

THE NATIONAL MATERNITY HOSPITAL
HOLLES STREET

ANNUAL REPORT 2018



The National
Maternity
Hospital
Holles Street

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This Annual Report should be read in conjunction with the Annual Financial Statements which provide certain additional information required under the Code of Practice for the Governance of State Bodies Business and Financial Reporting Requirements purposes.

Front cover image of Kate and Steve Bennett with their newborn son Alex

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Governance Reports

Deputy Chairman's Report

I have great pleasure in presenting the Annual Report of the Hospital for the twelve months ended 31st December 2018.

The report outlines the main activities of the Hospital during the year in which activity, in terms of mothers delivered, has shown a slight decrease. During the year 7795 women gave birth to 7923 infants; a decrease of just under 8% over 2017.

The Hospital's financial performance is set out in detail in the report of the Honorary Treasurer.

In reviewing 2018 I am pleased to report, despite some minor delays, further substantial progress with our new Hospital which will be co-located on the site of St Vincent's University Hospital. By year end contractors were onsite and engaged in the initial phases on the enabling works. The award of the contracts for the replacement pharmacy for SVUH and the extension of the multi storey car-park were approved late in 2018 and it is expected that the contractor will commence these works in early 2019. The next major milestone will be the issue of the tender during 2019 and having a contractor appointed for the main build. This co-located Hospital is an urgent necessity for future generations of women and babies nationwide. The opening of the new Hospital will represent a major achievement for the NMH, SVUH and the health services. Substantial time and effort and money has ensured the project has come to full design and reached the tender stage. There will be continued hard work for the coming years with the building works commencing and a substantial focus for the NMH in relation to operational readiness in relation to the planned co-location.

The time remaining on the current site can now be measured in years but during these years many thousands of women, certainly in excess of fifty thousand, will deliver babies on the current site. Ensuring that we provide quality and safe services offers major challenges in the context of infrastructure and space. Most of the building was constructed in the 1930's with the resultant design and infrastructural constraints and this remains a concern for the EMT and the Executive. As noted in previous reports, there needs to be some investment over the short/medium term on the current site. Certain infrastructural risks that need attention on the current site have been clearly identified and highlighted and escalated to IEHG/HSE/DOH. These projects are being pursued by the EMT and Executive as a matter of urgency. Works undertaken in recent years in areas such as triage, colposcopy and pharmacy continue to provide benefits and a better environment for patients and staff

but often serve to highlight the deficits in other areas. Every year we are onsite, there are nearly twenty thousand inpatients and day cases passing through the current buildings and all of these will benefit from any improvements on the current site. HIQA visits late in recent years clearly highlighted the deficits and risks relating to infrastructural and space deficits. A primary focus in 2019 will be to develop the urgently needed additional facilities for both the delivery suite and the theatres. Neither of these projects will resolve our major long term issues but both will provide some additional and improved facilities while the new hospital is being developed.

In looking forward to 2019, we anticipate that the decrease in births experienced during 2018 will level off during 2019 and we expect some growth in the numbers. Substantial work has been undertaken in relation to billing and collectability and ensuring patients are fully informed of their options and the financial commitments. This places additional pressure on our resources and has been an ongoing focus in recent years. Our activity levels still remain at relatively high levels and combined with increased complexity these levels of activity require resources including financial, staffing and infrastructure. External developments in relation to additional services, guidelines and practices continue to add to the pressure on limited resources and many of these continue to have a significant impact.

Education is a major factor in sustaining our staff as leaders in their chosen specialities and this is encouraged and supported throughout the Hospital. The Hospital continues to invest in ongoing education programs for all groups of staff to ensure future services are provided at the highest level of quality. The Medical Fund continues to provide essential support for training and education. Many midwives and nurses have obtained Masters degrees in recent years with the support of the Medical Fund.

Work on governance and compliance continued during the year with the appointment of a "Governance Steering Group" sub committee which has implemented a number of enhancements and evolved the roles of Committees in order to meet the requirements of good governance and our compliance requirements. Internal audit continues on many aspects of compliance and procedures. The concerns in relation to certain provisions in the SLA (Service Level Agreement) with the HSE/IEHG continue as in prior years. The Executive continues to rely on the HSE letter recognising the independence of the Hospital and our right to independent operations outside of the HSE/



Mr Brian Davy, former Deputy Chairman with Consultant Neonatologists Prof John Murphy, Dr Lisa McCarthy and Dr Deirdre Sweetman

SLA. Our concerns and the need for a significant shift in the relationships so that the provision of services is dealt with in more of a collaborative and partnership approach have been reflected in the recently released report of the Independent Review Group. As a Voluntary Hospital, the Hospitals' Executive is very aware and cognisant of our obligations in relation to the provision of patient care. Funding of circa €50M is provided by the State whereby they contract with us to provide services to patients and this is supplemented by the private income generated by the Hospital. In addition, the Hospital's Executive is also very aware of the voluntary and independent nature of our role and the obligations in relation to funds and incomes not provided by the State. The Executive is fully committed to the provision of the highest level of care to our patients and to ensuring that this is done in an appropriate environment, both from a physical and a governance perspective, for both patients and staff.

It was in the context of good governance that, after much consideration and discussion, the Executive Committee decided to take judicial review proceedings of the Minister's decision to instruct HIQA to undertake a section 9 review following on the tragic death of Mrs Malak Thawley. This decision was not taken lightly and was considered in the context of a number of other reviews already undertaken, the formal inquest and a number of

engagements with the Minister and his officials. The Executive Committee felt that in relation to their obligations to the Hospital, its staff and patients there was no option left but to initiate judicial review proceedings. When the Judgement was issued in September the decision of the Executive was totally vindicated by the High Court. Indeed the trial judge went so far in the Judgment as to state that the bringing of the Judicial Review was, in the circumstances, an example of "good governance". It is hoped now to resolve outstanding differences with the Minister and his Department who continue to press for a further review.

Early 2018 saw the successful "go-live" of the MN-CMS (Maternal & Newborn Clinical Management System) in the NMH. The success of this project is due to the efforts of many people at both national and local level. All staff are to be congratulated on this major achievement and special thanks goes to Dr Tina Murphy and Dr Michael Robson. It is with great sorrow and regret that I note the untimely death of Dr Tina Murphy in early 2019. She will be greatly missed by friends and colleagues and has had a major impact on the lives of many of those who she met.

The House Committee continue their work in visiting the Hospital and reviewing various departments. This committee also has a very significant role in ensuring that the Hospital's infection

control strategies are effective and review many issues that might otherwise be unnoticed. I would like to thank all the members for their continued dedication throughout the year.

The Linen Guild continued to provide invaluable support to many of our vulnerable patients. The benefit of their work for these patients is immeasurable and very relevant during these times where there are often many people experiencing economic and other social difficulties. I would like to thank them for their ongoing commitment to the Hospital and its patients.

The Foundation's ongoing work continues to provide major benefits to the Hospital, patients and staff. The space made available by No. 65/66 Lower Mount Street allows for clinical needs to be prioritised on the main Hospital site. The MRI, which was only possible with the assistance of the Foundation and its donors, continues to be operated in partnership with Alliance Medical and is operational on a daily basis providing scans for NMH patients and helping to reduce waiting lists in other Hospitals.

During the year a number of staff retired and I thank them all for the many years that they have given to the Hospital and to our patients.

Ms Pamela Fay stepped down from the Executive Committee during the year and I wish to thank her on behalf of the Hospital, staff and patients for the time she committed to the Hospital over many years.

At the end of 2019 Dr Rhona Mahony completed her seven year term as Master. Throughout her term Rhona brought energy and dynamism to The National Maternity Hospital. She represented the Hospital and spoke at many national and international events and enhanced the public profile of The National Maternity Hospital while also focusing on many important health issues in the public arena. During her seven year term there have been many challenges and Rhona's leadership, enthusiasm and dedication to the NMH, its patients and staff, remained unfettered and undiluted despite these challenges. On behalf of the patients, the staff, the Executive Committee and all of the Governors, I thank her for this commitment over the past seven years and wish her well for the future.

During the year Professor Shane Higgins was elected by the Governors as "Master elect" and he takes up his position on 1st January 2019. I would like to welcome Shane and wish him all the best in his role for the next seven years.

I would also like to thank Ms Mary Brosnan, Director of Midwifery and Nursing. Mary has an important role managing the midwifery and nursing staffing. In the current environment of increasing patient needs and expectations, limited resources and fluctuating activity this is an increasingly demanding role. Ably assisted by her senior team, these challenges are embraced and the requirements of patients and staff are satisfied. On behalf of myself and the Executive I thank Mary and offer her our continued support.

I would like to thank Mr Ronan Gavin, the Secretary/General Manager. During the year Ronan has assisted and advised and steered us during various challenges. His tireless work at all hours of the day and night make him an indispensable part of the smooth running of the hospital administration.

Mr Alistair Holland, Financial Controller has helped to keep the Executive satisfied and also dealt with the HSE and Ireland East and for this he deserves our thanks.

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

And finally, a special thanks to all of the staff of the Hospital. Despite all the ongoing pressures, everyone at The National Maternity Hospital continues to deliver quality care for all of our patients and to meet all of the challenges of providing healthcare in Ireland. The positive attitude, collegiality, kindness and the devotion and commitment demonstrated by all staff throughout the Hospital staff is a credit to everyone. Thank you all.

Nicholas Kearns
Deputy Chairman

Master's Report

In this my final report to the Board I look back on a very busy seven years in a very challenging economic, political and administrative landscape. In this time we delivered 55,000 babies and cared for 60,000 pregnant women. The corrected PNMR has been consistent at 3 to 4/1,000 and the maternal mortality rate currently stands at 3.0/100,000 maternities. These are truly excellent outcomes for a tertiary institution but behind these figures are the individual losses and attendant heartbreak and we never forget that – nor do we ever take the good outcomes for granted.

As Master, I owe a personal debt of gratitude to the Executive Board of Governors for their steadfast assistance and support over the course of my tenure. The Hospital has been so fortunate to benefit from the diverse skill set and contribution of the board who have given so generously of their expertise pro bono. There were many complex issues facing the Hospital during the seven years to which the Board gave deep informed consideration, wise counsel with an unerring commitment to enhancing care and conditions for our patients. The Board also provides the check and balances which are so necessary to provide good governance and on which the strategic success of the hospital depends.



Dr Rhona Mahony, Master

To the executive management team and particularly Ronan, Mary, Alistair, Declan, Roger, Lauri and Luke - it was my great privilege to work so closely with you. Thank you so much for your excellence and determination in advocating and promoting clinical excellence and compassionate care. To Bernadine, Carol, Louise and Denise for your support in the office. I owe a debt of gratitude to so many but none more so than to my family. To my late father Don and Una, my wonderful parents. But my thanks most of all to Daragh and my children who bore the brunt of the long days and nights and my tendency to miss most family occasions. I was deeply grateful to come home to you and I am deeply proud of all that you do.

In 2018 7,795 babies* (draft figures from MNCMS) were delivered at NMH – representing on average just over 650 babies per month and over 20 babies every day. This is a significant reduction in deliveries compared to the previous year and the quietest year since 2005 although projected figures suggest that this may be a temporary lull. The corrected PNMR was 4.7 /1000 so 99.5% of babies > 500g survive. 1,460 babies had 1,603 admissions. We performed 2,882 major operations and 2,924 minor procedures. Our fetal medicine services performed a staggering 26,000 ultrasound scans and again assisted women from all over the country, with one thousand scans performed for women requiring advanced fetal medicine support.

Obstetric Care

We have seen many demographic changes over the past decade: over 30% of patients attending the Hospital are classified as high risk reflecting the tertiary nature of our services. Almost 40% of women attending for maternity care at NMH are over 35 years of age. Advanced maternal age is associated with a range of adverse outcomes including miscarriage, chromosomal anomaly, operative intervention, multiple pregnancies and the elevated risk of maternal co-morbidity. Conversely only 6% of our population are aged 24 or less with less than 1% of mothers aged less than 20 years. While increases in maternal BMI appear to be stabilising, over one third of mothers attending the Hospital are overweight and one in eight are obese with all the attendant medical risk, including miscarriage, congenital malformation, gestational diabetes and increased and more complex obstetric intervention.

The caesarean section (CS) rate in 2018 was 28.7% a 1% rise on 2017 but a sharp rise on the 2012 figure of Over 22%. On analysis it is clear that the rate of CS in spontaneous labour is relatively constant but the major contribution to the increase in CS rate is

the number of women presenting with previous CS and the striking increase in prelabour CS which now accounts for approximately 16% of deliveries at NMH.

Rising trends in major obstetric haemorrhage (MOH) concerned me as I began my term as master and was a major focus of clinical strategy. We see approximately 100 cases of major haemorrhage annually at NMH with all of the associated risk of maternal mortality and morbidity. Just over half of these cases occur after CS and every year some 4 to 8 women require emergency hysterectomy. Nine women were treated for placenta accreta in 2017 and as CS rates rise this complication will increase with the associated risk of morbidity and mortality. The strategy for MOH was multifaceted and I am particularly grateful to all of the consultant, midwifery and laboratory staff who worked so hard on a variety of projects. The multidisciplinary team with its excellent and highly flexible surgical, anaesthetic, laboratory and imaging expertise in the context of placenta accreta and major obstetric haemorrhage has been among the most important innovations in the Hospital and an absolute focus of recruitment since 2012. We are fortunate to have highly skilled Gynaecologists- Dr Donal O'Brien, Prof Donal Brennan, Dr Ruaidhrai Mac Vey and Dr Zara Fonsecca Kelly. The Haematologists Dr Joan Fitzgerald and Dr Karen Murphy and the excellent Jacinta Byrne our specialist midwife. The anaesthetic team and particularly Dr Ingrid Browne who has chaired the haemorrhage audit committee and led so many initiatives deserve congratulation. We have been fortunate also to have the imaging expertise provided by Dr Peter McParland, Val Kinsella and team and the MRI imaging expertise provided by Dr Gabrielle Colleran who recently returned from Harvard. There are many other members of the team including the laboratory staff under Marie Culliton.

It is worth outlining other elements of the strategy to demonstrate the multidisciplinary nature of this work. Antenatal care bundles were delivered to optimise maternal haemoglobin levels before delivery including routine check of maternal haemoglobin at 28 to 30 weeks gestation, antenatal iron prescription and the use of parenteral iron. Education programmes included skills and drills teaching for obstetric haemorrhage, standardised estimation of blood loss and protocols to be activated in emergency which direct a coordinated multidisciplinary response. A blood fridge in theatre contains a stock of O negative blood at all times and point of care testing using ABG allows group specific blood to be available within twenty minutes. The Rotem facility allows point of

care coagulation assessment facilitating better guidance of coagulation products combined with increased use of Tranexemic Acid as a first line agent. The Cell Saver is available for selected use. Strategies have also been developed to promote better use of blood product including single unit transfusion and the transfer of blood product to SVUH if it is not to be used. The use of blood is audited carefully and it was gratifying to see a very significant reduction in the use of blood product over the past two years, while Major Obstetric Haemorrhage was managed so successfully by the clinical teams.

In 2012 we established a number of new services in the hospital including the Pre Term Birth Clinic lead by Prof. Shane Higgins and the Still Birth Clinic lead by Dr. Stephen Carroll. In addition the Post Natal clinic was led by Dr Robson to assist women following difficult deliveries while the growing Poppy clinic under Dr Laoise O'Brien manages postnatal complications. We were able to set up these clinics as a direct result of the Community Midwives taking increasing responsibility in the Satellite Clinics and thus releasing consultant sessions.



Nicholas Kearns, Deputy Chairman



Mr Freddy Byrne, Facilities Engineering with Bernadine O'Driscoll, Masters Secretary at Charter Day

Over the past six years, the Multi Disciplinary Maternal Medicine Clinic has grown and the weekly Maternal Medicine Meetings including the obstetric and anaesthetic teams have been of great assistance in planning for pregnancy and delivery in women with highly complex medical disorders. The development of combined neurology, rheumatology, cardiology, renal and hepatology clinical partnerships with SVUH have been immensely beneficial for patients.

Ireland has the second highest rate of infants born with congenital anomaly in Europe. (Eurocat 2014). The most common congenital anomalies we see include chromosomal and genetic disorders, cardiac anomalies, cerebral and neural tube disorders.

NMH is a large tertiary centre for fetal medicine. Under Prof McParland's directorship, we have developed a large multidisciplinary team including neonatal, midwifery, bereavement, radiology, paediatric, obstetric, genetic, social work and pathology experts to provide guidance and expertise in the context of complex fetal anomaly. The addition of advanced nurse practitioners in fetal medicine have been a major lynch pin in delivering service and supporting families as they deal with very challenging antenatal diagnosis. A care pathway has been developed that adopts a multidisciplinary specialist approach to provide individualised care to families. We

see women from all over Ireland and we know it is very difficult for families who have to travel long distances for care in the context of fetal anomaly. Annually, approximately 200 women with a fetal anomaly are referred to NMH from units around the country.

The specialty of fetal medicine is increasing in complexity and our ability to identify genetic and structural anomalies in the fetus in utero is increasing. New techniques include the ability to screen for chromosomal abnormalities by testing free fetal DNA carried in a mother's bloodstream from as early as 10 weeks gestation (NIPS). This is done using a simple but expensive maternal blood test. Over 1,000 women at NMH opted for this test in 2018 with a rapidly increasing trend in uptake. Advances in genomics, microarray testing and availability of single gene tests all add to the rapid development of resolution in determining genetic abnormality but this occurs against a backdrop of poor genetic resource and poor service development in Ireland. Lack of succession planning in perinatal genetics is a major issue and will cause significant problems as perinatal services try to develop.

Fetal imaging has also improved including enhanced ultrasound imaging and more recently MRI imaging provided at NMH has been hugely helpful. A scan performed at 18 to 22 weeks gestation to detect fetal anomaly is a basic standard of care but

is not yet provided in all maternity units in Ireland which is hard to justify in 2018. One third of units in Ireland do not provide routine anomaly scanning. NMH performs over 25,000 pregnancy scans per year including 11,000 fetal anomaly scans per year for our own hospital population and for patients referred from HSE hospitals who do not provide a comprehensive fetal anomaly scan service. Annually at NMH, we identify approximately 400 significant structural anomalies and over 60 chromosomal anomalies.

Sixty women attending our service travelled to the UK for Termination of pregnancy in the context of fetal anomaly in 2016. The majority of women had pregnancies complicated by chromosomal or genetic anomaly, multiple anomalies, anencephaly and ventriculomegaly. UK data suggest that in 2015, 135 women with a serious fetal anomaly travelled from Ireland to the UK for termination. I presented evidence of our experience at the "Joint Committee on the Eighth Amendment of the Constitution" in October 2017. In May 2018, 64% of the eligible population turned out to vote on whether or not to repeal the 8th amendment and thus pave the way for the introduction of legislation which would permit termination of pregnancy in certain circumstances in Ireland. The result was a majority (66%) in favour of repeal. It would have been hard to imagine such a definitive result even a decade ago. The introduction of wider availability of termination of pregnancy in Ireland will require careful implementation and appropriate resourcing and protection of the privacy of women and staff availing of and providing the service.

Throughout 2017 we planned and built our first ever official Emergency Room which opened in early 2018. It is hard to imagine that the hospital functioned without an emergency room for so long but I am hopeful that this will provide an appropriate facility for women with unanticipated complications of pregnancy and particularly for women with early pregnancy loss.

One of the most important developments in maternity care has been the increased commitment nationally to Perinatal Mental health. Within the Specialist Perinatal Mental Health Programme, NMH has become the hub for perinatal mental health services within IEHG. The appointment of Dr Anthony McCarthy as lead clinician within the IEHG programme is a tremendous advance and NMH is deeply grateful to Dr McCarthy for his excellence and longstanding commitment to women attending our Hospital. Equally, it is wonderful see the acknowledgment of Deirdre

Madden's longstanding contribution to the Hospital's perinatal mental health services reflected in her well deserved promotion to ANP.

In addition, the development of our bereavement services in line with national policy has been down to huge work and determination by Sarah and Brenda. Hopefully the resources available to this team will grow. Their work is deeply challenging and of inestimable importance.

Neonatal Care

Advances in neonatal medicine have been among the most exciting in any branch of medicine. Over the twenty years of my career, babies that would have had little chance of surviving now have excellent outcomes with 80% of babies born after 26 weeks gestation surviving. The introduction of neonatal therapeutic hypothermia in 2009 represents a major advance in the treatment of perinatal brain injury and results at NMH are very encouraging.

2013 saw the enabling works begin on our new Neonatal Intensive Care Unit. Our babies had previously been banished to the eaves of the hospital in 1945 as a temporary measure. An inappropriate place as Neonatal intensive care developed and tiny babies made their journey to the attics through the canteen.

In addition we saw the launch of the 24 hour Neonatal Transport System which represents a huge advance in care and I congratulate Dr. John Murphy in the National Neonatal Clinical lead and all those in the HSE who made this happen. The ability



Prof Shane Higgins, incoming Master and his daughter Tess with an architectural design of the NMH co-location on the St. Vincent's University Hospital Campus

to retrieve sick infants from outlying units and transport them rapidly to a Tertiary Centre with expertise these babies require has undoubtedly saved lives and reduced adverse outcome.

In 2014 the construction of our beautiful Neonatal Unit in the heart of the hospital was completed which was achieved despite the range of technical challenges provided by our building and I give thanks to Clancy's for their skill and dedication during this project.

Our Semi Private Clinic and Baby Clinic also moved to much improved facilities - it is hard to remember that bench and the long queues which on occasions spilled into the car park.

For me one of our most important innovations was opening our front door to patients. Practically, there is no step so it is easier for buggies, but also a symbolic one. Our front door is no longer reserved for Masters and visiting dignitaries, it is now for patients and so it should be.

The annual publication of clinical outcomes is crucial in directing healthcare strategies to address the clinical issues of the day. This is well illustrated by a study of neonatal outcomes over the past few years. Clinical outcome data chronicle a decline in severe

Intraventricular Haemorrhage from a peak of 22% in 2001 to 6% in 2016 as a direct result focused attention and the introduction of "care bundles" that addressed prenatal, delivery room and NICU practices during the first few days of life. A similar decline can be seen for Late Onset CONS (coagulase negative staphylococcus) sepsis which decreased from a peak of 33% in 2009 to 4% in 2016. This was after the introduction of a staff educational programme that focused on hand hygiene and the use of strict aseptic technique when placing intravascular lines and changing giving sets. In 2012, we noticed an increase in our rate of Chronic Lung Disease from a baseline of 20-25% to 43% in 2014. In light of this, we undertook a thorough review of our practices in this area with specific attention paid to the initial management of VLBW infants in the DR and to our ventilation practices over the first few days of life. It is gratifying to see that our rate of CLD has now decreased to 24% in 2016. It is for these reasons that we continue to contribute so much time to the writing of this report as we believe that it improves the care that we provide to the very tiny and vulnerable infants entrusted to us.

Current strategies focus on reducing the incidence of Necrotizing Enterocolitis through strategies to promote early breast feeding and our efforts to improve perinatal outcome between 23 and 25 weeks gestation continue. We acknowledge the great work of our



Rebecca Mills (Higher Diploma Midwifery, Gold Medal Winner) Mary Brosnan, Director of Midwifery & Nursing and Rebecca Evans (Higher Diploma Midwifery, Elizabeth O'Farrell Medal Winner) at Charter Day



Dr Dora Gorman, recipient of the John F. Cunningham medal with Nicolas Kearns, Deputy Chairman

midwifery lactation specialists who provide such dedicated support to women and who are always so positive in the face of a huge workload.

Throughout 2018, the new MRI suite in continued to grow. We are now in a position to perform MRIs on critically ill infants in the NICU without the need to transport them to a paediatric centre. The benefits of having rapid access to such vital imaging, particularly of the brain, in those early days of life cannot be underestimated. We are increasingly using MRI antenatally to help clarify diagnosis particularly in the context of fetal brain anomaly.

Gynaecology Care

In line with international advances during 2015, the Reproductive Medicine Team at The Merrion Fertility Clinic continue to enhance current practice and develop new services including oocyte freezing, outpatient hysteroscopy surgery and links with international centres of excellence.

We saw the chance of a live birth for couples and women less than 35 years of age rise to 54% per completed treatment while the clinical pregnancy rate was 60%. This was achieved in conjunction with multiple pregnancy rates which were possibly the lowest in the country consequent on The MFC's active Single Embryo Transfer program.

In terms of access to assisted reproduction services, Ireland contrasts poorly to other countries of similar socioeconomic status

and is currently only one of three European countries which do not provide public funding for Assisted Reproduction Treatment. Conversely, the increase seen on the commercialisation of ART by a large international commercial venture is of concern in relation to the potential for misleading information for doctors and patients and the emergence of poorly researched and costly investigations and treatments which do not enhance fertility and which are not risk free.

The development of adolescent gynaecology under Dr Shiel and Dr Broderick represents an important advance and is consistent with the broader aims of the IEHG. This service continues to grow in number and complexity and is one of only two dedicated adolescent gynaecology services in the country, attracting referrals from units nationally. Following an audit of adolescent obesity levels, an adolescent nutrition service has been established with good effect. In 2018, the first case of ovarian tissue cryopreservation in Ireland in a fourteen year old girl was performed at NMH in conjunction with the team at Oxford. Current work aims at establishing a fertility preservation service. The team have also developed links with endocrinology, medical and surgical teams in Crumlin Children's Hospital.

It has been good to see our Outpatient Hysteroscopy Services grow and the new treatment suites for Colposcopy provide a much enhanced facility.

A major gynaecological strategy of my mastership has been to build capability in Gynae care including cancer care. Every year 1200 women in Ireland are diagnosed with Gynae cancer and 500 women die. Despite this services are patchy and consistent with this Ireland sees some of the poorest outcome in women with gynae cancer in Europe. The teams at NMH, SVUH and the Mater Hospital led by Professor Donal Brennan and under the auspices of Ireland East have created a virtual Gynae Cancer centre within Ireland East. This has been achieved through implementing joint consultant appointments, joint multidisciplinary care meetings and rationalisation of operation site. Since its inception the group now cares for 50% of gynae cancers and serves a population of 2 million people.

There is currently huge demand for urogynae services in Ireland nationally and as waiting lists grow it is clear that this is an area that requires significant development. In 2018 and in to 2019, mesh procedures in urogynaecology have been temporarily suspended as they have been in the UK pending review of

consent issue, information storage and guideline development. I am old enough to remember Burch colposuspensions and the hazardous journeys in to the cave of Retzius. Ireland generally uses little mesh in the management of vaginal prolapse but has an excellent record with the use of mid urethral slings in the treatment of urinary incontinence. NICE have recently come out strongly in support of mid urethral sling use and hopefully this current situation can be resolved. The suppressed demand and growing waiting lists are very challenging, with huge implications for women who experience very debilitating symptoms in relation to urinary incontinence and other problems.

Over the decades 1994 to 2010, new cases of cervical cancer were increasing in a linear fashion from a rate of approximately 10/100,000 to 15/100,000 and were projected to reach approximately 18/100,000 by 2025. Since 2010, new cases of cervical cancer have been reducing by 7% per year and projected figures suggest a reduction in new cases of cervical cancer to just over 5/100,000 by 2025 (National Cancer Registry of Ireland 2018). As of September 2018, the programme has performed over 3 million tests in 1.2 million women, detecting and treating high grade pre -cancer in approximately 65,000 women. A number of new initiatives were delivered to improve the programme including HPV testing in the follow up of women attending colposcopy as

well as HPV triage for the management of women with low grade abnormalities. The addition of the HPV vaccine another important intervention.

It is difficult not to reference the current controversy in cervical screening and the publication of the recent Scally Report which is an excellent patient impact report, with many important observations and recommendations. It focused on the scoping enquiry into the conduct and disclosure of a retrospective, non-blinded cancer review process carried out by CervicalCheck, dealing with issues of disclosure, governance and quality assurance. Retrospective audits of incident cancers are performed in many, but not all, international screening programs - however there is no consensus as to whether the results should be subject to mandatory disclosure and no international guidelines as to how this should occur.

The Scally report did not find a major issue with the screening program itself, but did highlight the profound difficulties in communication of the results of the CervicalCheck cancer review to women in April and May 2018. Dr Scally noted that these meetings took place against a background of “a fevered environment with a crisis of confidence” in the screening programme. The unusual insertion of patients’ unattributed



Prof Shane Higgins, Dr Ruaidhrí McVey, Isobel Foley and Keith Smith at Charter Day celebrations

comments throughout the report from this period became the focus of much media reportage, detracting attention from the very serious issue of the future viability of this and other screening programmes in an Irish context.

At the time, there was a public outcry with many misleading comments from politicians and media commentators. Some people appeared to believe that Doctors had withheld cancer diagnoses from patients and therefore had prevented treatment while basic concepts of screening were ignored with little regard for the difference between a screening test and a diagnostic gold standard test. The requirement for a cytology screen to confer absolute confidence that there is no abnormality will pose huge problems for cytology screeners who will fear litigation if they wrongly call a test normal. This will at the least lead to additional unnecessary testing and may deter laboratories from taking part in screening programmes. The cycle of repetition in screening programmes is designed to minimise the incidence of missed disease. The political decision to offer a random repeat screen to women has proved counterproductive in terms of overwhelming laboratory capacity, increasing systemic delay and patient anxiety with little likely benefit. The potential for inappropriate provision of Pembrolizumab on political grounds for the treatment of cervical cancer patients will do little to enhance treatment of cervical cancer and may mean that some patients who would benefit from this drug may not have access to it.

It is important to acknowledge the strength and courage of patients like the late Laura Brennan who have told their stories publicly and who have advocated for the importance of HPV vaccination and a robust cervical screening programme. As the initial furore dies down and we enter a more reflective period, the biggest question must be the viability of any screening programme if in line with a recent high court judgement, absolute confidence in normality in any single screening test is a standard.

Education and Research

In 2013 we opened our wonderful new Clinical Education Research Centre which is a fantastic resource. The dark, cramped inadequate teaching facilities which were replaced by bright classrooms reflecting the serious commitment this hospital has towards teaching and research. Every year we produce approximately 120 publications on a range of topics including obesity, diabetes, labour and neonatal brain injuries. Our education centre also allowed for the creation of a new antenatal education centre for patients, new physiotherapy facilities and

new office and corporate space which moved from the Hospital to no. 66 thus increasing the clinical space available to patients.

Hard work and years of study and experience in a wide range of clinical and administrative specialties merge together in our Hospital to produce outcomes we can be truly proud of. And we are constantly striving to be better, as evidenced by the myriad of peer reviewed publications produced every year at NMH and the vibrant educational sessions held every day at this Hospital to undergraduates and postgraduates alike. We have been well served by the constant audit of our outcomes and practice which has allowed us to direct innovation and training. As a teaching Hospital, over the last six years, we have assisted in the training of almost 900 undergraduate medical doctors, and approximately 650 midwives and 900 student nurses. Our new Transition Year programmes in midwifery and medicine are becoming increasingly popular and through these we hope to attract the next generation of doctors, midwives, laboratory assistants and care attendants and many others to the rich and diverse environment of NMH. We have been delighted to welcome Fellows from Italy, Turkey, Australia, America, Holland, Switzerland and Croatia and we enjoy a truly international staff and patient body. Almost 40% of our patients are from outside of Ireland.



Claire Callanan, Beauchamps Solicitors with Ronan Gavin, Secretary/General Manager at Charter Day

We have seen four major academic appointments from our staff; Professor Fionnuala McAuliffe to the Chair and Department Head of Obstetrics and Gynaecology at UCD and Professor Eleanor Molloy to Chair and Professor of Paediatrics, TCD, and Professor Donal Brennan to the UCD Chair of Gynaecological Oncology and Professor Declan Keane to RCSI.

In 2015 we were very proud of the positive review by RCPI when they assessed the Specialist Register Training in the hospital and it was encouraging to see recognition of our Post Graduate Training in our daily multidisciplinary commitment to teaching. Our Drills and Skills programs were particularly recognised.

In the last seven years we have seen significant advances in our staffing levels at the hospital. On the NCHD front I was very encouraged by our excellent progress towards achieving European working time directive across all specialties and by 2015 we were reaching 100% compliance in the majority of domains across Obstetrics, Neonatology and Anaesthetics.

The introduction of two obstetric registrars on call at night was an important advance when one considers the high level activity here. The Birth Rate plus study determined that Ireland was short approximately 140 midwives, 25 in this Hospital. Since then we have successfully recruited these 25 midwives to great effect.

In my annual report of 2015 I highlighted my view that Tertiary Centres on the scale of NMH require 24/7 on site consultant presence as opposed to the current 24/7 on call system existing now. I continue to lobby for this and provision is made for this in our service plan at IEHG level. However, the cumbersome and tardy process of appointing medical consultants in Ireland is unhelpful when one considers the deficit of consultant posts in Ireland and the very worrying trends in relation to recruitment and retention of doctors, the reliance on locum posts and international medical graduates. Despite the various barriers, good progress was made in 2018 in getting a number approvals for consultant posts across the line, with the approval of additional neonatal, anaesthetic and 2 obstetric consultant posts and one replacement O&G post. In 2018, I was delighted to formalise our longstanding collaboration with the RCSI with the appointment of Professor Declan Keane.

Clinical Governance

Throughout 2016 the Clinical risk team under the stewardship of Dr Luke Feeney developed our clinical risk management system, moving away from the old risk register system to a more interactive process where events are linked to known and identified risks. DORMS provides all staff with critical data and information (online and printed report) to proactively manage clinical risk to support more reliable, consistent and safer patient care decisions and service. DORMS is fully compliant with the NMH evidence-based ISO 31000/27005 framework and additionally assures application of the selected methodologies to deliver the risk management process, i.e. Health Services Executive (2011); Hillson (2010); National Patient Safety Agency (2006) and Office of Government Commerce (2009). Additionally in 2017 DORMS was reviewed and validated by State Claims, AON, Ireland East Hospital Group and HSE. Elements have been implemented in a number of hospitals in Ireland and overseas.

In 2018, we went “live” or paper light with the introduction of electronic patient record or MNCMS (Maternal and Neonatal Clinical Management system). Interestingly, we became the first all electric hospital in 1931. This has been a massive undertaking and there has been a great deal of preparation required over the past two years. A huge congratulation to Dr. Michael Robson and to the late Dr Tina Murphy who have lead this project, not just at the National Maternity Hospital but nationally in conjunction with the HSE. Dr Murphy leaves a huge legacy of contribution at NMH and she will be missed terribly. I would also like to congratulate all staff here who have grappled and struggled and succeeded with good humour and great effort in the first year as we transition and say goodbye to our paper charts and welcome the digital era of our BMWs. The IT department and particularly Martin Keane deserve particular congratulation. A huge number of computers, printers and scanners were required, Wi Fi was installed despite the thick walls of our old building and existing systems still had to be managed. This continues to be enormous work.

The Co-Location of NMH with SVUH Project

Throughout 2012 a great deal of time and effort was spent investigating the possibility of rebuilding the National Maternity Hospital in a modern, fit for purpose facility co-located with a general hospital so that our families would have access to the excellent care on site from all the medical, surgical and diagnostic disciplines which support our work. During that year we spent some time looking at the Elm Park buildings, completing a high level feasibility study but it wasn't to be. Despite the challenges

brought by 2013 the hospital stayed firmly on course and achieved a long awaited goal of a government commitment to relocate NMH to the St. Vincent's University Hospital Campus. This commitment of 2013 was the most important the hospital had ever received and we are very grateful for the successive ministers; Reilly, Varadkar and Harris who supported women in this initiative.

Despite a number of complex issues arising in relation to the management and ownership of the co-located National Maternity Hospital on St. Vincent's Hospital Group Campus, plans for the new hospital continued in 2015 with the completion of stage 2A of the design and advanced preparations to submit the planning application to An Bord Pleanála. Throughout 2015 NMH engaged tirelessly to progress our move and to this end of the hospital greatly appreciated the hard work of so many groups including staff at St. Vincent's hospital and The National Maternity Hospital, the design teams and the staff of HSE estates and the steadfast support of Minister Varadkar and the Department of Health was also deeply appreciated.

At the heart of the challenge was the desire to protect tertiary maternity and neonatal services, for St Vincent's to protect services for their patients and at the same time achieve the collaboration that has the capacity to profoundly elevate the services available to women and infants. I believe and have always believed that the tertiary care of women and infants is highly complex and requires dedicated funding, dedicated infrastructure and dedicated strategic focus so that the wide range of specialties involved flourish and deliver excellence in clinical care.

In November 2016 following several mediation attempts the Mulvey Agreement paved the way forward for our collocation with St. Vincent's and we remain deeply grateful to Kieran Mulvey for his work. Under the terms of the Mulvey Agreement, the operation of the National Maternity Hospital will transfer to a new company which will be overseen by a Board which will have sole responsibility for the clinical governance of the new hospital. This role is defined clearly in the "Reserved Powers" set out in the Mulvey Agreement and gives the new NMH Company Board clinical and operational independence, control of finance budget, the hospital building and appointments of personnel. Critically the Mulvey Agreement ensures the retention of the Mastership Model and is clear that the new hospital would not be subject to any religious ethos but will have full autonomy and independence to deliver appropriate healthcare according to current and future standards.

In 2017, our aspiration to move the Hospital was put in grave jeopardy by untrue and deeply disingenuous claims that the New Hospital would be run by the nuns and that certain medical procedures would not be available to patients. Newspaper articles deeply misrepresenting the terms of the Mulvey agreement were published with scant regard for the stated positions of both hospitals. Thankfully after a short period these claims evaporated when the facts emerged. The religious Sisters of Charity never sought to have a role in the operation of the new hospital and by the time the Mulvey agreement was published in 2016, the Sisters plan to withdraw from clinical healthcare in Ireland was well established. The operational independence of the new hospital was always guaranteed under the terms of the Mulvey agreement which underpins all ensuing legal arrangements. I was very saddened to observe the unwarranted vitriol levelled at the Sisters of Charity during 2017 and the inappropriate conflation of past events. The narrative that the nuns were "forced out" by the vitriol of 2017 is an inaccurate and odd distortion. Ireland's longstanding and terrible treatment of single mothers in Ireland both before and long after the formation of the Free State belonged to all of our society. The building of the new Hospital at SVUH represents a wonderful step in rewriting our past narrative and creating an exciting future of opportunity and enhanced healthcare for families in Ireland. The governance arrangements mandated by the Mulvey Agreement also represent a very clear separation of Church and State in medical matters which is very important and very welcome. The granting of planning permission for the New Hospital with such a positive report was a wonderful endorsement of the efforts of so many people.

Finally, I am pleased to report further progress on our move to SVUH. Despite major pressure on the Capital budget, in December 2018 the Minister reaffirmed his commitment to the project and ensured capital support for on-going enabling works and for early works to commence on the main build. In parallel a range of work streams have commenced which include future workforce planning, legal arrangements, transformation programmes, IT infrastructure, commissioning and operational readiness. It is a very exciting time for the Hospital and really wonderful to see so much work by so many people come to fruition, and to see such opportunity ahead for the Hospital. It is wonderful to think that women attending us care will receive care by a committed staff in a building specifically designed to deliver that care to the highest standard.

So finally a few words on the challenges ahead

The State Claims Agency reported that the liability for clinical claims was 1.6 billion by the end of 2016 representing a 23% rise in the previous year with 65% accounted for by maternity care despite improving outcomes. This current medico legal system is tardy, expensive and deeply adversarial which does not serve society well. Adversarial relationships are by their nature limited.

Recently we have seen legal involvement within days of an adverse outcome with the hospital prevented from making any direct contact with patients and their families, directly cutting across open disclosure and the fundamental nature of clinical relationships.

We have also seen on occasion, various media outlets used to propagate a range of misstatements in relation to clinical cases despite legal processes being in train. The hospital is deeply constrained in its ability to correct the public record and in my experience this has had a deeply damaging institutional and individual effect. A striking example of the current difficulties is to be found in the events following the very tragic death of Mrs Malek Thawley in our care following an emergency laparoscopic procedure to treat ectopic pregnancy. It is impossible to find appropriate words for the scale of this tragedy and from the outset, the Hospital admitted liability and we apologise unreservedly for her death as a result of a catastrophic surgical accident.

Following her death, the Hospital conducted a robust peer-reviewed investigation, with external involvement, and this review was endorsed by HIQA. In July 2017, the HSE were asked to independently examine the report and found that it was clinically appropriate and exceeded national guidelines. A two-day Coroner’s inquest was held in public, and the Coroner returned a narrative of medical misadventure and endorsed the recommendations made in our internal report based on our learning as a Hospital.

In August 2017 the Hospital was told by the Minister that regardless of the outcome of the HSE review, a fourth review would be conducted if Mr Thawley wished. The Hospital was happy to proceed with a fourth investigation to maximise national learning, and we suggested the Royal College of Obstetricians and Gynaecologists (RCOG) as an appropriate body with the appropriate expertise to conduct such a review. Had this occurred, we believe such an investigation would have expedited closure for the family and staff and would have avoided a costly legal process.



Cathy Fleming with Prof Eddie Gallagher, retired Consultant Anaesthesiologist

However, the Minister sought to hold an inquiry under Section 9 of the Health Act. To hold such an inquiry the law says the Minister must reasonably believe there is a serious on-going risk to patients at the hospital. On behalf of our staff, and in order to reassure the thousands of women across the country that use our services as a tertiary referral hospital, we were obliged to go to court to make clear that there were no grounds on which the Minister could have formed this view.

In September 2018, the High Court quashed the Minister for Health’s proposed investigation into the National Maternity Hospital under Section 9 of the Health Act, on the grounds that it “unambiguously flies in the face of fundamental reason and common sense”.

The High Court said in very clear terms that the position adopted by the Hospital was appropriate and that the Minister had no grounds for ordering this review or suggesting that there is a serious on-going risk to patients. The judge also noted that “not to have challenged the decision...would have been an absence of governance.” He said good governance entailed maintaining the confidence of patients in the service we provide, and this was particularly important “when those attending the hospital are women at a particularly vulnerable time of our lives”.

The judgement says that the Minister made his decision to seek this Section 9 inquiry having received briefing notes that made no reference to the report of the review this hospital carried out, or to the HSE report, or to the sworn evidence at the Coroner's inquest. The judge said that the patient safety concerns given by the Ministers officials as justification for his proposed inquiry "stand up to no scrutiny". This is a very important finding as the declaration of serious concerns has very negative implications for the hospital and the hospital was deeply upset when these concerns were not communicated, not substantiated and indeed some concerns were conceded during cross examination.

Taking legal proceedings against the Minister for Health is not something we did lightly. However his refusal to meet us to discuss this and his refusal to state the alleged serious risk at the Hospital left us with no option but to go to the High Court and seek answers.

Nonetheless, when all is said and done, at the heart of this, is the terribly tragic loss of a young woman Mrs Thawley who died in our care. There are many lessons to be learnt and as agreed prior to the proposed section 9 investigation, the Hospital remains committed to assisting the Department in advancing national learning. HIQA is currently undertaking a review of all maternity units in relation to emergency services. We are working with HIQA on this and look forward to any learning emerging from that.

This case is just one example of the current dysfunction that exists in Ireland in relation to care for patients following adverse outcome in a deeply punitive and adversarial medico-legal environment that pits patients against their doctors in a process that is becoming increasingly aggressive and politicised. I believe the political, medical and legal professions can find a better way of collaborating in the interests of patients.

The second major challenge of the coming years is recruitment and retention of midwives and doctors. Ireland has one of the highest levels of dependency on international medical graduates in the OECD. 38% of doctors retained on the Irish Medical Register graduated with the basic medical qualification from outside of Ireland. This proportion is particularly high in Obstetrics and Gynaecology at 58%.

In a recent survey Obstetric trainees – the majority of whom are women – 3% of trainees said they would strongly recommend and 22% they would moderately recommend a career in Obstetrics to a family member, citing their leading concerns as working conditions, spiralling medical negligence claims, being named in

complaints and the constant and personalised nature of media reporting in relation to Obstetrics.

Currently, there are 3,155 HSE approved consultant posts in Ireland. 350 hospital consultant posts are vacant with an additional 1400 extra consultants required. The PAS which runs recruitment campaigns on behalf of the HSE showed that it was unable to identify a suitable candidate for 22 of 84 consultant posts in 2016 and 8 posts that were advised did not get a single applicant. Since March 2008, 87 consultants in Ireland who are not on the Specialist Register were appointed 27 via agencies.

I am deeply concerned by attrition rates in Obstetrics and Gynaecology. I have seen a number of brilliant young doctors leave our specialty and when you talk to them they are consistent in their assertion that they are fearful to practice Obstetrics in Ireland. It is inherently high risk while the system is inherently deeply punitive.

We have recently seen the publication of the National Maternity Strategy, The HIQA Standard for Maternity Care and The 10 Year National Health Strategy. It is to be hoped that these initiatives will bring benefit but it is imperative that they are supported by adequate front line staffing and resource - an important factor given present attrition rates. The deficits on the front line have not been and will not be met by the increasing incoherence in the number and complexity of healthcare administrations, with a large increase in senior administrators above the level of the hospital. There has been surprisingly little analysis of these trends which are reflected in confused lines of accountability and authority. The future must include better collaboration between the organisations that deliver healthcare in Ireland. If the formation of Hospital Groups is the current policy, it is important that the groups are given the appropriate autonomy to deliver the best care possible to patients within the resources available. That includes autonomy in relation to budget, employment and infrastructure. The focus must always be safe efficient service delivery and there are huge innovations to make in healthcare service delivery in Ireland, particularly in relation to the integration of community and hospital services.

It was a unique period in the history of Irish maternity services when the legacy of our deeply painful past collided with current challenge. As a country, we listened and acknowledged the harrowing stories finally told of the institutionalisation of mothers and children because of poverty, difference or because of a failure to meet the social norms of a society that demanded a rigid conformity to the mores



Prof Declan Keane, former Master with incoming Master Prof Shane Higgins at Charter Day celebrations

of the day. The exclusion of unmarried mothers and their babies was not simply a moral issue but was a direct cause of excess maternal, perinatal and child mortality, while the emotional cost is inestimable. The criminalisation of contraception and the use of symphysiotomy in the context of large families in times when both church and state were aligned in policy and teaching that had major implications for women’s reproductive health. At the same time, Ireland examined the really difficult issue surrounding termination of pregnancy. We heard so many women and men speak courageously of their personal experience of travelling outside this jurisdiction – often to the UK - to access termination of pregnancy in the most painful of circumstance including serious fetal anomaly. The requirement for there to be a substantial risk to life in the case of maternal illness before a termination of pregnancy could be legally provided. The backdrop of criminalisation in these complex difficult matters with little attention paid to women’s physical autonomy. The last years have also been characterised by a sharp media focus on maternity services present and past. This has been very negative at times and has provided important feedback which will help us develop our services so that we truly partner our patients. Nonetheless, it is also important to acknowledge the many episodes of good and excellent care daily and the warm and positive relationships between staff and patients that can occur not just in times of good outcome but also and perhaps more importantly in times of adverse outcome. It is also important to acknowledge the advances made and the determination through a variety of strategies to enhance our care and collaboration with women and families.

I am enormously proud to have served as Master of The National Maternity Hospital over the last 7 years. I am truly in awe of the staff who work here. Every day I see extraordinary skill, commitment and dedication. I am delighted to pass the baton and the energy and excitement of a new Mastership to the capable hands of Professor Higgins and I wish him every success. I believe our future has never been more exciting and positive. Developments of the last years have set the stage for this hospital to expand its role on a large tertiary campus where women and infants will receive the best care possible. Today we are flourishing despite current difficulties. We should be proud of the advances made and the improved outcomes we have achieved. We must train and nurture our talented staff so that they can provide and advance the best possible care for our patients. We must strive always to do better again – to imagine and create a better future for the families in our care. That is the task of every generation.

And so I leave you as always with the hospital motto “Vita Gloriosa Vita”. Life Glorious Life. Our business, our duty and our great privilege.

Thank you.

Dr Rhona Mahony
Master

Finance Committee Report

The year-end outturn for 2018 reflected a small surplus of €537k based on HSE funding of just over €57.7m. This was an increase of 5% on last year which was much needed. The hospital also generated income from private and semi-private patients of €14.4m. This continued the slight downward trend, dropping a further 4% on comparable prior year figures.

NMH continues to be heavily reliant on funding from the HSE to maintain service levels at the highest of standards given the majority of our patients are public patients. Funding from HSE remains under pressure – the level is lower than we believe it needs to be but we also have concerns over the timing of confirmation of funding which leaves the hospital in considerable uncertainty for much of the year on whether essential expenditure will be funded. It is extremely difficult to plan ahead for the introduction of service improvements on this basis. Decisions have to be taken all the time by the Executive Management Team and the Finance Committee on areas of spend to be prioritised to preserve patient safety. This is far from optimal.

Expenditure levels for the year totalled €70.1m reflecting an increase of 3% on prior year. This can be broken down into pay at €56.7m and non-pay expenditure at €13.3m. Once again pay accounts for the majority of the expenditure of the hospital at over 80%. Pay costs increased by just over 7% and non-pay decreased by 12%.

The hospital, with oversight from the Finance Committee, has continued to maintain tight control over costs with overall expenditure coming in again under budget.

Pay levels are driven by head count numbers and agreed changes in national pay scales. Pay scales increased in the past 12 months as additional elements of national wage agreements came into play. This is outside of the control of NMH. Headcount levels have increased by 44 over the past year which represents the filling of some essential posts. NMH delivers an excellent service yet operates with a staffing level that is below best international practice. It also faces the same pressures as many other organisations in terms of recruiting and retaining the best people. One of the additional challenges that NMH faces is the timescale for HSE approval of new posts. This puts considerable pressure on existing staff to maintain high standards of care. The hospital also needs additional resources to properly plan for and execute the move to Elm Park which have not yet been approved.

The key items in non-pay expenditure relate to medicines, surgical appliances, laboratory costs and maintenance of the hospital. The first three of those costs are directly impacted by the level of activity in the hospital but also increasingly driven by the case mix that NMH handles each year. As a national tertiary referral hospital, the case mix being dealt with by staff continues to increase in complexity which has a direct impact on costs.

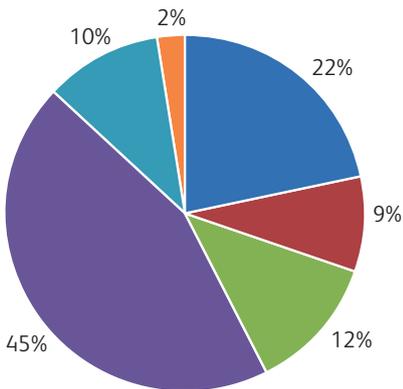
Whilst plans are well advanced to move the hospital's activity to the new purpose built facility at Elm Park; that is still some time away. So we continue to have to spend money to keep an aging facility as fit for purpose as is possible. That is reflected in maintenance expenditure, capital additions and improvements to hospital equipment and facilities of €2.95m. Planning for several small additional capital projects are well advanced which will go some way to providing additional improvement in the standard of facilities offered to our patients right up until the move. In 2019 this will include a new Labour Delivery Unit and expansion to our Theatre capacity.

Other areas of focus by the Finance Committee during 2018 included the on-going review of the Governance of the hospital and addressing the challenges associated with the introduction of the new MN-CMS system and new GDPR legislation.

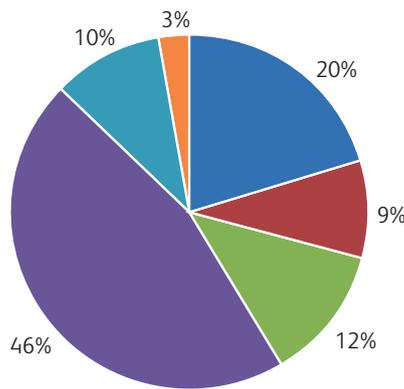
So another challenging year on the finances but delivering strongly on service to our patients thanks to superb efforts from all the staff. We would also like to pay tribute to the outgoing Master Dr Rhona Mahony for fantastic service to the hospital and welcome her successor Prof Shane Higgins.

Michele Connolly
Honorary Treasurer

2018



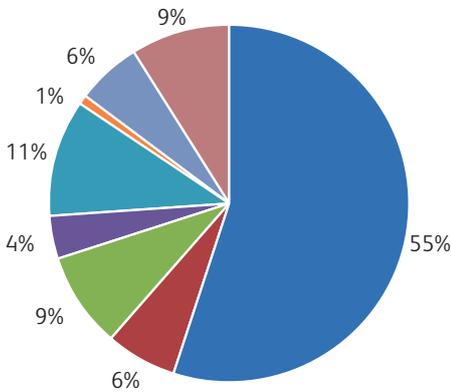
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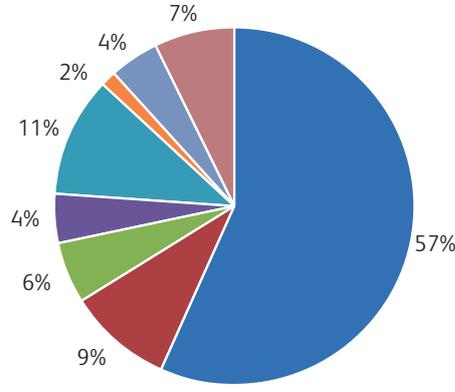
Pay Costs

- Consultants and NCHDs
- Paramedical
- Administration
- Midwifery and Nursing
- Support Services
- Pensions and Lump Sums

2018



2017



Non Pay Costs

- Medical
- Maintenance and Furnishings
- Finance
- Computer Expenses
- Utilities
- Training and Assoc. Costs
- Office Expenses
- Miscellaneous

Pay Costs	2018	2017
Consultants and NCHDs	12,349	10,785
Paramedical	4,933	4,638
Administration	6,872	6,494
Midwifery and Nursing	25,264	24,186
Support Services	5,948	5,304
Pensions and Lump Sums	1,337	1,352
	56,703	52,759

Non Pay Costs	2018	2017
Medical	7,669	8,741
Maintenance and Furnishings	887	1,415
Finance	1,204	879
Bad debt provision	-554	-144
Computer Expenses	537	657
Utilities	1,480	1,663
Training and Assoc. Costs	108	249
Office Expenses	795	649
Miscellaneous	1,234	1,105
	13,360	15,214

Executive Committee Report

Executive Committee

At the 2018 AGM the outgoing members of the Executive Committee were elected as ordinary members of the Executive Committee for the coming year. Mr Nicholas Kearns was re-elected as Deputy Chair at the first Executive Committee meeting after the AGM.

Ms Pamela Fay resigned from the Executive Committee in August 2018 and the Hospital is very grateful to her for her work and commitment over several years.

Much of the time of the Executive Committee was taken up with considering the Minister for Health's requirement that HIQA conduct an investigation under Section 9 of the Health Act 2007. This arose out of the tragic death of Ms Malak Thawley in May 2016. Such a requirement, following the detailed meticulous report of the Hospital, the review of that Report by the HSE without adverse findings and the Coroner's Report, was difficult to understand particularly as neither the Minister (despite the Executive making repeated requests for a meeting with him) nor the Department had made the Hospital or its Master aware of any concerns they might have had. To avoid further disruption to the Hospital's staff and patients, the Executive, after serious consideration and bearing in mind the reports already carried out, decided to seek a judicial review of the Minister's decision. After a five day hearing in the High Court, the Court held that it was "irrational and unreasonable for the Minister to direct" such an investigation; costs were awarded against the Minister. The Court concluded "not to have challenged the decision to hold a s9 investigation, with all that implies, would have been an absence of governance". It is most regrettable that the Hospital and the Executive had to devote so much time and energy to have the Minister's decision overturned.

The second principal subject which challenged the Executive was the termination of pregnancy service. In compliance with national policy, the Executive agreed that the service should be provided. Staff members having a conscientious objection are not required to participate in the service. A particular difficulty was the lack of timely guidelines from the Department of Health in the provision of such service in a safe manner. An additional challenge has been to find appropriate space within the confines of the Hospital so that patients availing of the service have privacy from patients giving birth to new life.

The Executive Committee met on fifteen occasions in 2018. Attendances were as follows:

Member	Meetings Attended	Meetings Appointed to Attend
Mr Justice David Barniville	10	15
Dr Ingrid Browne	13	15
Ms Claire Byrne	2	15
Ms Michele Connolly	13	15
Fr. Enda Cunningham	12	15
Mr Aidan Devlin	13	15
Mr Frank Downey	9	15
Ms Pamela Fay	3	10
Ms Isabel Foley	13	15
Mr William Johnston	13	15
Prof. Declan Keane	12	15
Mr Nicholas Kearns	14	15
The Lord Mayor, Cllr. Micheál MacDonncha	1	7
The Lord Mayor, Cllr. Nial Ring	3	8
Dr Rhona Mahony	14	15
Mr Kevin Mays	8	15
Ms Christine Moran	10	15
Ms Eugénée Mulhern	8	15
Dr John Murphy	10	15
Cllr. Micheál MacDonncha	1	8
Prof. Fionnuala McAuliffe	10	15
Ms Jane McCluskey	12	15
Prof. Peter McParland	13	15
Ms Elizabeth Nolan	11	15
Prof. Colm O'Herlihy	11	15
Cllr. Naoise Ó Muirí	13	15
Ms Patricia O'Shea	11	15
Dr Michael Robson	11	15
Mr Stephen Vernon	11	15
In Attendance		
Mr Ronan Gavin	13	15
Ms Mary Brosnan	11	15
Mr Alistair Holland	14	15
Prof. Shane Higgins (Master Elect)	6	9

His Grace the Catholic Archbishop of Dublin does not normally attend the meetings but attended one meeting in July 2018.

Governors

Following the Nominations Committee’s recommendation, at the AGM Dr Roger McMorrow, Consultant Anaesthetist and Clinical Director was elected as a Governor and the election of Mr Justice David Barniville by the Executive Committee in September 2017 was ratified.

During the year a number of Governors died and we extend our sincere condolences to their families. They include: Dr Reginald Jackson, retired Consultant Obstetrician/Gynaecologist, Mr Peter Sutherland, Mrs Helen Moe, Dr Dermot MacDonald, former Master and retired Consultant Obstetrician/Gynaecologist and former Governor, Mrs Emer Meagher.

Dr Dermot MacDonald, as Master from 1977 to 1983, raised considerable funds for the Hospital’s Research Programme; he established the Ethics Committee and the bereavement counseling service; he introduced the policy of allowing husbands to attend at the delivery and for siblings of the newborn to visit their new sister or brother at the Hospital. The significance of his leadership can be seen from the fact that during his term the proportion of births in the Hospital relative to the rest of the State increased significantly.

Sub Committees of the Executive Committee

House Committee

The House Committee continued its work in conducting on-site inspections of the various areas in the Hospital. The Committee, which is one of the longest serving, assists in ensuring that the Hospital’s infection control strategies are effective. They met on five occasions in 2018 and attendances were as follows:

Member	Meetings Attended	Meetings Appointed to Attend
Ms Catherine Altman, Chair	4	5
Ms Sara Appleby	4	5
Ms Sheena Carton	4	5
Ms Jane Collins	2	5
Ms Fiona Davy	5	5
Ms Elaine Doyle	3	5

Ms Lydia Ensor	2	5
Ms Judith Meagher	5	5
Ms Margaret McCourt	3	5
Ms Margo McParland	3	5
Ms Anne Murphy	4	5
Ms Teresa Murphy	3	5
Ms Kathleen O’Grady	4	5
Ms Bernie Spillane	3	5
In Attendance		
Ms Mary Brosnan	2	5
Mr Mark Anderson, Hygiene Services Manager	5	5

Nominations Committee

The Nominations Committee met once during 2018 and recommended one new Governor for election during the year, Dr Roger McMorrow.

Attendances were as follows:

Member	Meetings Attended	Meetings Appointed to Attend
Mr Nicholas Kearns	1	1
Dr Peter Boylan	1	1
Prof. Declan Keane	1	1
Dr John Murphy	1	1
Ms Eugénée Mulhern	1	1
Ms Paula Reid	0	1
In Attendance		
Mr Ronan Gavin	1	1

QRPS Committee

The QRPS (Quality Risk & Patient Safety) Committee, formerly known as the Risk Committee, was renamed during the year as part of the Governance review. QRPS Workshops were held during the year for Board members facilitated by the Director of Quality, Risk and Patient Safety, Dr Luke Feeney. Ms Elizabeth Nolan resigned from the Committee in December 2018. A separate report on the work of the Committee is provided on page 34.

The QRPS Committee met on six occasions in 2018. Attendances were as follows:

Member	Meetings Attended	Meetings Appointed to Attend
Ms Jane McCluskey, Chair	5	6
Mr Aidan Devlin, Vice-Chair	5	6
Mr Frank Downey	0	6
Prof. Declan Keane	4	6
Ms. Elizabeth Nolan	2	5
Prof. Colm O'Herlihy	4	6
Cllr. Naoise Ó Muirí	5	6
Ms Patricia O'Shea	4	6
In Attendance:		
Ms Mary Connolly, AON	6	6
Mr Ronan Gavin	4	6
Dr Luke Feeney	6	6
Mr Alistair Holland	2	2

Audit Committee

The Audit Committee continued its work throughout the year and a separate report on the work of the Committee is provided on page 34.

The Committee met four times during 2018 and attendances were as follows:

Member	Meetings Attended	Meetings Appointed to Attend
Mr Frank Downey, (Chair)	4	4
Ms Mairéad Butler	4	4
Ms Michele Connolly	3	4
Mr Aidan Devlin	4	4
Prof Peter McParland	3	4
In Attendance		
Mr Ronan Gavin	3	4
Mr Alistair Holland	4	4
Ms Alison Dingle, Admin Support	2	2

Finance Committee

As can be seen from the Financial Report summarised on page 91 the Hospital closed the year with a surplus of €537k. This was a very satisfactory result in light of rising costs and the on-going challenges to income. Further detailed commentary on the finances are provided in the Finance Committee Report, page 20.

The Committee met on thirteen occasions during the year. Attendances were as follows:

Member	Meetings Attended	Meetings Appointed to Attend
Mr Nicholas Kearns	11	13
Dr Rhona Mahony	10	13
Ms Michele Connolly	12	13
Mr William Johnston	10	13
Ms Isabel Foley	12	13
Ms Christine Moran	12	13
In Attendance		
Mr Ronan Gavin	11	13
Ms Mary Brosnan	8	13
Mr Alistair Holland	13	13
Prof Shane Higgins, Master Elect	5	7
Ms Geraldine Duffy, ADM&N	5	5

Developments

Having reached agreement with all relevant parties in 2017 on the co-location of the Hospital with St. Vincent's University Hospital at Elm Park, the Executive waited for most of the year to receive draft documents from the Department of Health. The Department, however, failed to engage once the Hospital initiated its judicial review proceedings in February 2018. In the judgment of the Court, "The decision to end talks on co-location could hardly be considered to be in the best interests of patient safety". In the latter part of the year talks recommenced and agreement in principle was reached with the Department of Health which enabled works to commence on the co-location site.

The Maternal and Newborn Clinical Management System (MN-CMS) was rolled out in January. This is a new system of patient records being kept and indeed recorded digitally. This has given rise to changes in work practices involving more time required by medical staff to properly record patient conditions. It was a regular feature of the Executive Committee's discussions throughout the

year. A very considerable amount of work was put in by Dr Tina Murphy, Project Manager and Dr Michael Robson, Clinical Lead in setting up the system as well as by Dr Luke Feeney, Director of Quality, Risk and Patient Safety, Mr Martin Keane, IT Manager and Mr Eoghan Hayden, Head of Clinical Engineering. It is with great sadness for all who worked with her that following establishment of the system Dr Tina Murphy became unwell at her desk and subsequently passed away earlier this year. Her dedication to the Hospital was massive.

During 2018 the Executive Committee established a Corporate Governance Steering Group. The Group, under the leadership of Board member Ms Christine Moran, revised the Code of Corporate Governance and the Code of Business Conduct both of which were approved by the Executive Committee as well as terms of reference for the Finance Committee, the Quality Risk and Patient Safety Committee and the Audit Committee. These also necessitated a change to the Hospital's Bye-laws and the website was updated.

Maternity Hospitals Joint Standing Committee

The Committee, under the Chairmanship of Dr Don Thornhill, continued to meet on a monthly basis during the year. All three Dublin maternity hospitals participate in this Committee and discuss issues of common interest and concern including but not limited to: Strategic issues facing maternity Hospitals, Cervical Check, Mandatory Open Disclosure, MN CMS operational issues, the implementation of the Maternity Strategy, co-location of maternity hospitals, Termination of Pregnancy Services, Independent review of the role of Voluntary Hospitals, private health insurers, SLAs for Section 38 and the status of Voluntary Hospitals.

Charter Day

We had a very good attendance at Charter Day which was held on the 8th February 2018 and was hosted by the Master, Dr Rhona Mahony and her husband Mr Daragh Fagan to whom we are most grateful. The Master delivered an informative and inspiring address to the Governors, staff, prize-winners and their families.

The 61st Annual Charter Day Lecture entitled "Women's Right to Health – Is SDG 5 Achievable by 2030?" was delivered by Professor Lesley Regan, MD, DSc, FRCOG, President of the Royal College of Obstetricians and Gynaecologists and Head of Obstetrics & Gynaecology at St. Mary's Hospital Campus, Imperial College, London and Deputy Head of Surgery and Cancer at the Imperial College London. The lecture was well attended and Prof. Regan was guest of honour at the annual Charter Day Dinner.

A Symposium entitled "The Future is Seeing More" was held on Friday, 9th February 2018 as part of the Charter Day celebrations and took place in the Lecture Theatre at 65/66 Lower Mount Street. The symposium was chaired by the Master, Dr Rhona Mahony. The following lectures were delivered:

"Patients Safety Culture – the Foundation for High Quality and Safe Healthcare in the National Maternity Hospital"
Dr. Luke Feeney, Director of Quality, Risk & Patient Safety, The National Maternity Hospital.

"The Current Status of Geonomics in Oncology"
Prof. Donal Brennan, Consultant Obstetrician/Gynaecological Oncologist, Mater University Hospital/The National Maternity Hospital/St. Vincent's University Hospital.

"Placental Pathology: Jenga, Smug Reports and Standardisation"
Dr Paul Downey, Consultant Histopathologist, The National Maternity Hospital/St. Vincent's University Hospital.

"It's all in the Microbiome"
Prof. Fionnuala McAuliffe, Consultant Obstetrician/Gynaecologist, The National Maternity Hospital and Head of Obstetrics/ Gynaecology, UCD.

Hospital Awards & Certificates

Awards for the year 2018 were presented at the Charter Day reception as follows:

Medical Students

John F. Cunningham Medal	- Dr Dora Gorman
RCSI / NMH Medal	- Aya Al-Hasani
Kieran O'Driscoll Prize	- David Connellan
A. Edward Smith Medal	- Not awarded.

Student Midwives

Hospital Gold Medal	- Joanne Chadwick (BSc in Midwifery)
	- Rebecca Mills (Higher Diploma in Midwifery)
Elizabeth O'Farrell Medal	- Emma Buggy (BSc in Midwifery)
	- Rebecca Evans (Higher Diploma in Midwifery)

Neonatal Medal	- Rachael Fleming
<i>(established by Dr Niall O'Brien)</i>	



Rebecca Evans (Elizabeth O'Farrell Medal Winner), Orla Gavin CPC coordinator and Rebecca Mills (Gold Medal Recipient)

Ms Mary Brosnan, Director of Midwifery and Nursing was awarded the international Florence Nightingale Foundation Leadership Scholarship for 2018.

Appointments, Promotions, Retirements and Deaths

In May a subcommittee of the Board together with external clinicians (the Panel) interviewed five candidates for the post of Master. Each of the candidates made presentations the previous day to the Governors and attended for 90 minute interviews with the Panel. Each of the five candidates were of exceptionally high calibre any one of whom would be suitable for the position. The Panel after due consideration recommended Prof. Shane Higgins. Subsequent to the recommendation, the Governors elected Prof. Higgins as Master to take office on 1 January 2019. Prior to his election, apart from his practice as an obstetrician/gynaecologist in the Hospital, Prof. Shane Higgins was heavily involved in the design of the new hospital to be co-located at Elm Park.

New appointments during 2018 included:

Ms Yvonne Connolly, HR Manager
 Ms Carla Grove, Radiographer
 Ms Laura Moyles, Radiographer
 Ms. Sarah Belton, Oncology Nurse Liaison
 Mr Emmanuel Ogungbe, Data Protection Officer
 Ms Kim Carolan, Management Accountant
 Ms Rosie Byrne, SPC Manager
 Mr Paul Humphreys, Executive Chef
 Ms Martha Jankowska, Catering Supervisor
 Mr Calin Buie, Household Supervisor

Internal Promotions 2018 included:

Dr Roger McMorrow, Clinical Director
 Ms Angela Angove, Radiographer Services Manager
 Dr Luke Feeney, Director of Quality, Risk and Patient Safety
 Ms Rachel Irwin, Quality Manager
 Mr Luke MacKeogh, Chief Medical Scientist
 Ms Clara Nolan, clinical Specialist Radiographer
 Ms Gwendolyn Montague, Tendering Manager
 Mr Claudiu Zselemi, Portering Services Manager
 Ms. Carolin Holmes, Perinatal Mental Health Midwife

Ms. Fidelma Martin, Neonatal Clinical Skills Facilitator
 Ms Catriona Cullen, Clinical Midwife Manager 3
 Ms Helen Thompson, Clinical Midwife Manager 2
 Ms Carmel Breen, Clinical Midwife Manager 2
 Ms Caitriona Sullivan, Clinical Midwife Manager 2
 Ms Erica Mullins, Clinical Midwife Manager 2
 Ms Mariola Buczkowska, Clinical Nurse Manager 2
 Ms Rabekah Benjamin Clinical Nurse Manager 2
 Ms Linda Coughlan, Clinical Nurse Manager 2
 Ms Sive Cassidy, Clinical Midwife Manager 2
 Ms Molly Vinu, Clinical Nurse Manager 2
 Mr Declan Corrigan, Grade VI, IT

Staff Retirements

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

Dr Carlos Blanco, Consultant Neonatologist
 Ms Geraldine McGuire, ADOM, Quality Manager
 Ms Breda Redmond, Senior Staff Midwife
 Ms Rosy Poulouse, Midwife
 Ms Pauline Burke, Admin, HR
 Ms Betty Hyland, Telephonist
 Mr Freddy Byrne, Maintenance Supervisor
 Mr. Kenneth Ray, Portering Services Manager
 Ms Kathleen Foley, Porter
 Mr Laurence Reddin, Porter
 Mr Noel Gilligan, Porter
 Ms Angela Jakobsen, Catering Assistant
 Ms Maureen Denton, Catering Assistant

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

Deaths

We send our sincere condolences to the family, friends and colleagues of Mr Stephen Newman, HSSD Manager, who died suddenly and in service during the year.

During the year a number of our retired staff died and we send our sincere condolences to their families. They include: Dr Reginald Jackson, Consultant Obstetrician/ Gynaecologist and Dr Dermot MacDonald, former Master and Consultant Obstetrician/ Gynaecologist and Mr Edward Kilfeather, Medical Technologist.

Towards the end of the year the Master's father, Mr Don Mahony, died while on holiday. Don was a great supporter of the Master during her term of office; we send our sincere condolences to Rhona, Daragh, her family, mother, sister and brother-in-law.

As noted earlier in this report, we also extend our sincere condolences to the family, friends and colleagues of Dr Tina Murphy, ADOMN, MN-CMS who died unexpectedly in March 2019.



Mr Stephen Newman

Conclusion

Finally, the Executive Committee wish to thank the Hospital Secretary/Manager, Mr Ronan Gavin, the Financial Controller, Mr Alistair Holland and all members of staff, medical, paramedical, midwifery & nursing, administration, maintenance, catering, portering and household. Their dedication and hard work in the face of increasing challenges is particularly appreciated.

2018 was the final year of Dr Rhona Mahony's mastership. During her mastership Rhona showed a remarkable ability to grasp immediately and articulate the relevant issues thrown up by the Department of Health, Ireland East, the HSE, finance and public relations. Apart from establishing the NMH Foundation, Rhona was instrumental in purchasing, with NMH Foundation funding, number 65/66 Lower Mount Street which provided much needed space for the Hospital and education facilities. Rhona oversaw also the establishment of the new intensive care unit for loved ones starting their lives enabling many parents to have their dreams fulfilled. Much of Rhona's time was spent in negotiating and undertaking, with members of the Executive Committee, three mediations before agreement was reached with St Vincent's University Hospital Group to co-locate the Hospital at Elm Park. As Master, Rhona never hesitated to lead discussion at the Executive Committee to resolve difficult issues for the betterment of the Hospital, its patients and staff. The Executive Committee are deeply grateful for Rhona's selfless work and wish her well in her future leadership roles.

Mr William Johnston

Honorary Secretary



Prof Shane Higgins with his wife Kate Higgins and daughter Tess Higgins

Secretary/General Manager's Report

In 2018 overall activity levels within the Hospital decreased again but continue to be at levels close to 8000 mothers delivered. The number of births dropped by a few hundred but again there was an overall complexity of patients receiving care. As in recent years many Hospital staff continued to be engaged on a number of projects associated with improving the facilities and services for patients. These included the introduction of the National Maternal Newborn Clinical Management System (MN-CMS) which had a successful “go-live” in early January. The co-location project to the campus at Elm Park continued with contractors coming onsite to commence a number of the enabling works. The detailed design will be completed in early 2019 to enable the project to be put out to tender. Once again many congratulations to everyone involved in the NMH, SVUH, HSE Estates and the design team in bringing the project to this stage. Towards the end of the year the Executive Committee appointed a co-location sub-committee to overview the ongoing progress of the project. The challenges of delivering patient services on the current site, with aging infrastructure and the limitations on any potential for expansion, are acknowledged by all parties. The necessity for our new co-located modern facility with appropriate governance and modern patient care facilities grows more urgent with each passing year. Whilst the co-location project continues to progress on the expected timelines this means that we still have a significant period of time on the current site. Some of the infrastructural deficiencies are of such magnitude that urgent works will be undertaken in the coming year in order to maintain safe services on the current site until the co-location.

It is anticipated that slightly increased levels of activity will be experienced in 2019. These activity levels, especially due to the complexity of our caseload, will continue to provide challenges for all of our staff. Increasing interactions and requirements from external stakeholders such as the National Women and Infants' Health Programme (NWIHP), Ireland East Hospital Group, Sláintecare and HSE, DOH and other stakeholders such as HIQA, continue to have a significant impact on delivery of care to patients and the resources required to provide these services. The plans for the introduction of new services under the Health (Regulation of Termination of Pregnancy) Act 2018 was a significant issue at year end in terms of the pressures to be prepared for the new services on 1st January 2019 and the need for discussions, guidance and resources at many levels both internally and externally. In the context of the DOH/HSE/IEHG/NWIP and Sláintecare to name but a few, it is very important to highlight the need for positive engagement and consultation with clinicians and service providers in advance of the introduction of changes. As with all changes it is important that appropriate resources are allocated to allow for



Kate Higgins, Dr Peter Boylan former Master and Judith Nalty, Physiotherapy Manager

the proper implementation. The breadth and complexity of the total activities delivered at NMH are superlative by any national or international comparison but particularly when considered in the context of scarce resources, both staffing and financial and the ongoing infrastructural requirements.

Onsite infrastructural issues continue to be an ongoing concern and priority for the management team in the context of maintaining standards of care and complying with various external standards and regulations. During 2018 additional and modern Colposcopy Suites opened, the new canteen (JJ's Bistro) had a successful debut and the new pharmacy project was completed with expected relocation and opening early in 2019. Urgent onsite infrastructure issues such as these have been identified and recognised by the Hospital and have been communicated to both the HSE and Ireland East and others. Certain issues are of such concern that the Executive Committee has approved urgent works, even in the absence of formally identified funding, in order to ensure continuation of services on the current site and in the context of efficient resource usage onsite in the interim period.

As always financial resources remained an area of focus during 2018. Patient incomes, reimbursement from the insurance companies and generally collectability were a primary focus. Discussions continued with some insurances companies regarding difficulties with differences of interpretation of various issues relating to patient billing. We have reviewed and improved the communications and information that we provide to patients

regarding the billing legislation and particularly the fact that insurance policies do not provide full cover for obstetrics. Patient incomes represents a major part of the hospital overall financial resources and without this income we would be unable to provide the full range of services.

Staff retention and recruitment continues to be a major concern for the management team. The trend of recent years of very experienced staff retiring continues to cause concern in relation to skill mix. The attractiveness of other jobs due to location, housing, transport and sometimes direct financial benefits remains a challenge. Outside of the major maternity units, many of the other maternity units have less intense activity levels and there are many options often to engage in non frontline work in a number of public and private institutions i.e. HIQA, hospital groups, NWHIP. The implementation of the Maternity Strategy has assisted somewhat with additional staff funding but it has also meant more jobs in other smaller Hospitals that may be more attractive for the reasons stated and thus causing difficulties in relation to staff retention. Qualified, trained, skilled and experienced staff are the prime resource in providing high quality patient services. We need to develop and pursue initiatives to ensure that when we invest in staff that we then retain these qualified and experienced staff.

Once again excellent clinical outcomes were sustained throughout the year even during a period when resources are limited and we deal with infrastructural deficits. These outcomes are due to the commitment and dedication of all staff.

We are proud of the fact that many Departments continue to attain and maintain accreditation to the highest of national and international standards. Our labs have attained and retained accreditation to ISO 15189 and we continue to maintain accreditation for the entire Hospital to environmental standard ISO 14001. Once again our Catering Department were presented with a number of awards during the year. All staff involved in these areas deserve to be congratulated for their efforts.

The Hospital Executive, after much consideration, requested a judicial review of a decision by the Minister to request HIQA to undertake an inquiry into a maternal death. This decision was taken in the context of a number of reports, including a Coroner's inquest that had already been undertaken and issued and had thoroughly dealt with the case. The result of this review was that the Judge found that the NMH Executive were correct and fully justified in this decision to request the judicial review and found that the Minister's request for a further inquiry had not been justified.

The report of the Independent Review Group appointed by Minister Harris and chaired by Catherine Day clearly recognises the role of voluntary agencies such as the NMH and makes a number of positive recommendations regarding the voluntary structures.

I would like to thank Dr Rhona Mahony, Master, for her leadership and support over the past seven years. I would also like to thank Ms Mary Brosnan, Director of Midwifery and Nursing and Dr Roger McMorrow, Clinical Director for their continued support throughout the year. I also wish to thank Mr Alistair Holland and Mr Francis Rogers for their assistance and advice though the year. The continued support of Clare Gray ensures much of the Hospitals administrative functions are dealt with effectively and efficiently and I wish to thank Clare for the continued invaluable contribution she makes to both myself and the Hospital. Finally, I wish to thank all the members of the Finance and Executive Committees for their continued assistance and support throughout the year.

Late in the year Mr Don Mahony, the father of the Master, Dr Rhona Mahony, passed away. Don was known to many of us from his advice and support during the years and he will be greatly missed not only for his wisdom but also for his manner which exuded good humour, calmness and empathy.

It is with regret that I note the untimely and unexpected passing of our colleagues Mr Stephen Newman in late 2018 and Dr Tina Murphy early in 2019. They will both be greatly missed by their friends and colleagues throughout the Hospital. May they rest in peace.

Despite all the challenges that face us every year the Hospital continues to provide a quality service with excellent clinical outcomes. This is no doubt due to the fantastic staff that work throughout the NMH. The coming years will present many other challenges and opportunities and as always our aim will be to continue to serve our patients and their families to the best of all of our abilities. The commitment of our staff is evident from our results and I thank everyone for their efforts throughout the year.

Ronan Gavin
Secretary/General Manager

Director of Midwifery and Nursing

The change associated with information technology involves a whole hospital system approach when the electronic patient record is introduced to an organisation. During January 2018, we experienced this at first hand with the introduction of the MNCMS electronic patient record (EPR). On go live day, January 13th, we went 'digital', leaving behind the green 'paper charts' forever. The midwifery and nursing team were centrally involved in this change initiative, ably led by Dr Tina Murphy, Project Manager, Dr Michael Robson, Clinical Lead and Mr Martin Keane, IT manager.

Charles Kettering said *'The world hates change, yet it is the only thing that has brought progress'*. Bringing in the EPR to our hospital was challenging due to the fundamental changes to our workflows and processes. It wasn't easy for those of us who struggle with technology, but it's becoming more familiar and part of our normal working lives. In addition to the project team leads, many staff across the multidisciplinary team acted as 'super users' and 'end user champions'. We were also very well supported by the Cerner team and the HSE National Project team, which was greatly appreciated as the staff became more competent in using the system

In February 2018 we saw the opening of our long awaited Triage Department. This has proven to be a very important and much needed dedicated facility for review of women attending for unscheduled care. I would like to thank Geraldine Duffy and Gillian Canty who worked with the wider multidisciplinary team in the planning, commissioning and smooth running of this Department.

Each year I remark on the efforts of the midwifery and nursing team in caring for women, babies and the families which takes great personal commitment. I receive countless messages from women who have been in touch to thank staff for their care and support during their pregnancy or Gynae procedure. This is so appreciated by the staff as it is very easy to forget the fundamental and positive impact of the work of midwives and nurses on the lives of so many people.

Gynaecological services continue to expand and gynaecological/ women's health services include urodynamics, colposcopy, perineal clinic, adolescent clinics, gynae-oncology, sub-fertility and hysteroscopy clinics and nurses are helping to drive all of these specialist areas. I want to particularly thank the colposcopy team for continuing to develop the colposcopy service and to cope with the additional volume of work during which was an incredibly challenging time for the service.

The Neonatal Intensive Care Unit experienced a very busy year, especially in the care of very premature babies. Our neonatal nursing team continue to develop their specialist nursing skills in areas such as in therapeutic hypothermia. The neonatal transport team also continue to expand their activity this year. Our new neonatal skills facilitator Fidelma Martin has been building on the excellent teaching foundations laid by Kevin Mulligan, who moved on to the CME in the Coombe Women and Infants Hospital.

The community midwifery team have been nationally acknowledged as the first hospital outreach community midwifery service in Ireland. They have been mentoring teams in hospitals within IEHG and across the country. The 'labour hopscotch' tool was launched two years ago as a mechanism to support active birth and to avoid or delay the use of epidural analgesia. Sinead Thompson and her colleagues have evaluated this tool as part of a research study in conjunction with UCD and are publishing the positive findings and sharing their expertise with other units.

Reflecting on the changes in our maternity population its very clear that the complexity of our case mix is higher. We are caring for many more women who have required assisted reproduction methods or are having their first baby as an older mother. As we continue to implement the National Maternity Strategy, we are focusing our midwifery care across all the care pathways, ensuring that women have the expertise of midwives leading their care in the supportive care pathway (midwifery led clinics in the hospital and community setting). When women have higher care needs, they will attend the clinics provided by midwives and the MDT (assisted care pathway). When a woman experiences a high risk pregnancy, the care is provided by obstetricians (specialist care pathway) and also supported by midwives and the multidisciplinary team. Each year some of our midwives are undertaking additional education in high dependency care, which is required due to additional numbers of women who require this care during and after the birth of their baby.

Bereavement care is extremely important as part of our maternity service and we are very privileged to have a very active multidisciplinary bereavement committee, led by Brenda Casey and Sarah Cullen who are constantly striving to improve our care to bereaved parents. On the first Sunday in October, the Annual Remembrance service was held in St Andrews Church, Westland Row with almost 1000 parents, families and staff participating. We could not do this without a lot of support from current and former retired staff and we are also very grateful to Feilecain and

A Little Lifetime for their support in helping us to provide cool cots and memory boxes for parents when they have experienced bereavement during the year.

This year there has been increased funding for Perinatal Mental Health (PMH) services following the publication of the National Model of Care for PMH. We are fortunate to have received funding to employ a new PMH midwife, Carolin Holmes to join the existing PMH team of Dr Anthony McCarthy and Deirdre Madden (ANP). This will be of great assistance to women who require additional mental health support during pregnancy or postnatally.

During the year, the planning of the new National Maternity Hospital at the SVUH campus continued which is very exciting as we plan the various elements of the new development. Many of the staff are working on user groups and are looking at international best practice with a view to future- proofing this wonderful new facility for the decades ahead.



Dr Tina Murphy ADOM/N MNCMS, with Mary Brosnan (left)

Education of midwifery and nursing students is a vital part of our role as a leading teaching hospital and I wish to congratulate all of our graduates on their achievements during the year. The education team led by Lucille Sheehy, the clinical placement coordinators, higher diploma midwifery co-ordinator, clinical skills facilitators and the preceptors in each of the clinical areas provided great support to the students. I particularly want to pay tribute to Niamh McDonald who was voted by the students as Preceptor of the year.

I am also very grateful to Lucille Sheehy and her team who, as part of the Joint Research Network with UCD and NMH, organised a wonderful conference in December to showcase all of the research that is happening in clinical midwifery practice in the NMH. It was an exceptional day, with guest speakers Professor Sarah Kenyon and Professor Declan Devane. I am also delighted to thank Paul Gallagher, the Chief Director of Nursing in IEHG, who chaired the event. I wish Paul well in his role as Chief Director of Nursing for the IEHG group which he commenced in May 2018.

It is also important to acknowledge Dr Rhona Mahony in her final year as Master and it was a privilege to work with her for the last seven years. In addition to her many achievements Rhona was centrally involved in the impetus to gain government support to develop the new National Maternity Hospital, the NMH @ Elm Park and I witnessed the very many long hours she dedicated to making this happen during her tenure.

Four midwifery and nursing staff completed Masters programmes and many others completed post graduate courses in midwifery care, leadership, bereavement, breastfeeding, obstetric ultrasound, all of which are supporting existing and new services within the hospital and community services.

Its worth mentioning the major 'red weather alerts' 'Storm Emma' and 'The Beast from the East' which happened in March. During these events, staff were incredibly resilient and battled the elements despite the weather warnings to come to work, often staying overnight locally. It is a testament to the dedication and commitment of the entire team.

In 2018 staff members, Ms Geraldine McGuire our Quality Manager, Ms Breda Redmond, Staff Midwife, and Ms Rosy Poulouse, Staff Nurse all retired after many long years of service to the hospital which was greatly appreciated. We wish them all many years of good health and happiness in the future. Sadly late this year, we had the unexpected death of Stephen Newman, our HSSD Manager and in March 2019 we had the death of Dr. Tina Murphy, ADOMN/MNCMS Project Manager. Both made a great impact on the hospital and were valued members of our staff. They will be missed by all who knew them. May they rest in peace.

Finally I want to reiterate my gratitude to all the midwifery and nursing and care assistant staff for all of their efforts to support maternity, neonatal and gynaecology care within the hospital. I want to pay particular tribute to my Assistant Directors of Midwifery and Nursing on day and night duty who are personally supportive to me and without whom I could not function. Geraldine Duffy supported me to take some study leave at the end of the year, as part of my Florence Nightingale Scholarship, which was much appreciated. Siobhan Flanagan and Lisa Murray work with me daily in my office and are such excellent colleagues. Thank you to each of you.

Mary Brosnan

Director of Midwifery & Nursing

Audit Committee

The Audit Committee continued its work throughout the year monitoring and reviewing the Hospital's internal financial controls.

The Audit Committee adopted their revised Terms of Reference and met on four occasions in the year. The Committee met with the external auditors, PWC, to agree their terms of engagement for the Annual Financial Audit. The Committee approved the Financial Statements, the Annual Report and the Annual Compliance Statement. They also reviewed Internal Audit Reports on Debt Collection Procedures, Remuneration and Payroll Processing, Capital Projects and GDPR Implementation and agreed the work schedule for 2019 with the internal auditors, BDO.

The members of the Audit Committee are Mr Frank Downey (Chair), Ms Michele Connolly, Prof Peter McParland, Ms Mairead Butler and Mr Aidan Devlin. Alison Dingle stepped down from her role in providing administration support to the Committee in May 2019 and the Committee would like to thank her for her work for the Committee since its inception

Mr Frank Downey

Chair

QRPS Committee

The Quality Risk and Patient Safety Committee of the Board ("QRPS Committee") (formerly the Risk Committee) adopted a revised Mandate (including Terms of Reference) which was approved by the Board in November. The aim of the QRPS Committee is to drive quality, risk and patient safety strategy, management and improvement within the National Maternity Hospital and provide a level of assurance to the Board that there is adequate and suitable governance of quality, risk and patient safety in place. Key areas of focus for the QRPS Committee in 2018 included:

- The implementation of Board approved QRPS Governance Structures;
- The implementation of the General Data Protection Regulation (GDPR)
- The oversight of the management of specific risks related to the implementation of the National Maternal & Newborn Clinical Management System (MN-CMS);
- Evolvement of all existing and implementation of new QRPS systems utilizing a customized, cloud-based platform.

The 2018 members of the QRPS Committee were: Cllr. Naoise Ó Muirí (Chair until March), Ms. Jane McCluskey (Vice-Chair until March, Chair from March), Mr. Aidan Devlin (Vice-Chair from March), Ms. Patricia O'Shea, Mr. Frank Downey, Prof. Colm O'Herlihy, Prof. Declan Keane, Ms. Elizabeth Nolan (resigned as a member in December) and Dr. Ingrid Browne (nominated as a member in December). In accordance with Section 8.1 of the QRPS Committee Mandate, Dr. Luke Feeney (Director of Quality, Risk and Patient Safety), Ms Mary Connolly (External Advisor, AON), and Mr. Ronan Gavin (Secretary/Manager, NMH) also normally attended QRPS Committee meetings. Mandated to meet at least four (4) times a year, the Committee met six (6) times during 2018.

Jane McCluskey

Chair

Board of Governors

Governors Ex-Officio

Dr Diarmuid Martin (Archbishop of Dublin – Chairman)
 Councillor Nial Ring (Lord Mayor - Vice Chairman)
 Dr Rhona Mahony (Master)
 Very Rev Fachtna McCarthy, Administrator, Parish of Haddington Road
 Very Rev John McDonagh, Parish Priest of the Parish of Sandymount
 Very Rev Enda Cunningham, Administrator, Parish of St Andrew, Westland Row

Nominated by the Minister for Health

Ms Patricia O'Shea
 Ms Pamela Fay (*to August*)

Nominated by Dublin City Council

Councillor Claire Byrne
 Councillor Micheál MacDonncha (*from July*)

Governors Elected

1969 Dr Alan O'Grady
 1980 Dr John R McCarthy
 1980 Dr Niall O'Brien
 1981 Mr J Brian Davy
 1983 Mrs Judith Meagher
 1984 Dr Dermot MacDonald (*RIP, October 2018*)
 1985 Dr Jack T Gallagher
 1986 Mr Gabriel Hogan
 1989 Mrs Anne Davy
 1990 Mrs Margaret Anderson
 1990 Mrs Kathleen O'Grady
 1991 Dr John F Murphy
 1992 Dr Frances Meagher
 1992 Mr Kevin Mays
 1995 Dr Declan O'Keeffe
 1995 Professor Colm O'Herlihy
 1996 Mr William Johnston, (Honorary Secretary)
 1997 Dr Peter Boylan
 1998 Mrs Joanne Keane
 1998 Mrs Anne Murphy



Mr William Johnston, Honorary Secretary with Prof Peter McParland, Consultant Obstetrician and Gynaecologist and Dr Roger McMorrow, Consultant Anaesthesiologist and Clinical Director



Mr Stephen Vernon with Bernadine O'Driscoll, Masters Secretary and Dr Peter Boylan, (retired) Consultant Obstetrician and Gynaecologist and former Master

1998	Mr Frank Downey	2011	Ms Teresa Murphy
1998	Mr Anthony Garry	2011	Ms Eugénée Mulhern
2000	Dr Freda Gorman	2011	Ms Fiona Davy
2001	Mrs Jane Collins	2012	Dr Michael Robson
2001	Ms Alexandra Spain	2012	Dr Deirdre MacDonald
2001	Mrs Margo McParland	2013	Prof Fionnuala McAuliffe
2001	Mrs Catherine Altman	2013	Ms Jane McCluskey
2001	Dr John Murphy, Paeds	2013	Ms Isabel Foley
2003	Mr Niall Doyle	2013	Cllr Naoise ÓMuirí
2003	Ms Lydia Ensor	2013	Ms Elizabeth Nolan
2003	Ms Sara Appleby	2014	Dr Ingrid Browne
2005	Ms Caroline Hayes (Simons)	2015	Mr Stephen Vernon
2005	Dr Peter Lenehan	2015	Ms Rachel Hussey
2005	Dr Orla Sheil	2015	Ms Niamh Callaghan
2005	Prof Peter McParland	2015	Mr Aidan Devlin
2005	Ms Sheena Carton	2015	Ms Lisa Taggart
2005	Ms Elaine Doyle	2015	Ms Helen Caulfield
2005	Prof Declan Keane	2015	Mr Pdraig McManus
2005	Ms Maeve Dwyer	2015	Ms Marie Daly Hutton
2007	Dr Kevin McKeating	2015	Mr Nicholas Kearns (Deputy Chairman)
2007	Mrs Mary Donohoe	2016	Ms Michele Connolly (Honorary Treasurer)
2008	Ms Catherine Ghose	2016	Ms Aoife O'Connor
2011	Mr Barry Dixon	2017	Ms Mairéad Butler
2011	Ms Paula Reid	2017	Ms Christine Moran
2011	Ms Suzanne O'Brien	2017	Mr Justice David Barniville
2011	Ms Margaret McCourt	2018	Dr Roger McMorrow
2011	Ms Bernie Spillane		

Committee Members

Executive Committee

Dr Diarmuid Martin, *Archbishop of Dublin, Chairman*
 Lord Mayor of Dublin, *Cllr Nial Ring, Vice Chairman*
 Mr Nicholas Kearns, *Deputy Chairman*
 Ms Michele Connolly, *Honorary Treasurer*
 Mr William Johnston, *Honorary Secretary*
 Dr Rhona Mahony, *Master*
 Mr Justice David Barniville
 Dr Ingrid Browne
 Cllr Claire Byrne
 Very Rev Fr Enda Cunningham
 Mr Aidan Devlin
 Mr Frank Downey
 Ms Pamela Fay (*to August*)
 Ms Isabel Foley
 Prof Declan Keane
 Mr Kevin Mays
 Ms Christine Moran
 Ms Eugénée Mulhern
 Dr John Murphy
 Prof Fionnuala McAuliffe
 Ms Jane McCluskey
 Cllr Micheál MacDonncha
 Prof Peter McParland
 Ms Elizabeth Nolan
 Prof Colm O'Herlihy
 Cllr Naoise Ó Muirí
 Ms Patricia O'Shea
 Dr Michael Robson
 Mr Stephen Vernon

Finance Committee

Mr Nicholas Kearns, *Deputy Chairman*
 Ms Michele Connolly, *Honorary Treasurer*
 Mr William Johnston, *Honorary Secretary*
 Dr Rhona Mahony, *Master*
 Ms Isabel Foley
 Ms Christine Moran

House Committee

Ms Catherine Altman, *Chair*
 Dr Rhona Mahony, *Master*
 Ms Sara Appleby
 Ms Sheena Carton
 Ms Jane Collins
 Ms Fiona Davy
 Ms Elaine Doyle
 Ms Lydia Ensor
 Ms Judith Meagher



Dr Stephen Carroll and Prof Shane Higgins, Consultants in Obstetrics and Gynaecology

Ms Margaret McCourt
 Ms Margo McParland
 Ms Anne Murphy
 Ms Teresa Murphy
 Ms Kathleen O'Grady
 Ms Bernie Spillane

NMH Executive Ethics Committee

Dr John Murphy, *Consultant Paediatrician, Chair*
 Dr Rhona Mahony, *Master*
 Mr William Johnston, *Honorary Secretary*
 Ms Catherine Altman
 Dr Peter Boylan
 Dr Ingrid Browne
 Mr Frank Downey
 Ms Maeve Dwyer
 Mr Kevin Mays

Nominations Committee

Mr Nicholas Kearns, *Chair*
 Dr Peter Boylan
 Prof Declan Keane
 Ms Eugénée Mulhern
 Dr John Murphy
 Ms Paula Reid

In attendance

Mr Ronan Gavin, Secretary/Manager

QRPS Committee

Ms Jane McCluskey, *Chair*
 Mr Aidan Devlin, *Vice Chair*
 Mr Frank Downey
 Prof Declan Keane
 Ms Elizabeth Nolan (*to Dec*)
 Prof Colm O'Herlihy
 Cllr Naoise Ó Muirí
 Ms Patricia O'Shea

In attendance

Ms Mary Connolly, AON
 Dr Luke Feeney, Director of Quality, Risk & Patient Safety
 Mr Ronan Gavin, Secretary/Manager

Audit Committee

Mr Frank Downey, *Chair*
 Ms Michele Connolly, *Honorary Treasurer*
 Prof Peter McParland
 Mr Aidan Devlin
 Ms Mairéad Butler

Professional Advisors

Law Advisors

Beauchamps Solicitors, Riverside Two, Sir John Rogerson's Quay
 Dublin 2
 Arthur Cox, Ten Earlsfort Terrace, Dublin 2
 Mason, Hayes & Curran, South Bank House, Barrow Street, Grand
 Canal Dock, Dublin 4

Bankers

The Bank of Ireland, 2 College Green, Dublin 2

Auditors

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



Cathy Fleming

Members of Staff

Resident and Visiting Medical Staff

Master

Dr Rhona Mahony, MD, FRCOG, EF, FRCPI, Hon FACOG

Department of Obstetrics and Gynaecology

Dr Stephen Carroll, MB, BCh, BAO, FRCOG, FRCPI, MD (UCD)
 Dr Grainne Flannelly, MB, BCh, BAO, FRCOG, FRCPI, MD (Aberdeen)
 Prof Declan Keane, MD, FRCPI, FRCOG
 Prof Peter McParland, MD, FRCOG, MRCPI
 Dr Michael Robson, FRCS, MRCOG, FRCPI
 Dr Orla Sheil, MD, FRCOG, FRCPI
 Prof Mary Wingfield, MD, FRCOG
 Dr Eithne Linnane, MB, BCh, BAO
 Dr Cathy Allen, MB, MRCOG, MRCPI
 Dr Gerard Agnew, MRCPI, MRCOG
 Dr Myra Fitzpatrick, MD MRCOG
 Dr Fiona Martyn, MB, BCh, BAO, MRCOG
 Dr Laoise O'Brien, MB, BCh, BAO, MRCPI, MRCOG
 Dr Helen Spillane, MB, BCh, BAO, MRCOG
 Dr Venita Broderick, MB, BCh, BAO, MRCPI, MRCOG
 Prof Donal Brennan MB, MRCPI, MRCOG, PhD
 Dr Mona Joyce, FRCOG
 Dr Nita Adnan
 Dr Ruaidhri McVey, MB BCh BAO LRCP&SI (Hons) MRCSI MRCPI
 MRCOG MD MCE MSc
 Dr Jennifer Walsh MB BCh BAO MRCPI MRCOG PhD
 Dr Sarah Campbell, MRCOG

Department of Obstetrics and Gynaecology, University College Dublin

Prof Fionnuala McAuliffe, MD, FRCOG, FRCPI
 Prof Mary Higgins, MSc(Ox), MD, FRCPI, FRCOG
 Prof Shane Higgins, MRCOG, FRANZCOG, MPH (Melb)
 Dr Donal O'Brien, MB, MRCOG, MRCPI

Department of Obstetrics and Gynaecology, Royal College of Surgeons

Prof Michael Foley, MB, MAO, FRCPI, FRCOG

Department of Pathology and Laboratory Medicine

Director: Dr Paul Downey, MB, FRCPI, FRCPath, FFPATHRCPI
 Dr Susan Knowles, MD, FRCPath, FFPATHRCPI
 Dr David Gibbons, MB, FCAP
 Dr Eoghan Mooney, MB, MRCPI, FRCPath, FFPATHRCPI
 Dr Karen Murphy, MB, FRCPath, FFPATH, FRCPI
 Dr Joan Fitzgerald MB, BCh, BAO, BSc, FRCPath, FRCPI, FFPATHRCPI



Trish McNevin, NICU Multi-task Attendant

Department of Paediatrics and Neonatology

Director: Dr Anna Curley, MB, MRCPI, MD
 Prof. John F Murphy, MB, FRCPI
 Dr Anne Twomey, MD, MRCPI, FAAP
 Prof Carlos Blanco, MD, PhD,
 Prof Colm O'Donnell, MB, MRCPI, MRCPCH, FRACP, PhD
 Dr Claudine Vavasseur, MB, BCh, BAO, MRCPCH, MD
 Dr Jan Franta, MUDr
 Dr Lisa Mc Carthy, MB, MRCPI, PhD
 Dr Anna Curley, MB, MRCPI, MD
 Dr Deirdre Sweetman, MB, MRCPI, PhD
 Dr. Michael Boyle MB, MRCPI
 Dr. Babu Paturi MBBS

Department of Anaesthetics

Director: Dr Ingrid Browne, MB, BCh, BAO, M Med Sci, FFARCSI
 Dr Kevin T McKeating MB BCh BAO, FFARCSI, FFPMCAI
 Dr Ola Petter Rosaeg, MB, FRCPC
 Dr Roger McMorrow, MB, BCh, BAO, FCARCSI, Dip Med Man, Dip Mtn Med
 Dr Larry Crowley, MB BCh BAO, MRCPI, FCARCSI
 Dr Siaghal MacColgain, MB BCh BAO LRCP SI, FCARCSI, DPMCAI.

Psychiatrist

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

Department of Radiology

Dr Brigid V Donoghue, MB, DMRD (London), FRCR, FFR, RCSI
 Dr Eoghan Laffan, MB, BCh, BAO, AFRCSI, FFR RCSI, MSc (Rad Sci)
 Dr Risteard O'Laoide, FRCR, FFR, RCSI, FRCPI
 Dr Suzanne Shine MB BCh
 Dr Gabrielle C Collieran, MB, BCh, BAO, M.D., IMRCS, FFR RCSI

Respiratory Physician

Dr Walter McNicholas, MD, FRCPI, FRCP (C), FCCP

Cardiovascular Medicine

Prof Alice Stanton MB, BSc, P Grad Dip (Stats), PhD, FRCPI

Diabetic Physician/Endocrinologist

Dr Mensud Hatunic MD, MRCPI

Ophthalmologist

Dr Michael O'Keefe, MB, FRCSE

Physician in Chemotherapeutic Medicine

Dr David Fennelly, MB, BCh, BAO, LRCSI, MRCPI

Adult Nephrology

Prof Alan Watson, MD, FRCPI, FACP, FRCP
 Dr John Holian MB, MRCPI, PhD

Occupational Physician

Dr Sheelagh O'Brien MRCPI, MSc, FFOMI

Chemical Pathology

Prof Carel LeRoux, MBChB, MSc, FRCP, FRCPath, PhD
 Dr Patrick Twomey, BSc, MB, FRCPath, FFPATHRCPI

Microbiology

Dr Niamh O'Sullivan, LRCP&SI, MB, BCh, FRCPath

Anatomical Pathology

Dr Peter Kelehan, MB, MSc, FRCPath

Hepatology

Prof Aiden McCormick MD FRCP FRCPI FEBGH FAASLD

Rheumatology

Professor Douglas Veale MD FRCPI FRCP (Lon).

Gastroenterology

Dr Juliette Sheridan, PhD, MB BCh BAO, MRCPI

Cardiology

Dr John Erwin

Nephrology

Dr John Holian FRCPI, PhD

Specialist Registrars / Registrars in Obstetrics/Gynaecology

January to June

Dr Kate Glennon (SpR)
 Dr Suzanne Smith (SpR) – UCD Tutor
 Dr Zahrah Elsafty (SpR)
 Dr Aoife Morris (SpR) SVUH
 Dr Niamh Joyce (SpR)
 Dr Maria Farren (SpR)
 Dr Maebh Horan (SpR) RCPI Tutor
 Dr Maria Kennelly (SpR) Assistant Master
 Dr Niamh Fee (NMH/SMH Reg)
 Dr Kate O'Doherty (Reg)
 Dr Helena Bartels (Reg)
 Dr Ann Rowan (Reg)
 Dr Ahmed Haydar (Reg)
 Dr Jennani Magandran (Reg)
 Dr Fatima Rowili (Fellow)

July to December

Dr Aoife Freyne (SPR) (*Assistant Master*)
 Dr Ann McHugh (SPR) (*Assistant Master*)
 Dr Somaia Elsayed (SpR)
 Dr Niamh Keating (SpR)
 Dr Rachel Elebert (SpR)
 Dr Michael Carey (SpR) (*UCD Tutor*)
 Dr Ciara McCormick (SpR)
 Dr Catherine McNestry (SpR)
 Dr Aoife McTiernan (SpR)
 Dr Catherine Windrim (Reg)
 Dr Kate O'Doherty (Reg)
 Dr Mary Barrett (Reg)

Dr Simon Craven (Reg)
 Dr Ciara Nolan (Reg)
 Dr Abdelaziz Satti (Reg)
 Dr Branko Denona (Reg)
 Dr Fatima Rowili (Fellow)

Research / Lecturer Registrars

January to June

Dr Clare O'Connor (Maternal & Fetal Medicine)
 Dr Lucia Hartigan (Merrion Fertility Clinic)
 Dr David Crosby (Merrion Fertility Clinic)
 Dr Rebecca Moore (Fetal Medicine)
 Dr James Postle (Labour Ward Fellow)
 Dr Jelle Baalman (Maternal Medicine Fellow)
 Dr Branko Denona (Research Fellow)

July to December

Dr Clare O'Connor (Maternal & Fetal Medicine)
 Dr Lucia Hartigan (Merrion Fertility Clinic)
 Dr Fiona Reidy (Merrion Fertility Clinic)
 Dr Rebecca Moore (Fetal Medicine)
 Dr Adriana Olaru (Labour Ward Fellow)
 Dr Jelle Baalman (Maternal Medicine Fellow)

Senior House Officers in Obstetrics/Gynaecology

January to June

Dr Nicola O'Riordan
 Dr Aisling McDonnell
 Dr Maria Cheung
 Dr Grace Ryan
 Dr Deirdre McCarthy (to Mar)
 Dr Kene Chukwuemeka (from Mar)
 Dr Fiona Barnes (to Mar)
 Dr Aoife Melia (from Mar)
 Dr Kathryn Day (to Mar)
 Dr Ciara Cookley (from Mar)
 Dr Emma Jane McGovern (13/11/17 – 11/03/18)
 Dr Yvonne McNamara (from Mar)
 Dr Aoife Broderick (to Mar)
 Dr Patrick Duggan (from Mar)
 Dr Nayha Tariq
 Dr Darin Ahmed
 Dr Roisin Phelan

July to December

Dr Sara Mohan
 Dr Clare Kennedy
 Dr Siobhan Moran
 Dr Molly Walsh
 Dr Sheema Yousuf
 Dr Marguerite O'Brien
 Dr Maria Buffini (to Nov)
 Dr Ronan Bredin (from Nov)
 Dr Niamh Shea (to Nov)
 Dr Aifric O'Neill (from Nov)
 Dr Emily Kelly (to Nov)
 Dr Catriona Tiernan (from Nov)
 Dr Niall Cronin (to Nov)
 Dr Michael Wall (from Nov)
 Dr Aine McNally
 Dr Lisa O'Sullivan

Specialist Registrars / Registrars in Neonatology

January to June

Dr Carmel Moore (SpR)
 Dr Caroline Fox (SpR)
 Dr Emma Dunne (SpR)
 Dr Lisa Dann (SpR)
 Dr Niamh Walsh (SpR)
 Dr Caoimhe Costigan (SpR)
 Dr Fionnuala Caulfield (SpR)
 Dr Muhammad Asghar (Reg)
 Dr Atif Elmahi (Reg)
 Dr Eimear Kelly (Reg)

July to December

Dr James Trayer (SpR)
 Dr Allen Jenkinson (SpR)
 Dr Bronwyn Power (SpR)
 Dr Doireann Eves (SpR)
 Dr Lucy Geraghty (SpR)
 Dr Catriona Ni Chathasaigh (SpR)
 Dr David Staunton (SpR)
 Dr Nicoleta Barbu (Reg)
 Dr Valerie Tsang (Reg)
 Dr Ahmed Afifi (Reg)



Florrie Fee, NICU Nursing Staff

Senior House Officers in Neonatology

January to June

Dr Ahmed Afifi
 Dr Rebecca Russell
 Dr Erica Crothers
 Dr Sharon Dempsey
 Dr Jennifer Geraghty
 Dr Aisling McCann
 Dr Ritma Petrevica
 Dr Abdullah Abu-Haliga
 Dr Sophie Duignan

July to December

Dr Angela Verreli
 Dr Katie Shanahan
 Dr Husnain Mahomed
 Dr Sarah Kyne
 Dr Harriet Ryan
 Dr Dearbhla Byrne
 Dr Engy Shehata
 Dr Elmubarak Shadad
 Dr Sana Ali

Specialist Registrars / Registrars in Anaesthetics

January to June

Dr Aneurin Moorthy (SpR)
 Dr Lorna Murphy (SpR)
 Dr Eva Corcoran (SpR)
 Dr Ross Bowe (BST)
 Dr Noelle Healy (BST)
 Dr Siobhan McGuinness (Fellow)
 Dr Mirela Fratita (Reg)
 Dr Omnia Askar (Reg)
 Dr Bhavdip Patel (Reg)
 Dr John Shaker (Reg)

July to December

Dr Kate Fitzpatrick (SpR)
 Dr Margarita Blajeva (BST)
 Dr Robbie Sparks (BST)
 Dr Ciara Hayden (BST)
 Dr Junaid Hashmi (Fellow)
 Dr Aidan Spring (Fellow)
 Dr Ahmed Shehata (Reg)
 Dr Abdul Sattar (Reg)
 Dr Zeyad Dawood (Reg)
 Dr Osama Elsayed (Reg)

Specialist Registrars / Registrars in Pathology

January to June

Dr Megan Ramsey (SpR)

July to December

Dr Keith Pilson (SpR)

Honorary Consulting Staff

Surgeons

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

Oto-Rhino-Laryngologist (ENT Surgeon)

Mr Alex Blayney, MCh, FRCS, FRCSI

Urological Surgeons

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

Genitourinary Medicine

Prof Fiona Mulcahy, MD, FRCPI

Gastroenterologist

Prof Hugh E Mulcahy MD, FRCPI

Orthopaedic Surgeon

Mr Damian McCormack, BSc, MCh, Orth

Dermatologist

Dr Aoife Lally, MB MRCP

Paediatric Cardiologists

Dr Paul Osizlok, MB, FRCPI
 Dr David Coleman, MB, ChB, FRACP
 Dr Colin McMahon, MB, BAO, BCh, MRCPI, MRCP (UK), FAAP

Adult Cardiology

Dr John Erwin

General and Colorectal

Prof P Ronan O'Connell, MD, FRCSI
 Dr Ann Hanley, MD, FRCSI

Paediatric Neurology

Dr Bryan Lynch, MB, BCh, BAO, FAAP
 Dr David Webb, MB, BAO, BCh, MRCPI, MD, FRCPCH
 Prof Mary King, FRCPCH, FRCPI

Paediatric Neurosurgery

Mr Darach Crimmins FRCF(FN)
 Mr John Caird, MD, MMedSci, FRCS(SN)

Adult Neurologists

Dr Conor O'Brien, MB, MSc, PhD, CSCN (Emg), FRCPI
 Dr Janice Redmond, MT, MD, FRCPI, FACP, DAB Psych Neuro, DAB Elec-Diag Med
 Prof Niall Tubridy, MB, BCh, BAO, MD, FRACP, FRCPI

Paediatric Infectious Diseases

Prof Karina Butler, MB, FRCPI

Infectious Diseases

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

Clinical Geneticist

Dr William Reardon, MD, MRCPI, FRCPCH, FRCP (London)

Palliative Medicine

Dr Marie Twomey, MB, MRCPI

Hepatology

Prof Aiden McCormick, MD, FRCPI, FRCP, FEBG

Rheumatology

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

Neonatology

Prof Eleanor Molloy, MB, BCh, BAO, PhD, FRCPI, MRCP, MRCPCH



Gina Baldesco, Colposcopy Nurse

Senior Midwifery & Nursing Staff

Director of Midwifery & Nursing

Mary Brosnan, MSc, RGN, RM, Adjunct Associate Professor, UCD

Assistant Directors of Midwifery & Nursing – Day Duty

Nicola Clarke, MSc (Mid), MSc (Health Info), RSCN, RGN, RM, IBCLC, Dip (HSP), FFNM (RCSI)

Geraldine Duffy, BSc (Neonatal Studies), RGN, RM, ANNP (UKCC), Dip (Health Economics)

Ann Rath, BSc (Nursing Mgmt), RGN, RM

Assistant Directors of Midwifery & Nursing – Night Duty

Martina Carden, RGN, RM, Dip (Mgmt)

Bernadette O'Brien, RGN, RM, BMS, RNP

Margaret Hanahoe, RGN, RM, RNP

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

Lucille Sheehy, MSc, BMS, RGN, HDip (RM)

Advanced Midwife / Nurse Practitioners

Usha Daniel, MSc, BSc (Nursing), RNP, P. Grad. Dip (Diabetes), (Diabetes)

Deirdre Madden, MSc, RPN, RMP (Perinatal Mental Health)

Shirley Moore, MSc, H. Dip (Neonatal Nursing), RM, RGN, RNP, (Neonatology)

Clinical Midwife / Nurse Managers 3

Ann Calnan, BSc (Nursing Mgmt), RGN, RM, RNP Postnatal Wards

Martina Cronin, BSc (Nursing Mgmt), RGN, RM Delivery Ward

Valerie Kinsella, MSc (Healthcare Ethics & Law), RGN, RM, HDDI Fetal Medicine Unit

Teresa McCreery, MSc, RGN, RM, RSCN Community Midwives

Tina Murphy, RGN, RM, BNS, RNP (MN – CMS Project Co-ordinator)

Karen Sherlock, RGN, RM, BNS Theatre

Annmarie Sliney, BSc (Midwifery) RGN, RM, RNP, Project Office

Hilda Wall, RGN, RM, Dip (Healthcare Mgmt) Neonatal Unit

Clinical Midwife / Nurse Managers 2

Anitha Baby, MSc, RM, BSc (Nursing), RNP Out of Hours Services

Emily Barriga, BSN, RGN Neonatal Unit

Maggie Bree, RGN, RM Theatre

Caroline Brophy, MSc, RGN, RM, BNS, RNP Outpatients Clinic

Barbara Cathcart, MSc, (Diagnostic Imaging), RGN, RM Fetal Medicine Unit

Gillian Canty, MSc, BSc (Nursing Mgmt), HDip (Midwifery), RGN, RM, RNP Delivery Ward

Breda Coronella, RGN, RM Neonatal Unit

Joanne Courtney, MSc (Diagnostic Imaging), RGN, RM Fetal Medicine Unit

Grace Curtin, BSc, RGN, RM Bereavement

Jill Dowling, RGN, RM, RNP Delivery Ward

Margaret Fanagan, RGN, RM, IBCLC, Dip HA Antenatal Education

Florrie Fee, RGN, RM Neonatal Unit

Aileen Fox, RGN, RM, IBCLC Early Transfer Home Team

Jennifer Fitzgerald, BMS, RGN, RM, H. Dip Gynaecology Clinic

Eimear Guinan, RGN, RM, BMS Postnatal Ward

Dana Hardy, RGN, RM, BNS Theatre

Brenda Hayes, MSc, RGN, RM Postnatal Ward

Rachel Irwin, MSc (Applied Mgmt), BSc (Nursing Mgmt), RGN, RM Neonatal Unit

Jean Kavanagh, RGN, RM, RNP Delivery Ward

Fidelma Martin, RGN, DipHe(RSCN), BNS Neonatal Unit

Helen McHale, RGN, RM, RNP Antenatal Ward

Maria O'Connell, RGN, RM Gynaecology Clinic

Gwen O'Neill, RGN, RM, RNP Delivery Ward

Breid O'Dea, RGN, RM Outpatients Clinic

Carol Pugh, RGN, RM, Mgt Degree Postnatal Ward

Sara Rock, RGN, RM Neonatal Unit

Brid Shannon, HDip (Diabetes), Dip (Mgmt) RGN, RM, RNP Delivery Ward

Linda Smiles, RGN, RSCN

Valerie Spillane, MSc (Diagnostic Imaging), BSc, RGN, RM, MA Fetal Medicine Unit

Joan Ward, RGN, RM, Dip Mgt. Gynaecology Ward

Clinical Midwife/Nurse Specialists

Jacinta Byrne, MSc, RNT, RN, RM (CMS – Haematology)

Ashamole Clive, MSc, RM, RNP (CMS - Lactation)

Denise McGuinness, BSc, MSc, RGN, RM, IBCLC RNT (CMS – Lactation)

Lorraine O'Hagan, MSc, BMS, RGN, RM, Dip (Social Studies) IBCLC, RNP (CMS - Lactation)

Imelda Keane, MSc (Healthcare), RGN, BNS, Dip SHWW, H. Dip (CNS - Occupational Health)

Linda Kelly, MSc, RCN, RGN, RM, P. Grad Dip (Nursing) Dip Mgt (CMS Women's Health & Urodynamics)

Niamh Meagher, MSc (Diag Imaging) RGN, RM (CMS – Sonography)

Heather Hughes, MSc (Diag Imaging) RGN, RM (CMS – Sonography)



Dr Hishaam Saumtally SHO

Cecilia Mulcahy, RGN, RM, MSc (Diag Imaging) (*CMS - Sonography*)

Betty Murphy, RGN, RM (*CMS – Sonography*)

Caroline McCafferty, BSc (Nursing Mgmt) RGN, RCN, (*CNS - Neonatal*)

Ciara Murphy, RN, ENB 405, RCH (Dip HE), BNS (*CNS - Neonatal*)

Eimear Rutter, Grad. Dip (Diabetes), RGN, RM (*CMS Diabetes*)

Shideh Kiafar, RM, MSc (*CMS - Infection Prevention and Control*)

Sarah Cullen, BSc MSc, RGN, RM (*CMS – Bereavement*)

Brenda Casey, BSc, MSc, RGN, RM, RNP (*CMS – Bereavement*)

Community Midwives

Kate Casey, RGN, RM

Niamh Cummins, BSc (Midwifery), RGN, RM

Katie Hearty, BSc (Midwifery), RGN, RM

Julie Higgins, BSc (Midwifery), RGN, RM, RNP

Laurence Rousseill, BSc (Midwifery), RGN, RM, RNP

Clodagh Manning, RGN, RM, RNP

Roisin McCormack, BSc (Midwifery), RGN, RM, RNP

Niamh Morrissey, RGN, RM

Bernie O'Callaghan, RGN, RM

Fiona Roarty, RGN, RM, PHN

Anmarie Sliney, BSc (Midwifery), RGN, RM, RNP

Sinead Thompson, BSc (Midwifery), RGN, RM, Dip HE

Clinical Skills Facilitator

Niamh Dougan, RGN, RM

Saila Kuriakose, MSc, RGN, RM

Neonatal Clinical Skills Facilitator

Thankamma Mathew, RGN, H. Dip (Neonatal Intensive Care)

Kevin Mulligan, MSc, RPN, RSCN, H. Dip (Neonatal Studies)

Neonatal Resuscitation Officer

Laura Eager, RGN, RSCN, H. Dip (Neonatal Studies)

Cancer Nurse Co-ordinator

Helen Frances Craig, RGN, H. Dip (Oncology)

Post Registration Midwifery Programme Co-ordinator

Ann Marie Dunne, MSc (Edu), P. Grad Dip, RGN, RM

Clinical Placement Co-ordinators

Orla Gavigan, BMS, RGN, RM, Dip (Mgmt)

Theresa Barry, BSc (Nursing Mgmt), RGN, RM

Elaine Creedon, MSc, BSc (Midwifery), RGN, RM, BNS

Allocations Liaison Officer

Catriona Cullen, MSc, BSc (Nursing), RGN, RM

Haemovigilance Officer

Bridget Carew, RGN, RM, H. Dip (Healthcare Risk Mgt), H. Dip. (Quality in Healthcare)

Nurse Colposcopists

Gina Baldesco, BSCCP Nurse Colposcopist, RGN

Dympna Casey, BSCCP Nurse Colposcopist, RGN, RM

Marie Collery, BSCCP Nurse Colposcopist, RGN, RM

Edel Furey, BSCCP Nurse Colposcopist, BSc, RGN

Carol Murphy, BSCCP Nurse Colposcopist, RGN, RM

Deirdre O'Neill, BSCCP Nurse Colposcopist, BSc, RGN, RM

Senior Administration Staff

Secretary/General Manager

Ronan Gavin, BBS (Finance), ACA

Financial Controller

Alistair Holland, BA, FCPA

IT Manager

Martin Keane, B. Comm

Human Resources Manager

Lauri Cryan, MSc, MCIPD (*to Oct*)

Yvonne Connolly (*from Nov*)

General Services Manager

Tony Thompson, Dip (HSM), Dip (SCM)

Purchasing and Supplies Manager

Linda Mulligan

Lorraine McLoughlin

Patient Services Manager

Alan McNamara

Information Officer

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

Quality/Accreditation Manager

Geraldine McGuire, RGN, RM, Dip (Nursing Mgt) (*to Feb*)

Health & Safety Officer

Martin Creagh, BSc, Dip (HSWW), IOSH

Facilities Engineering Manager

Neil Farrington, MSc (MMT), P. Grad Dip (MMT)

Director of Risk, Audit and Safety

Dr Luke Feeney, D. Prof, MSc

Data Protection Officer

Emmanuel Ogungbe



Eoghan Hayden, Head of Clinical Engineering with Francis Rogers, Management Accountant

Allied Health Professionals

Medical Social Workers

Kaylene Jackson, Head Medical Social Worker, MSocSc, NQSW
 Ciara McKenna, Senior Medical Social Worker, BSocSc, NQSW
 Laura Harrington, Medical Social Worker, BA, H. Dip (Sp), MSocSc, NQSW
 Aoife Shannon, Medical Social Worker, BA, H. Dip (Sp), MSocSc, NQSW
 Jane Toolan, Medical Social Worker, BA Arts (Int), H. Dip (Sp), MSocSc, NQSW

Radiographers

Mary Corkery, DCR
 Bernadette Ryan, DCR
 Clara Nolan, BSc (Hons) Radiography, HDip BS, Msc MRI.
 Angela O'Sullivan, DCR, Dip (MS), P. Grad Dip (MUS)
 Lucy Collender, BSc (Rad)

Physiotherapists

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

Consultant Clinical Biochemist

Dr Orla Maguire, MSc, FRCPath EurClinChem

Laboratory Manager

Marie Culliton, MSc, MBA, FACSLM

Chief Medical Scientist

Anya Curry, MSc, FACSLM
 Bernadette O'Donovan, MSc, FACSLM
 Paula Whyte, MSc, FACSLM
 Catherine Doughty, MSc, FACSLM

Surveillance Scientist

Carol O'Connor, MSc, FACSLM

Hospital Sterile Services Manager

Stephen Newman, BSc.

Pharmacists

Dorothy McCormack, BSc (Pharm), MPSI
 Noreen O'Callaghan, BSc (Pharm), P. Grad Dip (Clinical), MPSI
 Áine Toher, BSc (Pharm), MSc, MPSI
 Anne Clohessy, BPharm, MSc, MPSI

David Fitzgerald, MPharm, MSc, MPSI
 Montse Corderroua, BSc (Pharm)

Pharmacy Technician

Linda Simpson. Dip (Pharm Tech)

Psychosexual Counsellor

Meg Fitzgerald, BSocSc, MSW, NQSW, Dip PST

Senior Dieticians

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

Clinical Risk

Clare O'Dwyer, BSc (Nursing Mgt), RGN, RM, Dip (Healthcare Risk Mgt)
 Laurence Rousseil, BSc (Midwifery), H. Dip (Midwifery), RGN, RM,
 RNP, Grad. Dip (Healthcare Risk Mgt & Quality)

Clinical Engineering

Eoghan Hayden MSc, BSc (Comp Sc)

Clinical Psychologist

Marie Slevin, MA

Senior Support Services

Head of Portering

Ken Ray *(to April)*

Claudiu Zselemi *(from April)*

Laundry Manager

Joe Staunton

Hygiene Services Manager

Mark Anderson, BA

Catering Manager

Elizabeth Byrne, BA (IR and Personnel Mgt), CIPD

Gavin Kearney, BSc (Hospitality Mgt.)

Gillian McKeown, H. Dip (Hospitality), QQI (Level 6)

Martina Guiney, H. Dip (Hospitality Mgt)

Paul Humphreys, Executive Chef, QQI (Level 6)

Engineering

Emmet Travers, Electrical Engineer, BSc (Eng), MEng

Anne Dowling, Engineering Services Coordinator, BFS, MIB (Grad)

Fred Byrne, Engineering Supervisor

Gary Anderson, Building Services Engineer



Some Catering Staff

Clinical Reports

Antenatal Education

The antenatal education team plays an important role in supporting and promoting a positive pregnancy, childbirth and transition to the parenthood experience. The multidisciplinary team draws on the expertise of midwives, physiotherapists, dieticians, lactation consultants, perinatal mental health, and medical social workers, to develop a variety of classes which aim to meet the individual and changing needs of women and their partners. Childbirth education seeks to give women a more active role in the birth experience, while at the same time helping women to understand the physiology of childbirth and the appropriate interventions that may be necessary during the process of labour and delivery. It aims to empower mothers and their partners to meet the challenge of childbirth and early parenting.

Twelve courses run each week, ten of which include partners with two classes in the evening at 5.30pm. In 2018, there were a total of 100 courses.

The course of classes for nulliparous women consists of either five individual classes over five weeks, or two full morning /afternoons. It is facilitated by a midwife and physiotherapist (+/- dietician) and covers all aspects of labour in detail. A "Young Mums and Dads" class targets the individual needs of the 18-22 year olds. In addition, an early pregnancy class runs weekly.

There are also two refresher classes for multigravidas and a monthly Vaginal Birth After Caesarean Section (VBAC) class. An 'elective section' class seeks to prepare women who will definitely have an elective section, and a 'multiple birth' class is held every two months.

Individual classes are also provided for women and partners who are not suitable for a class.

We are also involved with providing postnatal baby care classes and in the education of midwifery students, medical students and visiting midwives and registrars to the hospital.

There is a growing demand for classes which is difficult to meet with the current staffing and infrastructural resources. Margaret Fanagan and Eleanor Durkin share a midwifery post, and there is restricted access to the education room. This means that the evening and two day classes in particular, are oversubscribed, resulting in very large class sizes.

Feedback is essential to the continuous development of our service, and classes are evaluated. Women are also encouraged to contact us at any stage with suggestion/comments. Furthermore, efforts are made to see mothers post-delivery. All feedback feeds into a quality improvement cycle.

Margaret Fanagan / Eleanor Durkin

Clinical Midwife Manager 2

Bereavement

The increasing recognition of the importance of a comprehensive bereavement service has been reflected in the implementation of The National Standards for Bereavement Care Following Pregnancy Loss and Neonatal Death (HSE 2016). The Bereavement Midwife's role has developed and evolved since its inception in 2007. Central to the role is the provision of practical and emotional support to couples and their families following miscarriage, termination, stillbirth and neonatal death.

The CMS Bereavement works as part of the multidisciplinary team facilitating and coordinating follow up consultant led appointments. Dr. Stephen Carroll met with 29 couples in the Stillbirth Clinic in 2018. 12 couples attended the late miscarriage clinic. Follow up was also arranged with individual consultants for a further 47 couples with a significant amount of time invested in organising time frames for those that require joint obstetric and paediatric appointments. The recurrent miscarriage clinic remains busy with a high demand for appointments. 100 women were counselled in the recurrent miscarriage clinic with a further 33 counselled in the mid trimester loss clinic led by Dr. Cathy Allen.

The CMS Bereavement arranged burial in the Holy Angels Plot in Glasnevin for 64 babies who died through miscarriage.

A considerable amount of time is invested in organising and preparing babies for burial so that they are buried with dignity and respect.

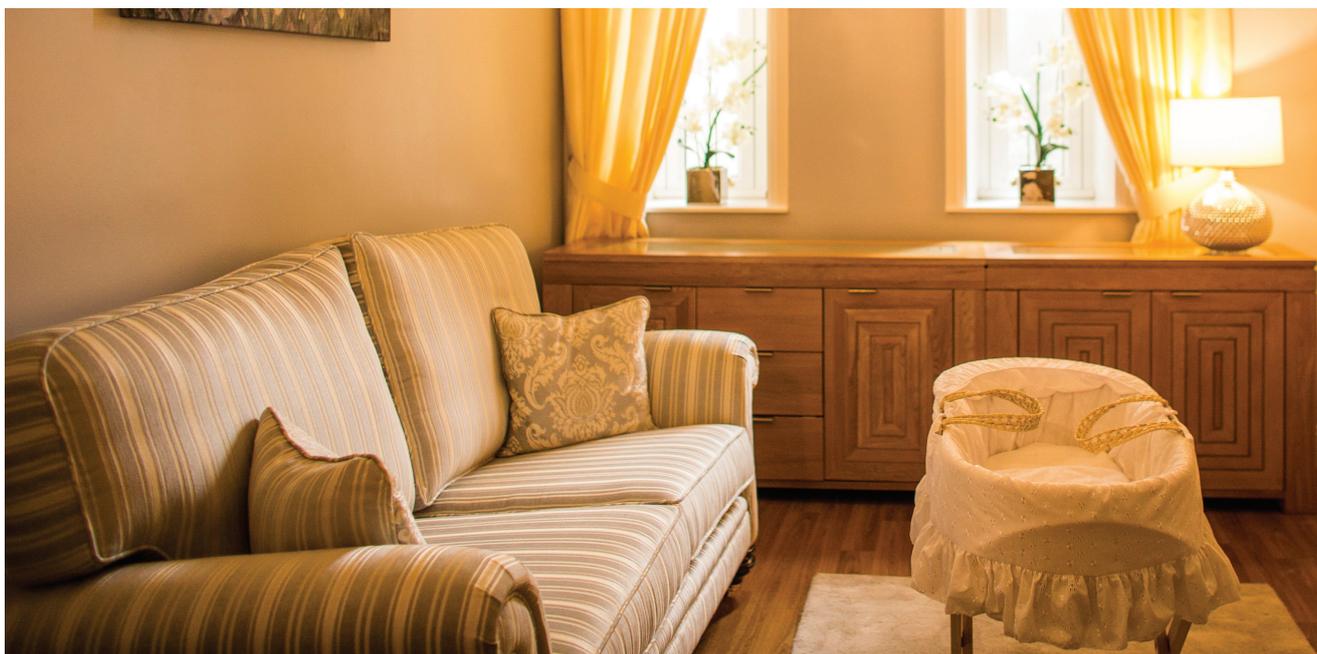
Couples continue to avail of our counselling service and the demand for appointments is growing. 70 appointments were attended following miscarriage, ectopic, termination, stillbirth, and neonatal death as well as antenatal palliative diagnosis. The provision of this service provides parents with a safe space to validate their feelings and normalise their grief whilst allowing the CMS to risk assess those who may need specialised support.

Educational input with staff and students within the hospital and UCD has continued. Our research investigating the confidence and competence of student midwives to deliver compassionate bereavement care has been presented internationally. The workshop has been evaluated and incorporated into the curricula for student midwives.

We continue to work in conjunction with the NMH Foundation and thanks to the generosity of our supporters have been in a position to improve the service provided to bereaved parents.

Brenda Casey and Sarah Cullen

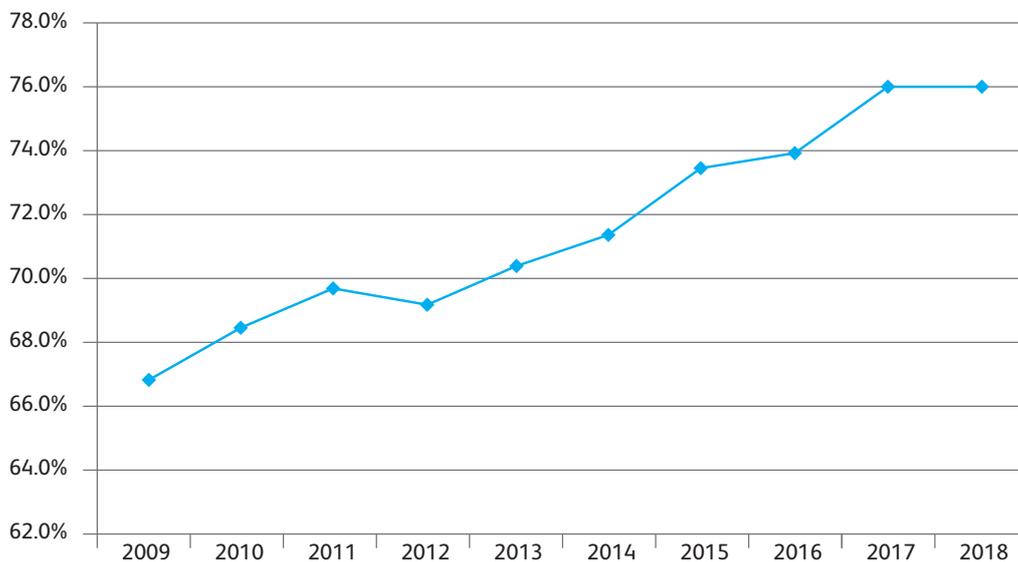
Clinical Midwife Specialists in Bereavement



Breastfeeding Support Services

The Clinical Midwife Specialists (CMS) in Lactation promote and support breastfeeding at The National Maternity Hospital. Breastfeeding initiation rates continue to be consistently high at the hospital, with 76%* of mothers initiating breastfeeding following the birth of their baby. Our breastfeeding rates have consistently risen in that last decade and this is in keeping with national targets.

NMH Ten Year Breastfeeding at Initiation Rate



The CMS lactation role has a primarily clinical focus in addition to audit, education and research components. Clinically, the CMS Lactation is available to support mothers to breastfeed, in particular mothers who experience breastfeeding challenges. We reviewed 2,740 women on the wards and within the NICU during 2018. Additionally, the lactation service operates a specialist breastfeeding support clinic every Thursday morning for women up to six weeks postnatal and a one-one postnatal discharge breastfeeding service. 933 women and babies availed of this service.

The lactation team were part of the multidisciplinary team quality initiative PRIME: PRe-term Infants need Milk Early. This initiative brought a 50% improvement in the time preterm infants received their mother’s milk. This is an ongoing quality initiative.

During 2018 we facilitated a number of lectures in Breastfeeding. International speaker Dr Nils Bergman presented his published research on the scientific benefits of skin to skin for the newborn infant. We facilitated a panel discussion with the theme ‘Getting off to the Best Start’ with guest speaker Maureen Minchin, international speaker and author of Milk Matters, Laura McHugh,

National Coordinator of Breastfeeding, Sue Jameson, President of ALCI and Journalist Siobhan O’ Connor.

Postgraduate Lactation education was provided in association with the Centre for Midwifery Education. In 2018 we provided 6 refresher programmes and one MCA programme in Lactation. We also provided a Breastfeeding master class for the Public Health Nurses.

Education of undergraduate and post graduate midwifery students attending the School of Nursing and Midwifery UCD was also facilitated.

We facilitated two antenatal breastfeeding classes per month for and 906 women attended this year. We provided a one-to-one antenatal consultation for women experiencing challenges and 87 women attended this service. We continue to provide a service for women with diabetes of antenatal harvesting of colostrum and 220 women attended this service.

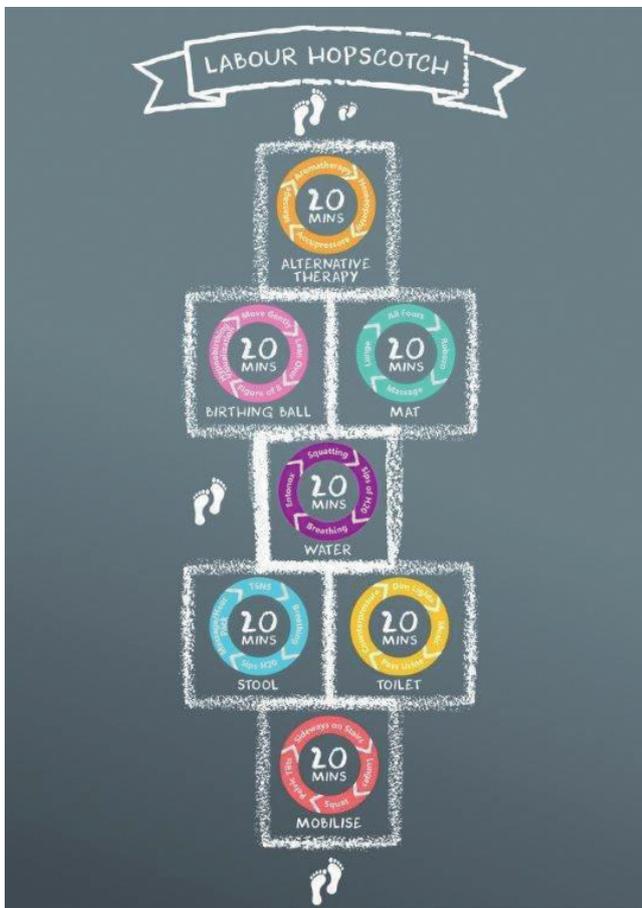
Lorraine O’Hagan
Clinical Midwife Specialist, Lactation

Community Midwifery Service

The aims of the Domino/Homebirth service is to provide continuity of care and choice to low risk women throughout pregnancy, labour and the postnatal period.

Antenatal Care

Women who attend this service have combined care with their GP's. The antenatal clinics take place in St. Michael's Hospital in Dun Laoghaire, the Primary Health Centres in Leopardstown, Pearse St., Newtownmountkennedy and Churchtown and the Health Centres in Bray and Greystones. There are seven Domino and homebirth clinics weekly, Newtownmountkennedy being the newest which started in January 2019 to facilitate the growing population of young families in the area. Antenatal classes have continued successfully with a high percentage of women attending with their birthing partners, irrespective of their choice of place of birth. The award winning "Hopscotch" labour tool was devised by a community midwife, Sinead Thompson.



	New	Follow Up
Community Midwives Bray Clinic	43	377
Antenatal Booking Clinic - Bray	333	0
Newtownmountkennedy	215	0
Community Midwives Churchtown Clinic	74	498
Community Midwives Dun Laoghaire Clinic	90	578
Community Midwives Greystones Clinic	88	656
Community Midwives Leopardstown Clinic	72	522
Community Midwives Pearse Street Clinic	89	526
Totals	1004	3157

DOMINO Home Visits	
Domino - Dublin Home Visits	2804
Domino - Wicklow Home Visits	1135

In addition, the service also provides mixed risk satellite antenatal care in conjunction with a consultant obstetrician as well as a postnatal early transfer home programme (ETHP)

Wicklow Satellite Clinic Attendances (Consultant led)		
	New	Follow Up
Arklow	244	1864
Bray	11	896
Greystones	0	650
Loughlinstown	99	747
Wicklow	0	645

Intrapartum care

In cases where complications arise, the women's care is carried out by the community midwives in conjunction with our medical colleagues. It should be noted that the figures presented in this report include all women irrespective of pregnancy complications or outcomes.

Early Transfer Home

1,030 women went home with the Early Transfer Home (ETH) team leading to 2,769 home visits for women choosing to have their postnatal care with this team. Six midwives on the team have been trained in the newborn examination leading to earlier discharge times for Domino women and reduced the need for homebirth women to attend the hospital for this checkup. This service has been positively evaluated by midwives and the service users.

Antenatal Attendances			
CMM1B	ETH - Ballinteer Home Visits	0	372
DKDL	ETH - Dunlaoghaire Home Visits	0	342
Home Visits			
CMMETHD	ETH - Dublin Home Visits	0	5453
CMMETHW	ETH - Wicklow Home Visits	0	1840

Future

The team continues to provide a midwifery led service and will strive to continue to develop simple innovate changes to enhance service user and service provider experience.

Teresa Mc Creery

Community Midwifery Manager

Diabetes

The multi-disciplinary Diabetes service provides health care to all pregnant women with diabetes. In general, the Clinical Midwife Specialists (CMS) in Diabetes are the first point of contact until each woman is discharged from their care.

Activity Levels: New Referrals

Year	Type 1 diabetes	Type 2 diabetes	GDM and prev GDMs	Impaired glucose tolerance	Cystic Fibrosis (CF)	Insulin pump/Sensors	Total
2015	44	14	382	213	3	10	656
2016	42	17	365	248	2	16	674
2017	46	24	302	223	3	15/7	598
2018	40	13	354	251	1	17/9	662

Women with diabetes are high risk; their care is more complex and requires close observation, frequent contact including extra clinic appointments for both their antenatal and postnatal care. The health care of pregnant women with pre-existing diabetes (Type 1 & Type 2) and Gestational Diabetes on medical treatment is managed in a weekly multi-disciplined clinic with inpatient care also regularly provided. The women with Gestational Diabetes on lifestyle care have weekly midwifery-led diabetes management regular antenatal care in their usual clinic.

Activity Summary:

- The specialist Midwives provide an online and daily tele-health service.
- Weekly lifestyle group intervention session. In-service Diabetes education for midwives: 3- 5 education sessions annually.
- Prescribing episodes as inpatients and outpatients continues to increase.
- The Annual staff screening for diabetes continues with appropriate referrals given.
- External lectures include those given to UCD degree & Graduate Diploma midwifery and nursing students & in service staff in other CMEs.
- Midwife representative for the development of National Diabetes in Pregnancy “Model of Care”.
- Participating in ongoing research and audit projects.
- World Diabetes Day 2018: Posters for Health Promotion & information on diabetes in pregnancy.
- The NMH building was lit up “BLUE” on the 14th Nov 2018 for diabetes awareness.
- Research activities: Ongoing breast milk hand expression project
- Conference: speaker at an international conference in Rome presented paper on “Emotional Journey of women with GDM”.

Usha Daniel,

Advanced Midwife Practitioner, Diabetes

Maternity Outpatient Clinic

Activity remains at a high level in the public and semi-private outpatient clinics. Up to 65% of women are now choosing to attend as a public patient to the hospital. This has increased from approximately 60% 5 years ago. To meet this increasing demand, we are continuously developing both our antenatal and postnatal services. The clinic opening hours have been expanded; we now run clinics 12 hours a day from 7.30 am to 7.30 pm, three days a week to meet service needs. Our Midwifery-led service continues to develop both with the hospital and in Primary Care Centre.

As the medical complexity of the pregnant women continues to increase, the number of specialist clinics offered by the hospital continues to grow to meet this developing need. Specialist clinics include maternal medicine, haematology, pre-term surveillance, endocrine, diabetes, hypertension and the pain management clinic. Services are offered such as cardiac, neurology, rheumatology, respiratory, hepatology and gastroenterology by specialist clinicians. As part of the multidisciplinary care offered by the hospital, social work, dieticians, mental health and physiotherapists, work as part of the team offering care to the increasing number of mothers with complex mental health and social issues.

Our postnatal clinic continues to offer quality and continuity of care to women who experience complications during the pregnancy and in the postnatal period. Up to 25 mothers are seen in the clinic each week. Referrals are from within the hospital, GPs, PHNs and other maternity hospitals.

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

Within the near future, women attending as an unbooked 'casualty' attendance will attend a purpose built specialist area to meet their needs. Once this project is completed, the plan is to redesign our public clinics and provide a modern outpatient clinic for women attending.



Michelle Wallace (R) visiting her friend Aoife McCarthy on the Antenatal Ward

Overall Summary of Obstetric Clinic Attendances 2018

	New Attended	Follow Up Attended	Total DNAs	Overall DNA Rate
Antenatal 1st Visits (Midwifery led)	621	0	76	10.9%
Antenatal Clinic (Consultant led)	2,887	15,467	2,142	10.5%
Antenatal Follow Up Visits (Midwifery led)	0	1,031	56	5.2%
	3,508	16,498	2,274	10.2%

Specialty Clinics (Outpatient Department)

OPD Epilepsy Clinic	18	85	14	12.0%
OPD Hypertension	3	123	23	15.4%
The Poppy Clinic - Postnatal Follow Up Clinic	170	451	148	19.2%
Anti D Clinic	1,155	0	44	3.7%
Maternal Medicine Clinic (Midwifery led)	44	21	4	5.8%
Maternal Medicine Clinic (Consultant led)	167	1,435	242	13.1%
Pearse Street Antenatal 1st Visits (Midwifery led)	401	0	73	15.4%
Antenatal GTT's	597	0	35	5.5%
Haematology	539	332	213	19.6%
Phlebotomy Bloods	4,599	912	412	7.0%
Pre-Term Surveillance Clinic	117	1,485	105	6.2%

Semi-private Clinics

Antenatal Clinic	2,028	7,421	178	1.8%
Booking Clinic (Midwifery led)	1,673	0	46	2.7%
	3,701	7,421	224	2.0%

Does not include Community Midwifery, Diabetes, Nutrition, Satellite or Private Clinics

Caroline Brophy

CMM2 Obstetrics Clinic

Colposcopy & Gynaecology Outpatient Clinics

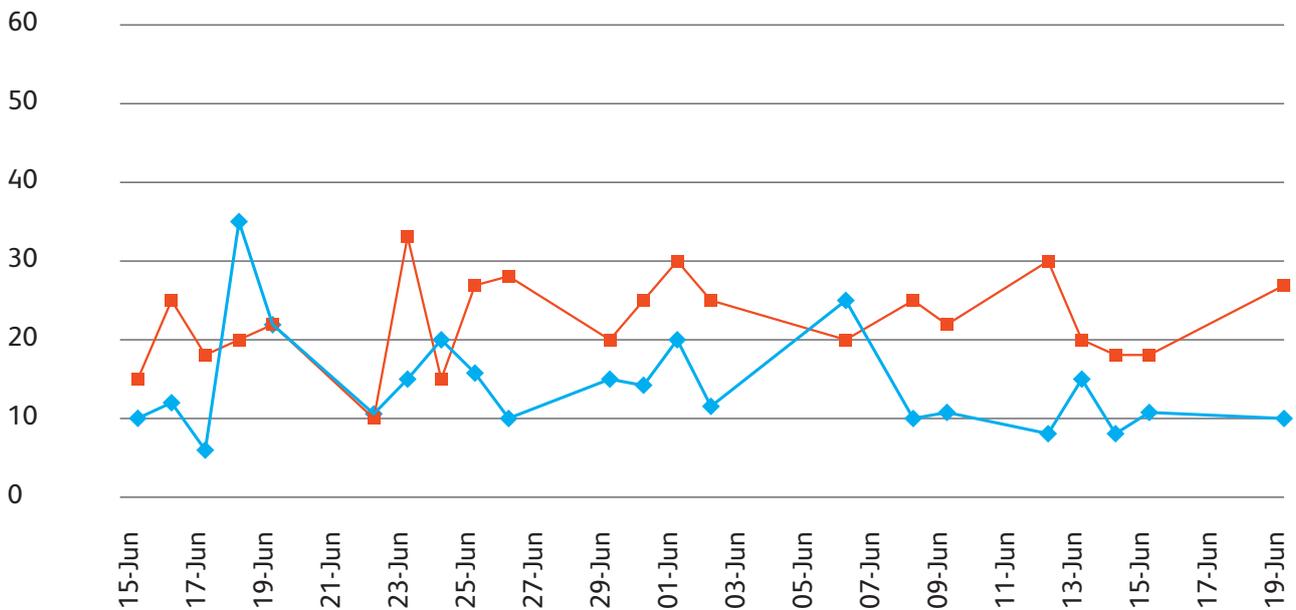
A wide range of services are offered at the Gynaecology Outpatient Department which include specialist services in Colposcopy, Oncology, Urogynaecology, Reproductive Medicine, Endocrine, Adolescent services and Recurrent Miscarriage services. It has been another very busy and challenging year, but despite this the outpatient services continued to deliver a high standard of patient centred care.

May 2018 saw a huge increase in the workload on the colposcopy and gynaecology services. The Cervical Check crisis resulted in 800 phone calls and queries being dealt with by the nursing staff along with a corresponding rise in the number of patients seen for reassurance. While this has largely settled, the fall out is still being felt in terms of uncertainty regarding the roll out of primary HPV screening.

In October 2018 the redevelopment of the Colposcopy rooms was completed, providing three large treatment rooms and a separate administration section on the first floor of the two story extension.

As a result of the Cervical Check crisis there was also an increase in the number of referrals to the Gynaecology outpatient department. This was up by 50% from June to December (see graph) but thanks to the dedicated committed staff we continued to see all patients in a timely manner.

Referrals Audit June/July 2017 vs 2018



The outpatient hysteroscopy service continued to expand. In 2018 ambulatory gynaecology services provided an important diagnostic and treatment facility for women. Outpatient hysteroscopy clinics run three times per week under the supervision of four consultants. The majority of referrals are directly from general practice and are for investigation of post-menopausal bleeding. We are performing more operative cases thereby significantly reducing the number of women needing to have procedures under general anaesthetic.

We performed a total of 432 Hysteroscopies: 82% Diagnostic and 18% Operative. Only 13% of women from this clinic required procedures under general anaesthetic. This service has a significant impact on increasing theatre space.

	OPH	Truclear Polypectomy	Hyseroscopic removal of IUCD/ other Betocci	Required procedure under GA	Total
Clinic 1	107	13	18	23	138
Clinic 2/3	111	25	16	22	152
Clinic 4	24	0	1	3	25
Clinic 5	113	0	4	11	117
Total	355	38	38	38	432
%	82%	8.8%	8.8%	13.5%	

Referral indication	Postmenopausal bleeding	Menstral irregularity/ mirena retrieval	Fertility/ recurring miscarriage	Other
Clinic 1	92	41	1	4
Clinic 2/3	93	34	20	5
Clinic 4	23	1	0	1
Clinic 5	3	1	109	4
Total	211	77	130	14
%	49%	18%	30%	3%

Referral source	
General practice	54%
Gynaecology clinic	33%
Other hospital/Mirena clinic	8%
Other	5%

We run a weekly clinic specifically for young women who experience gynaecological problems.

From October to December 2018, we conducted a pilot of including a dietitian as part of the care package provided to some adolescents attending the gynaecology clinic. Nine adolescents were treated by the dietitian during the pilot, with the majority being referred for Polycystic Ovary Syndrome and high BMI (table 1).

	2014	2015	2016	2017	2018
Total patients	221	260	317	477	471
Outpatient hysteroscopy	160	196	290	401	432

Adolescents referred to the pilot of including a dietitian as part of care

Referral Reason	N	Mean Age
High BMI	8	18.9
Polycystic Ovary Syndrome	7	18.9
Other	1	19.0
Low BMI	1	19.0

Despite engagement being a challenge with this cohort, all adolescents who maintained regular contact with the dietitian successfully improved dietary and lifestyle behaviours and the majority lost weight where indicated. The team hope to continue this successful multidisciplinary management, if resources allow.

Summary of Gynaecology and Colposcopy Clinic Activity

	New Attended	Follow Up Attended	Total Attendances	Total DNAs	DNA Rate
Gynaecology	2315	2388	7703	930	12.6%
Colposcopy	3212	4447	7659	681	17.0%

Jennifer Fitzgerald
CMM2 Gynaecology Clinic



Gina Baldesco and Lisa Hughes, Colposcopy Nurses, in the newly built Colposcopy treatment rooms

Urodynamics

From a clinical perspective 2018 presented some challenges. In July 2018, The Minister for Health Simon Harris imposed a pause on the surgical use of mesh for pelvic organ prolapse and Stress Urinary Incontinence. This pause was put in place on foot of a similar pause in the UK. This action resulted in a number of women having their proposed surgery for Stress Incontinence postponed with a knock-on effect of fewer cases of post-operative urinary retention. From a maternity perspective, care continues to be delivered on both an inpatient and outpatient basis to pregnant women who present with voiding difficulties in the antenatal or postnatal course. A total of 35 women attended for uroflow studies and 194 women for urodynamic studies.

Clinical Practice

There was a slight decrease compared to last year in the number of women requiring clean intermittent self catheterisation (CISC) for voiding dysfunction; this is likely related to the decrease in the number of surgeries performed for SUI. A total of 14 women were taught CISC. CISC remains the treatment of choice for ongoing management of urinary retention in the antenatal and postnatal period. From a gynaecological perspective CISC is the gold standard for management of voiding dysfunction in women with voiding dysfunction in the postoperative period and for acquired voiding dysfunction in women. 7 women were discharged home with an indwelling catheter in situ for short term management of bladder drainage in the post operative period.

There continues to be collaboration with our colleagues in the pelvic floor centre in St. Michael's Hospital, Dun Laoghaire in the form of Multidisciplinary team meetings.

Education

As in previous years education remains at the forefront of the Urodynamics service- Linda completed her certificate in Nurse and Midwife prescribing and also became a Registered Advanced Midwife Practitioner. A number of lectures were delivered both in the hospital and in the community including to GPs, BSc and Higher Diploma Midwifery Students and at the Joint Research Network conference.

Future Plans

- We await a decision about the reintroduction of continence surgery for women with Stress Urinary Incontinence since the Department of Health has imposed a national pause on same since July 2018
- Currently working with the National Women and Infants Programme to establish a tertiary referral multidisciplinary clinic for women who have complications from MESH insertion
- A decision is still awaited on the setting up and commencement of the outpatient cystoscopy clinic

Linda Kelly

RAMP, Urodynamics

Maria O'Connell

CMM2, Urodynamics

Neonatology

2017 proved a busy year clinically for the department – 1,977 babies were admitted; 146 of whom weighed less than 1500g and/or $\leq 26^{+6}$ wks estimated gestation - all of whom were recorded on the Vermont Oxford Database. Infants from 23 weeks gestation were admitted for intensive care and many of these extremely preterm infants stayed with us for months before they were discharged home. We provided therapeutic hypothermia to term infants with birth asphyxia in an attempt to increase their chances of surviving free of long-term disability. In 2017, 20 infants received therapeutic cooling, 9 of whom were transferred to us from other hospitals. We continued to operate the National Neonatal Transport Programme (NNTP) led by Dr. Jan Franta jointly with the Rotunda Hospital, and the Coombe Women and Infants Hospital. In addition, our outpatient department remained busy, with 4,021 attendances at the Baby Clinic.

Research and education remained priorities in the department. Dr Katie Cunningham took over from Dr. Madeleine Murphy (PhD student) in her role as UCD Special Lecturer in Neonatology in July 2017. The Neonatal unit continued to recruit for several multicentre trials including the PlaNet-2 study and NORD study.

We also continued recruitment for the single centre NEDI II study of endotracheal tube placement and carried out delivery room studies of resuscitation monitoring. We commenced recruiting for the POPART study of prophylactic oropharyngeal surfactant for preterm infants in 2017 which extended internationally in 2018.

With active encouragement from Ms. Hilda Wall, more nurses obtained their higher diplomas in Neonatal Nursing. The department also saw a steady stream of undergraduate nursing, midwifery and medical students from UCD, mostly on structured rotations from the university, but also others who elected to spend additional time with us learning how to care for vulnerable newborn babies.

It was an exciting year for the Neonatal Department that saw many new promising developments. Thanks to all in the department who have worked so hard to maintain the high standards of care for babies and their families.

Dr Anna Curley
Consultant Neonatologist



Marie Claire Kennedy attending the Fitzwilliam Clinic with Dr Michael Robson, Consultant Obstetrician and Gynaecologist and former Master

Pathology and Laboratory Medicine

The Maternal and Newborn Clinical Management System was introduced in early 2018. It impacted on every facet of the Department and is testament to the resilience of all the staff in the hospital that its introduction was successful. Each department in the laboratory had tested all aspects of 'Order Communications' to ensure seamless placing of orders and result filing directly to the patient chart. This project was led in the laboratory by Norbert Clarke and Marie Culliton. The system was inspected by The Irish National Accreditation Board in December.

In 2018 the accreditation of laboratories to ISO 15189 standard was once again maintained. The work involved in achieving and maintaining accreditation should not be underestimated. Congratulations are due to all the staff on their achievement. This work is in addition to supporting the increasing clinical needs of the hospital and its patients.

Service and Scientific Developments Consolidated During 2018

The rapid PCR system (GeneXpert) was expanded providing 'in house' rapid testing for Group B Strep and also for Flu both during routine hours and 'out of hours'. Improved identification systems for positive blood cultures and organism identification are being introduced with the Film Array assisting rapid identification in 2018 and the MALDI ToF will be introduced in 2019.

Following on the success of the Routine Antenatal Anti-D Prophylaxis, work continued on implementation of cell free (cf) DNA testing for RHD status of fetus and targeted antenatal Anti-D prophylaxis. The validation work and workflows for the introduction of the test were completed in 2018 and the service will be introduced from January 2019.

The department collaborated with clinical staff in developing a clinical pathway for identification and management of anaemia. To improve the workflow and patient management the ferritin assay will be provided by the Biochemistry Laboratory. The validation was commenced in 2018 and we expect that this service will be provided early in 2019.

The proliferation of Point of Care Testing devices in the hospital needs careful monitoring and this draws significantly on the expertise in the laboratory. Following verification of the intra-operative coagulation testing system (ROTEM) in theatre by Deirdre Duggan, the system is now in regular use. This initiative, along with the single unit transfusion policy, have led to a significant decrease in our use of all blood products with reduction in donor exposure for our

patients and cost savings. It is intended to introduce a standardised point of care glucose monitoring system in 2019.

The programme for histodissection by medical scientists is continuing in histopathology. Ms Paula Whyte will complete her portfolio in 2019.

Members of the department have worked with the design team and their colleagues in St Vincent's University Hospital towards the integration of both departments in preparation for the co-location of the National Maternity Hospital to the Elm Park Campus. We look forward to progressing with this project in 2019.

There were departures and new faces in many areas during the year. We are very grateful for the support of the Executive Management Team in assisting us with the provision of staffing resources to cover maternity leave and training to support 'out of hours' service. Luke MacKeogh was promoted to Chief Medical Scientist. Sarah Lydon and Carly Keegan left their posts to pursue new career opportunities. Adeyemi Olukayode, Avril Madden, Alison Nolan, Andrew O'Keeffe and Anna McCormick all joined the team as Medical Scientists.

In the midst of all this change, the department supported an increasingly busy and complex 'out of hours' service. Our challenge in 2018 was to maintain both the routine and 'out of hours' service to meet the demands of the clinical service within the resources available. During 2018 training for multidisciplinary services was provided for 4 scientists bringing to 18 the number of scientists covering this service.

The department is committed to supporting development of staff and has a very active CPD programme. There are 3 scientists currently enrolled in Masters Programmes. 4 Scientists, Philip Clarke, Sarah Lydon, Declan Ryan and Donal Noonan were successful in their Masters Programmes. The department continues to support the research needs of the hospital through collaboration with colleagues, development of new assays and clinical audit.

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

Marie Culliton
Laboratory Manager

Ultrasound and Fetal Medicine Unit

The unit provided a comprehensive ultrasound and fetal medicine service; 10,822 women had 24,576 scans between them during the year. It is a busy tertiary referral unit taking referrals from all over the country. 2018 saw an increase in the number of high risk patients referred to our unit. The following services are provided: early pregnancy assessment, first trimester screening, detailed anomaly screening, monitoring of multiple pregnancy, assessment of fetal well-being, amniocentesis, chorionic villus sampling, management of rhesus disease, fetal therapy including intrauterine transfusion, fetal shunt placement, laser therapy for twin to twin transfusion syndrome. Almost 1,000 gynaecology ultrasound scans were also performed.

There are 7 Fetal Medicine specialist clinics which see approximately 90 cases weekly. Most of these women receive their antenatal care also. The Prenatal Diagnosis Midwives work closely with the fetal medicine consultants and their contribution in these clinics has further enhanced the care that these vulnerable couples receive and has greatly improved the communication within the multidisciplinary team. The workload continues to increase. The weekly multidisciplinary meeting continues to be a good opportunity to discuss these complex cases. We work closely with our medical social work team as well as our midwifery bereavement team.

The National Fetal Neurosurgery Programme and Fetal Cardiology Programme take place in the department. The Neurosurgery Programme under Dr Darach Crimmins and Mr John Caird has referrals from all over Ireland and is the only clinic of its kind in Ireland. In the Fetal Cardiology Programme in association with Prof Colin McMahon from Our Lady's Children's Hospital, Crumlin co-ordinated by Cecelia Mulcahy CMS, known fetal cardiac anomalies are reviewed; parents are counselled about expected management and treatment post delivery. These clinics are multidisciplinary with the specialist consultant and nurse along with our fetal medicine consultants and midwives in attendance. Following review an appropriate management plan is decided and our neonatal consultant colleagues who also contribute to the care plans when necessary.

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

Teaching and education continues within the department for both midwifery and medical staff. We continue to contribute

both clinically and theoretically to both the MSc and Graduate Certificate Ultrasound courses in association with UCD. The unit had posters accepted for the British Medical Ultrasound Society Scientific meeting in the UK and for the Fetal Medicine Foundation meeting in Athens. Lisa Hyland was awarded with an MSc in Ultrasound.

Valerie Kinsella

Fetal Assessment Unit CMM3

Radiology

Paediatrics

The Department of Paediatric Radiology was established in 1984 and has evolved over the years to provide a range of ultrasound and radiographic services to the hospital's paediatric patients.

Services Provided for Paediatric Patients

General radiographic examination on neonates admitted to the Intensive Care Unit and the nursery and for infants attending the outpatient clinics if required. The majority of this work is portable radiography.

- Fluoroscopic gastrointestinal contrast studies.
- Ultrasound and doppler service.
- Ultrasound examinations for congenital hip dysplasia.
- MR examinations for infants up to one year of age.
- Fetal MR examinations in pregnant patients.
- CT examinations via The Children's University Hospital, Temple Street, D1.

Services Provided for Adult Patients

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

A total of 8,515 examinations were performed in 2018.

250 adult examinations were hysterosalpingograms and 1093 Adult ultrasounds were performed. 2,126 of the infant examinations were hip ultrasounds. 643 of the infant examinations were cranial ultrasounds. 222 fetal and neonatal MRIs were performed. Of the MR examinations, 96 were Fetal MRIs.

Dr Gabrielle Corcoran

Consultant Paediatric Radiologist

Pharmacy

The pharmacy department safely and efficiently purchases, stores, compounds and distributes all medicines used in the National Maternity Hospital. Pharmacists provide a clinical pharmacy service to the neonatal unit, antenatal ward, postnatal wards, gynaecology department and the maternal medicines clinic to ensure safe and effective use of these medications.

Pharmacists routinely answer medication queries from general practitioners, community pharmacists, hospital pharmacists, public health nurses, community midwives and the general public. Pharmacists also deliver lectures to medical, midwifery, nursing and paramedical staff on a regular basis and design patient information leaflets (PILs) for specific medications.

The antimicrobial pharmacist is responsible for implementing antimicrobial stewardship in the hospital by carrying out clinical review and audit of patients receiving antimicrobial therapy with subsequent feedback and education to prescribers, midwives and nurses.

The Chief Pharmacist plays a central role in providing the Drug and Therapeutic Committee with updated information on drug expenditure, new products and drug administration protocols. The committee is also notified of cost implications associated with changes in clinical practice. The Chief Pharmacist is also a member of the Research Ethics Committee.

During 2018, pharmacists continued to develop and implement the electronic prescribing module of the Maternity and Neonatal Clinical Management System (MN-CMS), and continued to provide training to medical, nursing and midwifery staff.

The members of the pharmacy department implemented the successful move of the pharmacy from the ground floor up to the fourth floor.

Pharmacists are encouraged to participate in postgraduate courses; to date these include Masters in Clinical Pharmacy, Masters in Hospital Pharmacy and Diploma in Clinical Pharmacy.

Dorothy McCormack
Chief Pharmacist

Quality, Safety & Risk Management

Clinical Governance

Clinical governance, a component of healthcare governance, continues to be the framework through which we are accountable for continuously improving the quality and safety of our services and safeguarding high standards of care by creating an environment in which clinical care will flourish. This requires the implementation and management of the “pillars” of clinical governance - effective service provision, risk management, patient experience, communications, resource management, strategy and learning - all underpinned by the solid foundations of systems awareness, team working, ownership, leadership and collaborative team working of staff, patients, patient families and members of the public. Such implementation and management is evolving towards an effective patient-NMH professional partnership

During 2018 within our clinical governance structures, our Clinical Governance Executive Committee met monthly to discharge its responsibility to continuously monitor and manage the quality and safety of our services. This committee was supported by our Clinical Incident Review Group, meeting fortnightly ($N=28$) with responsibility for on-going, multi-disciplinary, critical review of reported clinical events to underpin high standards of care.

Activities during 2018 include:

- Appointment of a Clinical Risk Administrator (*short-term replacement*)
- Management of 129 additional risks
- Management of 2,310 incidents (*of which 2,170 did not impact our patients*)
- Coordination of 18 new claims
- Hospital-wide roll-out of the TeamSTEPPS 2.0 framework - Team Strategies and Tools for Enhanced Performance and Patient Safety (*Phase 1 preparation; commencement of Phase 2 training*) as well as the continuous improvement of all aspect of our Clinical Risk and Legal services.

Plans for 2019 include:

- Migration of all systems to the “Cloud” (*facilitated by Zoho*)
- Completion of our roll-out of TeamSTEPPS 2.0
- Provision of clinical risk training for hospital staff
- Tighter integration with quality management systems.

Clare O’Dwyer & Laurence Rousseil

Clinical Risk Managers



Aileen and Fergal O'Donnell with their newborn daughter Tess

Health and Safety

The National Maternity Hospital Health and Safety Department is dedicated to ensuring the safety, health and well being of all our patients, staff, visitors and contractors. This is achieved by promoting and facilitating a safety conscious culture to ensure a safe environment and place of work in line with best practice.

Attendances at the twenty two Health and Safety Training sessions during the year were favourably received by four hundred and twenty five individuals in during the year. The induction program for staff is further complemented by the mandatory study day which is open to both clinical and non-clinical staff. This runs regularly throughout the year and ensures all staff has an opportunity to refresh their health, safety and emergency procedures awareness. In addition, online training is also available for staff.

Fire Safety Consultants provided training for forty four of our fire wardens in 2018. The hospital liaises closely with the Dublin Fire Brigade. There were eight hundred and eight individuals involved in the mock evacuations conducted. Ski sled awareness training is also provided during manual handling.

Contractor Management remains a key focus area. Additional minor capital projects undertaken improve site facilities and patient safety in the long term. These additional construction activities including the new 'Internal Building Team' require the

effective implementation of contractor management controls. Managers in control of the workplace and our contractors work together to ensure safe systems of work are in place and working effectively.

The Annual Accident Review was conducted and there were a number of initiatives during the year to raise staff awareness of these hazards. All staff are engaged in working proactively with managing these risks to ensure a safe working environment for all our patients, visitors and staff.

Sincere thanks to all employees proactively working as a team to improve the safety culture within the hospital. There was a terrific response from staff during the Red Alert Storm Emma event. There was a fresh intake of 18 safety representatives appointed, this ensures good coverage throughout the hospital. Thanks also to all members of the Quality, Risk, Health and Safety Committee which met on fifteen occasions during 2018, to the Safety Representatives and Hygiene Teams.

While 2018 has been a busy year it is likely that 2019 will be even more challenging given the current constraints, scheduled complex and challenging projects and current financial environment.

Martin Creagh
Health and Safety Manager



Hospital Sterile Services

I would like to acknowledge the sad passing of the Manager of the HSSD Stephen Newman in December. Steve is sorely missed by all of his staff in HSSD, but leaves a wonderful legacy behind him, one we will never forget. May he rest in peace.

The department is committed to the highest level of quality in the decontamination (cleaning, disinfection and sterilisation) of Reusable Invasive Medical Devices (RIMD). Sterility assured reprocessing of RIMD is achieved through adherence with Decontamination Policies, Procedures and Guidelines.

Activity

Activity levels have continued to remain high year on year. In total 33,491 packs were sterilised in 2018. Non-conformance / complaints were less than 0.5% of production.



Leona McManaman with her son Tadhg born at 27 weeks in The National Maternity Hospital

Audit

HIQA have commenced their auditing of decontamination and reprocessing of Reusable Medical Devices.

Training & Education

The HSSD supervisor has completed a Higher Certificate in Science, 'Contamination Control and Asepsis for the Healthcare Sector' in IT, Tallaght, and has commenced a degree in Sterile Services Management. One technician is also doing a Level 6 Minor Award in RIMD Decontamination. This is run by IT Tallaght over 2 semesters via a 2 hour online lecture. Laboratory based practicals take place at the end of each semester as well as a local quality improvement project.

Quality/Risk

A departmental risk register is in place on Database Oasis Risk Management System (DORMS) and escalation procedures are in place should this be necessary. The following audits took place during the year: Daily Quality Control Audit, Weekly Automatic Control Test, Monthly Key Performance Indicators, Quarterly Hygiene Audits and Annual Infection Control Audit.

Infection Control

Four Environmental Monitoring audits took place in 2018 where we sampled the air and surfaces from all rooms and water from the reverse osmosis water treatment unit. The results were discussed at the quarterly Infection Control meeting

Procurement

In July a HEPA air filtration system reducing air borne contamination in the clean room was installed.

Pamela Hutchings

HSSD Manager

Infection Prevention & Control

Surveillance of Infection

- Blood stream infection (BSI): No MRSA, Vancomycin-Resistant Enterococci (VRE) or Carbapenemase-Producing Enterobacteriales (CPE) BSI was detected in any patient in 2018. Two infants had E. coli BSI with extended spectrum beta-lactamases (ESBL), gentamicin and ciprofloxacin resistance. There were 3 *S. aureus* BSI, one of which was healthcare associated (0.2 per 10,000 bed days used).
- The central line associated blood stream infection (CLA-BSI) rate was 3.25 per 1000 catheter days in the NICU in 2018 compared to 2.9 in 2017.
- There were no cases of ventilator associated pneumonia in the NICU compared to a rate of 2.56 per 1000 ventilator days in 2017.
- The rate of neonatal early onset GBS disease (culture or PCR positive) was 0.38 per 1000 births in 2018 compared to 1.16 in 2017.
- Two infants had meningitis; one early-onset Group B Streptococcus and one late-onset *Klebsiella pneumoniae*.
- Seven women developed maternal sepsis in 2018 (0.88 per 1000 maternities compared to 0.69 in 2017). Four of these women required inotropes due to septic shock. Four were antenatal, one was intrapartum and two were postnatal. All women recovered. There was no gynaecology sepsis.
- No patient was colonised or infected with CPE; 1712 patients were screened for CPE in 2018.
- One case of *Clostridium difficile* infection was detected in 2018 (0.2 per 10,000 bed days). It was not severe, there was no recurrence and no outbreak occurred.
- One community acquired norovirus infection was identified.
- Fifty one cases of influenza were detected. None were healthcare associated.
- The overall surgical site infection rate for 2018 was 4.46%; 2.89% for elective caesarean sections and 5.82% for emergency caesarean sections.

Hand Hygiene

- 492 clinical staff (89%) received hand hygiene training.
- Hand hygiene audits results: Q1-2: 93% and Q3-4: 94%.
- 1,636 patients participated in hand hygiene satisfaction survey: satisfaction rate 99%.
- Activity adjusted figure for alcohol hand gel use was 44.3L / 1000 BDU (national average was 32.9L / 1000 BDU)

Compliance rate for Peripheral Vascular Catheter Care Bundles is 95% and 88% for Urinary Catheter Care Bundle

Antimicrobial Stewardship

- Consumption: 38.1 DDD/100BDU were used in 2018. This represents a 5.7% decrease on 2017 figure (40.4). Neonatal sepsis calculator was introduced in Q1 2018; reduction in gentamicin duration on postnatal wards was introduced in Q3
- National Point Prevalence Survey 2018: 14% prevalence of antimicrobial prescribing, a decrease from 20.7% in 2017. Compliance with guidelines was 96.8%.

Environmental screening:

- Quarterly Legionella testing continues of 14 sentinel water outlets: there was 1 low level positive result.
- Annual *Pseudomonas aeruginosa* testing of all hand hygiene sinks in NICU commenced in 2018. No *P. Aeruginosa* was detected from 12 outlets.

Shideh Kiafar, CMS (*Infection Prevention and Control*)

Dr Susan Knowles, Consultant Microbiologist

David Fitzgerald, Antimicrobial Pharmacist

Carol O'Connor, Surveillance Scientist

Occupational Health

Occupational Health is the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations by preventing departures from health controlling risks and the adaptation of work to people and people to their jobs. WHO 1950

Occupational Health is a busy department that provides a service to all staff in order to maintain health and wellbeing within the workforce.

Key services continue which include pre-employment health assessments, sickness absence review, vaccinations, pregnancy and ergonomic assessments.

Consultations with the Occupational Health Physician were down from the previous year to 159 and clinical nurse consultations were up to 390 ranging from pre-employment medicals, vaccinations, pregnancy assessments, first –aid consultations to ‘drop-ins’.

We have yearly intakes of both under graduates of BSc midwifery and HDip midwifery students and bi-yearly intake of NCHD’s. The NCHD’s now have a National Training and Planning Programme (NDTP) from the HSE which links in with an Occupational Health module for their medical forms and vaccination records. National training was rolled out for all Occupational nurses and on-going training available.

We had a big increase in our flu vaccine uptake for 2018/2019 seasons. We had an overall rate of 66% due mainly to overall public awareness and doing on site, ward clinics sessions plus thanks to the peer vaccinators which helped with shift and night work clinics. We increased our total rates from 42% in 2016/2017, 54% in 2017/2018 seasons.

Occupational Blood Bodily fluid exposures continue to be monitored and updated algorithms for OBE exposure sent to all clinical departments.

Occupational health has assisted in the manual handling programme with updating power-point slides, purchasing 2 new HoverMatts and incorporating the Ski Sled in the training day. We have trained 3 new trainers in 2018 to add to the team.

The added Employee Assistance programme (EAP) has been a great asset to staff and their families in times of concerns big and small and many avail of it. We have also teamed up with HR to provide wellbeing talks for all staff which are well received.

Also the addition of administrative staff member Suzanne Howard has greatly helped with the huge volume of administrative duties.

Carmel Flaherty

Occupational Health, CMM2

Quality



Filomena Nunez with her newborn son Liam

The Quality Department continued to sustain its commitment to the continuous improvement of quality in the NMH during 2018 to assure the very highest quality of service for patients and the population it serves, including demonstrating openness and transparency in all its services. This was achieved primarily through 3 'systems':

- Patient Feedback Management System
- Quality Improvement Management Systems
- Q-Pulse Quality Management Information System

During 2018, within our governance structures, our Clinical Governance Executive Committee met monthly to review best practice, standards, national guidelines and system reviews. This is supported by the multidisciplinary Quality, Risk and Health

and Safety Committee which ensures that processes are in place to continuously monitor and improve the quality and safety of healthcare for our service users. The quality department continues to represent the hospital on the following external governance structures:

- IEHG Quality and Patient Safety Forum
- IEMESH pathways sub-committee

Quality activities during 2018 included:

- Recruitment of completely new team including Quality Manager and a Patient Advocacy Officer
- Management of 70 written and 31 verbal complaints
- Development of IEMESH Pathways to support women experiencing MESH problems for the IEHG
- 30 active Quality Improvement Plans including Medication Safety, Haematology, Breastfeeding Support, Dietetics and Bereavement.
- Active involvement of community partners to enhance integration, coordination and seamless delivery of care (frequent meetings of our GP Liaison Committee (5) and the Patient Voice Group (6).

Plans for 2019 include:

- Migration of all systems to the 'Cloud' (facilitated by Zoho)
- NMH GP Study Day
- Facilitating workshops in *Managing Difficult Complaints Training*
- Establishment of Quality and Safety Walk-rounds
- Implementation of a Quality Improvement Registry
- Continuation of roll-out of a fully functioning clinical audit programme as part of broader NMH-wide internal audit function

We also continue to contribute to staff professional development and training - *current and new*.

Rachel Irwin
Quality Manager

Allied Health Services

Clinical Nutrition and Dietetics

The department provides a service to Neonatology (1 WTE), Diabetes in Pregnancy, Maternity and Gynecology (3 WTE) and has a clinical specialist remit including research and education.

It was another busy year with similar levels of activity to 2017. The numbers remain high and the complexity of care continues to increase, putting further demands on the dietetic service.

The provision of maternal milk remains a focus. A multidisciplinary quality improvement initiative, PRIME (Preterm Infants need Milk Early), achieved improvements and was shortlisted for a HSE Excellence Award. Key developments included the introduction of improved standard parenteral nutrition (PN) solutions and schedules in an effort to reduce dependence on individualised PN which is more complex and costly. The handbook for parents, 'Babies in Neonatal Care' was revised and updated with significant contribution by dietetics.

Introduction of the Maternity Newborn Clinical Management System (MNCMS) electronic record incorporated the standardised Nutrition Care Process. Management of hyperemesis was a clinical focus in maternity care and a 'Hydration Tool' was designed, audited and implemented as part of a patient information pack. Specific intervention for patients of Gynaecology Adolescent Services was successfully trialled. Service evaluations and audits included a patient survey to facilitate diabetes service improvement, a survey of hypoglycemia management, evaluation of group education for GDM and for high BMI, and an audit of hydration for patients and for staff. NMH dietitians presented at a range of conferences and study days and contributed to publications (articles and research) as members of the MDT. Work on diabetes preconception education and patient resources for use nationally is ongoing.

The department ran a weight management program for staff as part of the Healthy Ireland program and provided BMI and health assessments on World Diabetes Day, among other health promotion events throughout the year. Our administrator co-ordinated many staff health promotion activities under Healthy Ireland at the NMH and continues to provide invaluable support to the HI group.

Other Activities

- Specialist dietetic support and expertise maintained to colleagues.
- Clinical placement and training of UCD postgraduate MSc dietetics students undertaken.
- Hospital Committees: Nutrition and Hydration Committee, Healthy Ireland Group
- Membership of specialist professional groups: Diabetes Interest Group (INDI), Neonatal Dietitians Ireland Group, Maternity Dietitians Collaborative Group. One member joined the Knutston Ireland Diabetes counselling course as a faculty member
- Dietetic/HSCP representation: Neonatal and Paediatric Parenteral Nutrition Advisory Group, The Baby Friendly Initiative Standards Group, the National Clinical Program for Diabetes, the Folic Acid Advisory Group and the National Women and Infants Health Program.
- Further education: RCSI certificate in Leadership and Management, Professional Supervision, and Behaviour Change Skills

Sinead Curran,

Dietitian Manager, Maternity Services & Women's Health

Roberta McCarthy,

Dietitian Manager, Neonatology

Clinical Engineering



The Department of Clinical Engineering continue to provide a designated, coordinated approach to the management of Medical Devices / Equipment (MDE) throughout the NMH. The department's objective is to ensure a safe, high quality service for its service users to enable better outcomes for patients.

2018 saw further hospital and HSE investment in MDE with the procurement of over 188 new and replacement medical devices bringing the total number of in-service devices to 2283. The department continued to maintain its high level of in-house preventative maintenance with approximately 76% of medical devices maintained internally. The department's integration with HSE guidelines and policies with respect to MDE continues, as the national implementation of the Medical Devices / Equipment Management Policy is rolled out including the anticipated introduction of the Medical Device Equipment Quality Assessment and Improvement Tool (QA&I Tool).

With the on-going redevelopment of the hospital on its current site, and its proposed co-location to the St Vincent's University Hospital Campus, Clinical Engineering participated on several committees providing advice on all aspects on the management of Medical Devices including risk assessment and cost effectiveness. Other committees and projects that required

departmental involvement include the introduction of Easynet which is the Clinical Engineering on-line requisition form at departmental level, the continued involvement in the National Maternal-Newborn Clinical Management System (MN-CMS) and the design and development of a new in-house transport incubator system. The department also represents the hospital on several external committees such as the BEAI (Biomedical Engineering Association of Ireland) and the Health and Social Care Professions Expert Group and has continued its close working relationship with the National Neonatal Transport Program.

Department members continue to keep up to date professionally in order to maintain an appropriate level of competence by participating in many internal and external lectures / presentations and by furthering their academic qualifications with the commencement of the Higher Diploma in Computer Science in order to up skill due to the introduction of MN-CMS and the ever increasing risks in cyber security.

Eoghan Hayden
Head of Clinical Engineering

Physiotherapy

The Physiotherapy Department had an extremely busy year in 2018 with over 3000 new patient referrals. This sees the highest activity recorded to date and as such the department is struggling to function. Physiotherapy as of 2018 has a staffing of 4.4 wte with a .6 post based in the Pelvic Floor Centre in St. Michaels Hospital. With the continuing demand for Physiotherapy services this makes providing an efficient service very challenging.

The Physiotherapy Team provide:

- A referral based Physiotherapy service for all inpatients on weekdays
- An outpatient clinic offering appointments on weekdays for musculoskeletal conditions and issues relating to pelvic floor dysfunction
- A neonatal service four days a week
- Ongoing delivery of the hospital antenatal and postnatal education programmes alongside colleagues from Midwifery and Nutrition and Dietetics.
- A range of education sessions to facilitate early assessment and timely access to physiotherapy services e.g. Pelvic Girdle Pain Class, Pelvic Floor Care Class and the Healthy Bodies after Birth Class.
- A service to the multidisciplinary Pelvic Floor Centre team based in St. Michaels Hospital every Monday and Wednesday.

Commitment to Education and Professional Development:

We continue to provide Physiotherapy input into:

- Lecture Programmes for Midwifery Medical & PHN students (RCSI and UCD)
- The Active Management of Labour Courses
- Clinical training for UCD undergraduate Physiotherapy students
- Public Health Nurse Study days

Judith Nalty

Physiotherapy Manager

Psychosexual Therapy

The Psychosexual Therapy clinic continues to be very active with referrals being received from General Practitioners and Oncology services throughout the country as well as clinics from within the National Maternity Hospital including gynaecology, infertility, oncology, physiotherapy and postnatal clinics. Vaginismus remains the main reason for referral for women and erectile dysfunction for men. As in previous years, there remains a waiting list to be seen.

The Psychosexual Therapist was involved in conducting training workshops for Oncology Social Workers in St James Hospital and also Our Lady of Lourdes Hospital Drogheda. The aim of these workshops was to help Health Care Professionals to be more comfortable in exploring sexual issues with clients going through treatment for cancer.

In November a two day workshop for accredited Psychosexual Therapists was organised by the Psychosexual Therapist and was held in the hospital. The main presenter was a renowned Medical Sexologist, Dr Woet Gainotten who travelled from the Netherlands. Dr Gainotten's core expertise lies in the areas where sexuality and intimacy are influenced by disease, cancer or medical interventions and his workshop provided much information of relevance for work with clients in the hospital.

Dr Gainotten also was able to give a lecture to hospital staff entitled 'The benefits of addressing sexuality for care of cure' and feedback from those who attended was very positive.

Lectures to Medical and Midwifery Students continue throughout the year and remain important in increasing awareness about sexual difficulties and help available.

Meg Fitzgerald

Psychosexual Therapist

Medical Social Work

The Department has begun integrating Trauma Informed Care as a practice approach in all interventions in recognition of the factors that most often bring women into contact with a social worker. ‘Trauma-Informed Care’ (TIC) is an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma. TIC recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual’s life. TIC requires a system to make a paradigm shift from asking, ‘What is wrong with this person?’ to ‘What has happened to this person?’

The Department work with women who have/are experiencing both childhood and adult trauma. Specifically Adverse Childhood Experiences (ACE’s) which play a significant role in health and wellbeing outcomes. Compared with participants with no ACEs, those with ≥4 ACEs were:

- Four times more likely to be high-risk drinkers
- Six times more likely to have had or caused unintended teenage pregnancy
- Six times more likely to smoke cigarettes or tobacco
- Six times more likely to have had sex before the age of 16
- Eleven times more likely to have smoked cannabis
- Fourteen times more likely to have been a victim of violence in the previous 12 months
- Fifteen times more likely to have committed violence in the previous 12 months
- Sixteen times more likely to have used crack cocaine or heroin
- Twenty times more likely to have been in prison at some point in their lives

National Maternity Strategy, Department of Health 2016 – 2026 (extract): “The woman must be placed at the heart of the maternity service. Each family’s interaction with, and journey through, the maternity service will differ depending on their clinical need. Some families may only require care from their named lead professional; others may need to see members of the extended multidisciplinary team e.g. health and social care professionals or critical care staff, while others may need a higher level of support available only at a network or national level”

In line with this Strategy the Department is committed to providing women centered, trauma informed care in the interest of the best possible health and wellbeing outcomes for those who are impacted by our service.

Activity

New referrals	728
Cases from 2017	250
Total	978

Referrals to TUSLA	74 (10% of all new referrals)
Direct face-to-face contacts	2106*

** Direct face-to-face contacts accounts for 15 – 20 % of all social work intervention activity based on audit (2018)*

Kaylene Jackson

Head Medical Social Worker

Support Services

General Services

2018 was another busy year for the hospital with thousands starting out their new life in our historic georgian building. The planned relocation to new state of the art co-located facility on the site of St Vincent's University Hospital continues with pace. In the meantime General Services work closely with all in NMH to ensure service levels are optimised despite suboptimal infrastructure. Below are updates from some of the General Services Departments.

Tony Thompson

General Services Manager

Hygiene Services

The year 2018 was a successful one in Household. Despite staff turnover of 10.7%, all staff achieved the target of 100% compliance in all required training, including hand hygiene, manual handling, and the hospital's mandatory training program. Refresher training was conducted in the initial months of the year in the best practice "Cleaning Operator's Proficiency Certificate" awarded through the British Institute of Cleaning Science. All staff members who started in 2018 went through the same training program.

To assist in maintaining and improving quality outcomes, the department actively engaged in the development and trialling of a new hygiene audit tool, which incorporates a risk weighting and structure in line with international health service providers.

Patient services were enhanced through the introduction of state-of-the-art floor scrubbing machines, which provide a more efficient and effective floor scrubbing service as well as revisions to cleaning products which resulted in a faster turnaround of areas in response to busy patient activity levels. The department's operations grew in 2018 with the expansion of the hospital that included a new Emergency Department and additional space in the Gynaecology Clinic.

Mark Anderson

Hygiene Services Manager



Newly appointed Porter Services Manager, Claudiu Zseleми

Portering Services

The Portering Department provides an essential frontline service within the hospital. We ensure that all wards and departments are effectively and efficiently serviced, which includes:

- Transfer of patients within the hospital
- Transfer of patient specimens to the laboratory
- Assisting nursing staff in patient lifting and positioning
- Transport of medical equipment within the hospital.
- Receiving and delivery of all internal post.
- Assisting staff when requested.
- Collection of blood and other products from the blood bank
- Collection/delivery of pharmacy products
- Manning the hospital main reception/Front Hall

Due to the high levels of activity with increased patient numbers, there is a constant need for our department to meet everyone’s needs. Some portering shifts have changed to accommodate other departments. Front Hall has been streamlined and runs smoothly and efficiently. New uniforms been sourced for a more professional look.

Standard Operating Procedures are up to date and the Panic Alarms system been upgraded.

The Department has continued to support education and training programmes and continue to undertake mandatory training on an annual basis developing new essential ‘Emergency Skills Training “ course in conjunction with the Labour Ward. Staff also achieved 100% in Manual Handling.

To assist in maintaining and improving services for patients and staff, the department actively engaged in development of ‘Customer Focused Training’ and look forward to a programme of continuous service improvement for 2019 and beyond .

Claudiu Zselemi
Portering Services Manager

Switch/Reception

In 2018, despite an increase in calls and patient flow, the Switch Team continued to provide a seamless customer focused link between the public and the hospital. Professionalism and a welcoming smile or voice from the switch Team is the first contact the public have with the hospital and we take great pride and pleasure in delivering this.

Kathleen McGuire
Switch Manager

Catering

2018 was a tremendous year for us in the catering department. We were shortlisted again for Irish Healthcare Caterers of the year at the Gold Medal Awards, just narrowly missing out on top place.

Without a doubt, the biggest achievement for us was moving the staff canteen into its new home in the old Neonatal Unit 8 on the fourth floor. JJ's Bistro is bright and modern with an increased capacity of 50% for dining and we are extremely proud to be able to manage this for hospital staff. The launch of the sandwich counter has been a huge success adding extra variety to the dining options for staff. The overall layout of the canteen is so much more customer friendly and we believe it's a great place for staff to come and enjoy their break.

We said goodbye to some colleagues through retirement, and welcomed in some new faces, bringing some fresh ideas especially in terms of food and presentation. Training for new and existing staff remains the cornerstone for the success of the department and we are continuing to upskill our team in key areas such as food safety, allergen and diabetes awareness, manual handling and many more.

Food safety is the most critical part of what we do. We are expected to provide not only appetizing but also safe food for our colleagues and patients. There are a number of ways we do this including liaising with the excellent dietician team in the hospital to conducting internal and external audits. In our last external and impartial audit by the Food Safety Professionals Association (FSPA), we received a score of 99%, which we are incredibly proud of.

We had many successful banqueting events from the annual charter dinner to the staff Christmas Party to the many farewells at retirement parties; we are delighted to be in a position to cater for these events. Also, this year we celebrated the annual diversity week with a twist, combining it with the soccer world cup to great success!

2019 will see us building on the achievements of last year, bringing in fresh new menu offerings for JJ's Bistro and patients alike and continuing our training plans for our team. Also a huge amount of work will continue behind the scenes in terms of planning for the eventual move to the SVUH Campus.

Onwards and Upwards!

Liz Byrne
Catering Manager



Some Catering Staff

Chaplaincy

The Chaplaincy team provide spiritual, emotional, grief and bereavement support to women and their families experiencing early miscarriage, mid trimester loss, stillbirth and neonatal death. The team also organise naming services as well as baptisms, removals and funerals of which there were 150 during the year.

The Chaplaincy Department organise liturgies to celebrate various religious and significant occasions in the life of the hospital. This year's Remembrance Service was very well supported and was attended by approximately 1,700 people, indicating the importance of this commemorative event. As in previous years many bereaved parents, as well as a number of bereaved adult siblings, requested that baby's names be included in the Book of Remembrance which is on permanent display in the hospital oratory.

Inauguration

The team was delighted to organise and lead the Inauguration Act of Celebration for the incoming Master Professor Shane Higgins on New Year's Day.

Daily Care

The chaplaincy office is used as a quiet space providing spiritual, emotional, grief and bereavement support to bereaved parents, their families and to staff members. There was also other unspecified and unplanned support provided, support often occurred informally with staff, patients and their families on corridors or other areas throughout the hospital.

Education

In 2018 the chaplaincy team lectured at a number of education days, e.g. Bereavement Study Day, the NCHD Induction, H. Dip students and Training Day, Liberty Students Induction and Training Day and the Qualified Midwives Induction Day. The team are members of the Bereavement Committee and chair the Annual Remembrance Service Committee meetings. The team engage fully with continued professional development programmes and attended all relevant conferences.

Team Work

The team work closely with many staff but particularly with the bereavement midwives; we continue to collaborate and implement any changes that help to enhance and improve the service we provide to bereaved parents and their family.

Chapel of Rest

The recently renovated Chapel of Rest improves the service we provide to bereaved parents and their families. Bereaved parents recognise the gentle creativity and the sensitivity of the design of this room. A suitable space is also available in the chaplaincy office to support parents. We continue to work with other departments as well as various faith leaders, funeral directors, crematoriums, and cemeteries to manage Chapel of Rest and Mortuary Services

Helen Miley & Angela Neville Egan

Chaplains



Facilities Engineering

Mr. Fred Byrne, Maintenance Supervisor, retired this year. Fred has worked in healthcare for most of his career and has spent the last 18 years at the NMH. Fred will be sadly missed by the NMH engineering teams and we wish him all the best in his retirement.

The department has had a busy 2018 with increased activities across all departments. This is detailed further in the sections below.

Maintenance

Fred Byrne was the Maintenance Supervisor until October 2018. The Department, managed by Fred and the Services Coordinator, deals with routine and planned preventative maintenance throughout campus. The paperless maintenance system is managed by the Services Coordinator and has continued its success in streamlining works administration during 2018 whilst ensuring easy access for staff in reporting engineering issues identified and providing a clear management processes. Our essential repair and maintenance works in an aging building have continued successfully during 2018 ensuring as far as is reasonably possible the safety of site and the efficacy of services.

The Internal Building Team (IBT)

Managed by Mr Graham Foley the IBT are tasked with undertaking minor-mid range construction projects within the NMH. 2018 has been an extremely busy year for the team and also a successful one. It is estimated that projects undertaken by the IBT show a decrease in costs over market values of circa 20% whilst providing improved quality, site flexibility without penalty and with improved IPC Compliance. A list of projects completed during 2018 can be seen below and have an approximate project values of €600,000. There is an ambitious programme of works already established for 2019 and the team look forward to the challenges this will bring.

Canteen	Full development of staff canteen facilities 4th floor
Pharmacy	Full development of a new pharmacy area 4th floor
Public WCs ground floor	Refurbishment of public WCs ground floor
Unit 4 ceiling	Replacement of full ceiling grid common spaces Unit 4
New staff WC's and corridor access	Full development of staff male and female WC facilities at 4th floor level.
Main kitchen lobby	Refurbishment of the main kitchen lobby areas
WC basement (WC to Shower)	Development of shower and WC facilities in the basement NMH.

Internal Project Management

2018 has seen an unprecedented number of internal construction and building projects for the NMH. Whereas this brings challenges not only in terms of construction on a complex and aged Brown Field Site and operational impacts, it also brings much needed additional space and facilities.

Two major projects commenced in 2018 with site commencement expected in April 2019 and completions are currently scheduled for the first quarter 2020. These are complex projects in terms of design and constructability and will provide an extension to the Labour and Delivery Rooms available and an increase to the existing Operating Theatre numbers and support spaces on site. Illustrations can be seen on the following page.

It only remains for me to thank the engineering teams for their hard work during 2018, and to acknowledge the contribution and cooperation of the various departments in which projects are taking place.

Neil Farrington

Facilities Engineering Manager

Environmental

The National Maternity Hospital has been ISO 14001 accreditation since 2007. In 2017 the National Maternity



Hospital were one of the first organisations in Ireland to be accredited under the new ISO standard ISO 14001:2015. The department each year sets environmental objectives and targets and strives to improve its environmental performance under the key categories of Energy Management, Waste Management, Water Consumption, Discharge to Drain, Green Procurement Management, Training and Awareness and General Environment Management.

All waste produced, energy consumed and water used within the hospital is monitored on a continuous basis. In 2018, the hospital produced a total of 512.95 tonnes of waste from all areas of the hospital waste include healthcare risk waste, domestic wastes, chemical wastes, recyclable and hazardous wastes and 23,531 litres of waste such as chemical, grease, cooking oil, ext. The hospital's total recorded energy consumption (electricity and natural gas in 2018) was 6,586,211kWh which represent an average decrease of -7.52% when compare to 2017's energy consumption. This reduction in consumption is generally due to improved compliance with NMH energy policy and the use of low energy LED lighting technology. This reduction has been achieved despite an overall increase in Built Up Area (BUA) on site. The main drivers of the environmental department are to ensure the continual improvement and prevention of pollution meeting national, international and self established targets.

Tatjana Bokanova



EXTENSION OPERATING THEATRE



Information Technology

2018 opened with the launch of the most ambitious computer-based system in the hospital's history. On January 13th the Maternal & Newborn Clinical Management System (MN-CMS) went live across almost every part of the hospital. Staff said farewell to the traditional paper chart and had to acclimatise to performing their duties through an electronic system on the more than 1,000 new pieces of IT equipment instead. This massive change in work-practise required an equally massive change in culture – not an easy task when staff still needed to ensure that mothers and babies continued to receive the care they required.

During 'go-live' there was 24hr IT support onsite, as well as temporary assistance from the national MN-CMS team and the system provider, Cerner. A permanent solution, however, to offering around-the-clock IT support was essential so the IT Department formalised a 24/7/365 on-call service. During standard clinic hours the volume of support calls also increased with the addition of such a complex system and associated devices so the team was reinforced to deal with the new level of demand.

The hospital's email system suffered a severe health scare and had to be replaced quickly in April. Although staff would have seen little difference, behind the scenes the new system is a huge jump forward in terms of reliability and space available. Another back-office development was the installation of a new SAN, the virtual infrastructure which houses the vast majority of the hospital's servers. In addition to alleviating storage concerns, once complete it will mean that even if an entire server room is knocked out of action, IT systems could be back online in a matter of minutes.

A number of smaller initiatives were also implemented, including the national Ambulance Arrival system: with dedicated screens in the Emergency Department and Delivery Ward, staff can now see at a glance estimated arrival times of ambulances, basic information on the women being brought in, and the potential to do a digital handover.

Martin Keane
IT Manager

Development Project Office: NMH @ Elm Park

The co-location of The National Maternity Hospital at St. Vincent's University Hospital is progressing well. Construction works have commenced, including new Pharmacy for SVUH, extension of multi storey car park and the site works for the main buildings. The project has progressed Stage 2c and the majority of room loaded drawings workshops have been completed. Every room within the new hospital is now planned. On 20th September 2018, the Fire Safety Certificate was granted for the main build. On 30th November 2018, the commencement notice was lodged for the Main Hospital Project.

The Project Team and Executive Management Team would like to express our gratitude to all staff involved who have helped the project to get to this advanced stage.

The Development Project Team

Damian McKeown, Dr Rhona Mahony, Ronan Gavin, Mary Brosnan, Prof Shane Higgins, and Sarah McCourt.

Education

UCD School of Medicine, Obstetric & Gynaecology



Perinatal Research Centre Staff

UCD runs an extensive research and teaching programme at National Maternity Hospital in Obstetrics & Gynaecology and Neonatology. Undergraduate students attend the hospital in four iterations for a period of six weeks during their clinical studies. The module is coordinated with university lectures to provide a comprehensive grounding in all aspects of reproductive medicine. Three Academic members of staff oversee this programme: Prof Fionnuala McAuliffe, Head of Women's and Children's Health, Prof Mary Higgins and Prof Donal Brennan.

The John F. Cunningham Medal, awarded annually to the student who graduates with the highest grade in Obstetrics and Gynaecology, together with highest grade in their final assessment was awarded to Dr Dora Gorman. The Kieran O'Driscoll Prize is awarded each year to the student who attains the highest grade in Obstetrics and Gynaecology and the winner this year is Mr David Connellan.

In addition, sixteen national and international medical students attend for clinical electives during the winter and summer completing further education and research requirements. Students attended from Irish Medical schools and from University of Descartes, Paris. Many of these students have commenced postgraduate training in Obstetrics & Gynaecology.

UCD Perinatal Research Centre had its official launch in 2018 with significant coverage in the media. Speakers included Prof Mary Day, CEO of Ireland East Hospital Group, Prof Orla Feely Vice President of UCD Research, Prof Cecily Kelleher Principal for UCD College of agricultural and Health Sciences, Prof Peter Doran Director of UCD Clinical Research Centre, Prof Donal O'Shea, Clinical Lead for HSE Obesity Programme and Prof Colm O'Donnell, Prof Lorraine Brennan PI UCD Institute of Food and Health and Dr Sharleen O'Reilly.

The centre coordinates the significant research currently ongoing at National Maternity Hospital in pregnancy, nutrition, diabetes, and clinical education. The research is supported by Health Research Board Ireland, The European Union and Science Foundation Ireland. A number of large clinical intervention trials are underway including lifestyle interventions (PEARS study), long-term follow up study of 800 mothers and infants (ROLO study) and a clinical trial on the role of aspirin in pregnancy (TEST study), all aiming to improve mother and infant health. A new research programme entitled 'Microbe Mum' was recently established which was successful in securing funding as a dedicated Science Foundation Ireland Spoke. Our research programme is currently supervising 6 PhD students and has led to over 40 publications from our department in 2018. During the year research from UCD Perinatal Research Centre was presented at many national meetings and at six international conferences. Awards for research were received from British Maternal and Fetal Medicine Society for result from the ROLO kids study.

Dr Maria Kennelly was awarded a PhD entitled PEARS study: Pregnancy, Exercise and Nutrition Research Study: A randomized controlled trial of a complex behavioral antenatal lifestyle intervention to prevent Gestational Diabetes in overweight and obese pregnancies. Dr Yvonne O'Brien was awarded MD with her thesis The Human Oocyte with Prof Mary Wingfield as supervisor. Ms Siofra Maher submitted her Master's thesis on nutrition and microbiome in pregnancy.

Prof Fionnuala McAuliffe

Chair and Department Head of Obstetrics and Gynaecology at UCD



Prof Donal O'Shea, Prof Fionnuala McAuliffe and Prof Cecily Kelleher at the launch of UCD Perinatal Research Centre in 2018

Education and Practice Development

The Education and Practice Development Department is responsible for the organisation and coordination of ongoing education and the professional development of both qualified and student midwives and nurses at the National Maternity Hospital. We promote the philosophy of life-long learning and support staff to participate in educational programmes, conferences, seminars, and study days both internal and external. Several staff are pursuing education at Postgraduate degree, MSc and PHD levels.

In conjunction with the Centre of Midwifery Education the NMH provides an ongoing continuous professional development strategy for nurses and midwives.

The NMH in partnership with the HEIs have striven to maintain a high level of quality Midwifery and Nursing education to all students and qualified staff alike. The aim is to promote high standards of professional education, training and practice and professional conduct among nurses and midwives thus ensuring the safety and protection of the public.

In 2018 the NMH provided education and clinical placement for 81 BSc and 23 Higher Diploma Midwifery students and provided Maternity Care placements for approximately 190 UCD general nursing students. The Hospital also facilitated clinical placements for paramedics, Public Health Nurses, Erasmus Midwifery Students and elective placements for a number of midwifery students from both Ireland and overseas, all co-ordinated through the department. The Transition Year two day midwifery programme was run again and this was very positively evaluated by those who attended.

The Joint Research Network (JRN) between the National Maternity Hospital (NMH) and University College Dublin (UCD) was established in 2007 to develop a research culture for midwives, student midwives and nurses. The vision and goals of the group is to translate evidence-based midwifery and nursing knowledge into practice. Findings from a number of research projects have been disseminated at both national and international conferences and through publications. The first JRN conference was held in December 2018. The conference showcased the collaborative research outputs from the past number of years.

Congratulations to the following BSc midwifery students who were awarded prizes at the 2018 Charter Day: Medal Winner Laura Sheridan and Anna May Kiely.

Lucille Sheehy

Clinical Practice Development Co-ordinator/ADOM/N

Royal College of Surgeons in Ireland

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

The programme was co-ordinated by Prof Michael Foley and Dr Maebh Horan, Tutor. Ms Miriam Shanley provided administrative support to the students. Teaching is provided by Consultants and various other members of hospital staff. In addition to the intensive obligatory e-learning programmes, the students, while rotating through all areas of the hospital, receive lectures, tutorials and 'hands on' demonstrations.

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

Prof. Michael Foley

Research Ethics Committee

The Research Ethics Committee is a national committee and is approved to receive and approve application proposals nationally.

Monthly meetings are held with the exception of August. There is one quarter lay attendance and a quorum is required at each meeting.

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

In 2018 the Ethics Research Committee received 28 new research application proposals; 17 of these were approved at first review, 6 needed further clarification, 1 application did not meet the criteria for approval and 4 proposals were rejected.

During the year, two of our committee members represented the National Maternity Hospital by attending the Department of Health's GDPR and Health Research Regulations meeting to discuss the new structure under the new Data Protection (GDPR) Act 2018 as well as the New Consent Declaration Committee role and functions.

Prof John Murphy (Chair)
Consultant Neonatologist

Administration Departments

Hospital Inpatient Enquiry (HIPE)

The Hospital Inpatient Enquiry (HIPE) system collects information on hospital day cases and inpatient activities in Ireland. The HIPE system and associated coding will determine the invoicing and future budget of the hospital.

In 2018 a total of 17,119 discharges were coded. HIPE staff review the entire medical record contents and extract principal diagnosis and procedures. Medical classification codes are then assigned as per ICD-10-AM Eight Edition or Turbo Coder (e-book). A principal diagnosis and up to 29 additional diagnosis as well as principle procedure and up to 19 additional procedures are also coded. These are then grouped into a DRG (Diagnostic Related Group) which categorizes patients into groups based on clinical similarities and resource consumption. They are then exported monthly to the Healthcare Pricing Office with a strict 30 day deadline. The hospital budget will be set based on agreed/commissioned Activity Based Funding target levels and monies will only be provided when activity is carried out and invoiced i.e. coded.

The beginning of 2018 saw a big change in how coding is done with the introduction and implementation of the electronic chart using the Maternity & Newborn Clinical Management System (MNCMS).

We are pleased to report we had a successful onsite audit by the HPO. We also welcomed a new coder Warren and he is a great addition to our team.

Liz Mahon

HIPE Supervisor



Human Resources

There was a continued decline in mothers delivered in 2018, 7,795 mothers delivering 7,923 babies. Whilst the birth rate in 2018 was the lowest at the hospital since 2006 the NMH's proportion of all births in the country has been growing. In 2008 the NMH accounted for 12.2% of all births. The hospital now accounts for 14.1% (2016 – latest available figures). Although the birth rate is set to decline over the next 10 years it is expected that there will be a rise in the number of complex cases requiring specialist care at the hospital.

In terms of staffing levels we recruited 240 new staff and this included 88 NCHDs and 38 postgraduate and student midwives.

There was an increase of 4.8% in employment numbers at the hospital during 2018 very much in line with our counterparts but lower than the HSE as a whole.

In 2018 we said goodbye to 84 members of staff through resignations and retirement. 43% of resignations were from Midwifery & Nursing and only 3.5% were Medical Staff. As Midwifery & Nursing department accounts for nearly half of all staff employed it's no surprise they have the highest level of movement out of the organisation. The primary reason for resignations was to relocate.

Our overall sick leave figure continues to come in below the HSE average; this is due to our dedicated staff and management.

The National Maternity Hospital Leadership Programme was launch in the Institute of Leadership RCSI with 18 participants in September 2018. It was a nine-day programme with managers from across the hospital. A key feature of this programme was focusing on future proofing the hospital as we plan our engagement and move to St. Vincent's University Hospital campus.

The NMH co-location move to St Vincent's University Hospital has continued to move in the right direction this year with construction started on the Pharmacy and staff car park on the SVUH site. HR has been working in the background gathering information and assessing staffing needs for Phase 1 of the project.

2018 wasn't all about work. We also managed to take time out to have fun. There were a number of organised social and sporting events. In addition to the traditional Christmas party/panto and golf classic there was a staff BBQ in June. HR, Occupational Health and Diabetics Nursing have been busy looking after our health in the form of lunch time walks, health talks and blood sugar checks.

A number of staff retired and each and every one of those staff will be missed by their colleagues and friends. I think it's only right to give a mention to Kathleen Foley, who retired as a The First Lady Porter in Ireland with over 26 years service. We wish all our former colleagues a long, healthy and happy retirement.

2018 was the end of an era in HR also, our HR Manager Lauri Cryan moved on to pastures new. We wish him the best of good luck in his new role.

Our HSSD Manager, Stephen Newman, passed away in December 2018. We also remember Dr Tina Murphy ADOM/N, MNCMS, who passed away in March 2019. Stephen and Tina will be remembered for their valuable contribution to the hospital and will be dearly missed by colleagues, friends and NMH family. May they rest in peace.

Yvonne Connolly

Human Resources Manager

Information Management

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

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

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

The Information Officer works closely with IT and Patient Services Departments along with Administrative, Nursing & Midwifery and Medical Staff in the hospital. The prime areas of the role are:

- Extracting and analysing information from hospital information systems to assist management decisions and to highlight changing / emerging trends
- Coordinating Health Service Executive returns as well as media requests and parliamentary questions as they arise
- Producing hospital activity reports for the Executive Management Team, Finance and Executive Committees.
- Publication of the hospitals corporate Annual Report, Annual Neonatal Report and Annual Clinical Report

Fionnuala Byrne
Information Officer

Patient Services and FOI

The Patient Services Department is a source of information and channels patient queries in relation to hospital services to the relevant areas. Service users needs are constantly changing and we are determined to meet these challenges.

The Patient Services function aims to support the hospital's care systems by providing professional and effective support to both clinical and non-clinical areas within the hospital. In 2018 the department continued to provide administrative services across the Hospital in the following frontline areas:

Admissions, Antenatal Education, Baby Clinic, Bereavement, Birth Notification, Central Booking, Central Dictation, Chart Retrieval, Colposcopy, Community Midwives, Diabetics & Dietetics, Early Transfer Home, Fetal Assessment Unit, Gynaecological Clinic, Medical Records, Neonatal Unit, Outpatients Department, Physiotherapy, Radiology, Satellite Clinics, Social Work Department, Antenatal and Postnatal Wards.

In 2018, the Hospital introduced a new electronic Maternal & Newborn Clinical Management System (MN-CMS). This saw the Obstetric and Neonatal paper charts being replaced by an electronic chart. This resulted in many changes and challenges for the hospital including the Patient Services Department. The patient administration system iPims was also upgraded this year and continues to evolve in line with Service User's needs.

Freedom of Information

In 2018 there were over 1,423 written requests received under the Freedom of Information Act and Administrative Access. 85% of these requests were for copies of medical charts.

Alan Mc Namara
Patient Services Manager

Purchasing & Supplies

2018 was another busy and financially challenging year in the Purchasing & Supplies Department of The National Maternity Hospital. Activity in the hospital stayed at a very high level with the Purchasing & Supplies Department managing the provision of supplies to meet service and delivery requirements. The volume of non stock requisitions received continued to increase in 2018 thus providing us with a challenge from a pricing, processing, receipting and delivery point of view. These challenges were met head on by all members of the Purchasing & Supplies team.

Activity and interaction between the Hospital, Health Business Services and the Office of Government Procurement continued again this year enabling the hospital, when financially advantageous, to benefit through direct draw down from national contracts.

A number of significant internal projects ran through 2018 including colposcopy, staff canteen and pharmacy. These projects impacted greatly on the workload within this Department from a procurement perspective. Due to the forward planning of all staff involved, these projects were equipped within the required timescales. The hard work is worth it when we see the improvements these projects provide for our patients and staff.

Our 2018 annual audit was undertaken in March and as always our full co-operation was provided at all times. This audit is an essential part of what we do in the Department to ensure best practice is adhered to at all times.

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

We wish to thank all the staff in this department for their continued commitment and hard work over the past year and look forward to a successful 2019 and all the challenges it will bring.

Lorraine McLoughlin & Linda Mulligan

Purchasing & Supplies Managers (Acting)

Data Protection

The Data Protection department is responsible for implementing and maintaining a Data Protection Management System (DPMS) within a framework for ensuring that the Hospital meets its obligations under the General Data Protection Regulation (GDPR) and all associated legislation.

The processing of personal data underpins almost everything the Hospital does: without it, patients cannot be admitted and treated, staff cannot be recruited and managed, student doctors and nurses cannot be admitted and living individuals cannot be researched. By not handling personal data properly, we could put individuals at risk and with that, there are legal, financial and reputational risks and consequences for the Hospital.

2018 is the year of the General Data Protection Regulation (GDPR) which became effective on the 25th May. GDPR is a great step towards the rights of patients and employees over their own personal data. It is a further evolutionary step in the protection of the privacy rights of individuals which are beyond those protections that have already been in place for some time in Ireland.

The National Maternity Hospital (NMH) took a proactive approach to start the journey to GDPR compliance early in 2018. The Audit and Risk Committee requested that a review of the status of the Hospital regarding GDPR be included in the Strategic Internal Audit plan for 2018 which led to the engagement of two external consulting firms to audit our preparedness.

The findings from the work of external consulting firms in addition to the Data Protection Commission's voluntary audit during the year, determined the steps that we took to compliance and the steps we continue to take to maintain compliance.

Consequently, we implemented a GDPR Management System in compliance with GDPR 2016/679 before the deadline of 25th May 2018. With that, our staff are 'data privacy/GDPR' aware with knowledge and understanding of how it affects their day-to-day role as well as the need to ensure that data protection is considered in all our future planning.

Emmanuel Ogungbe

Data Protection Officer (DPO)

Financial Statements & Activity

Income And Expenditure

Extracts from the Hospital Income & Expenditure Account For the Year Ended 31 December 2018

	2018	2017
	€000	€000
Ordinary Income		
Miscellaneous	497	486
Treatment Charges	14,412	15,071
	14,909	15,557
Ordinary Expenditure - Pay		
Medical NCHD's	5,499	4,982
Consultants	6,850	5,803
Nursing	25,264	24,186
Para-Medical	4,933	4,638
Housekeeping	2,400	2,129
Catering	1,895	1,710
Porters	1,049	1,012
Maintenance	604	453
Administration	6,872	6,494
Pensions	1,337	1,352
	56,703	52,759
Ordinary Expenditure - Non Pay		
Medicines, blood and gas	2,257	2,718
Laboratory expenses	1,468	2,056
Medical and surgical appliances	3,786	3,816
X-ray expenses	158	151
Provisions/catering	618	761
Heat power and light	483	729
Cleaning and washing	895	854
Furniture, hardware and crockery	102	80
Bedding and clothing	97	82
Maintenance	172	572
Transport and travel	124	161
Finance	1,204	879
Bad debt provision	(554)	(144)
Office expenses	795	649
Education and training	(16)	88
Computer expenses	537	657
Miscellaneous	1,234	1,105
Depreciation	3,077	3,175
Amortisation	(3,077)	(3,175)
	13,360	15,214
Deficit for Year		
Net expenditure	55,154	52,416
Annual Allocation	57,738	54,953
less amount deferred in respect of fixed asset additions	(2,047)	(2,314)
(Deficit)/Surplus	537	223

Cumulative Figures

Extracts from the Hospital Income & Expenditure Account For the Year Ended 31 December 2018

	2018	2017
	€000	€000
Surplus / (Deficit) Brought Forward	1,033	810
Surplus / Deficit transferred from Income & Expenditure	537	223
Surplus / Deficit Carried Forward	<u>1,570</u>	<u>1,033</u>

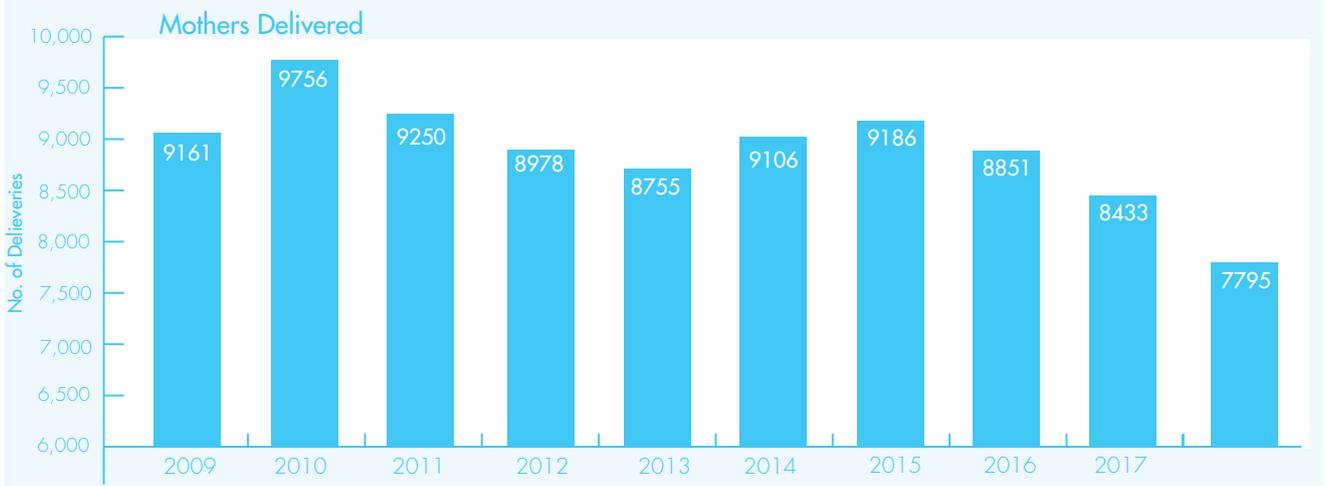
Balance Sheet

Extracts from the Hospital Balance Sheet as at 31 December 2018

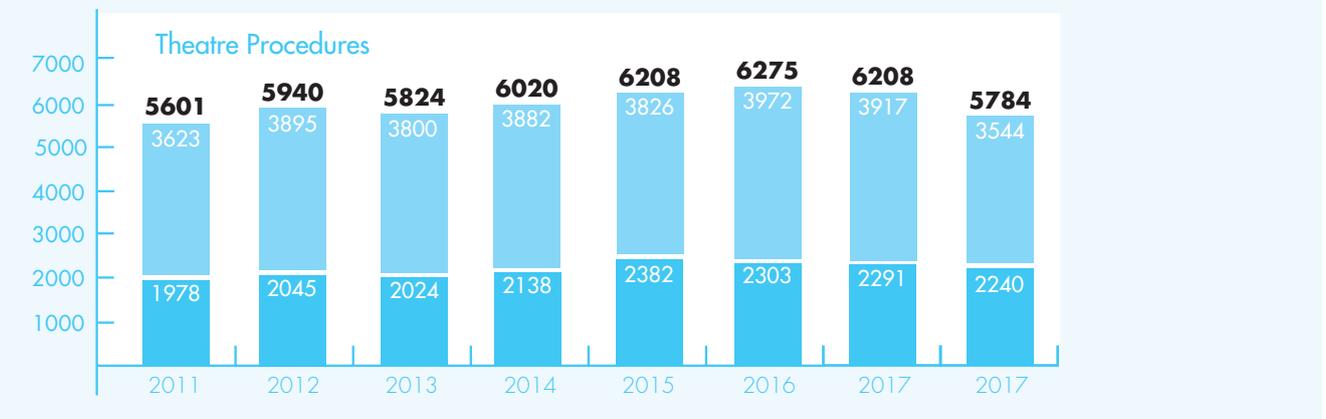
	2018	2017
	€000	€000
Fixed Assets	71,019	71,433
Current Assets		
Stocks	314	321
Debtors	9,005	8,227
Cash & Bank	2,255	5,155
	<u>11,574</u>	<u>13,703</u>
Current Liabilities		
Creditors	9,325	11,991
	<u>9,325</u>	<u>11,991</u>
Net Current Liabilities	2,249	1,712
Creditors (amounts falling due after more than one year)		
Deferred Grant	(26,936)	(27,350)
Loans from Funds	(2,187)	(2,187)
Net Assets	<u>44,145</u>	<u>43,608</u>
Represented By :		
Revaluation Reserve	42,533	42,533
Accumulated Surplus / (Deficit) at end of year	1,570	1,033
Other Funds	42	42
	<u>44,145</u>	<u>43,608</u>

Activity Analysis

Mothers Delivered	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Nullip	4407	4704	4276	3919	3810	4037	4056	3878	3708	3300
Multip	4754	5052	4974	5059	4945	5069	5130	4973	4725	4495
Total	9161	9756	9250	8978	8755	9106	9186	8851	8433	7795
% Nullip	48.1%	48.2%	46.2%	43.7%	43.5%	44.3%	44.2%	43.8%	44.0%	42.3%



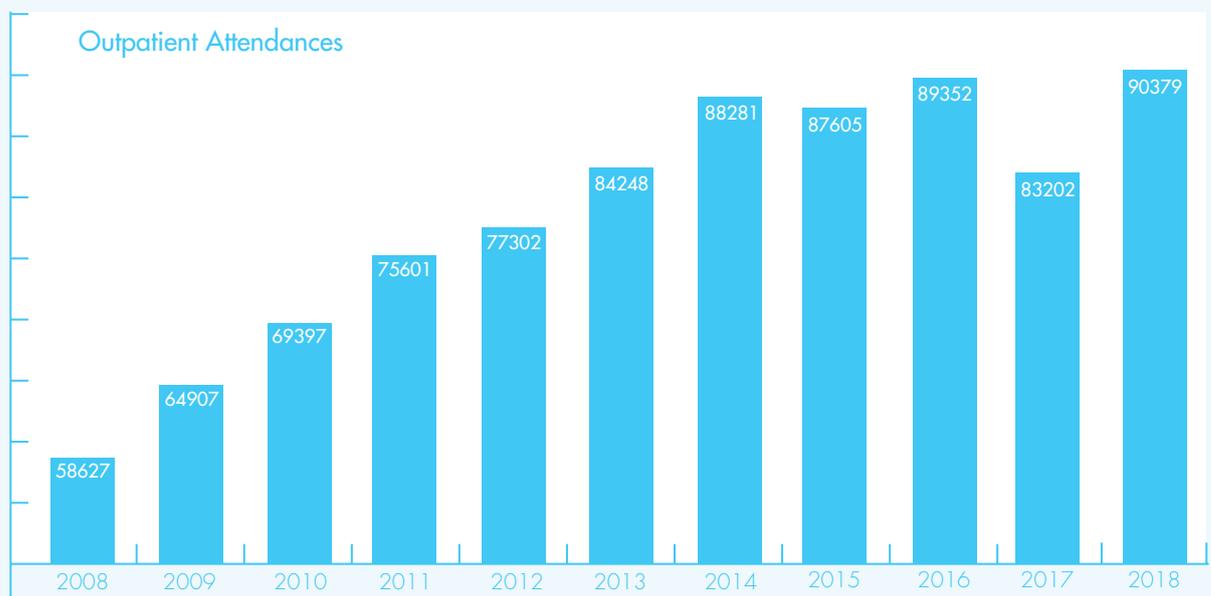
Theatre Activity	2011	2012	2013	2014	2015	2016	2017	2018
Caesarean Sections	1978	2045	2024	2138	2382	2303	2291	2240
Remaining Procedures	3623	3895	3800	3882	3826	3972	3917	3544
Total	5601	5940	5824	6020	6208	6275	6208	5784



* Procedures not patients

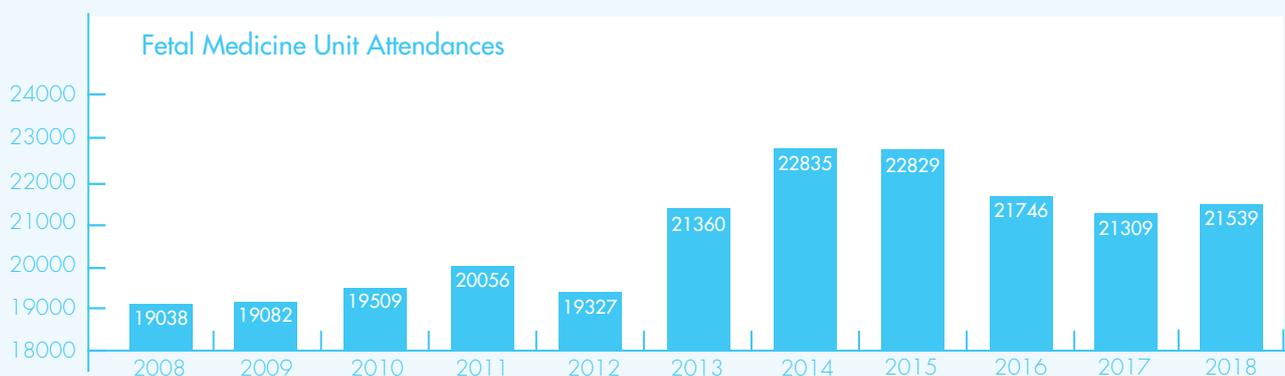
ACCOUNTS ACTIVITY ANALYSIS

Outpatient Activity	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Obstetric	43274	48082	52137	53912	56201	62127	67411	65888	69157	63688	71454
Gynaecology & Colposcopy	11372	12854	13435	17245	16730	17866	16505	17940	16281	15493	15558
Paediatric	3981	3971	3825	4444	4371	4255	4365	3777	3914	4021	3367
Total	58627	64907	69397	75601	77302	84248	88281	87605	89352	83202	90379



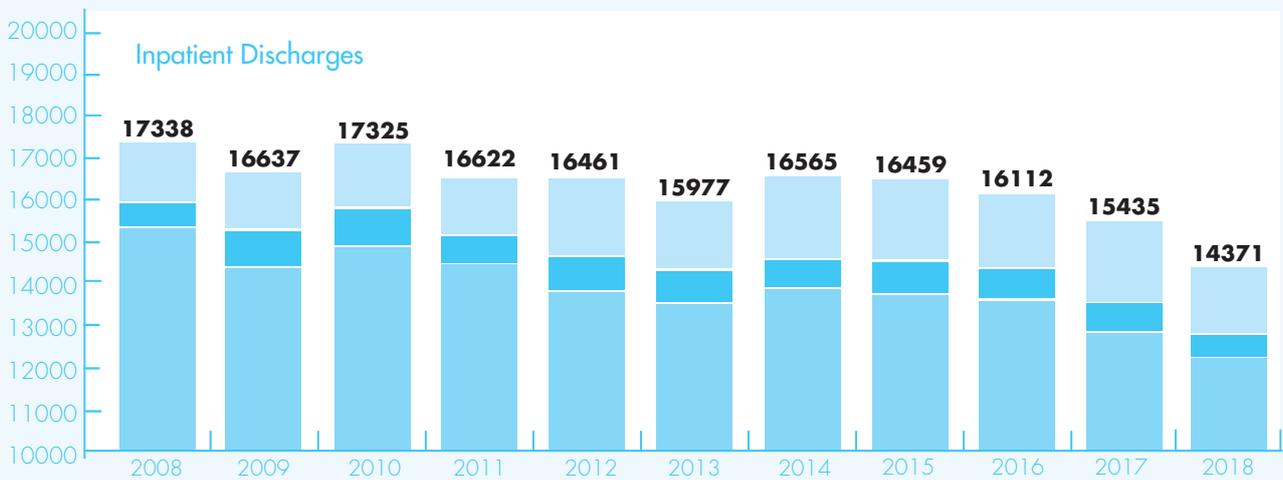
* includes sub-specialties. Excludes all unbooked attendances

Fetal Medicine Unit	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Booked Attendances	19038	19082	19509	20056	19327	21360	22835	22829	21746	21309	21539

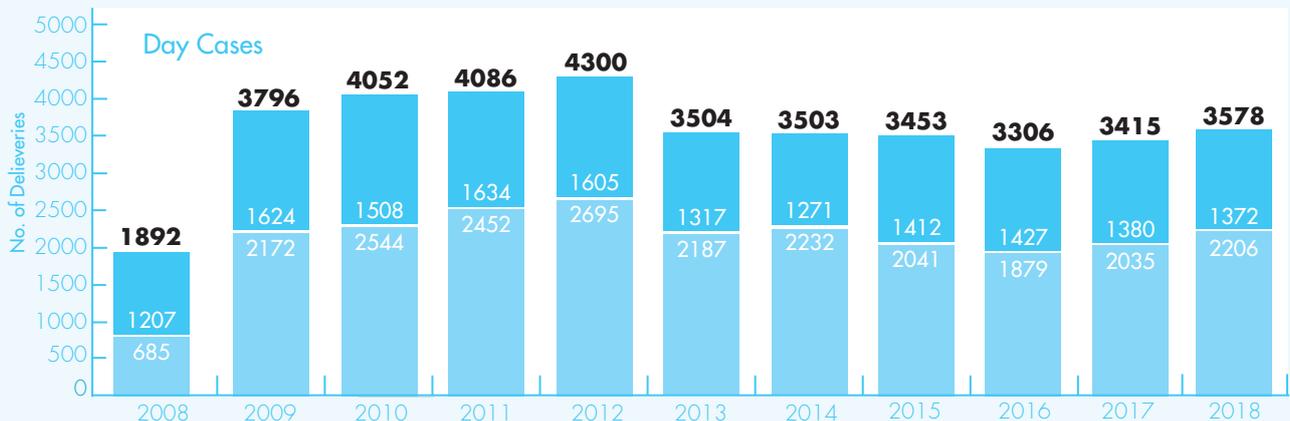


unbooked attendances previously reported here are now seen in designated Emergency Room

Inpatient Discharges	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Obstetric	15241	14291	14887	14339	13872	13443	13799	13680	13598	12842	12222
Gynaecology	745	917	928	770	846	778	858	749	681	583	535
Paediatrics	1352	1429	1510	1513	1743	1756	1908	2030	1833	2010	1614
Total	17338	16637	17325	16622	16461	15977	16565	16459	16112	15435	14371



Day Cases	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Obstetric	685	2172	2544	2452	2695	2187	2232	2041	1879	2035	2206
Gynaecology	1207	1624	1508	1634	1605	1317	1271	1412	1427	1380	1372
Total	1892	3796	4052	4086	4300	3504	3503	3453	3306	3415	3578



Notes



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