



The Incorporated Orthopaedic Hospital of Ireland

Annual Report 2019

2019

www.ioh.ie



HOSPITAL BACKGROUND

The Incorporated Orthopaedic Hospital of Ireland (IOH) was founded in 1876 by Dr Robert Lafayette Swan. The original hospital was located at 11 Usher's Island on Dublin's quays and specialised in orthopaedic surgery, in particular the treatment of children with congenital orthopaedic abnormalities such as club foot and dislocated hips. In 1883, due to increasing demands on the service, the hospital moved to two buildings in Great Brunswick Street, formerly known as Hoods' Hotel and the hospital's capacity increased from six beds to 35 paediatric beds.

In 1902, the hospital moved again to a house at 22 Upper Merrion Street, at the time considered to be one of the largest private mansions in Dublin and formerly occupied by Captain Godrich Shedden. Considerable renovations were necessary to enable the building to function as a hospital with an operating theatre, sterilising room, anaesthetic room and up-to-date medical and non-medical facilities. Once renovated, the hospital could accommodate up to 75 paediatric inpatients. The hospital moved to its present location in Castle Avenue.

CLONTARF HOSPITAL

PRESIDENT

The Hon. T.C. Smith SC

BOARD OF GOVERNORS - 2019

Dr Gerard O'Connor
Chairperson

Prof Regina Connolly
Deputy Chairperson

Mr. Frank Davis
(Resigned 18 June 2019)

Ms Emma Horgan

Ms Geraldine Regan

Ms Mary O'Halloran

Mr. Aidan Gleeson

Ms Pauline Harrison

Mr. Anthony O'Connor

Ms Pauline Harrison

Ms Patricia Egan

Mr. Desmond Stark
(Elected 19 March 2019)

Ms Sinead Murray
(Elected 19 Nov 2019)

Mr. Ian O'Keefe
(Elected 19 Nov 2019)

SENIOR HOSPITAL STAFF

Chief Executive Officer
Ms Michelle Fanning

Finance /Administration
Ms Bernadette Saunders

Attending Consultant Geriatricians
Dr Elizabeth Callaly
Dr Carmel Curran
Dr Adriana O'Halloran

Consultant Radiologist
Prof Martina Morrin

Attending Registrars
Dr Azhar Omar
Dr Stuart Lee
Dr Con Kavanagh
Dr Filipa Aguiar

Director of Nursing
Ms Sharon Trehly

Assistant Director of Nursing
Ms Elaine Hannigan

Risk Management Officer
Ms Catherine O'Reilly
(Appointed 17 April 2019)

Quality Improvement Officer
Ms Bernadette Conolly

Human Resources Officer
Ms Tanya Howley
(Appointed 2 Dec 2019)

Chief Pharmacist 2
Ms Linda Murnane

Physiotherapy Manager
Ms Grainne O'Hara

Principal Medical Social Worker
Ms Mary Duffy

Occupational Therapy Manager
Ms Monica Devine
Ms Emma Gannon
(Acting OT Manager appointed October 2019)

Senior Radiographer
Ms Gillian Rice

Senior Dietician
Ms Sinead Shanley

Pastoral Care
Ms Miriam Molan

Chaplains
Fr Power
Fr McManus
Fr Hogan
Fr White
Rev Leslie Robinson



Back Row L: Anthony O'Connor, Emma Horgan, Geraldine Regan, Patricia Egan, Sharon Trehly, Aidan Gleeson

Front Row: Mary O'Halloran, The Hon. T.C. Smyth SC, Regina Connolly, Michelle Fanning, Gerard O'Connor, Pauline Harrison

Not in photo: Stephen O'Beirne (Scribe), Desmond Stark

Michelle Fanning Chief Executive and Sharon Trehly Director of Nursing are included in the photo.

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SECTION 1

YEAR IN REVIEW



MISSION

OUR MISSION

Clontarf Hospital's mission is to deliver an excellent interdisciplinary rehabilitation service for patients to enable them to achieve their optimum level of independence, health and wellbeing.



VISION

OUR VISION

Clontarf Hospital's vision is to operate as a centre of excellence for rehabilitation while maintaining its voluntary hospital status.



VALUES

OUR VALUES

The values that underpin the ethos and work of the hospital are:

- | | |
|------------------|--|
| Integrity | Believe in high standards of care for all our patients. |
| Trust | Rely upon and be confident and secure in the care provided at the hospital. |
| Respect | Mutual regard and esteem between staff, patients and all who visit the hospital. |



Dr Gerard O'Connor

CHAIRMAN'S STATEMENT ANNUAL REPORT 2018

As Chairman of the Board of Governors, I welcome you to the Incorporated Orthopaedic Hospital of Ireland (IOH's) Annual Report 2019.

The IOH is a secular, voluntary hospital that has been providing healthcare services since 1876. It is a company limited by guarantee under the Companies Act 2014, and a charitable organisation under the Charities Act 2009. With 160 beds, an annual income of €15 million, and a staff of 225 whole-time equivalents, the IOH is the largest rehabilitation provider in Ireland. The hospital delivers both orthopaedic rehabilitation and medical rehabilitation for older people, thus enabling their timely return to active life in the community.

The team at the IOH delivers high-quality services to patients in a caring and professional manner. This outstanding work is noted by the Board not only through performance reports and committee sessions, but also through regular governor visits to clinical areas, where patients and staff can recount their experiences first hand.

The IOH is governed by a voluntary Board of Governors and has as its resident, the Hon. T.C. Smith. The Board delegates authority to the Chief Executive Officer to manage the hospital's activities and affairs, while retaining reserved powers in subjects specified in the Code of Governance. During 2019, committee work and meeting schedules were streamlined to improve the way in which the Board worked and to bring new efficiencies to the governance of the Hospital.

The principle focus for 2019 was continued service development to meet the ever-increasing requirement for patients, after their acute hospital stay, to access

our rehabilitation services at the earliest opportunity. To this end, the Board and Management Team concentrated on developing strategic and operational links with our stakeholders and care communities. This focus was successful and, through close association with North Dublin Academic Teaching Hospitals, we were able to share resources and increase our activity, occupancy and admission levels. This allowed more patients to access our care with safe, eventual discharge to home. Benefits also accrued through our relieving the pressure of ongoing demands in the acute hospital sector.

We supported our operational management through launching our Business Plan in April, with the assistance of Minister for Communications and the Environment, Mr Richard Bruton TD, and Ms Francis Fitzgerald TD. In June, we launched our Strategic Plan 2019–2024 and began an implementation framework to monitor the achievement of our strategic objectives. The principle goals include accrediting the hospital to international standards, implementing day-case and outpatient rehabilitation services, and maximising the use of modern technology in the delivery of safe care and rehabilitation for our patients.

Importantly, and with the help of the "Friends" of the hospital, we engaged very effectively with our local communities and neighbours, running our first Open Day in September. The presence of the Sam Maguire Cup and members of the Dublin GAA Men's and Ladies teams proved a big attraction on the day and we thank them for their time and enthusiasm. The historical tours

of the old house and a presentation by Mr Cormac Moore, historian in residence in Dublin North, also proved to be very popular among our local neighbours and friends and raised the question of the most appropriate location of the hospital's archive. The latter is part of an active programme to ensure that the historical documents relating to the hospital and its founder are preserved for posterity and research.

In progressing the hospital's greener environment programme, we were delighted to welcome Belgrove Junior Boys' School in April to plant 30 trees, as part of an international initiative to reduce carbon emissions. They were ably assisted by Minister Richard Bruton TD, Francis Fitzgerald TD and Mr Mark H. Durcan, former Deputy First Minister of Northern Ireland, together with staff and neighbours.

At all times, the primacy of the patient is central in all activities in the IOH. During October, we welcomed the Health Information and Quality Authority (HIQA) on its first unannounced inspection and anticipate the publication of the finalis report in early 2020. I wish to acknowledge the tireless efforts by management and staff in working with HIQA, particularly given the challenges of unannounced inspections.

During the year, the Board oversaw the establishment of a new Executive Management Team (EMT) working in support of the Chief Executive. One of the first tasks completed by the EMT was a review of all hospital committees and reporting channels, in order to streamline the managerial process. I wish to congratulate the Chief Executive on this achievement. We also welcomed the timely appointment of Consultant Medical Microbiologist Professor E. Smyth, who assumed the challenging role of guiding the hospital in all aspects of infectious disease, prevention, and control.

Part of the Chairman and Board's responsibility is ensuring that there are appropriate governance arrangements in place to meet our corporate and clinical governance and compliance obligations. The Board has established committees to oversee the following areas: Quality, Safety and Risk Management, Hospital Finances, Ethics,

Internal Audit & Procurement, and Board Nominations/ Remunerations. In addition, an ongoing active review of the Hospital Friends and future foundation/charitable arrangements is being led by board member Mr Aidan Gleeson.

During the year, we welcomed Mr Desmond Stark, Ms Sinead Murray and Mr Ian O'Keeffe as new Board Directors and wish them well with their future roles. We also saw Mr Frank Davis retire after years of committed voluntary service, particularly in all areas of finance. On behalf of the hospital, I wish, to thank him for his dedication and commitment to the IOH.

One area of increasing governance participation I wish to note is the Board's continued active involvement with the Voluntary Health Forum (VHF) plenary and leadership groups. It is expected that the VHF will have significant ongoing involvement in the deployment and implementation of Sláintecare plans, as envisaged by Government.

Finally, on behalf of the Board, I wish to express gratitude to the Chief Executive and all staff at the IOH for the dedicated and professional care that they provide to all patients.

Dr Gerard O Connor
Chairman of the Board

ATTENDANCE SCHEDULE FOR EACH BOARD MEMBER 2019

Surname	First Name	Jan	Feb	Mar	May	June	Sept	Oct	Nov	ATTENDANCE		
										Attended	Possible	%
Connolly	Regina	X	X	✓	✓	✓	X	X	✓	4	8	50%
Davis	Frank	✓	✓	✓	✓	X	n/a	n/a	n/a	4	4	100%
O'Connor	Gerard	✓	✓	✓	✓	✓	✓	✓	✓	8	8	100%
Horgan	Emma	✓	X	X	✓	✓	✓	✓	✓	6	8	75%
Gleeson	Aidan	✓	✓	✓	X	✓	✓	✓	✓	7	8	88%
O'Halloran	Mary	✓	✓	✓	✓	✓	X	X	X	5	8	63%
Egan	Patricia	✓	✓	X	✓	✓	X	✓	✓	6	8	75%
Regan	Geraldine	X	✓	✓	✓	✓	✓	✓	✓	7	8	88%
Stark	Desmond	✓	✓	✓	✓	X	✓	X	✓	6	8	75%
Harrison	Pauline	✓	✓	X	✓	✓	X	✓	✓	6	8	75%
O'Connor	Anthony	✓	✓	✓	✓	✓	✓	✓	✓	8	8	100%





*Michelle Fanning,
Chief Executive Officer*

CHIEF EXECUTIVE'S REPORT

I am delighted to present the Annual Report 2019 and provide a brief summary of the services provided by the hospital during the year and the work achieved by our dedicated staff.

REHABILITATION SERVICES

The purpose of rehabilitation is to improve health outcomes, reduce disability and improve quality of life. Due to advances in medical care and population changes, the demands on rehabilitation services are increasing. Having timely access to a network of specialised and general rehabilitation services is important if patients are to maintain their functional independence and overcome the effects of disability, trauma, chronic disease and frailty.

The National Clinical Programme for Older People and the National Clinical Programme for Rehabilitation Medicine recognise that complex, specialist, community and post-acute rehabilitation services are essential if patients are to optimise functional recovery and return to independent living.

Rehabilitation services at the Incorporated Orthopaedic Hospital of Ireland (IOH) meet the criteria set out in the national clinical programmes for older people and rehabilitation medicine. We know the demand for our services is increasing, as are the complexity and dependency levels of patients requiring rehabilitation. Investment in our services is key to meeting these increasing demands.

HOSPITAL SERVICES

Rehabilitation medical services at the hospital are delivered by 24-hour medical and nursing care and by interdisciplinary rehabilitation teams that are all dedicated to maximising each patient's functional recovery, so that they can be discharged home safely. A

full description of the hospital's activity levels is available at Appendix 1.

Activity levels increased during the year, due mainly to successful collaboration with the RCSI Hospital Group and the Mater Misericordiae University Hospital (MMUH). With additional clinical lead resources provided by the RCSI Hospital Group, the IOH was able to increase admission and occupancy rates from Beaumont Hospital and Connolly Hospital. This provided patients with greater access to rehabilitation services, while also relieving pressure on frontline services and preventing inappropriate discharges to nursing-home care.

The hospital ran a small outpatient assessment unit every second week, on a cost-neutral basis, to patients who would otherwise have required admission or attendance at the MMUH. There are plans to increase the outpatient unit into a five-day specialist geriatric assessment unit and, to this end, a funding application was submitted to Sláintecare early in the year. Unfortunately, the application was unsuccessful on this occasion, but the aim is to continue to advocate and seek funding to provide this valuable service to older people who require specialist geriatric rehabilitation services in our local communities.

There was plenty of activity in all clinical areas to drive service developments and each departmental report gives a good account of these projects. To deliver on service developments, an increasing number of working groups and subcommittees were established, and these were placed under an updated organisational governance

structure overseen by the Executive Management Team. Achieving good rehabilitation outcomes is dependent on the quality and safety of the services provided and the hospital welcomed the publication of the Health Information and Quality Authority (HIQA's) Guide to Rehabilitation and Community Inpatient Healthcare Services Monitoring Programme (September 2019). The purpose of the document was to provide guidance to rehabilitation service providers on HIQA's monitoring programme for rehabilitation inpatient services, which was scheduled to start in the latter half of the year. In October, the hospital experienced its first unannounced HIQA inspection on governance, risk management and infection prevention and control. The second-stage draft report was issued to the hospital in November, with the final report expected in early 2020. The hospital is satisfied with this first inspection draft report and will continue to work to ensure that it provides a quality-driven safe service to all patients.

The Board, Executive Management Team and staff contributed to the development and publication of the hospital's five-year Strategic Plan 2019-2024, which was launched in June at the Annual General Meeting. The objectives of this plan include expanding both inpatient and outpatient services, international healthcare accreditation, and developing research and academic collaboration with medical and nursing universities. Action plans were set out to see how best to achieve the strategic plans over the next five years.

CHALLENGES

Funding services remained a challenge throughout

the year, as the cost of patient care increased, and funding remained static. However, through working in association with the HSE (Health Service Executive) Community Healthcare Organisation 9 (CH09), the hospital succeeded in balancing the budget at year end. The financial report is available at Appendix 2.

Some of the increase in healthcare costs is driven by the heavily regulated environment of the health services. These costs are sometimes overlooked by funders, so there is a need for the cost of compliance with regulations to be included in funding, when new regulatory obligations are introduced.

The hospital looks forward to the challenge of implementing its strategic objectives and identifying funding streams that will be required to successfully implement them. Work continued on capital projects: the preliminary stages were completed and tendering procedures began. It is hoped that these works will be substantially completed in 2020.

APPRECIATION

As always, I would like to thank everyone in the hospital for their hard work throughout the year. I express my appreciation to the Board for its contribution to overseeing the business of the hospital and to the Executive Management Team for its dedication and support. I also extend my admiration and gratitude to all our staff and volunteers for providing such wonderful care each and every day of the year.

Michelle Fanning
Chief Executive Officer



Left to Right: Siobhan Harris, Noeline Gannon, Linda Murphy and Helena Reffell (Catering Officer)

HUMAN RESOURCES DEPARTMENT

INTRODUCTION

In 2019, the Human Resources (HR) Department continued to move away from a personnel administrative function to become a strategic facilitator in the growth of the hospital. Having only joined the organisation in late 2019, I must take this opportunity to commend the work carried out by the department in the earlier part of the year.

We now move into 2020 with a view to nurturing an environment that recognises and supports operational needs, patient and staff needs, staff wellbeing and engagement, and to continuing to create a workspace where our staff feel safe, appreciated and loyal to the organisation.

COMPLIANCE

In 2019, a number of new laws were introduced and amendments were added to existing Irish employment legislation, to improve the security and predictability of working hours for employees. The biggest changes were seen following the introduction of the Employment (Miscellaneous Provisions) Act, 2018, which was described by the Minister for Employment Affairs and Social Protection as a "once-in-a-generation reform of the Irish Labour Market".

Listed below are the new and amended Acts that the HR Department was required to consider:

The Employment (Miscellaneous Provisions) Act 2019

- Requirement on employers to provide new hires with five core terms of employment within five days of commencing employment
- Provision of right to minimum payment where an employee is required to be available for work but is not provided with work
- Prohibition of Zero Hour contracts bar emergency situations

- Introduction of Banded Hours applications
- Prohibition of penalisation.

Terms of Employment (Information) Act 1994

- Organisation of Working Time Act, 1997
- Unfair Dismissals Act, 1977
- National Minimum Wage Act, 2000
- Workplace Relations Act, 2015
- Parent's Leave and Benefit Act, 2019
- Parental Leave (Amendment) Act 2019.

The Workplace Relations Commission carried out 5,753 inspections in 2019, of which 62% were unannounced. The HR Department focused on the changing legislation and the internal amendments that were required to ensure compliance with the changes.

RECRUITMENT & RETENTION

As ever Recruitment and Retention was a priority for the HR department in order to ensure the best patient care/service possible. There was a focus on attracting the highest calibre and most experienced staff possible and this was achieved by following in-depth and robust recruitment and appointment procedures.

The HR department successfully recruited and filled roles for vacant and new posts across all hospital departments including:

- Nursing Staff
- Catering Staff including a Senior Chef
- Interim Senior Dietician
- Senior House Officers
- Registrar
- Microbiologist
- Interim Care Consultant
- Clerical Staff

We also investigated alternative recruitment options such as:

- Open days/ recruitment fairs
- Media campaigns

- Engaging with local and international recruitment agencies
- Rotations with other hospitals

Staff retention levels remained stable during the year and we continued to develop new retention strategies as the year progressed. With retirements pending in several departments succession planning and retention of the hospitals more junior staff has been an important area for the department. In the IOH there is a strong focus on internal progression and we have been working with department heads and line managers to determine where we can build on employees current strengths so that they can transition into senior positions in the future.

EDUCATION, TRAINING & DEVELOPMENT

2019 saw a focus on complying with statutory occupational training and this was achieved via the provision of both internal and external training days and courses. On review of our 2019 training records we are delighted that we have achieved near full compliance across a number of mandatory training topics namely:

- Manual & Patient Handling
- Hand Hygiene
- Chemical Awareness
- Fire Training
- Children First
- Safe Guarding

The hospital places huge importance on staff education and continuous development and it will continue to be a key objective in 2020. I would like to note that it would be near impossible to achieve compliance in the area of Manual & Patient Handling without the continuing contribution of our in-house trainers; Cora Abbott, Esnath Chinembiri, Geraldine Matthews and Sophie Lang for which we are very grateful.

HEALTH & SAFETY

The hospital's Health and Safety Committee is comprised of members from each department of the hospital

and meets on a quarterly basis to review and discuss Health and Safety topics and address any areas of concern throughout the hospital. The Health and Safety Committee achieved a full quorum in each quarterly meeting during the year. In order to raise awareness of our internal policies and procedures we carried out a mock fire evacuation drill in conjunction with Dublin Fire Brigade in February. This drill was successful in demonstrating the entire organisations awareness and understanding of fire evacuation policy with the affected ward being evacuated in just over 3 minutes.

Members of the Health and Safety Committee completed environmental workplace audits as well as fire safety audits throughout the year to ensure the hospital's compliance with health and safety regulations.

STAFF HEALTH, WELL BEING & ENGAGEMENT

Although 2019, saw a number of legislative changes along with industrial action in some areas the IOH maintained a focus on staff Health, Well Being & Engagement at all times. The HR department and the organisation as a whole appreciates the pressures that can come with working in the Health sector and there is an importance placed on supporting staff through initiatives such as Open Door Policies, The Dignity & Respect at Work Policy and our Employee Assistance Programme. Staff Health, Well Being and Engagement play a major part in the HR agenda for 2020. We are committed to developing and complying with the Health, Safety and Welfare at Work Act 2005 with an organisational culture that supports our employee's needs physical, social, and emotional.

We will continue to build on current wellbeing and engagement initiatives in the coming year to promote a work environment that brings our staff together as one team, prioritises staff morale while increasing productivity and motivation.

Tanya Cannon-Howley
Human Resource Manager



Open Day September 2019 From Left to Right:
 Niamh Hetherton (Dublin Football Senior Ladies Champions 2019) Monica Peruffo, Emma Harte,
 Nancy Rivera, Evan Comerford (Dublin Football Senior Men's Champions 2019)



International Initiative to Reduce Carbon Emissions April 2019



SECTION 2

DEPARTMENT REPORTS

QUALITY, SAFETY AND RISK MANAGEMENT DEPARTMENT

INTRODUCTION

The Quality, Safety and Risk Management Department (QSRMD) is responsible for the management of the hospital's risk and quality management framework, which underpins its system of internal controls and the assurance framework that enables it to fulfil its corporate and clinical governance responsibilities.

The assurance framework facilitates reporting key information to staff, the Executive Management Team and the Board of Governors. It is maintained as a dynamic document operating within the hospital's risk management structures and within the IOH's strategic objectives, mission, vision and values.

Quality improvement is responsible for leading and coordinating quality improvements in the delivery of the hospital's healthcare services, so that patients receive a quality-driven, safe service throughout their stay.

Quality improvement is often identified through risk management and clinical audit reporting, and by clinical staff who identify how the hospital's services can be improved to meet emerging patient care needs. Corporate risks are identified by internal/external audits and inspections, risk assessments, national surveys, as well as external financial audits and risks identified by administrative or other personnel.

The QSRMD interfaces with all departments across the hospital, to ensure uniformity of approach, to manage risk, and to assure compliance with the hospital's Service Arrangement with the HSE and other statutory and regulatory obligations. The management of risk and quality improvement includes clinical, financial, strategic and compliance risks.

MANAGING RISK

The department recognises that risk is inherent in all corporate, clinical and personal activities and that everyone continuously manages risk. Having embedded

risk management into the hospital over recent years, the department aimed, throughout 2019, to keep this high on everyone's agenda, to the extent that it would become "second nature" to all staff.

In October, we had an unannounced inspection from HIQA which reviewed the hospital's risk management structures and procedures. We were delighted to receive a fully compliant report, which is published on the HIQA website. It is a true reflection of the cooperation of every member of staff in promoting risk management and in providing a patient-centred, quality-driven safe healthcare service.

INCIDENT REPORTING

Staff members are proactive in reporting and managing incidents which contributes significantly to a good risk-management culture in the hospital. High incident reporting across a range of severities of injury by a healthcare service is generally associated nationally and internationally with a strong patient-safety culture. The department is happy to report full compliance with the National Incident Reporting Form (NIRF) and the inputting of these forms onto the National Incident Management System (NIMS).

There were a total of 608 incidents reported (515 related to persons) in 2019. The severity rating for these incidents is important as it enables the hospital to identify any trends and areas of high risk where controls can be implemented to mitigate risks identified.

We know from our incident reporting that falls and medication incidents are risk areas. As a result there were a number of targeted quality improvement initiatives aimed at reducing the number of patient slip, trips and falls and medication incidents completed in 2019. Monthly Incident Reports were provided to each department/ward, and a sit-down review meeting with each of the ward managers and heads of department was included, where relevant.

In addition, specific groups and committees met regularly throughout the year to address these issues and to implement quality improvement initiatives, to ensure that the hospital is meeting national standards in the provision of services.

INCIDENT INVESTIGATION

During the year, there was a focus on embedding the HSE Incident Management Framework (2018) and incident investigations were completed for all category 1 and category 2 incidents and all serious reportable events (SREs). Recommendations from these investigations were developed for implementation at local level.

RISK ASSESSMENT AND RISK REGISTER

The department introduced the new risk assessment and risk register policy hospital wide in line with the HSE Integrated Risk Management Policy (2018). Training was provided to staff and risk assessments were completed in the departments. The policy includes a process of ongoing monitoring and review of the risk registers.

The Risk Register was introduced to all departments in 2019, with all managers taking ownership of risk management within their department. Risk management is now a standing agenda item for all meetings of committees and working groups.

QUALITY IMPROVEMENTS

Quality is a continuous process and the hospital Quality Improvement Plan for 2019 included the following areas:

- Beaumont Hospital Medical Records transfer to the IOH
- Safeguarding Project Plan Training
- Open Disclosure Project Plan and Training Sessions
- Site preparation for HIQA Inspection Visit
- Development and introduction of a new hospital website.

Auditing is a continuous process and in 2019 assisted in identifying areas for quality improvement. Some of these

areas audited included the following:

- Evaluation of patient care
- Pressure Ulcers
- Malnutrition Universal Screening Tool (MUST)
- Patient Slips, Trips and Falls
- Medication Management
- Patient Satisfaction
- Patient Satisfaction – Food
- Patient Documentation
- Visitor Policy.

In driving improvements, the Risk Manager chairs the Integrated Quality and Safety Committee (IQSC). The following committees report quarterly at the IQSC meetings:

- Infection Control and Prevention and Hospital Hygiene Committee
- Health and Safety Committee
- Radiation Safety Committee
- Delayed Discharge Committee
- Drugs and Therapeutic Committee
- Quality Oversight Committee
- Healthcare Record & Information Committee
- Fall Prevention and Management Committee
- Nutrition and Hydration Committee.

Each of the above Committees, in turn, has working groups and subcommittees targeting specific areas for quality improvement initiatives.

FREEDOM OF INFORMATION/ SUBJECT ACCESS REQUESTS

The department has responsibility for the management of Freedom of Information and Data Protection. In 2019, the following requests were processed:

Request Type	No. of Requests
Freedom of Information	7
Subject Access Requests	7
General Administration Requests	6
Total	20

CONCLUSION

The department would like to thank Ms Michelle Fanning, Chief Executive Officer for her support and help in the management and development of the department over the last year. We would like to take this opportunity to acknowledge the support and commitment we received from all staff in providing a safe environment for patients, staff and all who visit the hospital. We look forward to working with everyone next year in the management of risk and quality improvement.

Ms Catherine O'Reilly
Risk Officer

Ms Bernadette Conolly
Quality Improvement Manager



From Left to Right: Linda Murphy, Lisa O'Brien and Siobhan Harris

DEPARTMENT OF REHABILITATION MEDICINE FOR OLDER PERSONS

The Department of Rehabilitation Medicine for Older Persons admits patients to the active rehabilitation units from age 65 upwards. Its aim is to provide the highest standards of clinical care in an integrated, effective, and timely manner in a community-based inpatient setting.

The department is patient centred and evidence led so that it delivers safe, effective, and high-quality care. The department's key strategic priorities include building on current strengths, expanding the range of services, ensuring the highest quality of care to patients, and encouraging a research-led and evidence-based process of care. Staff work to contribute to the highest clinical governance and risk-management standards so that we provide the highest quality of care to our patients.

STRATEGIC AIMS

Through our key strategic objectives, we aim to:

- Ensure that older persons are in hospital for the least possible time for comprehensive geriatric assessment, rehabilitation and multidisciplinary team review
- Improve discharge planning, to minimise the likelihood of readmission and adequate support for independent living following completion of hospital care
- Promote access to appropriately supported safe discharge home
- Build on the current provision of rehabilitation services, while considering the increased need for rehabilitation services in the national clinical programmes
- Configure services that contribute significantly to the rehabilitation needs of all our patients.

ACHIEVEMENTS

- Clinical activity within the department continues to grow in providing post-acute care to older patients including care related to impaired memory, falls and syncope, bone health, cardiovascular disease and frailty. It is teamwork that remains the

ultimate competitive advantage and, along with the interdisciplinary teams, we meet the challenges of an ageing population with more complex care needs.

- Among key developments the department opened a consultant-led multidisciplinary outpatient clinic for the assessment of patients requiring admission for in-patient rehabilitation. This initiative improved rehabilitation access to a broader group of patients while also increasing the total number of admissions during the year.
- In July, we welcomed Dr O'Halloran as Locum Consultant Geriatrician, leading in the care of older patients admitted from the Mater Misericordiae University Hospital.
- The department led and actively participated in local committees including the Dementia Care Committee, the Frailty Committee and the Delirium working group. The committees and working group championed hospital-wide education for staff in syndromes of frailty and raised awareness of diagnosis and management of patients with delirium.
- We represented the IOH at various national meetings including the Irish Gerontological Society Meeting and the Irish Hip Fracture Meeting.
- The department undertook clinical audits in relation to venous thromboembolism screening, antimicrobial prescribing, bone health, and laboratory ordering.
- The department organised regular multidisciplinary educational sessions and journal clubs, improving access to continuing professional development (CPD) for all clinical staff.
- On Swan Ward, we established regular ward-based operational meetings, together with our colleagues, in order to make our weekly multidisciplinary meetings, care planning meetings and discharge planning more effective, time efficient and patient centred, as well as to plan our future quality improvement projects.
- We continued to work in line with national clinical programmes in older persons care and rehabilitation care along with strategies including dementia, trauma and rehabilitation.

- We continued to work closely with our local acute hospitals to make the transfer of patient care as safe as possible and to look at alternative pathways of care that will provide a broader group of older people access to post-acute rehabilitation services.

CONCLUSION

The Department of Rehabilitation Medicine for Older Persons aims to provide high-quality rehabilitation services to a wider group of patients in a wider range of settings, in the form of a day hospital, outpatient community outreach, and step-up from community services. We hold ourselves accountable and strive for operational and clinical excellence. We will continue to examine opportunities and implement, as appropriate, new developments and service expansions to support our patients. In keeping up with patients' care requirements, we need to increase our complexity of

skills and knowledge, along with our specialisations, while maintaining continuity and quality of care.

We are very thankful to those who have worked in the department within the past year. Despite the resource challenges faced by the healthcare industry nationwide, we continue to demonstrate strong performance through our delivery of responsible, compassionate and high-quality care. This would not be possible without the hard work, dedication and passion of our medical, nursing and multidisciplinary healthcare staff.

We look forward to working together in years to come and to continue providing the best possible care to our patients and the community.

Dr Adriana O'Halloran
Consultant Geriatrician Physician



Dr Adriana O'Halloran Consultant Geriatrician Physician

DEPARTMENT OF PHARMACY

The Pharmacy Department provides pharmaceutical care for patients ensuring the safe, economic and appropriate use of medicines. The Pharmacy Team works closely with nursing and medical colleagues to provide quality care and desired therapeutic outcomes to ensure that patient safety is of the utmost importance.

DISPENSARY

The Pharmacy Department is responsible for the purchase, storage and distribution of medicines within the hospital. Generic medicines are supplied, when appropriate, in order to contain costs. Worldwide stock shortages, yet again this year, posed problems that required the sourcing of alternative medicines or unlicensed products.

CLINICAL SERVICE

Medicines Reconciliation

Medicines reconciliation is practised at admission and discharge. Prescriptions received in the pharmacy prior to admission are reviewed for dose, frequency, route of administration and interactions. This allows variances to be resolved before the patient leaves the referring hospital.

Transcribing is a known risk for medication incidents and can occur particularly at transition of care, for example, at admission and on discharge. On the active rehabilitation units, after admission, the pharmacist conducts medicines reconciliation and ensures that the correct medicines have been transcribed from the admission prescription onto the medication prescription and the administration record. Where resources permit discharge prescriptions are reviewed prior to patients discharge.

Medicines Information

Information on medicines is provided to clinical staff as well as patients. Medication safety newsletters were circulated throughout the year and included two editions entitled Treatment of Hypoglycaemia and Counselling Patients on Direct Oral Acting Anticoagulants (DOACs).

A Medication Safety Folder was developed which can be accessed from the hospital's public share drive. This folder has information on all aspects of medication safety, for example on antimicrobials, high-alert medicines, medication policies, newsletters, patient information leaflets, available resources and references.

Audit

The Pharmacy Department must also complete a Pharmacy Assessment System for the Pharmaceutical Society of Ireland (PSI). This is a self-audit tool for pharmacies to critically review their practice, validate and record good practice, and identify areas where improvements are required. It provides evidence, both to the public and to the PSI of the commitment of the Pharmacy Team to ensuring patient safety and quality of care.

MEDICATION INCIDENT REVIEW

Medication incident reviews reverted to the Risk Management Office. The Medication Incident Review Group, which includes members from the Medical, Nursing and Pharmacy departments, was established to review medication incidents. The group met monthly throughout the year to review medication incidents and make recommendations to prevent recurrence. The reporting and documentation of medication incidents was also transferred to the National Incident Report Form (NIRF). All staff are encouraged to report medication incidents as the analysis and feedback of medication incidents can prevent the reoccurrence of incidents.

DRUG AND THERAPEUTICS COMMITTEE

The Drug and Therapeutics Committee met three times in 2019, and reported to the Integrated Quality and Safety Committee. Subgroups such as the Medication Safety Group and the Medication Incident Review Group report to the Drug and Therapeutics Committee.

QUALITY IMPROVEMENTS

Introduction of the Hypoglycaemic Box to treat patients with episodes of hypoglycaemia

- Location of the Medication Safety Folder on the hospital's share drive
- Continuous 24-hour dispensary and fridge temperature monitoring by Kelsius CoolCheck
- Revision of medicines management and Medicines Reconciliation Policy
- Circulation of Medication Safety Newsletters and safety alerts
- Development of patient information leaflets on venous thromboembolism and direct oral anti-coagulants
- Glucometer for testing both blood glucose and ketones
- Patient-own-drugs (PODs) storage bags
- Improved safety lancets.

HEALTH INFORMATION AND QUALITY AUTHORITY (HIQA) VISIT

In October, HIQA made an unannounced visit to the hospital. This monitoring programme was launched in September 2019, to assess rehabilitation and community in-patient healthcare services against the National Standards for Safer Better Healthcare (2012). The purpose of the inspection programme is to monitor compliance against relevant standards and promote quality improvement in service provision in rehabilitation and community inpatient healthcare services. An inspector from HIQA spent an hour in the Pharmacy Department reviewing our processes, procedures and

governance structures on the safe use of medicines. The feedback from HIQA was that our service is compliant in all areas of medicines management.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

When registering as a pharmacist with the Pharmaceutical Society of Ireland (PSI) each member must submit details of their professional development with the Irish Institute of Pharmacy (IIOP) and this is reviewed annually. Sarah Maxwell completed her final year of a Master's in Advanced Clinical Pharmacy Practice with Queen's University Belfast and was awarded a first class honour's degree.

IN CONCLUSION

I would like to thank all the staff that support us in our work, in particular the general operatives who transport the pharmacy requisitions daily to and from the Pharmacy Department.

I would also like to take this opportunity to thank Niamh Ruane and Sarah Maxwell in the Pharmacy Department for their enthusiasm, unwavering support and commitment to quality pharmaceutical care of the patient.

Linda Murnane
Chief Pharmacist



PHYSIOTHERAPY DEPARTMENT

INTRODUCTION

The Physiotherapy Department is committed to achieving excellence in patient care in an environment of mutual respect and continuing education. We aspire to create a service that is dynamic, effective, patient centred and appropriate, so that patients can achieve the highest quality of life that their condition allows.

We aim to educate our patients and to encourage their participation in their care management, in order to formulate plans that encompass both social and environmental factors. We also endeavour to ensure that

an evidence-based approach is central to our service delivery, through promoting and supporting continuing professional development (CPD) and research.

PHYSIOTHERAPY SERVICE AND DEPARTMENTAL ACTIVITY

There is a blanket referral system in place for physiotherapy. All 144 inpatients are assessed by a physiotherapist and a Treatment Plan initiated within 24 hours of admission. The current staffing comprises six senior and five staff-grade physiotherapists and a physiotherapy manager.

Table 1: Physiotherapy Activity List 2018/2019

Activity	2018	2019	Variation	Comments
New Patient Admissions	1,256	1,529	22% increase	An average of 6 new patients are admitted per day – 100% of new patients are assessed by a physiotherapist within 24 hours of admission
Total Physiotherapy Treatment Sessions	46,503	46,664	0.3% increase	The increase in total physiotherapy treatment sessions did not correlate with the increase in new patient admissions, reflecting that the Physiotherapy Department is operating to full capacity. While the number of physiotherapy treatment sessions did not increase proportionately, physiotherapy sessions were, by necessity, longer, reflecting an improved quality of physiotherapy treatment for more complex patients. There was no locum physiotherapy cover during the summer.
Gym-based Individual Treatment Sessions	11,628	13,101	13% increase	The increased demand for 1:1 gym-based physiotherapy treatments reflects the high number of complex or dependant patients requiring these facilities for rehab. 28% of all physiotherapy treatments were gym based.
Ward-based Group Exercise Treatment Sessions	20,756	20,068	3% decrease	The decrease in physiotherapy group exercise sessions is indicative of the patient profile and ties in with the increased demand for 1:1 physiotherapy treatment sessions. Each physiotherapist has a caseload of 16 patients, who can potentially attend the group exercise class daily, but the numbers attending has to be risk-assessed against the level of supervision and the time needed to mobilise patients from their rooms to the exercise areas.

Gym-based treatment sessions peaked in November with an average of 59 sessions per day. The physiotherapists provided therapy to approximately 77 patients a day in the gym. This work was enabled by the efficient work of our general services staff who transported patients daily to the gym for their physiotherapy treatments and for which we are very grateful. Overall physiotherapy treatments (gym and ward-based sessions) peaked in August, at 194 treatments per day.

Mobile storage trolleys were procured to store the weights and dumbbells needed for the ward-based group exercise classes and to ensure compliance with infection control standards for cleaning of same, after use.

Physiotherapists participated in 54 home visits throughout the year- an increase of 60% on the previous year.

SERVICE UPDATES

World Physiotherapy Day

The Physiotherapy Department celebrated World Physiotherapy Day on 9 September with this year's focus on chronic pain. The Physiotherapy Team hosted a Poster Stand outside the canteen and provided leaflets and general information to staff and patients about physical activity and pain management. It was also an opportunity to reinforce the benefits of physiotherapy as part of the rehabilitation process for all staff.

There was a raffle on the day and a return of the highly competitive sit-to-stand challenge. The Physiotherapy Team also presented on the topic of chronic pain at the Multidisciplinary Team (MDT) journal club that afternoon.

The take-home messages from the day included:

- Movement and exercise can help manage chronic pain
- Every single person working in health care makes a difference
- If it was your last 1,000 days, how many would you choose to spend in hospital?

Dementia Care

Ger Matthews, Senior Physiotherapist, continued to represent the Physiotherapy Team on the Dementia Care Committee and was particularly involved in the progression of the business case and the procurement plan for way-finding signage for patients. Ger is looking forward to leading the implementation team for this project in 2020.

Frailty Working Group

The Frailty Working Group, chaired by Sophie Gardner, Senior Physiotherapist, met regularly throughout the year. The aim of the group was to:

- Increase frailty awareness at organisational level as a long-term condition and its impact on patient management
- Improve identification of the frail older patient on admission to the IOH
- Implement an MDT approach to frailty screening within the hospital and to ensure that a comprehensive geriatric assessment is completed, when indicated
- Develop appropriate management pathways for frail older people, in line with the National Clinical Programme for Older People (NCPOP) and integrated care pathways
- Re-affirm links with acute and community services to improve continuity of care for frail patients
- Link with existing committees and working groups within the IOH, to ensure a comprehensive and coordinated approach to the management of frail patients.

Staff education remained a priority and as a result of contacts made by the Physiotherapy Department following its frailty presentation to the Irish Gerontological Society (IGS) in 2017 IOH hospital staff were included in the National Frailty Education Programme. Staff attended the one-day "Fundamentals of Frailty" course which was run between the Mater Misericordiae University Hospital, St Mary's Hospital and Connolly Hospital. Thirteen members of the Physiotherapy Team attended the course in 2019

and it is hoped that further dates will be released for 2020.

The Frailty Working Group also ran a Frailty Awareness Day for staff at the end of March. A questionnaire was circulated to gauge staff knowledge regarding the concept of frailty and an information sheet was given to all participants. The survey results indicated that further education was needed for staff and the working group prepared a short presentation for in-house education which it presented on each ward.

Falls Prevention and Management

The Physiotherapy Team continued to be actively involved in the Hospital Falls Prevention and Management Committee. The department linked in with the HSE National Quality Improvement Team on falls management, education and advice and was delighted to be offered the opportunity to express an interest in collaborating with the national team in reducing in-patient falls and pressure ulcers. The Physiotherapy Team continues to facilitate regular falls prevention and management education sessions for patients and carers.

Manual Handling

Ger Matthews, Senior Physiotherapist, facilitated 11 days of manual handling training for staff and was an active member of the IOH Health and Safety Committee. Ger continued in an advisory role for staff with patient and manual handling concerns and liaised with the Human Resources (HR) Department and the Risk Manager to address any manual handling concerns as they arose.

QUALITY IMPROVEMENT PROJECTS

Dublin-themed Patient Walking Route

Emma Dunne, Senior Physiotherapist in Swan Ward, initiated a project to increase patient physical activity levels outside therapy time on one of the hospital's post-acute geriatric rehabilitation wards. The aim of the project was to:

- Engage visitors as meaningful stakeholders in patient care
- Increase patient mobility with visitor education on the importance of patient mobility

This was done by placing explanatory posters in patient bays and ward corridors, by issuing leaflets, and by talking to patients, their families and carers about the importance of mobility.

The physiotherapists at ward level completed a baseline audit of physical activity levels outside therapy time prior to the intervention. A photographic competition for staff with a Dublin theme was held over a two-week period and the winning photographs were used for the Walking Route along the corridor adjacent to Swan Ward to promote a meaningful walking destination for patients. The follow-up data will identify the impact of a walking destination and family education on patient activity levels.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Organisational and Personal Skills Development Programme

Fiona O'Dwyer was invited to participate in the Organisational and Personal Skills Development Programme run by Beaumont Hospital from September to December. This was an MDT project-based learning programme. Fiona's project was to review the patient demographic, rehabilitation needs and discharge experience of patients at the IOH to determine any changes to optimise the patient journey.

The project set out the aim of implementing a pilot exercise class for patients on discharge from the IOH and the following objectives were set:

- To conduct a point prevalence survey to define the hospital's demographic, average length of stay (LOS) and rehabilitation needs on discharge
- To complete a patient questionnaire to determine

patients' awareness of discharge planning and their opinion on follow-up rehabilitation

- To determine if a weekly general rehabilitation exercise class would positively influence discharge outcomes and LOS for patients in IOH.

The direction of the project changed following the questionnaire analysis and a further objective was included to identify a system to improve communication between staff, families and patients about discharge plan using an MDT whiteboard.

Improvements were implemented following the project's recommendations. Gracefield Ward modified communications relating to discharge planning by using the whiteboard to ensure that patients and their families are aware and informed of discharge dates at the earliest opportunity. The MDT became more aware of the need for information to improve carer stress in the discharge process and is now discussing rehabilitation outcomes with families and educating them about any likely functional decline. There is also an increased focus for patients and their families/carers on the management of expectations surrounding the role of in-patient rehabilitation.

Future Leaders Development Programme

Sophie Gardner was offered a place in the Royal College of Surgeons Ireland (RCSI) Hospital Group's Future Leaders Development Programme which runs from September 2019 to January 2020. As well as offering course modules at the RCSI, the programme involves a range of inter-modular activities, including the development of participant-led seminars, psychometrics, strategic leadership, project work, individual executive coaching and action learning sets.

Sophie worked with a multidisciplinary cross-sectoral team on a project which aimed to make recommendations for improving the integration of physiotherapy services between acute, rehabilitation and community settings in the North Dublin Area.

The Project Team is currently exploring the feasibility of a professional network of physiotherapy staff between Beaumont Hospital, the IOH and the North Dublin Primary Care areas to facilitate the integration of services for older persons, by:

- Completing patient interviews on their experience of the physiotherapy service across three service areas
- Speaking with national and local experts in health and social care professions (HSCP) integration and management, and key stakeholders within the three service areas
- Conducting a focus group with physiotherapy staff and managers from each sector to identify the current work practices, pathways and challenges
- Performing a SWOT analysis of the viability of a physiotherapy professional network across Beaumont, the IOH and North Dublin Primary Care areas.

The team will present its findings and recommendations to the Senior Management Team of the RCSI Hospitals Group at the end of January 2020.

Clinical Education

The Physiotherapy Department continued to provide undergraduate student placements for final-year students from Trinity College Dublin (TCD) and the RCSI, and facilitated clinical placements for physiotherapy graduates from Singapore, as part of their overseas immersion programme with the Dublin School of Physiotherapy in TCD.

The Physiotherapy Department was represented at the interdisciplinary Practice Educator Study Day organised by the allied health faculties of TCD and University College Dublin (UCD) in June, and the Introduction to Practice Education Study Day hosted by the RCSI, TCD and UCD Schools of Physiotherapy in September.

Physiotherapy Treatment Approaches for Patients Presenting with Neurological Conditions Workshop

During the year the department identified the physiotherapy management of neurological patients as a learning need for its service. It is grateful to Ms Gillian Quinn, Clinical Specialist Physiotherapist from St James's Hospital, who ran a very informative workshop, which she tailored to our specific requirements at the end of August.

Training and Education Days

Staff from the physiotherapy department attended the following events:

- "A Life to Be Lived: An Update on Physiotherapy with the Ageing Person" – one-day interactive workshop of lectures and practical sessions reviewing physiotherapy interventions with older people, Bhanu Ramaswamy Consultant Physiotherapist NHS, Hermitage Clinic (March)
- Frail Talk – "Physiotherapy Management of the Frail Patient from ED to Home", Chartered Physiotherapists in Neurology and Gerontology Study Day (April)
- "Healthcare and the Law" – La Touche Training (April)
- The 5th Transforming Care of Older People in Ireland Conference (May)
- "Self-Management in Professional Practice" – Interdisciplinary Conference (May)
- The inaugural meeting of the Health Informatics Society of Ireland HSCP E-health Special Interest group (May)
- "Leading Change in your Workplace" – An Introductory Leadership Programme (April to July)
- "Hospital Acquired Decline in Older People: Prevention and Management" – workshop, University College Cork (June)
- The Irish Gerontological Society Innovation, Advances and Excellence in Ageing Conference (September)
- "Physiotherapy – the Golden Bullet to Fight Frailty, lecture by Professor Dr Hans Hobbelen, TCD (September)
- "Evidence-based Physiotherapy for Parkinsons Disease" – Chartered Physiotherapists in Neurology and Gerontology Study Day (October)

- National Health and Social Care Professions (HSCP) Conference 2019, "Connections, Confidence, Collaboration", Irish Management Institute (October)
- The Dublin North City Frailty Event, 8-10 October, Mater Misericordiae Hospital
- Beaumont Hospital's 5th Annual Frailty Conference – "Frailty: What's the Tipping Point?" (November)
- "Get Up Get Dressed Get Moving Ireland" Workshop (December)

The Physiotherapy Department was also represented at:

- "The Major Trauma Audit Report" launch, RCSI (February)
- AFFINITY Falls & Bone Health Symposium (October)
- The Irish Hip Fracture Database Meeting (November)
- "New Advances in Stroke Treatment 2019", Beaumont Hospital (November)
- The Physiotherapy Manager also attended regular meetings of the Chartered Physiotherapists in Management (CPM), throughout the year.

CONCLUSION

I would like to thank all my physiotherapy colleagues for their continued commitment, energy, enthusiasm and support. Their positivity, innovation and conscientiousness make them a pleasure to work alongside.

We look forward to working with our colleagues throughout the hospital in the coming year and thank them for their continued support and advice.

"...the secret of the care of the patient is in caring for the patient"

Francis Peabody, MD (1880-1927)

Gráinne O'Hara

Physiotherapy Manager



DEPARTMENT OF NURSING

Welcome to the Department of Nursing's annual report. The department is committed to providing excellent, high-standard quality care. Nurses and healthcare assistants are a key element of the hospital

care team and we continue to deliver and develop the service we provide. It was a very busy year, with numerous changes, which included the development of the Nursing Service Plan 2019 – 2021, entitled The Strategy Becoming the Reality. This sets out five key areas with 34 key objectives, the key areas include enhancing quality care, person-centred care, continuing professional development (CPD), workforce planning, and effective team working. The department's Service Plan supports the hospital's five-year Strategic Plan 2019-2024.

The department also has responsibility for infection prevention and control and patient flow. These important areas of hospital activity are included in the report.

NURSING SERVICES

The Department of Nursing's goal is to continually improve services for our patients and enhance the nursing contribution and role in service delivery, which requires adaptability and creativity. A whole new roster was developed by nursing staff during the year and has contributed to stability in our workforce. Again, this year there was emphasis on quality improvement initiatives to further enhance the excellent quality of care that is provided. The department's approach to developing strategic priorities recognises interdepartmental collaboration as essential for achieving meaningful multidisciplinary engagement and commitment.

EDUCATION AND TRAINING

The Department of Nursing recognises the importance of investment in CPD and personal development. Over

the year, there was a significant increase in educational activities, equipping frontline staff with specific skills and tools required to enhance patient outcomes. The provision of safe delivery of care is based on having a highly educated and skilled workforce that provides safe care. Below is a sample of some of the educational and training activities that took place in 2019:

- Postgraduate Education in Gerontology and in Advanced Leadership. We would like to thank the Nursing and Midwifery Planning and Development Unit (NMPDU) for these opportunities
- Three members of the Clinical Management Team completed leadership courses provided by Peta Taaffe Clinical Leadership Programme for Clinical Nurse Manager and Clinical Midwife Manager Grades
- In addition, two other members of staff completed leadership courses in conjunction with the Royal College of Surgeons (RCSI) Hospital Group.
- Over 55 staff members availed of educational study days and conferences, with the support of the Clinical Practice Support Nurse. This education was wide and varied and included education around research, audit, quality improvement, dementia, frailty, wound management, documentation, medication management, and infection prevention and control.

QUALITY IMPROVEMENT

During the year, there were many quality improvement initiatives, both within the department and in collaboration with all other departments. These initiatives include:

- The introduction of a nurse liaison in the Mater University Hospital
- The commencement of an Audit and Standards Clinical Nurse Manager service
- The introduction of Quality Care Metrics
- The opening of the outpatient clinic bimonthly, in collaboration with our Medical and Allied Health Professionals colleagues
- The introduction of a monthly Nursing Newsletter
- The introduction of a new needle stick injury pack
- The commencement of Intentional Rounding (IR) a

structured process whereby nurse in the hospital carry out regular checks, to address issues of positioning, pain, personal needs and placement of items

- The introduction of a nursing dependency tool Bartel - an ordinal scale used to measure performance in activities of daily living ADL
- The introduction of "Safe Care - This is How We Are Doing" - audit boards at ward level
- The introduction of the SSKIN bundle - a five step model for pressure ulcer prevention, in conjunction with the Occupational Therapy (OT) Department (part of a national quality improvement initiative, Pressure Ulcer to Zero (PUTZ))
- A revision of nursing documentation
- A red tray initiative, in conjunction with the Catering Department
- The approval of new Tissue Viability Service funding from the NMPDU
- The commencement of preparations for the introduction of a Multifactorial Falls Risk Assessment, in conjunction with our Allied Health Professional colleagues
- The introduction of Pet Therapy.



Figure 1

Pet Therapy - "Daisy" from Peata



Figure 2

Celebrating International Nurses Day

AUDIT AND STANDARDS

The Department of Nursing has adopted a new approach to auditing, with the assistance of the Audit and Standards Clinical Nurse Manager, and we believe that "If you can't measure it, you can't improve it" (Peter Drucker). We looked at current practice and evidence-based practice in the form of standards, identifying areas for quality improvement and implementing changes in practice to meet the highest standards of care. The year began with the introduction of measures to reduce interruptions/distractions during medication rounds. These measures included a Medication Management Audit, the introduction of disposable red drug round tabards and new signage, in an effort to ensure the safety of patients during medication rounds.

The introduction of Nursing Quality Care Metrics, the online-based Test Your Care HSE system, was launched in April, with the assistance of the NMPDU. This was an extremely positive initiative, with a monthly collection of Nursing Metrics being carried out on all five wards in the hospital. Nursing Quality Care Metrics has helped to promote staff engagement and accountability for the quality of care we deliver. It also promotes openness and transparency, as the results are displayed at ward level.

We have seen excellent results from the Quality Care Metrics reports since it was introduced in April.

INFECTION PREVENTION AND CONTROL

The annual report for the Infection Prevention and Control (IPC) Department provides an opportunity to highlight the hospital's infection, prevention and control activity in 2019.

The IPC Programme at the hospital aims to minimise and prevent the risk of patients acquiring healthcare-associated infection, provide education and training to all staff, and oversee hospital hygiene. The work of the IPC Team during the year saw the inclusion of outbreak management, the delivery of education, a review of IPC policies, procedures and guidelines, multiple IPC and hospital hygiene audits, and IPC Surveillance Programmes.

The infection prevention and control activity for the year provides information on infectious activity. Areas of particular concern arose early in the year, with a noticeable increase in Carbapenemase Producing Enterobacteriaceae infection (CPE). In response to this, CPE surveillance was introduced to stop the spread of the infection to other patients and was successful in preventing transmission. Methicillin Resistant Staphylococcus Epidermidis (MRSE) surveillance continued, and levels remain relatively static with previous years. Norovirus was noted to have

decreased, with only one case reported in 2019. There were small outbreaks of influenza, but activity was less than it had been in 2018.

In August, a consultant microbiologist was introduced to the IPC service at the hospital, which means we now have access to expert advice and support in all aspects of IPC. On 16 October, the hospital welcomed an unannounced inspection from the Health Information and Quality Authority (HIQA), which proved to be very successful and assessed the hospital's IPC management. In the latter half of the year, there was a changeover in hand sanitising products, which proved to be a huge success.

Recognising that IPC is based on the application of good hand hygiene by all healthcare workers, the hospital placed significant emphasis on this practice. Staff training and hand hygiene auditing continued throughout the year, to assure management that staff were practising good hand hygiene, and this was reflected in the results of the Audit Programme (reported below Table 1). Constant monitoring also allowed the IPC team to guide resources to areas in most need of improvement, and the results below illustrate the effectiveness of the Hand Hygiene Programme. As always, we aimed for 100% in our results, and we will continue to make improvements into the future.

Table 1 2019 – Clontarf Hospital Infection Prevention and Control

	Q1 January - March	Q2 April - June	Q3 July -September	Q4 October - December	YTD	TARGET KPI
Hand Hygiene Performance	94.60%	87%	93%	97%	97%	100%
Hand Hygiene Training	77%	81%	94%	94%	94%	100%
Standard & Transmission	68%	76%	96%	96%	96%	100%
Bare below Elbows	54%	87%	96%	96%	96%	100%

We are delighted with the engagement of staff in our peer-to-peer influenza vaccination programme, which continued throughout the year with great success (see Figure 3 below). The uptake of the influenza vaccination for staff rose from 16% in 2017 to 53% in 2019. This is particularly important in the winter months, as all healthcare workers are particularly vulnerable to transmission. It is important to keep transmission as low as possible, to minimise the risk to the health and welfare of staff and patients, as well as minimising the effects on staff rosters and service provision. The IPC Department will continue to promote the annual Influenza Vaccination Programme.

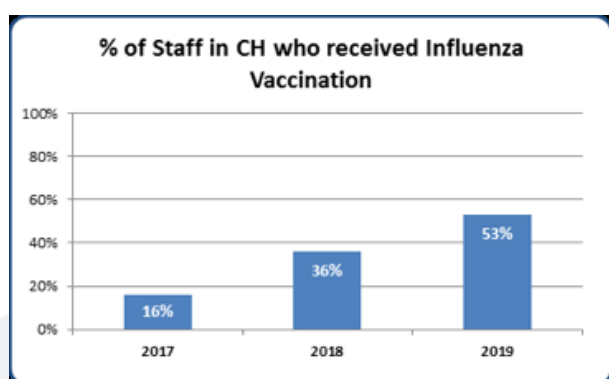


Figure 3

Staff Who Received Influenza Vaccination
from 2017 to 2019



Figure 4

Changeover of New Hand Sanitising Cleaners

PATIENT FLOW MANAGEMENT

The Patient Flow Manager collaborates with most of the hospitals in the Greater Dublin Area in providing patients with access to our rehabilitation services. It was a very busy year, with increases in admission and discharge levels (full activity levels are available in Appendix 1). The high number of admissions also relieves pressure on our acute hospital system. New pathways for admission were developed and this allowed a higher occupancy rate, while also strengthening our clinical governance arrangements. We continue to provide a small outpatient service but hope that this service can be expanded in the near future. The Patient Flow Manager continues to contribute to a holistic approach to patient care.

RETIREMENT

On behalf of all of the nursing and healthcare assistant staff members, I would like to take this opportunity to wish Senior Staff Nurses Elizabeth Guiney and Helen Carroll, who retired in 2019, a long, happy and healthy retirement. I thank them for all their hard work and dedication over many years.

CONCLUSION

The annual report for 2019 provides me with an opportunity to thank all staff within the department for their hard work throughout the year. I offer my deep appreciation to the entire Nursing Department for their dedication and support during the year. I also extend a warm welcome to our new colleagues who joined the team. Finally, many thanks to all the staff throughout the hospital for their continued support in providing excellent, high-standard patient care. We look forward to working with you all in 2020.

Sharon Trehy
Director of Nursing

OCCUPATIONAL THERAPY DEPARTMENT

INTRODUCTION

The Occupational Therapy (OT) Department is committed to providing the highest possible standard of service. The OT Team aims to maximise the “fit” between what each individual wants and needs to be able to do and their abilities to achieve this. This involves empowering our patients to improve or maintain their independence and satisfaction with life in the areas of self-care, productivity and leisure.

In 2019 the OT Department continued to enhance the patient experience of OT at the hospital by consolidating service delivery improvements that were achieved in 2017 and 2018. These ongoing improvements required significant commitment and dedication from the OT Team and were delivered with no additional resources. This service delivery has been supported by all our colleagues in the hospital and we are very grateful for their ongoing support.

The OT team currently consists of one occupational therapist manager, two senior occupational therapists and three staff grade occupational therapists.

SERVICE DELIVERY

The OT Department provided service delivery improvements in four key areas in 2019, as follows:

1. In 2017, we began our blanket referral services. This key service delivery was identified as essential from a snapshot audit completed in 2017. The audit established that all patients admitted to the IOH required occupational therapy input. We maintained our blanket referral service in 2018 and 2019 with all patients seen by an OT for assessment and treatment during their rehabilitation period at IOH.

Table 1: Patients Seen By Occupational Therapist For Assessment And Treatment

2016	Patients referred but not seen by an OT	45 patients
2017	All patients seen by an OT A blanket referral system was established	Additional 97 patients seen in 2017 in comparison to 2016
2018	All patients seen by an OT A blanket referral system has been consolidated	1260 patients Additional 92 patients seen in 2018 in comparison to 2017
2019	All patients seen by an OT Ongoing continuation with blanket referral system	1524 patients Additional 264 patients seen in 2019 in comparison to 2018

2. The OT Department utilises a priority-based referral system due to current OT resources. Within this system all Priority 1 patients (P1s) are assessed and seen by an OT within 24 hours. Our service delivery goal for 2019 was to maintain access (wait) times to

three days for Priority 2 patients (P2s) to be assessed and seen by an OT.

This goal was achieved by the OT team for 11/12 months by implementing a communication and cross-

cover system whereby team members highlighted or delegated patients waiting more than three days for initial assessment.

Our longest average waiting period for P2s to be seen by an OT in 2019 was 3.5 days in April when we had an extended period of leave and our shortest waiting period was 0 days during the period in which we had a full OT team.

Table 2: Average Wait Time for P2 To Be Seen

Year	Average Wait time for a P2 to be Seen (Days)
2016	8.7
2017	5.1
2018	2.5
2019	0.65

Rapid access times are essential for providing a front-door service identifying patient's goals and challenges as early as possible in their admission and reducing length of stay (LOS).

3. Home Visit Assessments includes three types of OT assessment carried out by the OT in the home: Home Assessments, Access Visits and Discharge Home Assessments.

Access Visits Assessments: the OT completes a home environmental assessment to prepare for discharge without the patient present

Discharge Home Assessments: the OT facilitates a home assessment in conjunction with the patient's discharge home

Home Visit Assessments: the OT completes a home assessment with the patient, in preparation for discharge home

Currently a home visit assessment is completed in conjunction with another member of the

Multidisciplinary Team (MDT) depending on the complexity of the patient care needs. In 2019:

- 58% of OT home visit assessments were completed in conjunction with a Medical Social Worker (MSW)
- 28% of OT home visit assessments were completed in conjunction with a physiotherapist
- 9% of OT home visit assessments were completed in conjunction with a second OT
- 5% of OT home visit assessments were completed in conjunction with an MSW and physiotherapist, when this was clinically indicated

192 home assessments were completed in 2019 in comparison to 122 home assessments completed in 2018. We had a 36% increase in the number of OT home-based assessments completed in 2019 in comparison to 2018. 11% of assessments were access visits, 83% were home visit assessments and 6% were discharge home assessments.

4. Group-delivered Occupational Therapy Services

In 2019 we continued and enhanced the delivery of two key group-based OT interventions for patients and their families. These were the Stress Management & Relaxation Group and the Home Safety Education Group. We would like to thank members of the General Services Department for their assistance in the transfer of patients to and from these groups.

Stress Management and Relaxation Groups were introduced by the OT Department in 2017. The group's aim is to enhance patients' understanding of stress and to teach self-management skills for the management of stress. By improving their stress levels patients can participate better in the rehabilitation process.

Patients attend one educational group meeting and are then invited to attend a weekly relaxation session

during their admission. A take-home pack with information regarding relevant community services is provided on discharge from the hospital as follow-up. The Stress Management and Relaxation Group was jointly run by the OT and Medical Social Work Departments.

In 2019 we delivered approximately 406 patient sessions via the Stress Management and Relaxation Group to 114 patients. One patient reported the group helped her to "recognise the signs when everything started to overwhelm" her. Another patient reported that "it was a nice to have the opportunity to relax while in hospital recovering". Another reported the group helped her realise: "I need to give more time to myself and not to be always worrying about my family." Patient benefit was assessed using a pre- and post-group five point Likert Scale, which showed an average of a 2.24 reduction in perceived stress levels after attending at the group.

Home Safety Groups were introduced in April 2018. "Low falls" are the most common cause of major trauma in Ireland (National Office of Clinical Audit (NOCA) Major Trauma Audit (MTA) 2018).

Home Safety and Falls Prevention education groups were facilitated in the evening times for the benefit of family members attending with patients. Family member presence assists with consolidating the information provided and can potentially assist with improvements being made in the home environment.

In 2019 the department ran a total of 24 groups and we assessed the impact of the group using a pre- and post-group Likert scale. Total numbers attended were 370 (224 patients and 146 family members).

Table 3: Average Increase In Knowledge Per Question (Likert Scale):

1	Understanding of risk factors for falls	24% increase in knowledge
2	Understanding how to make home environment safer	23% increase in knowledge
3	Understanding how to react to a fall	27% increase in knowledge
4	Knowledge of where to go for further support or information	35% increase in knowledge

A take-home pack was given to each patient and family member at the end of the session. This pack included a home-based home safety tool which can be completed by each family member to identify and potentially reduce falls risks in the home environment. The take-home pack also included details of further community supports available. Each patient is offered follow-up advice on their home environment as part of their OT treatment while they are in hospital, as well as being offered a home assessment if required.

Patient and family member feedback includes: "information was very clearly given and very important" (May 2019). "Excellent and helpful session. All the visual examples and practical demonstrations facilitate the information being assimilated more easily" (December 2019).

The above service delivery gains were achieved based on ongoing work systems analysis and efficiency advancements.

SERVICE DEVELOPMENTS AND QUALITY IMPROVEMENTS IN 2019

Use of Trackers to Inform Care Pathways

All OT input for new patients from July to September was recorded using a tracker tool. Relevant information was collated and inputted into an audit tool including access time to OT, Length of Stay, diagnosis, baseline functional

level, discharge functional level and type and amount of input received by OT. This data was initially used for allocation of staffing based on service demand. The information will also be valuable for establishing effective and efficient patient care pathways in 2020 based on diagnosis and functional level on admission.

Linking with Referring Services

In 2019 we completed the second external staff grade OT rotation with Beaumont Hospital. The rotation between staff is a valuable way to develop skills and understand the OT demands for acute and post-acute OT services. During the rotation the OT Team were also able to run an audit on direct referral of patients from Beaumont Hospital ED to the IOH, thus avoiding acute hospital admissions. The audit identified 10 suitable patients in a four-week period. The OT Team has drafted standard operating procedures and care pathways for trial purposes to see if the number of patient referrals can be increased safely on a larger scale. It is the aim that this new care pathway will be launched and established in 2020.

Dementia Care Committee

The OT department continued to lead out on dementia care through the Dementia Awareness Committee. During the year the OT Department, in conjunction with its nursing, pharmacy and medical colleagues, delivered bimonthly Dementia and Delirium Awareness Training (Nursing and Midwifery Board of Ireland (NMBI) accredited) to hospital staff. To date training has been provided to 140 staff members and students.

In 2019 we continued to work closely with our physiotherapy colleagues to enhance the dementia friendliness of the hospital environment. Changes to signage were trialled and recommended, on a temporary basis, to facilitate a dementia-friendly environment in the hospital. Funding was sought to permanently install signage modifications and it is hoped that permanent signage will be installed in 2020.

Three other events were facilitated by the Dementia Care Committee in 2019, including a Brain Health Awareness Week, a hospital table quiz and a Delirium Awareness Day. All proved very beneficial in raising awareness around dementia care in the hospital.

Patient Activity

A joint project between OT, Physiotherapy and the Dietetic departments was established, to look at ways of enhancing activity and mobility safely outside of therapy times. A "Dining Out" for afternoon tea was trialled at ward level to enhance mobility opportunities and to reduce risk of functional decline of patients while in hospital. This was trialled for one month with 17 additional opportunities offered to patients for activity, safe mobility and social interaction. Our goal is to expand on these initiatives during 2020.

Pressure Ulcer to Zero (PUTZ) Committee

The OT Department was involved in the development of the Pressure Ulcer to Zero (PUTZ) Committee in conjunction with nursing colleagues. The department was involved in rolling out education and the implementation of the SSKIN Care Bundle to all wards. This care bundle is now established. A Pressure Ulcer Awareness Day was held in December to raise pressure ulcer awareness across the hospital.

Outpatient Clinic

The Outpatient Clinic began in April. The OT Department were delighted to be involved in the pilot trial of the admission assessment clinic and worked with medical and MDT colleagues in establishing documentation, schedules and processes. The department also worked closely with physiotherapy colleagues in establishing a common assessment screening tool for use in the clinic. This integrated working collaboration resulted in increased efficiency for staff as it prevented the duplication of records while also benefitting patients as it streamlined the need for repetitious questioning.

Frailty Working Group

The OT Department was actively involved in the frailty working group in conjunction with nursing, physiotherapy and medical colleagues. An audit was completed in March regarding staff awareness of frailty. The audit identified that awareness levels were low so a frailty Awareness Day was organised to increase staff awareness. This was reinforced with ward-based frailty education which was offered to all staff over a period of four weeks. An MDT Frailty Scale was trialled to identify the presence or level of frailty on admission with the goal to roll out this scale hospital wide in 2020.

EDUCATION AND NETWORKING

The OT Department presented at a number of national conferences (see below) on topics including cognition, home safety and falls prevention.

- Cara Webster and Caoimhe O'Connor delivered a platform presentation at the Irish Gerontological Society's 67th Annual and Scientific Meeting in September, entitled "Occupational Therapists Delivering Patient and Caregiver Home Safety Education in a Rehabilitation Setting".
- The OT Department published a poster at the above meeting, entitled "Adapting Delirium and Dementia Awareness Training to a Rehabilitation Setting".
- The OT Department published a poster at the Affinity National Falls & Bone Health Symposium in September, entitled "Promotion of Dining out in a Rehabilitation Hospital to Promote Increased Activity, Mobility and Social Interaction".

The department facilitated undergraduate student OT placements for Trinity College Dublin and will continue this practice in 2020.

It also delivered in-house training on Workload Planning, Patient Trackers, The Decision Making Capacity Act, Low Vision Rehabilitation, IWA driving assessment, SSKIN Bundle and the F.I.T.T. ED Pathway.

The department has committee members on both the National Advisory Group of Occupational Therapist Managers and the National Advisory Group of Occupational Therapists for Older People both of which are affiliated to the Association of Occupational Therapists of Ireland.

CONCLUSION

I would like to express my gratitude to all members of the OT Team whose commitment, motivation, enthusiasm and flexibility over the year ensured excellent standards of service provision and patient-centred care. My thanks to each team member for giving so much of themselves in everything they do.

I would like to thank our hospital colleagues for their continued support in our service delivery. I look forward to our continued collaboration in our integrated working projects and in our determination to provide the best possible patient care.

I would also like to thank our external hospital and community colleagues for their ongoing and continued support.

To each of our patients and their family members I would like to express our sincere thanks. We are inspired by all of you to enhance our service delivery every day.

Monica Devine

**Occupational Therapist Manager,
Clontarf Hospital**

Emma Gannon

**Acting Occupational Therapy Manager
(from December 2019)**

DEPARTMENT OF NUTRITION AND DIETETICS

STAFFING

The aim of the Department of Nutrition and Dietetics is to ensure that patients have access to high-quality nutritional care in line with the nutrition and hydration standards set by HIQA.

As staffing levels remain below the rate recommended in the National Clinical Care Programmes dietetic referrals are prioritised in terms of each patient's nutritional risk. The department remains hopeful that an additional dietician, as requested through a funding submission to the HSE CHO 9 Management Team in early 2019, will be made available in 2020.

SERVICE DEVELOPMENTS

The Nutrition and Hydration Committee is firmly established and represented by all hospital disciplines. It met quarterly in 2019, in line with national guidance. A project plan, informed by HIQA and the HSE's National Food Nutrition and Hydration Policy, was developed by the Committee and highlights of the committee's actions during the year are listed below.

DIETETIC TRAINING

- The Malnutrition Universal Risk Screening Tool (MUST) is a simple and important method of identifying patients who are malnourished or at risk of malnutrition. Following staff MUST training a MUST audit was completed in February and indicated a high level of compliance on patient admission. However, gaps were identified on the three-monthly follow-up assessments and this was communicated to staff in the audit report.
- Hospital staff also received training in the new International Dysphagia Diet Standardisation Initiative (IDDSI), as the hospital transitions from the existing dysphagia descriptors to an internationally recognised system.
- Pantry staff received training in specialised diets, to coincide with their new key responsibilities as food-service providers at ward level, having redeployed

from healthcare assistant duties to the catering department, in line with HIQA standards.

OPERATIONAL ACTIONS

- The department now uses the Nutrition Care Process and Model (NCPM) to provide a framework for demonstrating how nutritional care improves patient outcomes. We no longer keep a paper record of patients within the department.
- Following an audit of the existing Food Trolley System, a tender process was initiated to source new mobile food trollies and, in turn, a Kitchen Renovation Plan was established, to facilitate the operation of the new system. Better outcomes for food quality, safety and patient choice will be achieved. This project is expected to be completed in 2020.
- The hospital's protected mealtime policy was completed during the year. A duty of care to provide an optimum service to patients at mealtimes is a central focus for the hospital.
- A new system of identifying patients at high risk during mealtimes was introduced on all wards. Those patients requiring assistance with mealtimes receive red trays, which are designed to notify carers of their additional requirements.

Finally, I would like to thank my colleagues for their continued support as the department continues to progress in line with national standards. As a small department our successes could not be achieved without the commitment of all staff members. Our joint efforts to meet the needs of our most vulnerable patients ensure that their needs remain the core focus of our duties.

Sinead Shanley
Senior Dietician

DEPARTMENT OF MEDICAL SOCIAL WORK

INTRODUCTION

The Medical Social Work (MSW) Department provides a wide range of services to patients and their families under the care of the IOH on a referral basis. Services include assisting patients and families in adjusting to their illness, completing psychosocial assessments and exploring the impact of rehabilitation on their future care and discharge planning.

SERVICES

The MSW psychosocial assessment addresses the patient's situation in the hospital, at home and in their community. The assessment identifies the need for care supports and other community services such as day care, pendant alarm, or meals on wheels. Medical Social Workers (MSWs) identify any risks to discharge that can include areas such as addiction, mental health, safeguarding concerns, and domestic violence. The assessment also focuses on practical aspects such as benefit advice and support.

Part of the role of the MSW is discharge planning and organising care planning meetings, applications for funding for care packages, and applying for Fair Deal under the Nursing Home Support Scheme. Confidentiality plays a key role in how MSWs engage with patients and families and how they manage sensitive information.

MSWs also act as a liaison between the patient, family and members of the multidisciplinary team. They work with the patients to address the personal, social and environmental challenges that come with ageing and disability. Social work interventions are directed at enhancing dignity, self-determination and quality of life.

ACTIVITY

The MSW Department accepts referrals at the multidisciplinary team meetings and directly from patients/relatives. In 2019, there was a marked increase in the number of referrals received by the department and more than 90% of patients referred were discharged home successfully with remaining patients returning to

acute care or to nursing home care.

The management and coordination of Home Care Packages and Community Supports remained a primary provision of the service throughout the year. The MSW Team established good working relationships with the HSE Managers of Older Person's services and was in regular contact with community supports such as the Senior Alert Scheme, day centres, Meals on Wheels and primary care services.

One of the main challenges faced by the MSW Department during the year was ensuring that funding for home care packages was approved in a timely manner. To ensure a safe discharge home for the patients in the IOH access to funding for home supports was (and is) vital and MSWs continue to support patients and their families through this process.

The MSW team provided a high level of support to patients identified as requiring long-term care. This involved MSWs planning meetings and liaising with families to discuss the practical and, at times, complex aspects around the Nursing Home Support Scheme (NHSS). From a delayed discharge perspective, given the complexity of some of the financial concerns raised by patients and families, some processes took longer to resolve than others. The team worked well in liaising with the NHSS Office, legal teams, and the designated nursing homes involved. The team also supported the patients and families throughout this stressful process.

In June, MSWs worked jointly with occupational therapists (OTs) in delivering the Stress Management and Relaxation Programme to patients and plans are in place for this to continue in 2020. During the year MSWs and OTs continued to work together in completing Home Assessments. The MSWs participated in more than half the 190 home visits/assessments. During the visits the MSWs liaised with families ensuring that there was support for the patient to return home. Risks

were assessed and identified that may have prevented discharge home and, when appropriate, alternative options were discussed with the patients/families. The MSWs also assessed the vulnerability of the patient in their own home and whether there was a need for further care supports and community referrals. Following the home visit, recommendations were made, applications for funding applied for, and referrals sent to community supports. Follow-up work also involved information-sharing around bereavement support/counselling, addiction services, carer support groups and supports for emotional wellbeing and mental health.

NATIONAL POLICIES

The MSW Department assisted the hospital in its commitment in promoting the wellbeing of vulnerable adults and children and to safeguarding them from abuse. The hospital completed a policy in line with the National Safeguarding Vulnerable Persons at Risk Policy. Safeguarding referrals were investigated by the MSW Team and follow-up liaison work was carried out with the local Safeguarding Team in line with the procedures set out in the national policy.

The MSW Team working with adult patients in the IOH received referrals under Children First legislation, which centred mainly on retrospective abuse. Mandated people are listed in the Children's First Policy and the roles and responsibilities of these people are vital for ensuring that all referrals are being dealt with sensitively and appropriately.

SAFEGUARDING

The MSW Department had a key role in responding to and investigating allegations of abuse in line with the National Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures. A total of 16 referrals were received for 2019 and followed up by the MSW team. The team worked sensitively in engaging with the vulnerable patients discussing allegations of abuse and referring them to the appropriate agencies.

The MSWs completed preliminary screenings as well as devising Safeguarding Care Plans. The majority of the referrals highlighted financial abuse as the main type of abuse. The MSW Department continued to work closely with the Community Safeguarding Teams. A Senior MSW is the Designated Officer in the hospital and a further two staff members will be trained as Designated Officers in 2020.

EDUCATION AND NETWORKING

The MSW Department negotiated onsite training for the hospital in National Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures. Three on-site sessions were organised in 2019 along with several off site sessions. Up to 80% of staff have now been trained in safeguarding. Staff awareness on safeguarding and what to do when a concern is raised increased to 90% post the training sessions. Training will continue in 2020 and MSWs will continue to work with the Safeguarding Committee & Quality Manager in IOH, who will share any changes to the national policy and update staff.

The Principle MSW attended the quarterly CHO 9 Safeguarding Meetings chaired by the Head of Social Care in 2019 and in December the Senior MSWs gave a presentation to staff on Care Planning Meetings.

Finally, I would like to take this opportunity to thank all the clinical and support staff with whom we have worked closely in caring for our patients throughout the year. We look forward to all the opportunities and challenges in 2020.

Mary Duffy

Principal Medical Social Worker

DEPARTMENT OF CATERING AND GENERAL SERVICES

Welcome to the Catering and General Services Departments Annual Report 2019. My first year passed very quickly and I would like to thank everyone for their warm welcome.

INTRODUCTION

The Catering Department is responsible for providing food and catering services to patients, staff and visitors and for corporate events as they arise throughout the year.

The General Services Department plays an important role in the delivery of patient services and keeping operations running smoothly.

The year saw significant changes within the catering and general services departments that were necessary to meet changing patient care needs. Change is never easy and I would like to thank all my staff for their contribution to the successful changes that were made within the department during the year.

QUALITY IMPROVEMENTS

The hospital has a responsibility to provide the highest level of care possible for all patients and this, without question, includes the quality and nutritional value of the food that is served and eaten. We continuously strive to drive quality improvements that benefit each patient's care. Our patients are elderly and this brings significant challenges for me, as catering manager, and my staff.

A 2018 pilot study to serve breakfast at a later time on Swan ward was so successful that at the start of 2019 it was implemented across the hospital. To enable these changes catering staff changed their daily work patterns and rostered hours to meet the changing service needs. We welcomed many new staff members through internal transfers and from a successful recruitment campaign to deliver the service. There are too many to name, but I welcome all to my team.

Many older people either suffer from being malnourished or require specialised diets. For this reason, the catering manager, chefs, and catering assistants worked in close collaboration with the hospital's senior dietician and nursing staff to address patients' nutritional needs. This ensured that mealtimes were enjoyable experiences, as well as being nutritionally appropriate to each patient's dietetic needs. A Patient Nutrition and Hydration Policy was completed to provide clear direction on patients' nutritional and hydration care needs.

Early in the year, we improved the operating hours of the dining room to meet the needs of patients' families and visitors. The dining room is now open throughout the day for staff, patients and visitors. In the afternoon, coinciding with visiting hours, the dining room becomes a great hub of activity, where visitors and family meet and enjoy a chat over a homemade scone and a hot drink.

During the middle of the year, there was an opportunity to restructure the kitchen and to introduce a senior chef to the mix of already talented chefs. The hospital welcomed Mr Brian Cahill, who has brought a wealth of experience and has made some meaningful changes to the food produced and delivered to patients, staff and visitors.

The changes within the department could not have been achieved without the full cooperation and engagement of the catering staff. The annual report is an ideal place to acknowledge the commitment of the catering staff to improving patient care while also supporting the work of their clinical colleagues.

AWARDS

The hard work and commitment to making the hospital's food service one of the best in the country is recognised not only by positive patient comments but also by the fact that we received the Food Safety Assurance Award for 2019-2020 from the Food Safety Professional Association. The department hopes to achieve higher awards into the future.

GENERAL SERVICES DEPARTMENT

The General Services Department is an important key support service that helps keep the hospital running smoothly and efficiently. Staff in the general services department support clinical and administrative staff in the smooth and efficient running of the laundry and linen service, waste management, supply chain, deliveries and post. Importantly they also have responsibility for the safe movement of patients around the hospital.

In the second quarter of the year the general services team made changes to their rostered working week to meet the changing demands of patient flow and to ensure patients were able to attend their rehabilitation locations throughout the hospital in a timely and efficient manner. This provides significant support to our colleagues in the allied health departments and maximises the length of rehabilitation time for each patient. I would like to thank the staff in the department for their engagement and contribution to changing the department rosters.

EDUCATION AND TRAINING

Catering staff, general services and support staff attended training in the following areas during 2019:

- Manual and Patient Handling
- Hand Hygiene
- Children's First

- Safeguarding of Vulnerable Adults
- Dementia Training
- Radiation Training
- Fire Training
- The International Dysphagia Diet Standardisation Initiative Training
- HACCP Level 2 + Allergen Awareness.

CONCLUSION

I would like to take this opportunity to wish a happy and healthy retirement to Chef Patrick Whelan, after his years of dedicated work at the hospital. I will dearly miss Paddy's pepper sauce!

I am looking forward to 2020, as the Catering Department has planned service changes, with investment in new food trolleys and oven replacements. HIQA has set standards for each patient's nutritional and hydration care needs, and I know that we can meet them all.

I would like to express my gratitude to all the catering staff and general service staff for their hard work throughout the year and look forward to working with all my colleagues in 2020.

Helena Reffell

Catering and General Service Manager



From Left to Right: John Murnane, Pawel Sikora, Joseph Hoey, Linda Knott and Adrian Palage.

MAINTENANCE DEPARTMENT

The Maintenance Department provide a wide range of services relating to all aspects of the hospital premises and grounds. The department has responsibility for ensuring the proper maintenance and upkeep of equipment and plant machinery as well as the upkeep of the grounds and buildings.

During the year maintenance staff ensured that the maintenance of equipment and plant machinery were operating properly and were compliant with the hospital's statutory and legislative obligations. The department was supported by the engagement of specialist services from relevant contractors.

Maintenance staff worked closely with the Chief Executive's office, design teams and building contractors during the preliminary procedures for three capital works projects as they got underway in 2019. It is hoped that these projects will commence and be completed in 2020.

Maintenance is ongoing to ensure that we provide a safe and secure hospital environment for patients, staff and all who visit the hospital. Staff in the Maintenance Department participated in various hospital committees including the Health and Safety Committee and the Infection Control and Hygiene Committee. Training for staff included hand hygiene, manual handling, safeguarding and Children's First.

Tony Kerrisk/Pat Tyrrell
Maintenance Staff



From Left to Right: Tony Kerrisk and Pat Tyrrell.

X-RAY DEPARTMENT

The X-ray Department remains a valuable asset to the hospital's overall service delivery and provides both in-patient and outpatient general non-urgent X-ray services.

ACTIVITY

It was a busy year for the X-ray Department as we continue to see a rise in the number of inpatients requiring X-ray. This has led to a small reduction in the number of outpatients being X-rayed as the services compete for limited resources. A full breakdown of the year's X-ray activity is available at Appendix 1.

The outpatient service continues to see local general practitioners (GPs) referring patients for X-ray. More GP practices availed of the service during the year. Many elderly patients find a trip to the IOH X-ray Department more convenient than travelling further afield and with a bus stop outside, free parking, and no wait times we remain the X-ray department of choice for non-urgent general X-rays in the area.

The hospital's inpatients benefit from the National Integrated Medical Imaging System NIMIS network, which allows referring orthopaedic surgeons and their teams access to X-rays online. This improves continuity of care and saves patients from having to be transferred back to referring hospitals for review.

RADIATION SAFETY

New regulations governing radiation safety for patients were introduced during the year, as the Health Information and Quality Authority (HIQA) took over the role for regulating medical exposure to ionizing radiation. Under the regulations, HIQA is the competent authority for patient protection in relation to medical exposure to ionizing radiation in Ireland. The Environmental Protection Agency (EPA) continues, under the ionizing radiation regulations, to be the competent authority for the protection of workers and members of the public. As part of the regulation process, HIQA will examine and

inspect the way in which patients are exposed to ionizing radiation in Ireland.

The regulation of medical exposure will help ensure that all hospitals, dentists or clinics administering radiation meet Irish and European legislative requirements. Regulation will drive better, safer care for patients. To this end, the department worked closely with its medical physicist and consultant radiologist, ensuring that the hospital meets the new regulatory requirements and that it is ready for inspection, should HIQA review its service.

SERVICE DEVELOPMENTS

The hospital's X-ray equipment is nearing its end of life and in 2019 a Business Plan was submitted to the HSE Medical Devices Unit for funding for new Digital radiography (DR) equipment. The hospital plans to install new X-ray equipment in 2020, improving its current service delivery with the next generation wireless equipment, which is safer both for service users and for staff using it.

FINALLY

I would like to thank those who make it happen: Professor Martina Morrin, Radiologist and Dr Lesley Malone, attending Medical Physicist. I extend my appreciation to Mr Johannes Tsagae, Locum Radiographer, who so ably and willingly assisted the hospital throughout the year. I also express my appreciation to Ms Ann Ryan, Secretary, and the general operatives who support me, on a daily basis, in keeping the department running smoothly. Between us all we aim to give our patients the best service we can provide.

Gillian Rice

Senior Radiographer

CHAPLAINCY DEPARTMENT

INTRODUCTION

The IOH continues to be committed to providing a holistic approach to patients at the hospital and recognises the importance of pastoral care.

The chaplaincy ministry is one of accompaniment, where the chaplain assesses and addresses the spiritual concerns of a patient – that is, anything which brings meaning and purpose to their lives at a vulnerable and uncertain time as they enter the hospital setting. This vulnerability is reflected not only in their physical condition, but in their emotional and spiritual condition. The chaplaincy service offers a space for patients to be heard, thereby adding a face and a listening ear to this healing ministry.

The chaplain liaises with nursing staff and other healthcare professionals, as part of a multidisciplinary holistic approach to health care in the hospital.

CHAPLAINCY ACTIVITY

In 2019, the chaplaincy service was available every Wednesday for six hours, augmented with the support of other religious leaders, volunteers from the Legion of Mary (the Rosary) and Ministers of the Eucharist. The chaplain was in regular contact with all the hospital's volunteers who are an integral part of the pastoral service.

The chaplaincy service recognises the value of other people's belief systems, respecting individual traditions and ethics, in a developing multicultural society and provided access to other faith resources as they were needed.

The chapel/oratory is a sacred space for our patients, staff and families to pray and contemplate. Liturgical and seasonal events throughout the church calendar were conducted during the year. A number of ecumenical services were facilitated by our Church of Ireland rector,

Revd Lesley Robinson, and weekly Catholic Masses provided by a rota of Catholic priests.

A remembrance service was held in November for staff members and their families, bringing great solace to those who attended. In December we were fortunate enough to be joined, once again, by the 5th class of Greenlanes National Primary School, for Carols. This was very well attended and grows in popularity each year

IN CONCLUSION

On behalf of the Chaplaincy Department I would like to thank all my colleagues from every department and discipline for their cooperation and support in helping me in my ministry during the past year, in particular Revd Robinson and our rota of Catholic priests. For Easter and Christmas we secured the services of priests from Manresa Jesuit Centre of Spirituality, and we are extremely grateful to them, considering their busy schedule.

I would also like to thank the Board of Governors and the "Friends" who supported the Chaplaincy Department throughout the year. My appreciation also goes to our Chief Executive Officer, Michelle Fanning, her Personal Assistant (PA), Siobhán Comerford, the Director of Nursing, Sharon Trehy, the Assistant Director of Nursing, Elaine Hannigan, and all the nursing and care staff, who provide care in a compassionate and supportive environment and keep the holistic care of the patient paramount.

Miriam Molan
Chaplain

INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND (A COMPANY LIMITED BY GUARANTEE) INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

OPINION

We have audited the attached financial statements of Incorporated Orthopaedic Hospital of Ireland CLG (the 'Company') for the year ended 31 December 2019 which comprise of the Statement of Cash Flows and the notes to the financial statements, including a summary of significant accounting policies set out in note 2. The financial reporting framework that has been applied in their preparation is Irish law and Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic' (FRS 102) issued by the Financial Reporting Council and the Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102

In our opinion the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the charitable company's affairs as at the end of its Statement of Financial Activities including income and expenditure;
- have been properly prepared in accordance with Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland issued by the Financial Reporting Council and the Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102; and
- have been properly prepared in accordance with the requirements of the Companies Act 2014.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are further described in the Auditors responsibilities for

the audit of the financial statements section of our report. We are independent of the Company in accordance with the ethical requirements that are relevant to our audit of financial statements in Ireland, including the Ethical Standard issued by the Irish Auditing and Accounting Supervisory Authority, (IAASA), and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

We have nothing to report in respect of the following matters in relation to which the ISAs (Ireland) require us to report to you where:

- the Directors use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

OTHER INFORMATION

The Directors are responsible for the other information. The other information comprises the information included in the management information, other than the financial statements and our Auditors report thereon. Our opinion on the financial statements does not cover the information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and,

in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

OPINION ON OTHER MATTERS

Based solely on the work undertaken in the course of the audit, we report that:

- in our opinion, the information given in the Directors Report is consistent with the financial statements; and
- in our opinion, the Directors' report has been prepared in accordance with the companies Act 2014.

We have obtained all the information and explanations, which we consider necessary for the purpose of our audit.

In our opinion the accounting records of the Company were sufficient to permit the financial statements to be readily and properly audited, and the financial statements are in agreement with the accounting records.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

Based on the knowledge and understanding of the Company and its environment obtained in the course of the audit, we have not identified material misstatements in the Directors' Report.

The Companies Act 2014 requires us to report to you if, in our opinion, the disclosures of director's remuneration and transactions required by sections 305 to 312 of the

Act are not made. We have nothing to report in this regard.

RESPECTIVE RESPONSIBILITIES

RESPONSIBILITIES OF DIRECTORS FOR THE FINANCIAL STATEMENTS

As explained more fully in the Director's Responsibilities Statement on page 2, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Company's Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Company's Directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

AUDITORS RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an Auditor's Report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the Financial statements is located on the IAASA'S website at [https://www.iaasa.ie/Publications/ISA-700-\(Ireland\)](https://www.iaasa.ie/Publications/ISA-700-(Ireland)). The description forms part of our Auditors Report.

THE PURPOSE OF OUR AUDIT AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Company's Members as a body. Our audit work has been undertaken so that we might state to the Company's Members as a body those matters we are required to state to them in an Auditor's Report and for no other purpose. To the fullest

extent permitted by law, we do not accept or assume responsibility to anyone other than the Company's Members as a body, for our audit work, for this report, or for the opinions we have formed.

David Marsh
for and on the behalf of
Ormsby & Rhodes
Chartered Accountants and Statutory Audit Firm
9 Clare Street
Dublin 2

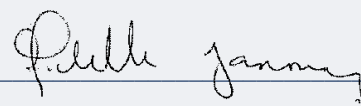
INCORPORATED ORTHOPAEDIC HOSPITAL OF IRELAND OPERATING AS CLONTARF HOSPITAL

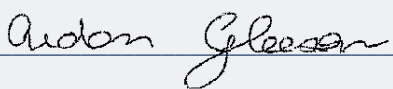
INCORPORATED ORTHOPAEDIC HOSPITAL OF CERTIFICATION OF CHIEF EXECUTIVE OFFICER AND CHAIRPERSON FOR THE YEAR ENDED 31 DECEMBER, 2019

We certify that the financial statements of The Incorporated Orthopaedic Hospital of Ireland (Operating as Clontarf Hospital) for the year ended 31st December 2019 as set up herein are in agreement with the books of account and have been drawn up in accordance with generally accepted accounting practices and with the accounting standards as laid down by the Minister for Health.

These financial statements and the statement of accounting policies give the true and fair view of the state of affairs of the hospital at 31st December 2019 and of its income and expenditure and cash flow for the

year then ended.

Signature:  Secretary

Signature:  Director

Michelle Fanning
19 May 2020

Aidan Gleeson
19 May 2020



From Left to Right: Miriam Molan Chaplain and Rev Leslie Robinson



From Left to Right: Michelle Fanning Chief Executive, Prof Regina Connolly (Deputy Chair - Board of Governors) and Dr Gerard O'Connor (Chairman - Board of Governors)



APPENDIX 1

ACTIVITY REPORT

PATIENT ACTIVITY 2019

Admissions by Source:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2019	2018
Cappagh	14	9	20	15	21	13	24	24	20	27	32	20	239	185
Mater	8	2	7	8	7	6	12	5	3	3	3	6	70	60
Mater Rehab	35	22	27	26	28	24	33	39	28	35	22	33	352	352
Tallaght	12	4	11	6	7	12	9	8	7	12	4	12	104	104
St. Vincents	4	4	0	2	1	3	2	2	0	0	1	1	20	15
Beaumont	9	6	3	10	6	5	10	15	22	23	18	15	142	106
Beaumont Geriatric Rehab	21	15	17	19	24	23	28	30	23	21	31	24	276	228
St. James's	13	13	3	11	10	10	6	10	9	8	6	13	112	86
Connolly	6	1	5	1	2	5	6	4	4	1	8	4	47	43
Connolly Rehab Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	5	17	18	7	15	14	16	14	12	20	15	9	162	81
TOTAL	127	93	111	105	121	115	146	151	128	150	140	137	1524	1260

PATIENT ACTIVITY 2018

In-Patients	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2019	2018
Available Beds	144	144	144	144	144	144	144	144	144	144	144	144	1728	1728
Actual Bed Days Available	4464	4032	4464	4320	4464	4320	4464	4464	4320	4464	4320	4464	52560	52560
Bed Days Used	3911	3420	4075	3876	3894	3763	3972	4210	4144	4141	4122	4194	47722	46670
% Occupancy	88%	85%	91%	90%	87%	87%	89%	94%	96%	93%	95%	94%	91%	89%
Total Admissions	127	93	111	105	121	115	146	151	128	150	140	137	1524	1260
X-Rays Taken	132	100	73	113	104	79	116	103	107	111	102	103	1243	1043
Social Work Referrals - New	90	69	76	83	102	93	84	97	96	77	104	70	1041	770
Occupational Therapy Referrals - New	113	88	112	104	118	109	139	143	122	134	142	136	1460	1111
Physiotherapy Number of Treatments	4016	3463	3795	3772	4002	3486	4281	4075	4049	4119	3940	3666	46664	46503
Out-Patients														
X-Rays Taken	224	240	240	199	216	234	233	228	183	202	228	194	2582	2806



APPENDIX 2

FINANCIAL REPORT

APPENDIX 2

STATEMENT OF FINANCIAL ACTIVITIES INCORPORATING INCOME AND EXPENDITURE ACCOUNT FOR YEAR ENDED 31ST DECEMBER 2019

	Note	Unrestricted funds 2019 €	Restricted funds 2019 €	Total funds 2019 €	Total funds 2018 €
INCOME FROM:					
Charitable activities	3	16,220,289	-	16,220,289	14,941,382
TOTAL Income		16,220,289	-	16,220,289	14,941,382
EXPENDITURE ON:					
Charitable Activities	4,5	16,615,207	-	16,615,207	15,360,938
Governance Costs	6	24,600	-	24,600	25,971
Total Expenditure	7	16,639,807	-	16,639,807	15,386,909
Net Income / (expenditure) before Transfers		-419,518	-	-419,518	-445,527
Transfers between funds	17	32,224	-32,224	-	-
NET EXPENDITURE BEFORE OTHER RECOGNISED GAINS & LOSSES		-387,294	-32,224	-419,518	-445,527
NET MOVEMENT IN FUNDS		-387,294	-32,224	-419,518	-445,527
RECONCILIATION OF FUNDS					
Total Funds brought forward	17	18,891,941	1,220,894	20,112,835	20,558,362
TOTAL FUNDS CARRIED FORWARD		18,504,647	1,188,670	19,693,317	20,112,835

All activities relate to continuing operations

Dr Gerard O'Connor
Chairperson/Director

Aidan Gleeson
Director

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

PAYROLL COSTS

Staff Costs were as follows:

Payroll and Agency Costs

Social Security Costs

Superannuation

TOTAL

2019	2018
€	€
10,957,991	10,175,692
1,106,673	974,912
1,130,595	1,149,877
13,195,259	12,300,481

Number of Employees

336 300

The number of higher paid employees was:

€60,000 - €70,000

17 13

€70,000 - €80,000

2 4

€80,000 - €90,000

2 2

€90,000 - €100,000

1 1

€100,000 - €110,000

0 1

€110,000 - €120,000

1 0

TOTAL

23 21

All staff are paid as per the HSE Pay Scales

Additional note regarding Board Members - No member of the Board received any payments during the year



From Left to Right: Michelle Millar, Wayne Oldfield and Bernie Saunders (Chief Finance Officer).



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