 the HIPE department are working towards changing the coding system from ICD9 CM to ICD10 which is the Australian coding standard.

Other projects that the IT department implemented in 2004 are as follows:

- Working closely with Patient Services, Information department, Obstetric and Neonatal staff to examine ways of improving the systems and their use in order to give a better service to our patients.
- Implementing VPN line and upgrading leased line to 2mb, remote access to desktop.
- Upgrading and implementing new IT initiatives throughout the hospital including K2 for CTG digital recording
- First line maintenance of approx 250 pieces of hardware including server, maintenance and PC maintenance
- First line maintenance on all software systems within the hospital including McKesson PAS and OMS/NIS, Finance and Materials management, HR, Medscan Colposcopy system, Pharmacy, etc

Staff

Seven excellent dedicated and hardworking people staff the IT and HIPE departments. I would like to take this opportunity to thank them for their efforts and loyalty during the year.

We enjoy an excellent working relationship with all other departments in the hospital. I look forward to maintaining this relationship for the years to come.

*Notes:
OMS: Obstetric Management System part of McKesson HIS
NIS: Neonatal Information System part of McKesson HIS
HIPE: Hospital InPatient Enquiry System
VPN: Virtual Private Network

Ann O’Connor
IT Manager

Patient Services Department/Freedom of Information

The Patient Services Department continues to manage and develop:

Administrative support staff assigned to Medical Records, Admissions, Outpatients and Clinical Departments.

Patient services areas within the hospital

A patient services focus for the hospital with particular emphasis on communications and improving patient facilities.

The requirements of the Freedom of Information Act

Improved standards of records management in the hospital

Sheila Broughan
Patient Services Manager

Purchasing and Supplies Department

It was business as usual in the Purchasing and Supplies Department again this year.

2004 saw more consumable contracts being awarded on a joint basis amongst the three Dublin Maternity Hospitals. Further consumable tenders were in the process of being organised jointly for due action and contract award in 2005.

As the hospital gets busier in the context of additional departments, additional products, expanding client base, changing operational requirements, additional and changing legislation etc. we also place the challenge of meeting all our user requirements that get bigger, more demanding and more complex. Working with the same staffing compliment to meet these additional requirements means we have had to work smarter and encourage our suppliers to work smarter.

Our primary objective in Getting it right first time impacts on the degree of efficiency and effectiveness of our respective work outputs. Staff in the Purchasing and Supplies department work hard to achieve this objective in so far as is possible. Getting it right first time with users and suppliers creates and maintains for us a set of consistent working templates so to speak. We operate within the confines of these templates and agreed routines. It is the uncertainties, the inconsistencies, the unnecessary errors etc. that adversely affects these routines and consequently takes up much of everybody’s valuable time in subsequent problem solving. Getting it right first time is therefore something that we are continuing to work on with all our clients and agents in an effort to achieve win/win situations.

The hospital accreditation initiative has been welcomed. It has refocused our thinking on systems and procedures and provides a natural impetus for us to achieve our objective.

The allocation of special funding towards the end of the year enabled the procurement of new shelving, which was badly needed in the main stockroom. This has improved the restricted space issue and has created a little flexibility to enable us to manage our logistical operations more effectively.

With the evolving changes in the provision of Health Services, a benchmarking exercise was undertaken in the latter part of the year by an independent body to measure the effectiveness...
of the Dublin Maternity Hospital Group (DMHG) with the Hospital Procurement Services Group (HPSG). It was found that the competitiveness of the DMHG was at least as effective as the HPSG. As a smaller group, the DMHG was much more effective in awarding contracts for complete supply categories and consequently more effective in its subsequent contracts management programme.

The Medical and Surgical consumable contract was finalised and awarded in October 2004. At €15M over three years, this was the biggest and most complete medical and surgical contract undertaken between the three Dublin Maternity Hospitals. Despite an increase in price on a number of products, substantial savings were achieved in the hospital group by awarding some alternative products to those products presently in use. This was achieved through a comprehensive product evaluation process undertaken in each hospital together with our clinical colleagues. Additionally, the joint Laundry Services tender competition also had a very satisfactory financial outcome in projected savings to each hospital to the tune of a cumulative €10K per annum.

Initiatives and concepts alluded to in last year’s report still remain high on the agenda and hopefully significant progress will be made in these areas in the coming year.

Finally, I would like to take this opportunity to thank the staff working in the Purchasing and Supplies Department for their commitment and dedication in their endeavour to Getting it right first time . . . . . . Right goods, Right Suppliers, Right Quality, Right Quantity, Right Place, Right Time, Right Price and indeed, managing all the queries and associated paperwork that governs the procurement and supply chain cycles.

Gerry Adams
Purchasing and Supplies Manager

Partnership

In April 2004 the National Maternity Hospital Partnership Committee had their first partnership meeting. Five nominees from management and six nominees from the trade unions were approached. This committee had a two-day training session on May 17th and 18th; the meetings have continued on a monthly basis. During this training session many issues were highlighted.

Communications was identified as the biggest issue needing attention. A Communication Focus Group was established and from this a number of projects arose including the launch of the intranet and the NMH newsletter known as ‘Special Delivery’. A new communication committee is being set up to monitor and improve communications throughout the hospital.

A number of other staff issues have been resolved and others are currently under discussion.

The mission statement of the Partnership is “working together for a better Health Service provides for a new active relationship in managing change characterized by employee participation and consultation, the development of joint objectives, co-operation and trust and the delivery of a patient focused quality Health Service.”

The partnership committee consists of Michael Lenihan, Mary Boyd, Laurie Cryan (Joint Chair), Tony Thompson, Marie Culliton, Belinda McCarthy, Mary Hunter (Joint Chair), Shay Higginbotham, Pat Tobin, Margaret Cooke, Bronwyn Redmond.

Mary Hunter
Joint Chair Partnership Committee

Accreditation in the National Maternity Hospital

The NMH is participating in the Irish Health Services Acute Hospitals’ Accreditation Board (IHSAB) Accreditation Scheme. This scheme encompasses all departments of the NMH and centres on how the hospital services are experienced by women and babies (and their families) – from the time of their referral to the hospital through to and including their discharge.

An Accreditation Steering Group has been established and Ann Delany was appointed as Accreditation Co-ordinator. Information sessions were held by IHSAB and other centres that have been through the scheme to assist the organisation in the process. Seven self-assessment teams have been set up to review and assess our compliance with the established standards. The teams have begun to prepare the self-assessment documentation and compile quality improvement plans.

Membership of the teams is determined by those who have a part to play in delivering the care to the patients, and those who provide supporting services to the clinical staff. Contribution has been sought from all disciplines and support services across all levels. The size of the teams range from Eighteen (Human Resource Management) to forty (Maternity Services), and a total of 198 members have contributed to the workings of our seven self-assessment teams including representation from our partners in the health services.

Approximately one third of the National Maternity Hospital’s staff complement is directly involved in this quality and safety scheme as team members. However, it can also be noted that the work of the team members is supported by the staff in the departments that they represent; in this way the scheme is inclusive of staff from all levels and departments in the hospital.

Clear identification of what we do well and what we are developing and improving in relation to the provision of healthcare services will be of significant benefit as we face into the restructuring of the health services.

Important dates for the 2005 diary include:
Submission of self-assessment documentation to IHSAB – 10th August 2005
Peer review survey takes place from 7th – 11th November 2005

I would like to take this opportunity to thank all staff members for their continued support.

Ann Delany
Accreditation Co-ordinator

The National Maternity Hospital

General Support Services Reports
Accounts

Income and Expenditure

Extracts from the Hospitals Income and Expenditure Account For the Year Ended 31 December 2004

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td>Ordinary Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>1,793</td>
<td>1,620</td>
</tr>
<tr>
<td>Treatment Charges</td>
<td>6,274</td>
<td>5,636</td>
</tr>
<tr>
<td></td>
<td>8,067</td>
<td>7,256</td>
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</table>

Ordinary Expenditure - Pay

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical NCHD’s</td>
<td>3,378</td>
<td>3,033</td>
</tr>
<tr>
<td>Consultants</td>
<td>2,906</td>
<td>2,811</td>
</tr>
<tr>
<td>Nursing</td>
<td>16,974</td>
<td>15,263</td>
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<tr>
<td>Para-Medical</td>
<td>2,880</td>
<td>2,616</td>
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<tr>
<td>Housekeeping</td>
<td>1,887</td>
<td>1,700</td>
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<tr>
<td>Catering</td>
<td>913</td>
<td>775</td>
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<tr>
<td>Porters</td>
<td>860</td>
<td>743</td>
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<tr>
<td>Maintenance</td>
<td>225</td>
<td>216</td>
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<tr>
<td>Administration</td>
<td>4,167</td>
<td>3,816</td>
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<tr>
<td>Pensions</td>
<td>1,772</td>
<td>1,602</td>
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<tr>
<td>VHSS Lump Sums</td>
<td>677</td>
<td>306</td>
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<tr>
<td>VHSS Refunds</td>
<td>34</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>36,673</td>
<td>33,033</td>
</tr>
</tbody>
</table>

Ordinary Expenditure - Non Pay

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicines, Blood &amp; Gases</td>
<td>1,737</td>
<td>1,606</td>
</tr>
<tr>
<td>Laboratory Expenses</td>
<td>992</td>
<td>808</td>
</tr>
<tr>
<td>Medical and Surgical Appliances</td>
<td>2,686</td>
<td>2,857</td>
</tr>
<tr>
<td>X-Ray Expenses</td>
<td>54</td>
<td>36</td>
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<tr>
<td>Provisions</td>
<td>444</td>
<td>463</td>
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<tr>
<td>Heat, Power and Light</td>
<td>274</td>
<td>269</td>
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<tr>
<td>Cleaning and Washing</td>
<td>700</td>
<td>613</td>
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<tr>
<td>Furniture, Hardware and Crockery</td>
<td>129</td>
<td>54</td>
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<tr>
<td>Bedding and Clothing</td>
<td>77</td>
<td>84</td>
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<tr>
<td>Maintenance</td>
<td>1,017</td>
<td>1,230</td>
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<tr>
<td>Transport and Travel</td>
<td>223</td>
<td>188</td>
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<td>Finance</td>
<td>904</td>
<td>1,710</td>
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<td>Office Expenses</td>
<td>715</td>
<td>756</td>
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<tr>
<td>Education, Training</td>
<td>412</td>
<td>522</td>
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<tr>
<td>Computer Expenses</td>
<td>482</td>
<td>427</td>
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<tr>
<td>Miscellaneous</td>
<td>1,054</td>
<td>1,347</td>
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<tr>
<td></td>
<td>11,900</td>
<td>12,970</td>
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Surplus/(Deficit) for Year

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<tbody>
<tr>
<td>Excess of Expenditure over income</td>
<td>40,506</td>
<td>38,747</td>
</tr>
<tr>
<td>Less : Annual Allocation</td>
<td>40,478</td>
<td>37,953</td>
</tr>
<tr>
<td>Surplus/(Deficit)</td>
<td>-28</td>
<td>-794</td>
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Cumulative Figures

Extracts from the Hospitals Income and Expenditure Account For the Year Ended 31 December 2004

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td>Deficit Brought Forward</td>
<td>-7</td>
<td>787</td>
</tr>
<tr>
<td>Surplus/(Deficit) transferred from Income &amp; Expenditure</td>
<td>-28</td>
<td>-794</td>
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<tr>
<td>Surplus/(Deficit) Carried Forward</td>
<td>-35</td>
<td>-7</td>
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Balance Sheet

Extracts from the Hospitals Balance Sheet as at 31 December 2004

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
<th>2004</th>
<th>2003</th>
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<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
<td>€’000</td>
<td>€’000</td>
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<tr>
<td>Fixed Assets</td>
<td></td>
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<tr>
<td>Stock</td>
<td>532</td>
<td>518</td>
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<tr>
<td>Debtors</td>
<td>6,595</td>
<td>6,596</td>
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<tr>
<td></td>
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Current Liabilities

<table>
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<tr>
<th></th>
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<tbody>
<tr>
<td>Bank Overdraft</td>
<td>2,187</td>
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<td>Creditors</td>
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Net Current Assets

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Non Current Liabilities

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<tr>
<td>Trust Fund Loan</td>
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Net Assets

<table>
<thead>
<tr>
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<tr>
<td></td>
<td>62,527</td>
<td>63,075</td>
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Represented By

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>Capitalisation Account</td>
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<tr>
<td>Accumulated Surplus/(Deficit)</td>
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<td>-7</td>
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<tr>
<td>Other Funds</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
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Statistics for the National Maternity Hospital

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<tbody>
<tr>
<td>Primip</td>
<td>2744</td>
<td>3212</td>
<td>3336</td>
<td>3572</td>
<td>3469</td>
<td>3427</td>
<td>3551</td>
<td>3646</td>
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<td>3740</td>
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<td>4210</td>
<td>4242</td>
<td>4063</td>
<td>4295</td>
<td>4429</td>
<td>4376</td>
<td>4508</td>
<td>4578</td>
</tr>
<tr>
<td>Total</td>
<td>6616</td>
<td>7173</td>
<td>7546</td>
<td>7814</td>
<td>7534</td>
<td>7722</td>
<td>7980</td>
<td>8022</td>
<td>8233</td>
<td>8318</td>
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<tr>
<td>% Primip</td>
<td>41.5%</td>
<td>44.8%</td>
<td>44.2%</td>
<td>45.7%</td>
<td>46.0%</td>
<td>44.4%</td>
<td>44.5%</td>
<td>44.5%</td>
<td>45.5%</td>
<td>45.0%</td>
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### Community Midwives Deliveries

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<th>2001</th>
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<th>2004</th>
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<tbody>
<tr>
<td>Deliveries</td>
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<td>167</td>
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Emergency Room Attendances

<table>
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<tr>
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<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric/Gynaecology</td>
<td>3718</td>
<td>3534</td>
<td>3935</td>
<td>4237</td>
<td>4306</td>
<td>4566</td>
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<tr>
<td>Paediatric</td>
<td>803</td>
<td>750</td>
<td>547</td>
<td>608</td>
<td>741</td>
<td>892</td>
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<tr>
<td>Total</td>
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<td>4284</td>
<td>4482</td>
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<td>5047</td>
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Fetal Assessment Attendances

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<tr>
<th>Fetal Assessment Attendances</th>
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<th>2003</th>
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<tbody>
<tr>
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<td>17192</td>
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### Accounts and Statistics

#### Inpatient Discharges

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<thead>
<tr>
<th>Year</th>
<th>Obstetric</th>
<th>Gynaecology</th>
<th>Paediatrics</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>1999</td>
<td>11596</td>
<td>1406</td>
<td>934</td>
<td>13936</td>
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<td>2002</td>
<td>12621</td>
<td>1303</td>
<td>1061</td>
<td>14985</td>
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<td>2003</td>
<td>12986</td>
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#### Theatre Activity

<table>
<thead>
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<th>Year</th>
<th>Major Operations</th>
<th>Minor Operations</th>
<th>Total</th>
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<tbody>
<tr>
<td>1999</td>
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<td>2472</td>
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</tr>
<tr>
<td>2000</td>
<td>1562</td>
<td>1972</td>
<td>3534</td>
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<tr>
<td>2001</td>
<td>1671</td>
<td>1808</td>
<td>3479</td>
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<td>2002</td>
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<td>3660</td>
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<tr>
<td>2003</td>
<td>1921</td>
<td>1782</td>
<td>3703</td>
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<tr>
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<td>1958</td>
<td>1735</td>
<td>3693</td>
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#### Major Operations

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<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
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<tbody>
<tr>
<td></td>
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<td>1562</td>
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<td>1775</td>
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#### Minor Operations

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<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>1972</td>
<td>1808</td>
<td>1885</td>
<td>1782</td>
<td>1735</td>
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#### Total

<table>
<thead>
<tr>
<th>Year</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4006</td>
<td>3534</td>
<td>3479</td>
<td>3660</td>
<td>3703</td>
<td>3693</td>
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</table>

#### Overall Average Length of Stay

<table>
<thead>
<tr>
<th>Year</th>
<th>Obstetric</th>
<th>Gynaecology</th>
<th>Paediatrics</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>3.06</td>
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#### Outpatient Activity

<table>
<thead>
<tr>
<th>Year</th>
<th>Obstetric</th>
<th>Gynaecology</th>
<th>Paediatrics</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>1999</td>
<td>38280</td>
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<tr>
<td>2000</td>
<td>36079</td>
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<td>45585</td>
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<tr>
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#### Out Patient Attendances

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<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>49448</td>
<td>45585</td>
<td>48400</td>
<td>49947</td>
<td>49923</td>
</tr>
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2004: Inpatient and Daycase Admissions by Specialty

- Obstetric: 82%
- Gynaecology: 12%
- Paediatric: 6%